



Education

Diarrhea: Breast-fed Infants

What is diarrhea?

Diarrhea is the sudden increase in the frequency and looseness of bowel movements (BMs). Mild diarrhea is the passage of a few loose or mushy BMs. Severe diarrhea is the passage of many watery BMs. Watery stools that occur every hour is definitely severe diarrhea. The best indicator of the severity of the diarrhea is its frequency or blood in the bowel movements.

The main complication of diarrhea is dehydration from the loss of too much fluid from the body. Symptoms of dehydration are a dry mouth, the absence of tears, infrequent urination (for example, none in 8 hours), and a darker, concentrated urine. The main goal of diarrhea treatment is to prevent dehydration.

Is it diarrhea?

No matter how they look, the bowel movements of a breast-fed infant must be considered normal unless they contain mucus or blood or develop a bad odor. In fact, during the first months, breast-fed babies normally pass very loose BMs, some green BMs, or even BMs with a water ring.

The frequency of bowel movements is also not much help in deciding whether your breast-fed baby has diarrhea. Breast-fed babies during the first 2 months pass from 4 BMs per day to 1 after each feeding. The BMs are normally liquid. However, if your baby's BMs abruptly increase in number, your baby probably has diarrhea. Other clues are poor eating, acting sick, and a fever.

What is the cause?

Diarrhea is usually caused by a viral infection of the lining of the intestines (gastroenteritis). Sometimes it is caused by bacteria or parasites. Occasionally a food allergy or drinking too much fruit juice may cause diarrhea. If your child has just one or two loose bowel movements, the cause is probably something unusual your child ate. A diet of nothing but clear fluids for more than 2 days may cause green, watery bowel movements (called "starvation stools").

How long will it last?

Viral diarrhea usually lasts several days to 2 weeks, regardless of the type of treatment. The main goal of treatment is to prevent dehydration. Your child needs to drink enough fluids to replace the fluids lost in the diarrhea. Don't expect a quick return to solid bowel movements.

What should I feed my child?

Increased fluids and dietary changes are the main treatment for diarrhea. One loose bowel movement can mean nothing. Don't start dietary changes until your child has had several loose bowel movements.

- **Breast-feeding** If your breast-fed baby has diarrhea, treatment is straightforward. Continue breast-feeding but at more frequent intervals. Don't stop breast-feeding your baby because your baby has diarrhea. For severe (watery and frequent) diarrhea, offer Kao Lectrolyte or Pedialyte between breast-feedings for 6 to 24 hours only if your baby is urinating less frequently than normal. You may have to stop breast-feeding temporarily if your baby is too exhausted to nurse and needs intravenous (IV) fluids for severe diarrhea and dehydration. Pump your breasts to maintain milk flow until you can breast-feed again (usually within 12 hours).
 - **Continuing solids** Foods that contain a lot of starch are more easily digested than other foods during diarrhea. If your baby is over 4 months old, continue with solid foods. Good choices are: any cereal, applesauce, strained bananas, strained carrots, mashed potatoes, and other high-fiber foods.
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- **Mother's diet** Remember that something in the mother's diet may cause a breast-fed baby to have more frequent or looser bowel movements--for example, coffee, cola, or herbal teas. If you suspect this, take it out of your diet and see what happens.

How can I take care of my child?

- **Prevention** Diarrhea is very contagious. Always wash your hands after changing diapers or using the toilet. This is crucial for keeping everyone in the family from getting diarrhea.
- **Diaper rash from diarrhea** The skin near your baby's anus can become irritated by the diarrhea. Wash the area near the anus after each bowel movement and then protect it with a thick layer of petroleum jelly or other ointment. This protection is especially needed during the night and during naps. Changing the diaper quickly after bowel movements also helps.
- **Overflow diarrhea** For children in diapers, diarrhea can be a mess. Place a cotton washcloth inside the diaper to trap some of the more watery BM. Use disposable superabsorbent diapers to cut down on cleanup time. Use the diapers with snug leg bands or cover the diapers with a pair of plastic pants. Wash your child under running water in the bathtub.
- **Vomiting with diarrhea** If your child has vomited more than twice, follow the recommended treatment for vomiting instead of this treatment for diarrhea until your child has gone 8 hours without vomiting. A good approach is for your child to take one swallow of fluid at a time every 5 minutes. (See information on vomiting.)

When should I call my child's health care provider?

Call IMMEDIATELY if:

- There are signs of dehydration (no urine in more than 8 hours, very dry mouth, no tears).
- Any blood appears in the diarrhea.
- The diarrhea is severe (more than 8 BMs in the last 8 hours).
- The diarrhea is watery AND your child vomits repeatedly.
- Your child starts acting very sick.

Call during office hours if:

- Mucus or pus appears in the BMs.
- A fever lasts more than 3 days.
- Mild diarrhea lasts more than 2 weeks.
- You have other concerns or questions.

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