SYMPTOM

Abdominal pain - children under age 12

Abdominal pain is discomfort anywhere in a child's tummy, from below the chest to the groin.

WHAT IT FEELS LIKE
A tummy ache that may be crampy, sharp, or sore

WHERE IT IS FELT
Anywhere between the chest and groin

MOST COMMON CAUSES
Constipation, viral stomach infections, trapped gas

WHEN IT IS URGENT
Severe or worsening pain, repeated vomiting, or unusual sleepiness

USUALLY LASTS
Hours to days, depending on the cause

SEE A DOCTOR IF
Repeated pain affects school, sleep, eating, or growth

Overview

Abdominal pain means discomfort anywhere between the lower chest and groin. Children often call this a tummy ache. The pain may come from the stomach or bowel, but it can also be linked to the bladder, lungs, muscles, or other organs.

Most tummy aches in children are short-lived and not serious. Common causes include constipation, gas, and infections. Some children have repeated pain without damage or disease in the digestive system. This is sometimes called functional abdominal pain.

Young children may not be able to describe where or how much it hurts. Changes in movement, eating, sleep, or behaviour can provide useful clues.

Abdominal pain is a symptom, not a diagnosis. Its location and intensity do not always show how serious the cause is. Watch how your child looks and acts, as well as what they say about the pain.

What it may feel or look like

A child may describe aching, burning, cramping, pressure, or a sharp pain. The pain may stay in one place, move around, or come in waves. Babies and younger children may cry, draw their knees towards their chest, lie very still, or resist having their tummy touched.

Notice whether the pain:

A child with mild pain may still play, drink, and interact normally. A child who is very unwell may be unusually quiet, difficult to wake, pale, confused, or unwilling to move.

- started suddenly or gradually
- is constant or comes and goes
- stays near the middle or moves to one side
- improves after passing stool or gas
- is linked to meals, movement, urination, or stress
- occurs with vomiting, diarrhoea, constipation, fever, or poor appetite

Common causes

Common causes include constipation, trapped gas, overeating, and viral infections of the stomach and bowel. Viral gastroenteritis often causes vomiting or diarrhoea as well as cramping.

Constipation can cause hard or painful stools, infrequent bowel movements, bloating, or stool marks in underwear. Some children avoid the toilet because passing stool has hurt before.

Children can also develop tummy pain during stressful or emotional situations. The pain is real even when stress plays a part. Functional abdominal pain may happen repeatedly and can be related to how the gut and brain communicate.

Less common causes include a urine infection, food intolerance, acid reflux, migraine-related abdominal pain, pneumonia, or inflammation elsewhere in the body. A sore throat can sometimes cause tummy pain in children.

Urgent causes are less frequent but need prompt assessment. These include appendicitis, a blocked or twisted bowel, and intussusception, in which one part of the bowel slides into another. Pain from an injured or twisted testicle can sometimes be felt in the abdomen. In girls, problems involving an ovary may also cause sudden lower abdominal pain.

When to seek medical care

Call emergency services if your child collapses, is difficult to wake, has trouble breathing, or has severe abdominal pain after a major injury.

Seek urgent medical care now if your child has:

Arrange same-day medical advice for persistent or worsening pain, repeated vomiting, fever with an unwell appearance, pain moving to the lower right side, pain when urinating, or blood mixed into stool. A baby younger than 3 months with abdominal pain, fever, vomiting, or poor feeding should also be assessed promptly.

Book a routine appointment if pain keeps returning, disrupts school or sleep, or is linked to ongoing constipation, diarrhoea, poor appetite, weight loss, or slowed growth.

- severe pain, rapidly worsening pain, or a hard, swollen tummy
- green vomit, blood in vomit, or a large amount of blood in stool
- pain with unusual sleepiness, confusion, marked weakness, or very pale skin
- signs of serious dehydration, such as very little urine or inability to drink
- sudden abdominal pain with testicle or groin pain
- episodes of intense pain with vomiting, limpness, or drawing up the legs

How the cause is found

A healthcare professional will ask when the pain began, where it is felt, and what makes it better or worse. They may ask about eating, bowel movements, urination, recent illness, medicines, injuries, travel, and stress.

They will examine your child's abdomen and may check temperature, hydration, breathing, throat, skin, and groin. Older children may be offered privacy for sensitive questions.

Many mild tummy aches do not need tests. Depending on the symptoms, testing may include a urine sample, blood tests, a stool sample, or an ultrasound scan. Ultrasound uses sound waves and does not involve radiation. Sometimes observing the child and repeating the examination helps clarify the cause.

Treatment and self-care

Treatment depends on the cause. While monitoring mild pain at home, encourage regular sips of fluid. Let your child eat according to appetite rather than forcing food. Rest, a calm toilet routine, and a comfortably warm pack over clothing may help.

Keep notes about pain, vomiting, stools, urine, temperature, food, and medicines. This can be useful if the symptoms continue.

Ask a pharmacist or healthcare professional which pain medicine is suitable for your child. Follow the product label and use the measuring device supplied with liquid medicine. Do not give adult medicines or start laxatives, anti-diarrhoea medicines, or leftover prescriptions without appropriate advice.

If symptoms worsen or new warning signs appear, seek care rather than continuing home treatment.

What to expect

Pain from gas, a minor viral illness, or a dietary change often settles within hours to a few days. Constipation-related pain may continue until stools become softer and more regular.

Some conditions become clearer over time. For example, appendicitis may begin as pain near the middle of the abdomen before moving towards the lower right side. Recheck your child regularly and seek advice if the pattern changes.

Repeated functional abdominal pain can last longer, but support is available. Regular meals, sleep, activity, toilet habits, and attention to stress may help. Ongoing symptoms should be reviewed so that other causes can be considered and your child can keep taking part in normal activities.

Common questions

Can a child have significant pain without a serious illness?

Yes. Gas, constipation, viral illness, and functional abdominal pain can be quite uncomfortable. Pain intensity alone does not identify the cause, so also consider your child's alertness, hydration, movement, and other symptoms.

Does pain near the belly button mean appendicitis?

Not necessarily. Many common problems cause pain near the belly button. Appendicitis is more concerning when pain worsens, moves towards the lower right side, or occurs with vomiting, fever, poor appetite, or reluctance to move.

Can stress cause tummy pain?

Stress can affect the nerves and muscles of the digestive system. This does not mean the pain is imagined. Repeated pain deserves medical review, especially when it affects daily life.

Should my child stay home from school?

Keep your child home if they have vomiting, diarrhoea, fever, significant pain, or cannot manage normal activities. Follow local school rules about returning after an infectious illness.

Sources

- NHS: Stomach ache and abdominal pain in children
- Royal Children's Hospital Melbourne: Clinical Practice Guideline - Abdominal pain, acute
- American Academy of Pediatrics, HealthyChildren.org: Abdominal Pain in Children
- National Institute of Diabetes and Digestive and Kidney Diseases: Symptoms and Causes of Constipation in Children
- American Family Physician: Recurrent Abdominal Pain in Children, 2018