SYMPTOM

Soiling

Soiling is when a child passes poo into their underwear after toilet training.

WHAT IT FEELS LIKE
Poo leaks into underwear, sometimes without warning

WHERE IT IS FELT
Bottom, bowel, and lower tummy

MOST COMMON CAUSES
Constipation with overflow, stool withholding, toilet-training difficulties

WHEN IT IS URGENT
A swollen belly with vomiting or severe worsening pain

USUALLY LASTS
Weeks to months, based on cause and treatment response

SEE A DOCTOR IF
Soiling repeats or constipation lasts longer than two weeks

Overview

Soiling means passing poo into underwear or clothing. It usually refers to repeated accidents after a child has learned to use the toilet. Occasional accidents can still happen during toilet learning.

The medical terms for soiling include faecal incontinence and encopresis . Faecal incontinence means being unable to control when poo comes out.

Soiling is often linked to constipation. A large, hard lump of poo can become stuck in the bowel. Softer or runnier poo then leaks around it, sometimes without the child noticing. This is called overflow soiling .

Soiling is usually not deliberate. Children may feel embarrassed, anxious, or frustrated, so calm and supportive responses are important.

What it may feel or look like

You may notice stains, small pieces of poo, or a full bowel movement in your child's underwear. The poo may be hard and dry, soft, sticky, or unexpectedly runny.

Other signs can include:

Runny leakage can look like diarrhoea. However, it may be liquid poo passing around hard poo trapped in the bowel.

- Large or painful bowel movements
- Going several days without a poo
- Holding behaviours, such as crossing the legs or standing stiffly
- Tummy pain, bloating, or reduced appetite
- Cracks or soreness around the bottom
- Not noticing the smell or feeling the accident happen
- Daytime or night-time wetting

Common causes

Constipation with overflow is the most common pattern. When poo remains in the bowel, it becomes harder and more difficult to pass. The lower bowel may stretch, reducing the child's normal feeling that they need the toilet.

Stool withholding can start after a painful bowel movement. Some children avoid toilets at school, dislike unfamiliar bathrooms, or become worried about toilet training. Holding poo makes constipation worse.

Changes in routine, illness, starting school, limited toilet access, low activity, or not regularly eating enough fibre may contribute. Not drinking enough can also make hard stools more likely.

Less commonly, a child soils without having constipation. This is sometimes called non-retentive faecal incontinence. Emotional stress, developmental differences, bowel conditions, certain medicines, or ongoing diarrhoea may play a part.

Rare causes include conditions affecting the structure or nerves of the bowel. Symptoms beginning in the first weeks of life, poor growth, persistent ribbon-like stools, or weakness in the legs need medical assessment.

When to seek medical care

Book a routine appointment if soiling happens repeatedly after toilet training. Also arrange an appointment if constipation lasts longer than two weeks, bowel movements are regularly

painful, accidents affect school or wellbeing, or home measures are not helping.

Seek same-day medical advice if your child has:

Go to an emergency department now for a very swollen and painful belly with repeated vomiting, especially green vomit, or if your child cannot pass poo or wind. These symptoms can suggest a blocked bowel.

A small streak of bright-red blood after passing a hard poo may come from a tiny crack at the bottom. Mention it at your child's appointment, especially if it keeps happening.

- A swollen belly with vomiting or worsening pain
- Fever and appears unusually unwell
- More than a small streak of blood in the poo
- Black or tar-like poo
- New weakness, numbness, or problems controlling urine

How the cause is found

A healthcare professional will ask about the accidents, usual bowel movements, pain, toilet habits, diet, medicines, and any urinary symptoms. They may ask when toilet training began and whether anything has changed at home or school. These questions help identify patterns rather than assign blame.

They may check your child's growth and examine the tummy, bottom, lower back, movement, and leg strength. An internal examination of the bottom is not always needed.

Tests are often unnecessary when the history and examination suggest ordinary constipation. Blood tests, scans, or referral to a specialist may be considered when symptoms are unusual, treatment has not worked, or another condition is possible.

Treatment and self-care

Treatment depends on the cause. If constipation is responsible, the first step may be clearing the trapped poo. A clinician may recommend an oral laxative for this. Soiling can briefly increase while the bowel clears.

Further laxative treatment may be needed to keep poo soft and prevent another build-up. Follow the prescribed plan and ask before stopping it, as the bowel can take time to return to its usual size and sensitivity.

Helpful routines include:

Diet and fluids support healthy bowel habits, but they may not clear a large build-up on their own.

Clean accidents calmly and protect sore skin with gentle washing. Avoid punishment, teasing, or forcing a child to sit for long periods. If school toilets are part of the problem, a private toilet plan and easy bathroom access may help.

- Offering relaxed toilet time after meals
- Using a footstool so the feet are supported
- Praising toilet sitting and cooperation, not only clean underwear
- Providing regular drinks, fibre-containing foods, and physical activity
- Keeping spare clothes available without making accidents a punishment

What to expect

Improvement is often gradual. During treatment, accidents may continue even after bowel movements become softer and more regular. A stretched bowel needs time to regain normal sensation.

Treatment may last for several months. Setbacks can happen during illness, travel, school changes, or interruptions to the routine. If accidents are not improving as expected, the treatment plan may need review rather than blame or stricter toilet training.

Common questions

Is my child soiling on purpose?

Usually not. Constipation can reduce the feeling that poo is ready to come out. Some children also hide accidents because they feel ashamed or fear being told off.

Can a child be constipated while passing runny poo?

Yes. Liquid poo can leak around a hard mass in the bowel. Do not assume repeated runny soiling is an infection without medical advice.

Should toilet training continue?

Keep toilet visits calm and predictable. Avoid pressure or punishment. A healthcare professional can help adjust the approach if toilet training has become stressful.

Can soiling affect the bladder?

Yes. A bowel full of poo can press on the bladder and contribute to urgency, wetting, or urinary infections. Mention these symptoms at the appointment.

Sources

- NHS: Soiling - child pooing their pants
- National Institute for Health and Care Excellence: Constipation in children and young people - diagnosis and management, CG99
- National Institute of Diabetes and Digestive and Kidney Diseases: Symptoms and causes of constipation in children
- National Institute of Diabetes and Digestive and Kidney Diseases: Treatment for constipation in children
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