

GLO2210890-2 DECEMBER 2023



CONSTIPATION DURING PREGNANCY IS COMMON.

You're not alone - up to 40% of all women may suffer symptoms at some stage of their pregnancy.²

It's also not uncommon for your baby to suffer from constipation, especially when changing from breast milk to milk substitute.³



THERE ARE MANY REASONS WHY CONSTIPATION IS COMMON DURING PREGNANCY.4

- 1. Not eating enough fiber (roughage) in your diet
- 2. Not drinking enough fluid
- 3. Some supplements taken in pregnancy like iron tablets, can cause constipation
- 4. Changes in hormone levels during pregnancy can slow the natural movement of the gut, and reduce the water content of the stools, making them hard to pass
- 5. The presence of the baby in your tummy may also increase the possibility of constipation²
- 6. Reduced exercise or 'bed rest' may increase the risk of constipation

WHAT CAN CAUSE CONSTIPATION IN MY BABY?

CONSTIPATION CAN AFFECT UP TO 40% OF INFANTS.5

- Changing from breast milk to milk substitute can be a common cause³
- Fever, diarrhea and vomiting can increase fluid loss³
- In older children, not drinking enough fluid and eating a diet that's low in fiber ('junk food') can increase the risk of constipation⁶
- Emotional stress and voluntary 'withholding' where, for whatever reason, the child ignores the natural urge to go to the toilet.⁶





The term 'constipation' refers to when you have difficulty in passing stools or if you are only passing stools infrequently.⁷

It is reassuring to know that in the majority of cases constipation is not a serious disorder. Constipation is more common during pregnancy which may be due to hormonal effects on your intestines and physical changes in your body as your baby grows in the womb.⁷

You may be constipated when your stools become hard and more difficult or painful to pass and you become less regular than normal (less than 3 motions per week).²





HOW CAN I EASE MY CONSTIPATION?

- Many pregnant women find relief from constipation if they increase the amount of dietary fiber and fluids they consume.⁷
- Increase fluid intake to more than 8 glasses of water per day and increase the amount of fiber consumed to 20-35g/day.⁴
- Do engage in light physical activity to promote normal bowel function but avoid strenuous exercise.⁴

WILL CHANGING MY DAILY ROUTINE BE ENOUGH?

If constipation persists, healthcare professionals may advise using a treatment with a laxative effect,² such as lactulose, to soften the stools and help restore normal movement.

Lactulose is the main ingredient of **Duphalac® Mum & Baby**. It works in a **gentle** and **effective** way to relieve the symptoms of constipation® and help get you or your baby back to a normal, healthy digestion.



CAN I TAKE DUPHALAC® MUM & BABY EVEN THOUGH I'M PREGNANT?

Yes. Lactulose's gentle and effective action⁸ has been well documented in over 50 years of use⁹, since it's not absorbed by the body there are no recorded toxic effects¹⁰, so it is appropriate for:

- pregnant mums¹
- new mums¹
- newborn babies.¹

CAN I TAKE DUPHALAC® MUM & BABY WHILE BREASTFEEDING?

Yes. Because lactulose is not absorbed by your body, Duphalac® Mum & Baby can be taken whilst breastfeeding.

WHO CAN I TALK TO IF I HAVE FURTHER QUESTIONS?

If you have any questions about your or your baby's constipation, or about your medication, your pharmacist is there to help. You can also ask your healthcare professional for advice too.



IS DUPHALAC® MUM AND BABY EASY TO TAKE?

A ready-to-use, syrup-based solution. No mixing, no messing, no adding water. The handy measuring cup can be used to measure the correct dose.

Recommended daily dose ¹	STARTING DOSE	MAINTENANCE DOSE
Adults and adolescents	15 - 45 mL	15 - 30 mL
Children 7-14 years	15 mL	10 - 15 mL
Children 1-6 years	5 - 10 mL	5 - 10 mL
Infants up to 1 year	Up to 5 mL	Up to 5 mL

The above dosages are applicable to Duphalac® oral solution and sachets.

After a few days the starting dosage may be adjusted to the maintenance dose based on treatment response. The recommended daily dose should not be exceeded as this may cause diarrhea. Flatulence may occur during the first few days of treatment. Duphalac® Mum & Baby should not be taken in cases of galactose or fructose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption. Duphalac® Mum & Baby should be taken with care in people who are intolerant to lactose. The use of laxatives in children should be under medical supervision.



FOR INFANTS, MOTHERS AND EXPECTANT MUMS¹



References 1. Company Core Data Sheet. Lactulose. Abbott. January 2023. 2. Cullen G, O'Donoghue D. Constipation and pregnancy.
Best Pract Res Clin Gastroenterol 2007; 21(5): 807-18. 3. Leung AK, Chan P, Cho H. Constipation in Children. Am Fam Physician 1996;54(2):
611-8. 4. Body C, Christie JA. Gastrointestinal Diseases in Pregnancy: Nausea, Vomiting, Hyperemesis Gravidarum, Gastroesophageal Reflux Disease, Constipation, and Diarrhea. Gastroenterol Clin N Am 2016; 45(2): 267-83. 5. Tabbers MM, DiLorenzo C, Berger MY et al. Evaluation and Treatment of Functional Constipation in Infants and Children: Evidence-Based Recommendations From ESPGHAN and NASPGHAN. JPGN 2014; 58: 258-74. 6. Rajindrajith S, Devanarayana NM. Constipation in children: Novel Insight Into Epidemiology, Pathophysiology and Management. J Neurogastroenterol Motil 2011; (17): 35-47. 7. Trottier M, Erebara A, Bozzo P. Treating constipation during pregnancy. Canadian Family Physician 2012; 58(8): 836-8. 8. Hejl M, Kamper J, Ebbesen F et al. Infantile constipation and Allomin-lactulose. Treatment of constipation in infants fed with breast-milk substitutes. A controlled clinical investigation of 2% and 4% Allomin-lactulose. Ugeskr Laeger 1990; 152: 1819-22. 9. Pranami D, Sharma R, Pathak H, Lactulose: a prebiotic, laxative and detoxifying agent. Drugs Ther Perspect 2017; 33: 228-33. 10. Schumann C. Medical, nutritional and technological properties of lactulose. An update. Eur J Nutr 2002; 41(1): 17-25.