**final-quiara**

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[00:00:24] And oftentimes this is the hardest. Piece, because there are so many different dynamic parts, things are always shifting and changing especially with this pandemic and how we're living our lives now, or is so different than prior and really understanding, what demands does this child have on them outside of this new transition that we're trying to support them in.

[00:01:12] **FULL INTV:** [00:01:12] On today's episode, I'm talking with Kiarra Smith, a pediatric pelvic floor, occupational therapist, which basically means that she specializes in all things related to potty training and treating the myriad issues that may arise.

[00:01:24] Kiarra is a wealth of knowledge

[00:01:25] and together where we get into some very helpful topics, like how to know when your child is ready for potty training, the most common problem. She sees how to parent each child individually and transitioning to nighttime potty training and more.

[00:01:37] I'm going to listen to this episode at least three times, because there's just so much good stuff packed in here. I really hope you enjoy

[00:01:46] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:01:46] I'm so glad to have you on the podcast today. We're going to dive into your profession, which is pelvic health, occupational therapy. But what that might mean to the listeners at home is, think about toilet learning and any issues that might arise with that.

[00:02:05] Right.

[00:02:06] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:02:06] Yeah. So as a pediatric pelvic health OT, we have experience in understanding typical development for the pelvic floor in children. And with that information, we can. Really have a good foundational understanding of what we anticipate to see a child be able to do through the process of toilet or potty learning.

[00:02:30] And then when there are challenges with potty learning, for whatever reason that may be, we are able to navigate the areas of where the problems could arise. Yeah.

[00:02:43] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:02:43] Got it. So do you typically see people before they do toilet learning or after.

[00:02:50] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:02:50] That's a great question. Because prior, when I was working in the clinic setting in a medical facility that was a specialized woman and children's hospital. We were seeing kiddos that were having already the dysfunction for quite some time. They were referred by. Pediatric specialists such as a pediatric GI doctor or a urologist.

[00:03:14] And sometimes even their pediatricians, if their pediatricians were well-versed in some of the challenges with bowel and bladder function. So I was seeing kids that were having these ongoing issues and not having any resolution to them. Prior to starting my own private practice, but now I'm seeing kiddos even earlier.

[00:03:35] So preemptively parents are seeking out just the ways to support healthy pelvic floor or health in their kids. And I'm coaching them along the way with how to support that process because it is a big transition developmentally on so many levels. And I'm able to understand physiologically what's going on.

[00:03:59] As well as cognitively and emotionally as an OT, we're, well-versed in all those aspects to child development, which is a really great gift and talent.

[00:04:12] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:04:12] Yeah. So now I'm curious, just, I want to back up a minute. When, so you are a pelvic health OT, do you, did you do most of your schooling in general OT and then you specialized in pelvic health.

[00:04:24] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:04:24] Correct. So through my schooling in graduate school too Get my master's in occupational therapy. I never knew that these things existed. We didn't have any courses discussing pelvic floor issues in children. It was pretty, pretty much a typical development that we've learned. And what was. Like a neurodiverse type of population to treat, but I didn't know about this population until I started working for a specialized women and children's hospital.

[00:04:57] And it just so happened to be that the organization had the OTs. Who served this population of patients. And typically the kids that would get pelvic floor therapy were being seen by physical therapists. And so for whatever reason, this organization, the OTs were the ones to be able to, like I said, serve this population.

[00:05:23] So it wasn't until I was in a working capacity as a professional that I learned about this area of specialty practice.

[00:05:32] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:05:32] Yeah. It's it's so interesting. I think especially for people listening, that don't have children yet. This is like an area that you is so far from what's on your radar. But then as a, like as a mom with two kids who are, both pooping and being in the potty now I get, I'm like so acutely aware of it, things that can come up along the way and like it's so great that I, and I, I even like women's pelvic health is still, the knowledge of it is so limited.

[00:06:01] And so I'm sure in the pediatric space, it's even more but hopefully that will expand as as time goes by.

[00:06:07] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:06:07] Yeah, exactly. And I didn't even know, like I said, that this existed in children and we have to think about, yeah, of course this could happen in children. They have pelvic. Yeah. Floors. They have organs that need to eliminate things in their body and things can go wrong for whatever reason. And there's not that many providers that treat.

[00:06:30] Pediatrics. And that's a limiting kind of reality in our world today and also the knowledge that, that is limited and accessible out there to families. And that's why I am so excited to be on your platform to share this knowledge, because oftentimes that those well-meaning well-child visits and pediatrician visits it just.

[00:06:55] Leaves parents wanting more answers, too questions that are happening with their kids, that sometimes these providers just aren't equipped to be able to answer. Cause they can't be specialists and experts in every single thing with every single child. Yeah. I hope that this is helpful to your listeners.

[00:07:12] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:07:12] Definitely. Yeah. So let's start with, when would a parent typically see you on their parenting journey?

[00:07:22] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:07:22] Yes. I mentioned before that I was seeing them typically when I would get a referral from another healthcare provider or there's a word of mouth referral, or somehow that child has been experiencing these challenges. Prior to, coming to see me. I would say on average, the children that are coming into the clinic are about 44 years of age, like the minimum because we want to make sure that this child has had ample time to go through the potty learning process.

[00:07:57] And be able to have those learning like curves along the way, because in this process and transition developmentally of learning bowel and bladder function and control, we want to make sure that they have the opportunities and we're not just jumping the gun and saying, Oh my goodness, my kid's not getting this.

[00:08:16] And it's only been a month. So it's this understanding that it is a process. And we want to make sure that the child is getting enough time to practice those skills when it starts to become an issue around four or five, if the child is having, incontinence of urine during the daytime or the nighttime, or even incontinence of fecal matter or fecal smearing, things like that.

[00:08:43] And they've been. Pretty, I would say content or consistent with having the potty learning skills for six months to a year. So it's not until after that kind of milestone that we'd say, okay, we need to look a little bit more into what's happening with this kiddo. And then I would see children all the way up to age 18.

[00:09:05] So oftentimes. These kids will come into the clinic and we will do an assessment of what's been happening from the moment that they've started the potty learning process, because oftentimes that's where the breakdown started. There was some, causes there that we explore and we become curious about to figure out what exactly is happening.

[00:09:30] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:09:30] got it. Okay. That's interesting. So you, so basically, like I wouldn't let's say my daughter started potty training a month ago and we were seeing issues. I, you wouldn't be my first call.

[00:09:42] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:09:42] I wouldn't necessarily be your first call because the pediatrician in those cases would be, so for some reason, your kid's Oh no, cooping every day, you're noticing that's a difference between what they were doing when they had a diaper on, then you could reach out to the pediatrician and see what they recommend.

[00:10:02] But that doesn't mean that after that kind of. Talk that you couldn't reach out to me. It's just, we like to make sure that there is no medical kind of things before we're diving into some of the things we do with pelvic floor therapy, but I will say that I do offer for the younger kids. And like I mentioned, preemptively from 18 months to the.

[00:10:24] Three and a half, four year olds. That's a really sweet kind of spot for when they're learning about their body a little bit more and they're. Quote, unquote, ready showing readiness cues. So that's that preemptive, potty learning support and guidance that I will offer. And parents have reached out and said, Hey, they're having a little bit of trouble, like with this particular environment, what can I do to make that more supportive and more calm and not fearful for my child.

[00:10:55] So I do see those younger kids, but. Typically the kids that I was seeing in the clinic are those kids that are having those challenges after mastering, if you will say that, that skill of potty learning for the majority of the time,

[00:12:52] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:12:52] So if let's just back up a little bit, what are the signs that like my child is ready for toilet learning.

[00:13:00] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:13:00] Yeah, so there would be, in my perspective, in my approach, I take a developmental and sensory approach to a lot of the potty kind of readiness cues, if you will, but there are three domains. So I look physiologically, what can the child do? So that means are they able to sense urge sensation?

[00:13:22] Like when they need to go to the potty, are they doing like a dance? Are they telling you when their diapers wet? Are they able to manage their body? Pretty independently, meaning, walking to the toilet. Sitting on the potty chair, being able to sustain a seated position without having too much difficulties and that sort of thing.

[00:13:44] So physically is their body ready to embark on this journey and then psychologically, so looking at, are they psychologically or like cognitively, how are they able to follow certain directions? Can they follow a one or two step direction? Let's walk to the potty. Just pull our pants down. So these types of instructional kind of cognitive skills are going to be really important when we're looking at readiness cues, because if we're expecting a child to do there's so many steps, if we really break down the task of toileting, like going to the toilet, pulling our pants down, voiding, et cetera, we want to make sure that child is able to understand kind of the expectations.

[00:14:30] Of what we're placing for them or presenting to them. And this has to do with cognitively, where are they at? And then the last piece is that kind of emotional or what I like to call like spirit essence of the child. How was their temperament around not even the potty learning, but just in general holistically, how are they, how is their attitude towards new things changes, et cetera, and really keying into those Unique aspects of your child.

[00:15:00] And I always tell parents, you are the expert of your child and them the best in all different various situations and all various environments, like having a pulse on that is going to be really important in understanding. Can my child be successful with my encouragement and my support to go along this journey at this time in our lives.

[00:15:24] And oftentimes this is the hardest. Piece, because there are so many different dynamic parts, things are always shifting and changing especially with this pandemic and how we're living our lives now, or is so different than prior and really understanding, what demands does this child have on them outside of this new transition that we're trying to support them in.

[00:15:47] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:15:47] I'm nodding my head and smiling and internally laughing at that last point because it like, it could, I would never have understood the importance of the, like that child's. Personality type because with my son, we, we just followed a book and that was it and done. And then an expected to do the same thing with my daughter, but she is a totally different person just a totally different person.

[00:16:15] And we ran into. All sorts of issues when we initially tried to potty cheering and had I just been like, Kyla likes to do things on her own time and she likes to come to things independently and she's, she is fiercely independent. And so like when we tried to take some control away from her, it backfired in such a big way.

[00:16:34] And I, like now I think that was like the biggest learning experience for me as a parent. And that is that you have to parent each kid very differently.

[00:16:41] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:16:41] exactly 100% agree with what you just shared with us. And I see it every day in my practice and. The parents and families, they come to that realization that, this child that I have is the child I have, and I could have another child and they're so different, but the way that I show up for them, and this is how I work with my families in my practices, the way that you show up for each child is going to be different because their needs are different.

[00:17:12] And it's going to look so So similar in a way, because it is part of the same family unit, but it's going to look so different in so many other ways. And so it's, how do we show up as a parent and I caregiver for the needs of our child in that moment. And this is one little thing and I always tell parents, it seems so big.

[00:17:35] It seems so overwhelming at times because children have three things they can control. Number one when they sleep or when they don't number two when they eat and when they don't and number three, when they pee or poop or when they don't. And these are huge things as parents, I have a two and a half year old, so we're going through this journey and it's.

[00:17:57] It's eyeopening, but it's also humbling because they have this spirit, these children have this special spirit essence that they are continually showing us what they need from us, what they need us to change and modify to be able to support them. And that's different than a plus B equals C and I wish it was that easy.

[00:18:22] I could tell you five steps and then. Off you go. And the, in the issue resolves, but sometimes we have to be a little bit more curious and to be vulnerable to the things that oftentimes we as individuals find difficult to face at certain situations in our lives. So that's my holistic approach to what I do.

[00:18:45] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:18:45] No, I love that. I'm gonna, I'm gonna. Just so I want to get your advice on two common problems that people approach or are confronted with when they start toilet learning. And I'll ask it in, in context of how my daughter responded. And so the first thing that she, she had an issue with was, or not.

[00:19:08] The first thing that the first will, that she expressed was I'm going to sit on this potty, but I'm not going to pay like I, and I had never even heard of like pee withholding. And I remember like sitting her on the toilet and she knows she was dancing, dancing, dancing before. And I was like, okay, she's ready.

[00:19:25] I'd put her on the potty and she would hold it. And after. Three hours of this, like where I knew she had to pee and then she would have an accident after, cause she wouldn't sit on the toilet. I was like, she's going to give herself a UTI. Like I don't this I'm and I might, I don't even know if that's is how you give yourself a UTI, but I was just like, this doesn't feel right.

[00:19:44] I'm gonna we're done with this. So P withholding and then also. She started poop withholding too, which had never been a problem. In the 20 months before we had tried potty training, like she just never had held their poop and then, we were going and then she had know painful poops because she was holding.

[00:20:01] And then, again, then it just became this cycle, which I then got on the the mural ax train, because I'm like, okay, she's withholding. And maybe that was a whole thing in and of itself. And so I'm curious let, can we talk about both pee and poop withholding and then things that we can do to help our children along that path?

[00:20:20] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:20:20] Yeah. And I wanted to tell you that you are not alone in that struggle. I would say 95% of parents will deal with this. To be honest and it's just not spoken about

[00:20:35] **INTRO:** [00:20:35] I don't know about you guys, but eating healthy foods in the first trimester of pregnancy seemed like an impossible feat. That's why I started ordering bumping blend smoothie cubes. These smoothies were absolutely life-saving for my first try symptoms of constipation and nausea made by a mom.

[00:20:50] A friend of mine. These super easy smoothie cubes are designed by dieticians to support common sense. Pregnancy symptoms like mine, but also Dysport mama lows, like mood swings and anxiety, low energy and trouble sleeping,

[00:21:02] All you have to do is pop the bump and blends into your blender, add liquid and enjoy a delicious smoothie made just for you.

[00:21:08] They have over 20 flavors. So I never got bored of them and are made with a hundred percent, all natural whole real foods. So they're safe to share with your kiddos and even your babies.

[00:21:16] However, I used to make my smoothies when the kids were in school, so I didn't have to share, but that's just me.

[00:21:21] You do you seriously? They're vegan cookie dough flavor. I made the mistake of letting my daughter eat once and I couldn't open the freezer around her with, without her demanding them.

[00:21:30] By everywhere.

[00:21:31] They were nice enough to pass along a special discount for our listeners. You can use the code J U N a@checkouttosaveonyourfirstorderatbumpandblends.com.

[00:21:40] Again, had to bump in blends.com and use the code J U N a to get 20% off your first order.

[00:21:47] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:21:47] there's a particular reason what I found in my experience that children will withhold, whether that be, they don't enjoy the sensation of having to go on the potty.

[00:22:00] It's just different than in a diaper. Another thing could be the environment is there something in the environment. Sensory wise, that is not as comfortable as where they've been going to the bathroom before, when they're in their diaper. So we have to look at all these different components and figure out where exactly the breakdown is.

[00:22:20] I will say that when children, especially the younger kids who are learning potty. Learning skills they will respond best to play. Developmentally play is the biggest work of their lives in this zero to five age range. And we have to get on their level to be able to understand where they're at and how to support them.

[00:22:44] So a big thing for me is doing social stories around how the body works. Even the two, two and a half year old kids understand it at some level. And starting early in terms of explaining these things in my book, it's never too early because. What we're saying, the message that we're giving them is building body autonomy.

[00:23:07] Yes. You have control over your body, but let me guide you in the knowledge of how to support it, to be helpful, to be in balance, to help your body and be your body's best friend. Those are the biggest things I always tell kiddos and we use story books. We use play with their favorites. Animals and their favorite toys integrating their favorite kinds of maybe TV shows or computer games, whatever it might be to get them on board, to understand the bigger concepts that we're trying to teach them.

[00:23:41] And so for the kids that are withholding, there are a few things that I've found. Number one, that they have that uncomfortable feeling because they've had a. For lack of better words, traumatic experience, maybe with having a full bladder and then it not feeling so good when it came out for pee withholding or maybe for poop withholding that whole big constipation aspect.

[00:24:06] Having that one big painful poop will have that child Wanting to avoid that at all costs because for them that one experience is going to be recurring because they can't understand cognitively that was just one experience. They can't differentiate or dissociate that experience from future ones.

[00:24:27] And so we have to help them by speaking about it in very consistent and clear ways. So I like to tell the kids when they come to see me, that I know that they've had a fearful and painful experience with, let's say a hard and large bowel movement that, Oh, I heard that happened to you before.

[00:24:48] That must have been. And I empathize and I give words that they can understand, but that. Moving forward that is something we can help you with. So it doesn't happen again. And then it's just that consistent messaging. Oh, this lady is telling me, Oh, my parents are telling me, Oh, this is the medicine I need to take to be able to have soft poops.

[00:25:08] And with the play integrated in that we see better outcomes. And then the biggest thing is also what our messaging is as a parent and caregiver. Are we fearful and anxious when we're trying to deal with them in their moment of need. When they know when we know that they have to go to the bathroom, but they're holding it.

[00:25:29] Are we anxious? Are we tense? And what is our messaging when we're trying to help them in that moment? Okay.

[00:25:37] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:25:37] got it. Yeah, I think about How nervous I was around, every time this potty experience would come up and I'm sure I was giving that off.

[00:25:48] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:25:48] Oh, yeah. Yep. And you're not alone. And it's challenging. And the moment that parents, oftentimes, when they look back, like you just mentioned and shared with us, that you felt nervous that your body was holding that energy and your child is going to be like, Oh, mom's nervous.

[00:26:05] I should be nervous. And we know what the pelvic floor, when our nervous system is what we call upregulated, we're going into that fight or flight sympathetic kind of reaction and response. We are tensing up our pelvic floor. It just happens. That's right. Automatic response, but it's how we notice it and become aware of it and insightful.

[00:26:30] And then we're able to make the change to look and check within our body first and say, okay, I'm feeling nervous right now. She's withholding. I need to center myself. So I tell parents, turn around, go into the other room, try and take like even two deep breaths. I'm not asking three, four or five, like just to focus on something, a mantra that resonates with you in this particular situation with your child and then revisit them.

[00:27:00] And. Go about what you want them to do or how you want them to be helped in that moment. So it would look like your child is withholding, they're dancing, they're crossing their legs. You're feeling frustrated. You're feeling tense, your heart rate, maybe you're sweating. So that's telling you, giving you clues that you have to.

[00:27:20] Take a moment for yourself to be able to show up for them. And it's going to take lots of practice. It doesn't happen overnight, but little shifts and little changes make a big difference. And then your child sees that they're more confident in you to help them. And it's really quite interesting how that shifts in that transforms over time.

[00:27:43] But when you do that, and then you go and revisit your child. You S you tell them, I noticed that your what's your daughter's name Kyla. I noticed your body's giving you some signals that it has to pee. You're crossing your legs, and maybe you're not feeling comfortable right now, but we're going to sit and I'm going to look at this book with you for two pages, and then you can stand up from the potty.

[00:28:08] Yeah, P comes out. Great. If it doesn't we'll move on and then you move on. It's not this willful forceful situation. This is just a, off the top of my head example of what I'm sharing with you. That could be helpful, but we figure out what the correct messaging is for your child. And then we consistently and confidently Progress with that.

[00:28:30] And it's, like I said it's transformational for a lot of the families that I work with.

[00:28:34] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:28:34] That, that makes a lot of sense, especially as I think about what was successful and what was not now, I'm curious, when is it? Cause you, you mentioned incontinence earlier. When is it? When is it like a problem? That accidents continue so I'll use my son as an example.

[00:28:50] Like we potty trained him at two and for a year and a half. Yeah. We had like pee accidents all the time, like just all the time. And it was, he knows when he has to pee. And I think like he would constantly make the decision. Do I want to stop what I'm doing? Or should I just pee in my pants? And. Every time he would be like, I'm just going to pee my pants because I don't want to give up this toy.

[00:29:15] I don't want to stop watching the show. I don't want to, whatever it was that he was doing, he like could not be bothered. And he's four and a half now. And I will say that's still not that it's all the time, but like it's if he was, if he would much prefer to just pee in his pants, then to go to the bathroom, stop what he's doing.

[00:29:32] And I just wonder is this a problem I'm overlooking? Or as is there a physiological problem that I might not have noticed?

[00:29:39] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:29:39] so that's a great question because at four and a half, I will say that is pretty typical behavior. If you're seeing it only during play. So if you're noticing he has so engrossed in those Legos or with his like trucks or his cars, and you're only seeing it in that instance, I would say yes, that is going to be pretty age appropriate and typical that you would see a child wet because they rather continue playing than not.

[00:30:07] If they're doing this in random activities, then that's when I would put a hand up and say let's explore this and be curious about this a little bit more. The reason being is that when children are having daytime urine incontinence throughout the day frequently, there is a certain things that could be happening.

[00:30:31] Number one constipation could be the culprit. Number two, there could be physiological or neurological conditions that need to be worked up a little bit more. Such as an overactive bladder or other kinds of medical conditions that would bear more assessment and evaluation with. But in your instance, when children are doing that, and you're noticing that's the pattern and that's the behavior, there are a couple of things that you could do that could be helpful to support him in that.

[00:31:02] And I would say prior to him participating in that really preferred activity having him rest for a minute, I don't like to call it like potty breaks or that sort of thing, but a rest from play. Such a young age. This is what I present as messaging. We are going to rest from play, taking care of your body.

[00:31:25] That means we need to sit down on the potty or the toilet, whatever device that they prefer to avoid in. And then we'll be ready to. Play with Legos because I notice sometimes when you're playing your body, lets the pee out and it's going to take so much longer to clean up and you don't have time to play more.

[00:31:45] Let's do this together. I'm here with you and just making that conscious effort because what we want to see is that intrinsic motivation develop. And with children at this young of an age, sometimes it's very challenging for them to be intrinsically motivated. For certain things like self-care skills, like toileting, eating, sleeping, all of these things that they have control and agency over.

[00:32:12] And so that's how I would approach it.

[00:32:15] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:32:15] That? No, that makes total sense. It's it is so funny that the the things they have agency over are the things that stress us out as parents, the most sleep, feeding your kid and going to the bathroom. Now I want to talk about night training cause this like being like, cause I had always thought that this was.

[00:32:32] Just a developmental thing. Like at some point they'll be ready to hold it overnight. And so like with my son, I never pushed it at all. Like he wore a diaper and then until, and he just, he didn't want to wear a diaper anymore and it wasn't that he was dry. It wasn't like his diapers dry in the morning.

[00:32:49] And he was just like, I don't want to wear this diaper anymore. And so I said to him, if you have a dry diaper five nights in a row, then we can stop wearing diapers. And that I guess intrinsically motivated him because he would wake up and he would go to the back, like he would. And so he went five nights in a row and only occasionally he'll have an accident and it's usually associated with hard sleep and, drinking a lot of water before bed. Cause we don't limit his, him and his sister's water intake. I just, that was not something I wanted to do. So I'm curious, when is a child ready to night train and what are some common problems that can come up?

[00:33:27] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:33:27] Yeah. So night training in terms of being able to control like bowel and bladder function, as the poop for control over night comes first. Most children won't stool overnight. Once they have. Been pretty successful with potty learning and going through the process and the journey of that during the day.

[00:33:49] And then for nighttime, I tell families that the research out there says it's about up to age five or six is when the bladder can actually go the whole night without having to empty. So your son is still. In that age range, four and a half. He's still young. And so what happens is A lot of the children will start learning the urge sensation at night.

[00:34:18] Like how you mentioned a reward type of thing for him. And then he was able to cue that and associate that, which is really great. Cause he's already building that sensation and that awareness to nighttime fullness, if he needs to go in and. And get up from sleep, but it is a developmental thing that we wouldn't anticipate a two and a half year old or three and a half year old to be able to hold it all the way through the night necessarily there are children that can do it for sure.

[00:34:46] But I would say it's not the majority. So don't feel like you have to have this pressure of having your child be completely dry every night or. So on and so forth if they're still under the age of five. But most girls by the age of six and for boys age of seven the you're in production after sleep starts to taper down.

[00:35:11] So even when they get a little bit older, they're still developing that sense of feeling that full bladder and voiding appropriately.

[00:35:21] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:35:21] got it. That's good to know. Yeah. It's it's interesting. I never thought about how poop like happens at night and my son never poked in his diaper. Like during sleep times, but my daughter or it was just like, it was her poop schedule. She would poop right after nap and she would poop in the morning.

[00:35:39] And so it's not like she did it in her sleep, but it was like she would wake up and then poop.

[00:35:45] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:35:45] Yep.

[00:35:46] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:35:46] the Pope thing was actually like, because we were dealing with the withholding And that, like, when she went back to her diaper, it was just, it was like, okay. Because she would just do it in her sleep.

[00:35:56] And I was like, Whoa, like when she's ready to potty train, like she's at least we don't have to approach the poop thing. Cause she's just going to do it during their nap and sleep. Which I'm sure other people go through

[00:36:05] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:36:05] Yes. Yes. You're not alone in that at all.

[00:36:11] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:36:11] Yes. So I, cause I don't what I know that we talked about with holding P but what are like how, cause I think a lot of people listening to this are going to be like, okay, help me with the poop though.

[00:36:23] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:36:23] Yeah, that's the number one. I feel like complaint chief complaint, as we say it here in the clinic that most families will report is that their child is a stool with holder. And oftentimes this is the hardest. Just to deal with because the bladder is different. The bladder has a capacity, meaning there's a certain amount of pee that the bladder stores and then the body has to empty it.

[00:36:51] And you can't really hold P for that long. You can hold it for hours, of course, but not like poop. You can act. Yeah. Poop. No, not even just stay Sarah it's I've seen weeks and months. Okay. People have been able to hold their yes. In the research. It's amazing. I was like mind blown when I was reading some of this stuff, but it is yeah, it is a definitely area that people.

[00:37:21] Are having a lot of trouble with, because the rectum where the poop is actually a sensory, Oregon. That's the, that's what we want the rectum to be able to sense things. It's not a storage unit and this is what it becomes when kids start stool withholding with the stool withholding is that it becomes a storage unit.

[00:37:42] And as the stool is sitting there for. Days, maybe weeks. It starts to stretch that rectum and that muscle there. And with that, it results in a stretch and decrease of sensation for these kids. So they're not feeling it after a certain amount of time. And if you have chronic constipation with holding, you just have this vicious cycle that happens because at some point.

[00:38:10] You would have to get a clean out, maybe using different various laxatives or enemas and suppositories, whatever your medical provider is recommending, but then it doesn't deal with the root cause of why that child is withholding. Most of the time these kids are what we call functional stool.

[00:38:31] Withholders they have functional constipation, which means there's no physiological reason why they are having constipation, but it stemmed from a behavioral cause. Meaning one time maybe they had that one painful, traumatic poop. Maybe they just didn't want to let it out in their diaper, et cetera.

[00:38:51] Multi-factoral issues and causes. And so we have to find out what the root cause is. It's harder. It's harder with the younger kids because cognitively they can't tell us in words. What's happening. So we have to be more of detectives about what their body patterns are, how their behavior, how their body language is during that time.

[00:39:14] Are they tensing their body? Are they withholding only at school? What are the things that are happening? And we have to look at these with a very close I am magnifying glass to figure out what's happening. And after that, we come up with a plan to figure out, okay, do they need more support at this time?

[00:39:34] Meaning do they need to have stool, softeners and a stimulant together? Because if you have stool softeners, you will soften only the stool, but it doesn't necessarily mean that child is going to be able to void all that poop and the rectum. It's not stimulating. So what happens is sometimes those kids will get on a stimulant, like a senokat or set aside Ex-Lax et cetera, to help overcome that withholding and gain more confidence, knowing, Hey, I could feel it and Hey, it's not hard and painful.

[00:40:10] Along with a good bowel retraining program that looks at posture, defecation mechanics, how is that child using their muscles correctly or incorrectly? When they think that they're avoiding and families will say, Kiarra, they have. Sex strong muscles because they can hold, I've given them three caps of MiraLax and they still can hold that in and won't let anything out.

[00:40:34] But what we really find is that becomes a motor program that they actually are not able to control and those muscles fatigue, and then they actually become more weak and not able to D Since the correct sensation of stool there, and then they get fecal leakage. So there's a lot of things that can be happening.

[00:40:51] And I really try and look at each case, which is it's each child and each situation is so unique that it's a real puzzle sometimes to put together all the pieces to figure out how to best support them and in what order to go in, because there, there needs to be a protocol in which we address constipation and rule that out.

[00:41:16] Then we look at physiological things and then we look at behavior with nutrition and diet and toileting habits, et cetera. So it's a process for sure.

[00:41:26] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:41:26] Yeah. And, I want to touch on constipation because you enlightened me a few weeks ago that just because my kids are pooping every day, it doesn't mean that they're not constipated. And I thought that was a really fascinating tip and also duh, I've dealt with. Like constipation issues my entire life.

[00:41:45] And and I do all of these things to make sure that I'm pooping everyday, but I'm still constipated. And so I don't know why I didn't think about that with my children. And then on that note I want, so I want you to talk a little bit about like signs of constipation and things that we can do, but I thought that this was so fascinating.

[00:41:59] My son who's four and a half and my daughter is two and a half. I remember asking them, I was like, do you Do you need to ever poop at school? Something came up about pooping at school and Luca goes, mom, you don't poop at school. And I was like, Oh, so he's definitely holding it at school and waiting.

[00:42:17] Cause he both of my kids now poop at five o'clock every day, like it's clockwork, they get home within a half an hour. Their body sends a signal it's okay to poop and they Pope and I relate to that because I literally. Never pooped at school like that. It's just like a thing. And now I deal with constipation, I can, I'm like, Oh my God, is this where it begins?

[00:42:34] And how does do my kids at four and a half and two and a half already know, get the social signs that they don't want to poop at

[00:42:41] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:42:41] Yeah. Yeah. Yeah.

[00:42:43] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:42:43] going on.

[00:42:44] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:42:44] Yeah. So that is huge because for poop, I think 99% of people would rather poop in their own bathroom. That's just like the way that the human brain has evolved and worked. I think that's just part of us, but that doesn't mean that we do that. That doesn't mean that we start shutting off the urge sensation when our body is telling us that it needs to.

[00:43:08] Void. And what happens is that the body becomes in this way of. Finding a pattern that it likes in regularity. So your kids love to go to the bathroom at home and then their body has adapted to go at five 30. And that's fine because they're letting it out. But what I would try to encourage is even if there was an urge sensation that they were feeling, and I would be curious, just asking your son or your daughter about if their body's giving them a feeling and telling them.

[00:43:43] I got to go and then they're telling their body like, Nope, I'm not letting any poop out because we're at school today. I'm waiting till mommy picks me up and then I'll let you out later. So I would be curious to see if they would be like, yeah, mom, like I tell I don't, I feel it, but I just don't want to go.

[00:43:59] Cause that's 99% of the time. My clients, the kiddos will tell me that and the reasons are the bathroom is dirty. I don't want my friends to know that I'm pooping. I don't feel comfortable. A whole slew of things that the reasons why I don't want to stop from recess, whatever it might be. But if we continue to shut.

[00:44:20] Down that communication of what our body is trying to tell our brain. So we have volitional control over it. Then our body starts to become confused. And this is how I tell the kids. They're telling you a message and you're saying, Nope, sorry. And so what happens is that sensation starts to alter. So it will cause like I said, that pilot of poop down there and then it'll stretch the rectum and then when they go home and they have the urge sensation, they're more relaxed.

[00:44:50] They know that they're going to go into their clean, nice bathroom. Mom's going to help me wipe or whatever it might be. They're more relaxed. And they're like, okay, I can void. It doesn't mean that they're completely emptying their rectum. And I say this because Oftentimes parents will say my kid goes and I see it, but what it looks like when I have them take pictures of them to show me, this is the joys of being a pelvic floor therapist in paeds.

[00:45:20] I have hundreds of pictures of poop and pee in a text to my phone that it's a clue to me like, Oh, if they're pooping little ribbons, That means that is probably coming around a big, massive poop, or if they're pooping, like I kid you not soda can diameter poops. That means that they are constipated.

[00:45:45] So large diameter, poops, or skinny kind of ribbon like, or snake-like poops. Those are red flags to say, Oh, the poop is. Definitely not coming out as it should. And what we're looking for is like the size of, if you think, those little I don't know what they're called, but those like a appetizer kind of hot dog type of things.

[00:46:07] Like the sausages, that's what we're looking for in diameter. It's not huge, but it's not skinny. And that means that the rectum and the colon aren't being stretched. And that means that most of that poop is coming. Out. And we're not looking for a really long, we're not looking for small, but it's a medium size amount for a child.

[00:46:29] And if you start seeing like dry little hard rabbit pellets, or like a bunch of grapes mixed together, or like a sausage with cracks in it, that means that poop has been in there way too long. Water has. Evaporated or been absorbed outside of the intestines and that poop has been sitting there too long.

[00:46:48] So all these things we look at and it gives us a clue as to, okay, they're keeping it in too long. We need to help with hydration and diet or they're there. Defecation voiding mechanics is off. They're not using the right muscles to completely empty, or they're the ones that are sitting down and popping right off.

[00:47:05] Like sitting down, paying a little or pooping and you see a little bit there and then they leave and that's all they do for the day. That's not, does that makes sense?

[00:47:15] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:47:15] Yeah, totally. Is there is there something that we can do to help our children sit longer?

[00:47:24] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:47:24] so sitting longer is a big complaint because it's just like the most boring thing for children to sit on the toilet and take care of their body. Of course, they'd rather be doing other things, but. I'm a big proponent of making it a educational experience, but also one that their nervous system is in a relaxed parasympathetic phase.

[00:47:47] Meaning they're resting, they're relaxing. And you have to find whatever works for your child. So I don't tell families don't do this or don't do that. If you give screen time and that's relaxing to your child, then that's what you're going to do. Even if I don't tell you that. So I work around what feels.

[00:48:07] What resonates or what feels good with what the family wants and then try and maybe at some point we knock off those things, but initially for a child who's resistant and fearful, we want to make it a pleasant and gentle and stress-free experience. So I would say that is something to look at and talk over with your family and the people that are in it with how you go about doing sit times and rest times books about the potty for the actual.

[00:48:36] Improved or efficient use of muscles. What you can use are like bubbles or use of any blow toys. I like those party, like paper, little blow toys, because it doesn't have sound like if a kid had a whistle, to do this every time. Sometimes it drives parents mad. So I say try and get things that, don't make too much noise if that's an issue for you, but something to where they're activating their diaphragm.

[00:49:05] So like how they're breathing, because breathing is linked to how the pelvic floor is going to relax or contract. And oftentimes what we're trying to do is change the. Amount of pressure that's in the thoracic or abdominal cavity to help push the contents out of the intestines in the rectum. And if your child is just bearing down and pushing, which I see a lot, Ms.

[00:49:30] Kira, I'm trying, and I try so hard and I push everything is stuck inside actually. So when children are bearing down in trying to push, we know that's a red flag. We want voiding to be effortless. Soft and stress-free and having that in mind, if you can understand your own deprecation mechanics, what your body's doing, what you're feeling, it's going to be helpful for your child.

[00:49:59] And oftentimes parents will say, I've been doing this wrong my whole life. Oh my goodness. No wonder my kid is doing it like this. And it's a really eye-opening experience even for the parents to look and see how they're using their body, because you guys are the ones that are going to be there day in and day out.

[00:50:15] And when they come to my clinic or over telehealth sessions, I only see them for a moment in time. And so it's really giving that education and that knowledge to the family to be able to implement across all environments and on a consistent basis.

[00:50:32] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:50:32] That's super helpful. Now in the interest of time, I'm going to ask you two more questions. So once a parent works with you, what is that one thing that you're bringing into their life that remains permanent to them?

[00:50:46] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:50:46] I think the biggest thing that I bring into their life that remains permanent to them is empowerment. It's that I empower them to be, the expert of their child. I empower them to come to some acceptance that life happens and challenges arise, but it's. It's also too, that they can do hard things, just like their child can do hard things and empowering them to reconnect with their child in a meaningful and a healing and therapeutic way.

[00:51:16] I think is the one thing that I bring into their lives that they continually come back to. And then also to try and be in the moment and. I mean as a mom to a two and a half year old, I was just looking at her this morning and I'm like, Oh, where did my little baby go? All of a sudden, now I have this child who's telling me, no, I don't want to wear hello, kitty underwear today, mommy.

[00:51:39] I want to wear, my pink princess ones. It's like, how did you even, how did this even happen in a blink of an eye? And it's really, I think. Taking that moment, taking that second to say, this is hard. I can do it. And so can my child and it's going to, this is going to go away. This is going to be fleeting.

[00:52:00] So let me just try and be in the moment and let me just try to do this to the best of my ability.

[00:52:07] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:52:07] you and I had the same morning this morning. I literally was like, you already have underwear on, you don't need to change your underwear. but you don't need to change your underwear. You just put them on, this is why I have 65 loads of laundry a week. I was going to ask you if you had one piece of wisdom to impart on parents, but I feel like you just did, unless you have any other, unless you want to relate it to to potty training.

[00:52:33] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:52:33] Yes. So like I mentioned, I'm always on my soap box about constipation, because if we can prevent constipation in your child at all costs, that's going to be huge. For the things that you can prevent happening down the line and being really mindful and curious about their body patterns is going to be huge when you are seeking treatment potentially in the future for things that are coming up, because that gives your provider a really good background and understanding of your journey until the moment you came into their office.

[00:53:09] Yep. Keep those kids having. Like the Squatty potty commercial says that frozen yogurt, soft serve type of poops. That's our aim and that's our focus and target

[00:53:21] **quiara\_recording-3\_2021-02-05--t05-59-40pm--skuhn4:** [00:53:21] Totally. Totally. I love that. Yeah. Thank you so much for coming on the podcast. I feel like I'm going to listen to this episode three times. It was just a wealth of knowledge. So I appreciate it.

[00:53:30] **quiara\_recording-3\_2021-02-05--t06-03-18pm--quiara:** [00:53:30] Oh, anytime, Sarah. And thank you so much for having me on it was a pleasure.

[00:53:39] **INTRO:** [00:53:39] Okay. That's all for today. If you like today's episode, please share it with a mom and friend and leave us a review. If you're pregnant, postpartum, or trying to conceive, you can download the Juna app completely free for seven days.

[00:53:49] The app is available for iOS and Android and is designed to be your guide for all things, health and fitness for this very special time of your life.

[00:53:57] If you have any suggestions for episodes you would like to hear, or anyone you think would be a great guest on the show, please email me directly@sarahatjuna.co. Thank you so much for listening and I'll see you next week.