



Mott Poll Report

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Tummy Troubles: How Parents Deal with Their Child's Belly Pain

Tummy aches are common among children and can be a symptom for a range of ailments. It can be difficult for parents to identify the cause and relieve the child's belly pain. The C.S. Mott Children's Hospital National Poll on Children's Health asked a national sample of parents of children 3-10 years about how they handle their child's belly pain.

One in six parents (17%) report their child complains of belly pain at least once a month. Among these parents, 58% have discussed the frequent belly pain with their child's doctor while 42% have not. Other parents report their child has belly pain a few times a year (31%), or that their child rarely or never complains of belly pain (52%). Parents are *very likely* to contact their child's doctor or seek emergency care if their child's belly pain includes blood in the stool (84%), if the child feels a "sharp" or knife-like pain (65%), if the pain continues for more than six hours (64%), or if the belly is swollen (63%) or hard (49%); some would seek advice or care if their child also has fever (22%) or diarrhea (8%). Overall, 37% of parents rate themselves as *very confident* in their ability to tell when belly pain might be a sign of a serious problem.

Parents try to figure out the cause of belly pain by having the child describe the pain (69%), seeing if the child can continue with regular activities (47%), taking the child's temperature (43%), having the child lie down to see if the pain gets better (41%), or probing the child's belly to see where it hurts (34%). Most parents think their child's belly pain has generally been caused by gastrointestinal symptoms like gas, indigestion, and constipation (73%); fewer parents point to a virus or infection as a prior cause (35%). Overall, 30% of parents say they are very likely to give an over-the-counter product when their child has belly pain, including probiotics (13%), medicine for an upset stomach (13%), pain relievers (12%), or stool softeners (8%).

About one-quarter of parents (27%) attribute their child's belly pain to worry and anxiety, trying to avoid school, or trying to get attention; this belief is more common among parents of children 6-10 years than 3-5 years (34% vs 20%). When parents suspect that worry or anxiety is the cause of belly pain, they talk with their child about the cause of their anxiety (71%), have the child do breathing or relaxation exercises (53%), or try to distract their child (53%); few parents (16%) allow their child to miss school or other activities that may be related to the worry.

Parent strategies to address anxiety-related belly pain in children 3-10 years old



Talk with child about cause of anxiety	71%
Do breathing/relaxation exercises with child	53%
Distract child	53%
Allow child to miss school/activities	16%

Report Highlights

1 in 6 parents report their child complains about belly pain at least once a month.

Among parents whose child frequently complains about belly pain, 2 in 5 have not talked with the child's doctor.

1 in 3 parents are very confident they can tell when their child's belly pain may be a sign of a serious problem.

Data Source & Methods

This report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC (Ipsos) for C.S. Mott Children's Hospital. The survey was administered in February 2023 to a randomly selected, stratified group of adults who were parents of at least one child age 0-18 years living in their household (n=2,100). Adults were selected from Ipsos's web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 62% among panel members contacted to participate. This report is based on responses from 1,061 parents with at least one child age 3-10. The margin of error for results presented in this report is ±2 to 5 percentage points and higher among subgroups.

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C.S. Mott Children's Hospital National Poll on Children's Health

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Implications

Belly pain is a relatively common occurrence in young children and can result from a range of causes. Often belly pain stems from short-term problems such as constipation, food poisoning, or gastroenteritis. These can cause “crampy” pain in the lower abdomen, along with other symptoms like diarrhea.

Nearly one-third of parents in this Mott Poll would use over the counter products if their child had abdominal pain. Some products may ease the child's discomfort such as suppositories that can help with constipation or medications for gas. However, other products may be counterproductive. For example, the active ingredient in some upset stomach medications is bismuth which slows down gut motility; while this would be helpful in limiting the course of diarrhea, it may slow the process of recovery from a viral infection and may lead to constipation in children. Parents should check the label to ensure that they select a product that does not contain bismuth or salicylates which should not be used in children. In addition, parents may use dietary changes to decrease the frequency of belly pain, such as increasing the amount of water and fiber in the child's diet overall while decreasing processed foods. Some research suggests that probiotics may help to improve the balance of bacteria in the child's gut.

In some cases, belly pain is an important sign of a more serious problem such as appendicitis, bowel obstructions, or urinary tract infections, and for boys, testicular problems such as hernias. Findings from this Mott Poll indicate that many parents are not confident that they could recognize these situations. The most concerning signs include sharp intense pain, blood in the stool, and a hard/swollen belly; parents should seek care rapidly if they notice any of these signs. Other signs of a potentially serious problem include pain that stops the child from continuing with their normal activities, worsens over time, that awakens the child at night, pain that emanates from the belly button to the lower right side of the abdomen (which could indicate the presence of appendicitis), pain that lasts over 24 hours, or pain that is accompanied by vomiting or difficulty swallowing. Even though the situations may not be urgent, parents may want to seek advice from the child's healthcare provider.

Parents also should pay attention to the frequency of their child's belly pain, even in the absence of more serious signs. It is noteworthy that among parents who indicated their child has belly pain at least monthly, 4 in 10 have not discussed this issue with their child's health care provider. This may be due to the symptoms not being viewed as very significant or parents feeling comfortable managing the pain at home. If a child is complaining about belly pain at least once a month, parents should keep a log of the frequency and characteristics of the pain to discuss at the child's next health care visit.

Over one-quarter of parents in this Mott Poll reported instances where they suspected their child's belly pain was due to worry or anxiety, avoidance of school or other situations, or trying to get attention. In such situations, parents should recognize the importance of understanding and addressing the underlying cause of their child's symptoms. An essential task for the parent is to encourage the child to describe the source of their concern, allowing them time and space to share their feelings, without discounting or minimizing the child's fears. Once parents better understand the source of the issue, they can help alleviate their child's anxiety by clarifying any areas of misunderstanding, intervening when appropriate (e.g., if anxiety is due to something like bullying), and helping to brainstorm possible solutions. If parents notice that their child complains frequently about anxiety-related belly pain, input from a behavioral specialist can give parents insight into ways to manage their child's symptoms and can show children techniques to recognize and deal with anxiety.