

# Bedwetting



Most children are toilet trained between 2 and 4 years of age. Many children at this age are able to stay dry during the day, but may not be able to stay dry at night until they are older. Between 15% and 30% of 6-year-olds have one episode of bedwetting (also known as enuresis) per month, and as many as 4% or more of 12-year-olds are still wetting their beds some of the time. Like so many things in pediatrics, bedwetting and the issues associated with it have their own developmental time line. Read on to find out more about bedwetting and what can be done about it.

## Causes of bedwetting

Although all of the causes of bedwetting are not fully understood, the following are some that are possible:

- Your child is a deep sleeper and does not awaken to the signal of a full bladder.
- Your child's body makes too much urine at night.
- Your child is constipated (this can put pressure on the bladder).
- Your child has a minor illness, is overly tired, or is responding to changes or stresses going on at home.
- There is a family history of bedwetting. (Most children that wet the bed have at least one parent who had the same problem as a child.)
- Your child's bladder is small or not developed enough to hold urine for a full night.
- Your child has an underlying medical problem.

## What you can do

Most children wet their beds during toilet training. Even after they stay dry at night for a number of days or even weeks, they may start wetting at night again. If this happens to your child, simply put her back in training pants at night for a while until she is ready to try again. The problem usually disappears as your child gets older. If children reach school age and still have problems wetting the bed, it most likely means they have never developed nighttime bladder control.

If you are concerned about your child's bedwetting or your child expresses concern, talk with your pediatrician. You may be asked the following questions about your child's bedwetting:

- Is there a family history of bedwetting?
- How often and when does your child urinate during the day?
- Have there been any changes in your child's home life such as a new baby, divorce, or new house?
- Does your child drink carbonated beverages, caffeine, citrus juices, or a lot of water before bed?
- Is there anything unusual about how your child urinates or the way the urine looks?

## Signs of a medical problem

If your child has been completely toilet trained for 6 months or longer and suddenly begins wetting the bed, talk with your pediatrician. It may be a sign of a medical problem. However, most medical problems that cause bedwetting to recur suddenly have other signs, including

- Changes in how much and how often your child urinates during the day
- Pain, burning, or straining while urinating
- A very small or narrow stream of urine or dribbling that is constant or happens just after urination
- Cloudy or pink urine or bloodstains on underpants
- Daytime and nighttime wetting
- Sudden change in personality or mood
- Poor bowel control
- Urinating after stress (coughing, running, or lifting)
- Certain gait disturbances (problems with walking that may mean an underlying neurologic problem)
- Continuous dampness

If your child has any of these signs, your pediatrician may want to take a closer look at your child's kidneys or bladder. If necessary, your pediatrician will refer you to a pediatric urologist, a doctor who is specially trained to treat children's urinary problems.

## Managing bedwetting

Keep the following tips in mind when dealing with bedwetting:

- **Be honest** with your child about what is going on. Let your child know it's not his fault and that he will eventually be able to stay dry all night. Let your child know lots of kids go through this, but no one goes to school and talks about it.
- **Be sensitive** to your child's feelings. If you don't make a big issue out of bedwetting, chances are your child won't, either.
- **Protect the bed.** Until your child stays dry at night, put a plastic cover under the sheets. This protects the mattress from getting wet and smelling like urine.
- **Let your child help.** Encourage your child to help change the wet sheets and covers. This teaches responsibility. It can also keep your child from feeling embarrassed if the rest of the family knows he wet the bed. However, if your child sees this as punishment, it is not recommended.
- **Set a no-teasing rule in your family.** Do not let family members, especially siblings, tease your child. Let them know that it's not his fault.
- **Take steps before bedtime.** Have your child use the toilet and avoid drinking large amounts of fluid just before bedtime.
- **Try to wake him up to use the toilet** (1–2 hours after going to sleep) to help him stay dry through the night.

Reward him for dry nights, but do not punish him for wet ones.

## Bedwetting alarms

If your child is still not able to stay dry during the night after using these steps for 1 to 3 months, your pediatrician may recommend using a bedwetting alarm. When a bedwetting alarm senses urine, it sets off an alarm so the child can wake up to use the toilet. When used correctly, it will detect wetness right away and sound the alarm. Be sure your child resets the alarm before going back to sleep.

Bedwetting alarms are successful 50% to 75% of the time. They tend to be most helpful for children who have some dry nights and some bladder control on their own. Ask your pediatrician which type of alarm would be best for your child.

## Medicines

Different medicines are available to treat bedwetting. They rarely cure bedwetting, but may help your child, especially in social situations such as sleepovers. However, they are usually a last resort and are not recommended for children younger than 5 years. Also, some of these medicines have side effects. Your pediatrician can tell you more about these medicines and if they are right for your child.

## Beware of “cures”

There are many treatment programs and devices that claim they can “cure” bedwetting. Be careful; many of these products make false claims and promises and may be very expensive. Your pediatrician is the best source for advice about bedwetting. Talk with your pediatrician before your child starts any treatment program.

## If nothing works

A small number of children who wet the bed do not respond to any treatment. The good news is that bedwetting decreases as the child’s body matures. By the teen years, almost all children outgrow bedwetting. Only 1 in 100 adults have problems with bedwetting. Until your older child outgrows bedwetting, she will need a lot of emotional support from your family. Support from a pediatrician or mental health professional also can help.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

