

Nocturnal Enuresis (Bedwetting)

Information for parents and carers

Key facts

Bedwetting is very common.

- About 1 in 10 children aged 5 and 1 in 20 children aged 10 still wet the bed at night.
- It is more common in boys.
- It can run in families.



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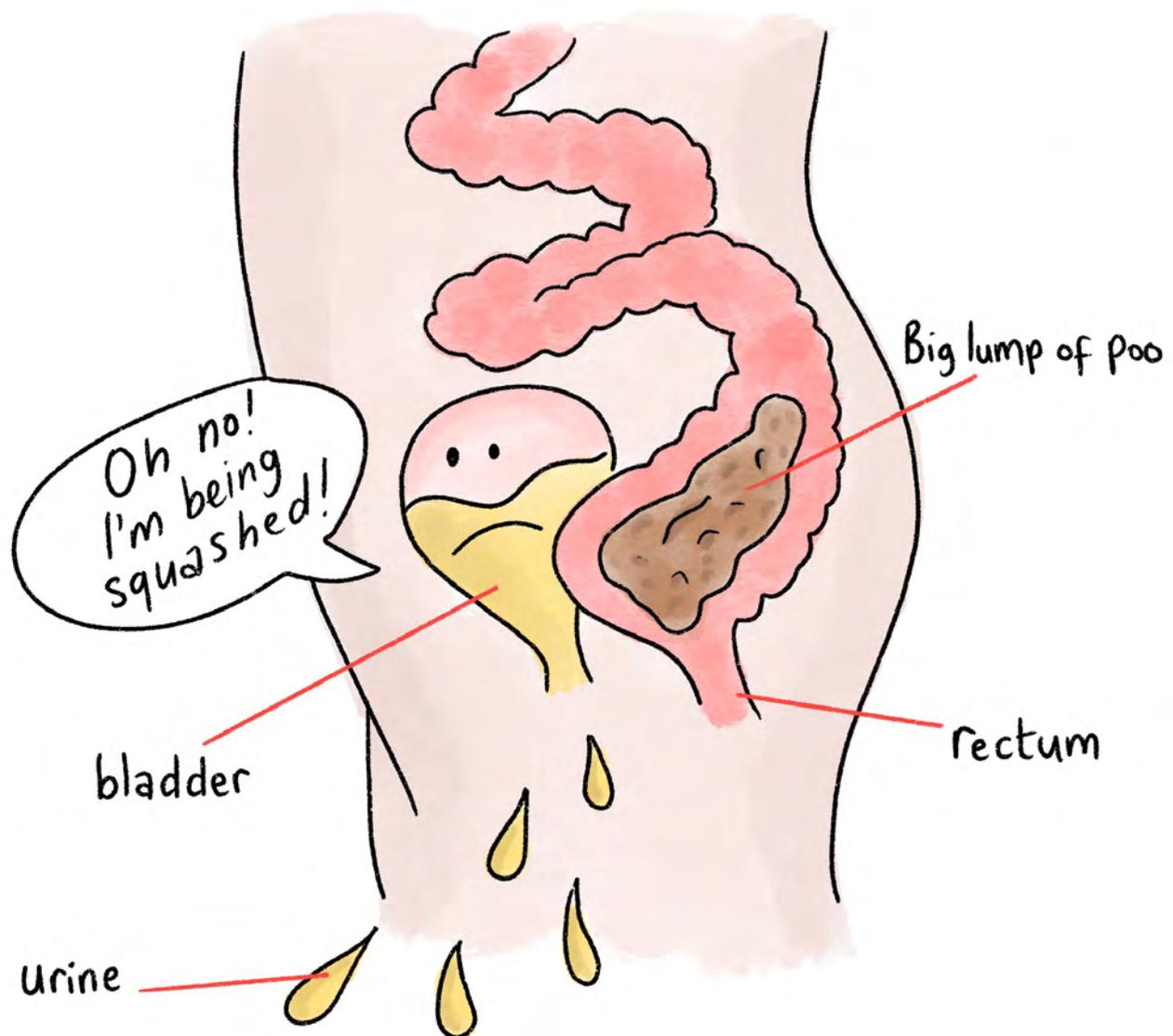
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What causes bedwetting

Physical causes are rare and usually there is no particular disease or illness causing the bedwetting.

Constipation is a common cause of bedwetting, especially if it starts after a child has been dry at night for a period of time. A full bowel can press against your child's bladder making them feel like they need a wee or stopping them from holding as much wee as usual.

Your child is likely to have constipation if they are passing hard poo, going less than 4 times a week, finding it difficult to poo or having problem with poo in their pants.



If you think your child is constipated, seek medical advice

Times of stress

Physical causes are rare and usually there is no particular disease or illness causing the bedwetting.

Times of stress may start up bedwetting again, for example;



family disruptions



starting school



arrival of a new baby



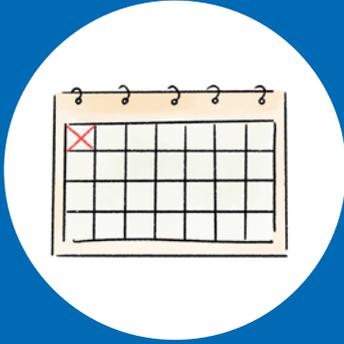
illness of the child



How is bedwetting diagnosed?

You will be asked questions about your child's diet, bowel habit and general health. Your child's growth will also be reviewed.

Most of the time, tests are not needed.



You may be asked to complete a diary to monitor the number of daytime drinks, frequency of bedwetting and frequency of bowel movements.

Tips to help reduce bedwetting

It is important to remember it is not your child's fault and punishment is never an effective way to tackle bedwetting.



The first step for parents is to keep a positive attitude and let your child know that dry nights can be achieved. Children should be praised if any improvement is noticed.



Be sensitive to any disruptions for the child as it may be stressful for them and contribute to bedwetting.



If you decide it is time to stop using nappies then it is important not to put nappies on at night, this gives no encouragement to the child and bladder training is unlikely to be successful.



When the child is old enough, encourage the child to take responsibility to help change the bedding. Try to make it a 'matter of fact' routine with as little fuss as possible.



Try to make sure there are no hidden fears about getting up at night, such as the dark, and leave the bathroom light on.



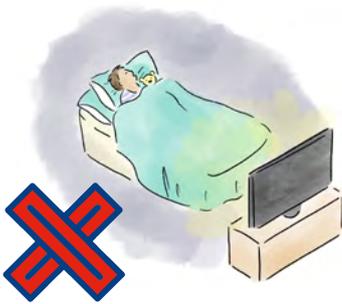
Think about being dry



It is common practice to lift children to the toilet while they sleep; the child cannot remember being lifted and it does not help them achieve their own bladder control.



Avoid drinks containing caffeine such as coke, tea, coffee, hot chocolate, especially at bedtime



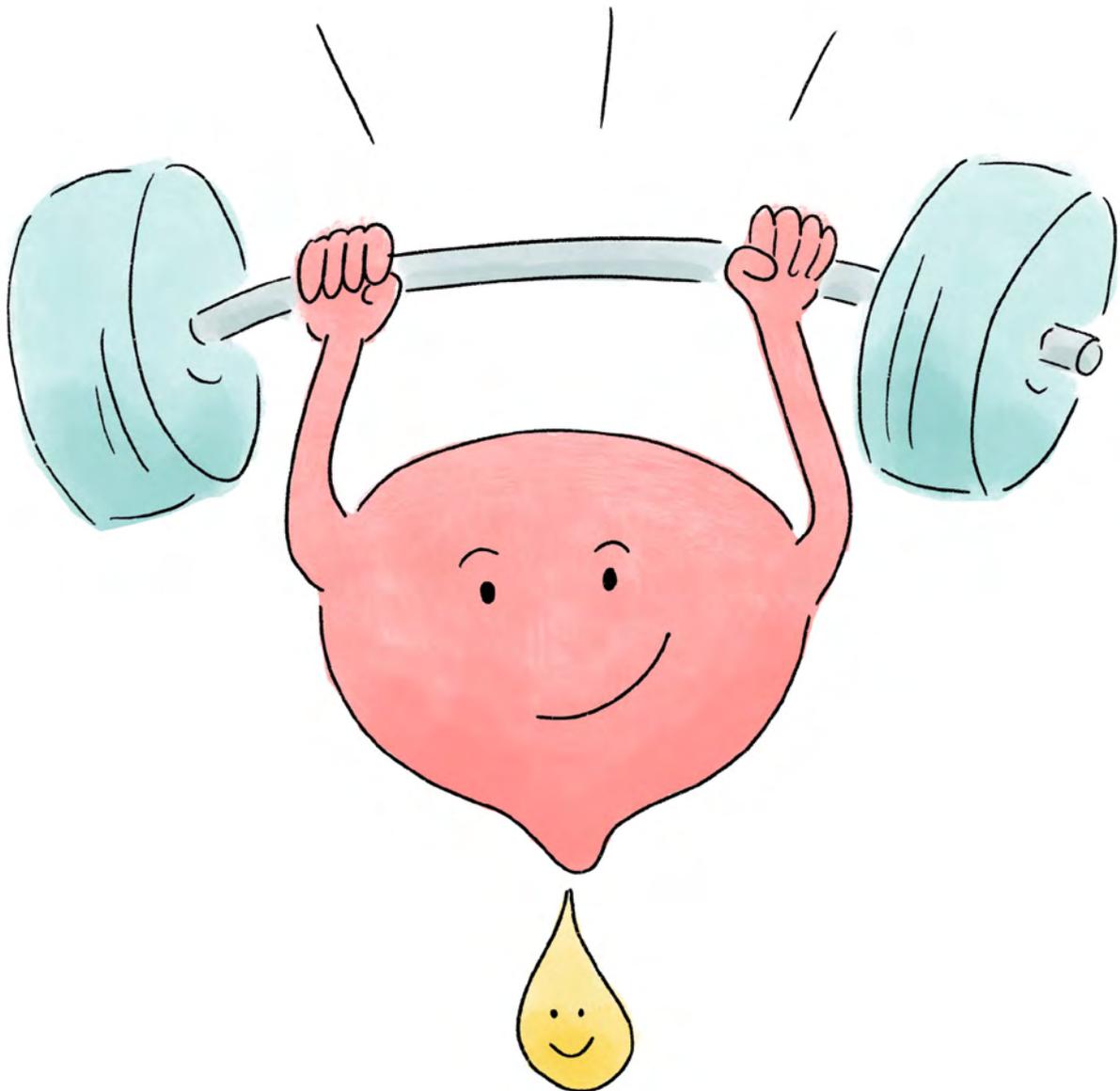
Don't fall asleep with the TV on

Bladder Training

The storage capacity of the bladder can increase with maturity and some specific training.

The bladder is a large muscle, it is important to give your bladder a regular workout to make it stronger.

By having regular drinks through the day and regular toilet trips to go for a wee, your child's bladder will strengthen and be able to successfully store more urine overnight.



Bladder Training Tips



Aim to go to the toilet 4-7 times per day for a wee



Don't rush – take your time



Have regular drinks through the day



Boys – sit down on the toilet to wee



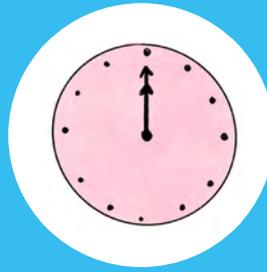
Don't hold on – go to the toilet as soon as you feel the urge



Have a wee before bed time, after a few minutes go back and try again, this is called double voiding



Try to wee all in one go – listen to the sound of the stream



The last drink should be no later than an hour before bedtime

Check your child's progress

In time they should have;



- Less urgency of dashing to the toilet
- Increased bladder capacity
- More dry nights

Reward System

- Reward behaviours such as drinking during the day and using the toilet before sleep
- Do not give rewards for dry nights, this is out of your child's control
- Don't punish or remove rewards

Recommended fluid intake

Restricting drinks sounds sensible but can make bedwetting worse. The bladder is used to filling up and holding onto urine. If drinks are limited the bladder doesn't stretch. Here are recommendations for adequate intake, this is a guide and should not be interpreted as a specific requirement. Higher intake will be required for children who are physically active or exposed to hot environments. Obese children may also require higher total water intake.

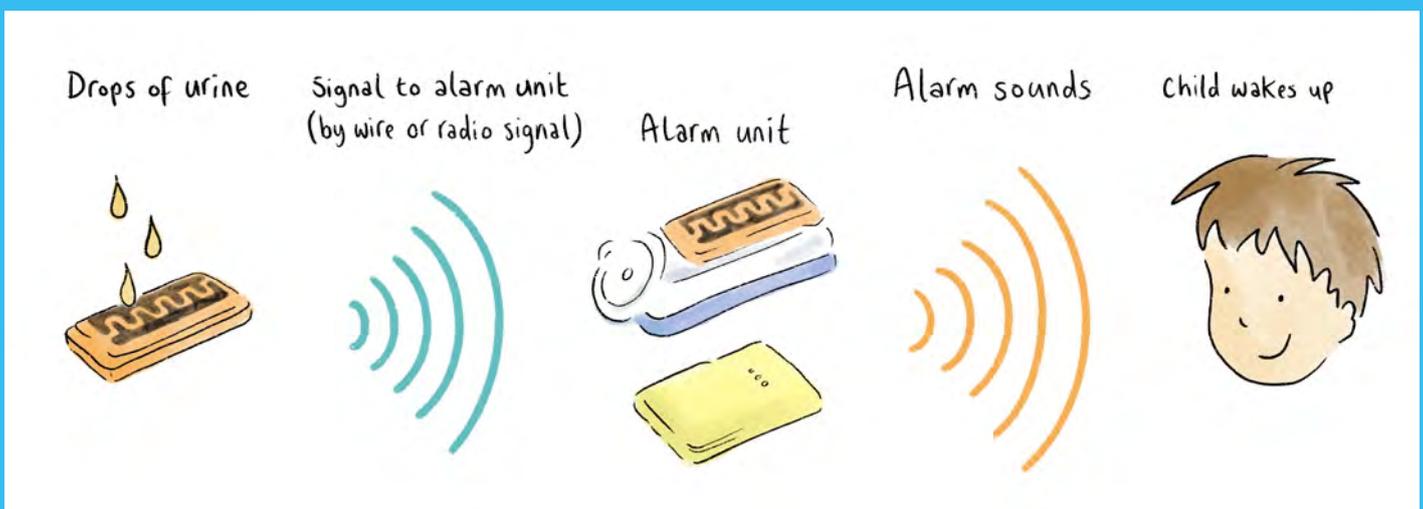
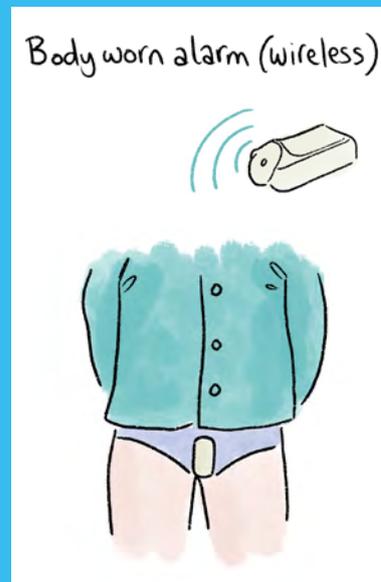
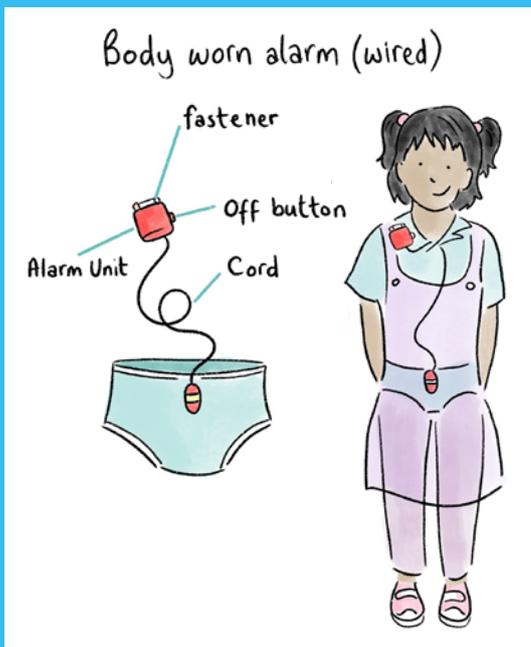
Age	Water from drinks
 0-6m	 120ml/kg
 7-12m	 600ml
 1-3y	 900ml
 4-8y	 1200ml
9-13y	  1600ml
	  1800ml
14-18y	  1800ml
	  2600ml

Alarm Treatment

Alarm treatment with a pad and bell is the preferred treatment for bedwetting. The alarm is triggered when a child has started to wet, waking and alerting the child. This requires parental support and patience to achieve success.

It can often take 6-8 weeks to see an improvement.

Continue with the alarm for a further 2 weeks after uninterrupted dry nights achieved.



Using a bedwetting alarm

Follow this routine for the first 7 nights using the alarm

1



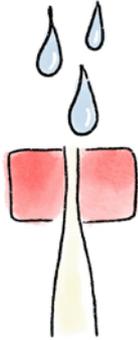
Explain what they need to do

2



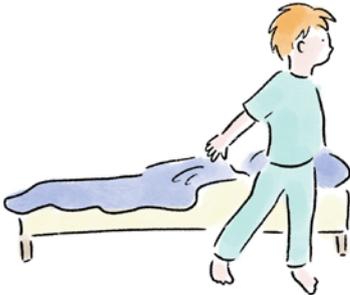
Child gets into bed and closes eyes

3



Put a few drops of water on alarm

4



Child gets out of bed and goes to the bathroom

5



Child pretends to wee

Repeat 4 times



Medication

A medication called Desmopressin can be used when rapid or short-term improvement is required, for example, for sleepovers or school trips.

It is an artificial form of a naturally occurring hormone, vasopressin. It causes the kidneys to reduce the amount of urine produced at night.

Bedwetting usually returns once the medication is stopped