

Helping Your Child with Bedwetting

A guide for parents/carers of School age children

Bedwetting is a common condition that affects many children and young people. It can be very distressing and have a considerable impact on your child. It can also be very stressful for you too.

Bedwetting is not your child's fault. This happens during sleep - they are not aware it is happening. Therefore, it is important to have a positive attitude to support your child.

Some Facts about Bedwetting

In the UK over half a million children between the ages of five and sixteen wet the bed regularly. As children get older many become dry.

Studies have shown that:

- Children between ages 5 to 6 years 1 in 10 will wet the bed.
- 1 in 8 children between 6 to 8 years and 1 in 20 children aged 10 to 12 years wet the bed frequently.
- Overall, twice as many boys as girls have bedwetting problems.

Remember:

Children learn how to do things at their own pace and in their own time.

What is Bedwetting?



Most children become dry during the day by the age of three/four. They will recognise the feeling of a full bladder and will want to go to the toilet. However, night-time control can take a little longer.

Wetting whilst asleep is known as Nocturnal Enuresis.

**Did you know
children whose
parents were
bedwetters are
3 times more
likely to wet the
bed?**

Some children will wet every night and some will wet a few times in a week.

What can cause bedwetting?

It is not fully understood why some children take longer than others to become dry at night, but we know it is not because of poor toilet training or your child being lazy. It is thought to be one of the following reasons:

Not waking to bladder signals - Some children don't wake to the signal the bladder gives when it needs to empty during sleep. Research has shown this is not because of sleeping deeply but is because your child cannot wake up to the signal from the bladder or 'hold on'.

Lack of vasopressin - Some children do not produce enough of a hormone called Vasopressin during sleep. This is a natural hormone which causes the kidneys to reduce the amount of wee it makes whilst asleep. If there is not enough Vasopressin the kidneys continue to make large amounts of wee which the bladder cannot hold overnight.

Bladder Overactivity and Daytime Wetting - Some children may wet themselves during the day. This is usually when they are busy doing other things. You can usually avoid this problem by prompting or reminding your child to use the toilet.

However, some children have wetting problems in the day which can cause or influence night-time wetting. The most common problem is an overactive bladder. This occurs when the muscles in the bladder contract before it is full causing a need to empty their bladder urgently and/or more often. The sign of an overactive bladder is damp pants during the day/night. Wet patches on the bed may be different sizes and your child will may wake up after they have wet.



THE BRISTOL STOOL FORM SCALE (for children)		
choose your POO!		
type 1		looks like: rabbit droppings Separate hard lumps, like nuts (hard to pass)
type 2		looks like: bunch of grapes Sausage-shaped but lumpy
type 3		looks like: corn on cob Like a sausage but with cracks on its surface
type 4		looks like: sausage Like a sausage or snake, smooth and soft
type 5		looks like: chicken nuggets Soft blobs with clear-cut edges (passed easily)
type 6		looks like: porridge Fluffy pieces with ragged edges, a mushy stool
type 7		looks like: gravy Watery, no solid pieces ENTIRELY LIQUID

Copyright © Professor GCK Carby and Emma Davis
Based on the Bristol Stool Form Scale developed
by Dr HSB Heaton, Reader in Medicine at the
University of Bristol.
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Limited.

Constipation - A full constipated bowel can worsen your child's bedwetting problem or can cause bedwetting when your child has previously been dry at night. If the bowel is stretched and full with poo it can put pressure on the bladder and cause day and/or night-time wetting difficulties. If your child has a poo less than three times a week, or has problems with soiling, or finds it painful or difficult to poo they may be constipated. A visit to your child's GP is recommended and medicine can be prescribed to help.

Urinary Tract Infection (UTI) - You may know this as a water infection. UTI's can increase the urge to wee, sometimes with a stinging sensation. A routine urine test by your child's GP can rule this out.

Anxieties - Anxiety, stress or changes in routine can delay a child becoming dry at night or can cause bedwetting in a child who has previously been dry.

Life events that may cause children stress include: the birth of a new baby, physical illness, divorce, a move to a new home or school etc.

What you can do to help

Try not to make a fuss - Remain calm, positive, and consistent. It is very important that you praise your child efforts however small. Punishing your child or shaming them about the problem does not work. Remember your child does not want to wet their bed and it will take time!

Reduce stress - Set aside some quiet time before bed with your child. Allow your child time to talk about any worries they may have.

Regular visits to the toilet - A good toilet routine is important.

Encourage your child to go to the toilet regularly throughout the day. Your child must use the toilet prior to bedtime and return after 5 to 10 minutes to try to wee again (this is known as double voiding) – this will encourage the bladder to fully empty before bed. This needs to become part of your child's bedtime routine.



Bedroom – Make sure your child sleeps in a darkened room.

Vasopressin is released at night and the change in light helps with this. Your child may be afraid to get up and go to the toilet during the night - you could leave a nightlight on for them. Remind your child if they wake

in the night they should use the toilet - they have probably woken because they need a wee.

Your Child's responsibility - encourage your child to help change the sheets if the bed is wet. Although, it may be quicker for you to do it many children respond to being given some responsibility, however, remember this is dependent upon your child's age and stage of development. Responsibility may also give extra motivation to get up, out of bed and use the toilet to avoid wetting.

Hygiene - encourage your child to wash, shower or bath to ensure they do not smell of wee.

The best time to seek help is when your child is ready and feels motivated. There is no right age. Many children just simply decide they are ready to become dry.

Drinking Advice

It is really important your child has a good daily amount of drinks. Although restricting drinks or stopping them after a certain time may sound like a good idea it does not stop your child from bed wetting. Reducing daytime drinks makes your child's bladder smaller so it will hold less at night. Reducing drinks can also lead to an overactive bladder or a UTI.

If it is a hot day or your child has done extra exercise, they will need extra drinks.

- Encourage your child to drink about 6 to 8 drinks throughout the day.
- Give your child an extra drink to take to school with them.
- Water is the best drink.
- Drinks such as tea, coffee, drinking chocolate, fizzy drinks, energy drinks and alcohol, dark coloured drinks (such as blackcurrant, Cola), can make your child want to go to the toilet more often and should be avoided.

Your child can drink before going to bed - just don't let them drink lots.

Recommended Daily Fluid Intake

Age in years	Gender	Total Fluids per day	Average Cup size (drinking min 6 cups a day)
4 – 8	Female Male	1000 – 1400mls 1000 – 1400mls	170mls – 250mls 170mls – 250mls
9 – 13	Female Male	1200 – 2100mls 1400 – 2300mls	200mls - 350mls 230mls – 390mls
14 – 18	Female Male	1400 – 2500mls 2100 – 3200mls	230mls – 420mls 350mls – 540mls

Information taken from the Education and Resources for Improving Childhood Continence (ERIC)

Some Things to Avoid

There are some things which research shows will not help your child to become dry.

- **Lifting** - it is common practice for parents to ‘lift’ their child during the night whilst asleep to place them on the toilet to wee. This is of little use as your child may not be fully aware of being taken to the toilet and can interrupt signals of a full bladder.
- **Nappies** - It is understandable that you want to protect your child’s bedding. However, feeling comfortable and dry when wearing a nappy can stop your child from wanting to become dry. You can always use other products to protect the bedding and mattress from getting wet.

The main point to remember is to be patient and reassuring. If you are positive, your child will be too.

What are the next steps?

- Attend a Healthy Bladder, Healthy Bowel Parent Information session
- Put this information into practice
- If after 4 weeks your child still requires support, please contact your local Healthy Together (School Nursing) Team to arrange further support or a clinic appointment

IF YOU WISH YOUR CHILD TO BE ASSESSED IN A HEALTHY BLADDER AND HEALTHY BOWEL CLINIC – COMPLETED CHARTS MUST BE PRESENTED AT YOUR INITIAL APPOINTMENT OTHERWISE THERE MAY BE A DELAY IN CARE DELIVERY

Further information and support

www.eric.org.uk

www.bbuk.org.uk

www.healthforunder5's.co.uk

www.healthforkids.co.uk

www.healthforteens.co.uk

Text Parent/Carer ChatHealth: 07520 615 381(City 0 - 19)

07520 615 382 (County 0 - 11)

07312 277097 (Chat Autism)

Your local Healthy Together Team

Your child's GP

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Health for
Under 5s

Health
for **Kids!**

HEALTH:TEENS

 **ChatHealth**