

Helping Your Child with Daytime Wetting

A guide for parents/carers of school age children

It is normal for younger children to occasionally wet during the day, this is usually when they are busy doing other things, playing or excited. Signs of delaying or ignoring the need to go to the toilet they may cross their legs, hold themselves, dance or even hide.

But as children become older daytime wetting can be more difficult to deal with.

Some Facts about Daytime Wetting

Some children will start to wet during the day after being dry for some time, others may never have been dry at all.

Daytime wetting is more common in girls and younger children but for most children who experience daytime wetting, there is no serious underlying cause. However, it is always important to discuss with your child's GP or Public Health Nurse to identify why the daytime wetting is happening and to get appropriate support. Some children who wet during the day also wet at night. By treating the daytime wetting often children will become dry at night much quicker.

**1 in 4 five year olds
and
1 in 20 nine year olds
may wet during the day.**

(Eric 2018)

How the bladder works



The bladder is a muscular sac – like a stretchy, crumpled bag with lots of creases. Its muscle walls relax to allow it to fill with urine. When the bladder is full a message is sent to the brain to signal it needs to empty.

When urine is passed the bladder is relaxed and contractions squeeze out the urine.

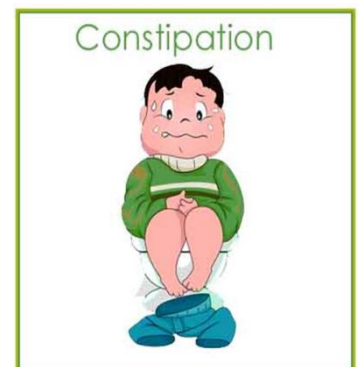
The bladder has a maximum level of filling before it needs to empty; this is known as 'bladder capacity'.

Bladder capacity in children is dependent upon their age, through teenage years it is based on their weight. So, most children should be able to hold on and be dry for a reasonable period of time during the day.

Drinking regularly throughout the day can help to increase how much the bladder can hold. Going to the toilet too frequently can reduce the efficiency of the bladder.

What May Cause Daytime Wetting

- Restricting fluids will make the symptoms worse as urine becomes more concentrated, which can irritate the bladder.
- Fizzy (carbonated) and dark coloured drinks can also irritate the bladder. Caffeine drinks e.g., tea, coffee, cola, energy drinks and alcohol can increase the production of urine.
- Urinary Tract Infection (UTI) – you may know this as a water infection. UTI's increase the urge to wee, sometimes with a stinging sensation. A routine urine test by your child's GP can rule this out.
- If your child is constipated and has a full or impacted bowel this can put pressure on the bladder causing the feeling of needing to wee more often.
- Delay in emptying the bladder due to distraction.
- Children rush and do not always fully empty their bladder.
- Sudden and frequently needing to wee can be caused by an overactive bladder.
- Having a small bladder capacity can be caused by an overactive bladder or not drinking enough fluids.
- Children with physical/learning/sensory/medical needs may take longer to become dry.
- Anxiety or emotional upset can cause the feeling of needing the toilet more often.



What you can do to help your child

- Encourage your child to drink 6 - 8 drinks throughout the day.
- Give praise and encouragement; try to stay calm even when things go wrong.
- Use prompts and reminders to encourage your child to use the toilet.
- Speak with School to allow your child free access to drinks and the use of the toilet.
- Encourage your child to stay on the toilet until their bladder has emptied completely. Try counting or singing a song.
- Avoid constipation; offer a balanced diet which includes fluids, foods containing fibre, fruit, and vegetables.
- Check that your child can manage their clothing easily to enable them to go to the toilet independently.










Recommended Daily Fluid Intake

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

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

Bristol Stool Chart

THE BRISTOL STOOL FORM SCALE (for children)		
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

Concept by Professor OCA Candy and Emma Davis
Based on the Bristol Stool Form Scale produced
by Dr. A.H. Heaton, Reader in Medicine at the
University of Bristol
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Limited

Question:

Which is the ideal poo?

Answer:

Type 4

Type 1 - has spent the longest time in the bowel. They are hard to pass and often requires a lot of straining.

Type 7 – has spent the least time in the bowel. Has the need to pass urgently and accidents may happen.

Further Information and Support is available from:

www.eric.org.uk

www.bbuk.org.uk

www.healthforunder5s.co.uk

www.healthforkids.co.uk

www.healthforteens.co.uk

Text Parent/Carer ChatHealth: 07520 615381 (City 0 - 19)
07520 615382 (County 0 - 11)
07312 277097 (Chat Autism)

Your local Healthy Together Team

Your child's GP

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