

Bedwetting

It takes time for a child to grasp the connection between the urge to urinate and urinating itself. Once the child understands that urinating is under their control, toilet training can advance in leaps and bounds. However, bedwetting remains a problem for many children.

Instead of waking up to go to the toilet, a bedwetting child sleeps on while the muscles of their bladder relax. It seems that the brain doesn't receive the signal for the urge to urinate from the bladder.

Bedwetting is a very common condition. One in five preschoolers and around five per cent of all children under the age of ten years still wet the bed. A small proportion of teenagers and adults do too.

Your child might feel shame and distress

Bedwetting isn't a disease, a psychological problem or a response to allergies. It isn't caused by laziness or naughtiness either, so punishing a bedwetting child doesn't do any good at all.

Some children develop urinary control a little later than others. It is important to be patient and sympathetic, since your child can suffer distress and embarrassment about bedwetting. They might refuse to go to slumber parties, school camps or other social events.

Be supportive

Some suggestions for helping your child to stay dry at night include:

- Be patient, calm and relaxed.
- Never punish them, yell or show disgust or disappointment.
- Use a mattress protector.
- Get them to help you to remake the bed whenever they wet to foster a sense of responsibility.
- Praise them when they wake up with a dry bed.
- Don't restrict their fluids.
- Don't wake a sleeping child to take them to the toilet.
- Don't embarrass your child by talking about their bedwetting to other people.

The pad and bell method

One way to help your child become aware of urinating during sleep is to use a pad and bell. With this simple system, a bell rings and wakes the child once the pad is wet. Over a period of a few weeks, the child gains greater bladder control until they are consistently waking up to go to the toilet. It is best to use this under the guidance and supervision of a doctor.

Medication

Most children stop bedwetting as they grow older and will not need any form of medication. Tablets that used to be prescribed for bedwetting have now been discontinued because of common side effects and the fact that they offer no 'cure' for the wetting. Doctors may prescribe a nasal spray that is administered at night, before the child goes to bed, and which reduces the volume of urine that is produced. It is important not to allow the child to drink large volumes of water before they go to bed if they are using the nasal spray.

Relapses could be a sign of stress

If your child has been dry at night for some time and suddenly starts wetting the bed again, this could be a sign of stress. Children commonly wet the bed during times of emotional upheaval, such as divorce, death or the addition of a new baby to the family. This needs a different approach. Encourage your child to talk about their worries and try as a family to address their concerns.

Sometimes children who have been dry for some time relapse for no apparent reason and no source of stress can be identified. They may wet on an occasional night, or for a period of time, and then stop. If it persists, treatment may need to be started again.

Where to get help

- Your doctor
- Your paediatrician
- Your local community health centre
- Maternal and Child Health Line (24 hours) Tel. 132 229
- Parent Line Tel. 132 289
- Nurse-On-Call (24 hours) Tel. 1300 606 024
- Kids Help Line Tel. 1800 551 800
- Royal Children's Hospital Tel. (03) 9345 5522

Things to remember

- Bedwetting is common in young children and is part of their physical and emotional development.
- The child isn't deliberately wetting the bed, so don't punish them.
- Most children stop bedwetting as they grow older.
- A relapse of bedwetting can be a sign of stress in children.

This page has been produced in consultation with, and approved by:

Royal Children's Hospital - Centre for Community Child Health

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2012 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.