

Bedwetting

After your child is toilet trained (usually between ages two and four), it is not uncommon for children to wet the bed at night. This may happen as often as two to three times per week early in this period, and gradually become less and less until it is completely gone at around age five. The exact cause of bedwetting is not known. It may be related to the time it takes different children to develop control over the nervous, muscular, and nighttime full bladder sensation that needs to be subconsciously suppressed. The best way to approach it is to consider it to be something natural and unimportant, and not to scold or punish your child.

Some children continue to wet at night past the age of five. It affects one out of every four children at age five, one in five at age seven years, and about one in twenty at age ten years. Boys make up two-thirds of this group, and often there is a family history of bedwetting (usually in the father).

Possible Reasons for Bed-wetting

Bed-wetting generally is *not* associated with other physical or emotional problems.

If your child wets at night, here are some possible causes:

- Slow development to awaken when the bladder is full
- Constipation, which can cause extra pressure on the bladder from the rectum
- An early sign of **diabetes** mellitus, a urinary tract infection, or emotional distress caused by an upsetting event or unusual stress—but only if wetting began suddenly after an extended dry period.

Is My Child's Bedwetting a Problem?

When your child is starting toilet training, he is sure to have “accidents.” Therefore, you shouldn’t be concerned about wetting until at least six months to a year after the training is successful. Even then, it is still normal for him to have some accidents, but they should decrease in number, so that by age six he should have only occasional accidents during the day, with perhaps a few more at night.

Up to about the age of five years old, it is perfectly normal for your child to have occasional nighttime wetting or daytime accidents when she is laughing, engaged in physical activity, or just too busy playing; in these cases, you should not be concerned. Although annoying to you and perhaps embarrassing for your child, these episodes should stop on their own.

When incontinence occurs during both the day and night, it may signal a more complicated problem with the bladder or the kidneys. If your child continues to wet frequently, or if you notice any of the following signals, talk with your pediatrician:

- Wet underpants, nightclothes, and bed linens, even when the child regularly uses the toilet
- Unusual straining during urination, a very small or narrow stream of urine, or dribbling after urination
- Cloudy or pink urine, or bloodstains on underpants or nightclothes
- Redness or rash in the genital area
- Hiding underwear to conceal wetting
- Daytime as well as nighttime wetting

Bedwetting

Treatment

If your pediatrician suspects a problem, he may check a urine sample for signs of a urinary tract infection.

If no physical cause can be found in a child who wets and is over five years of age, and the wetting is causing significant family disruption, your pediatrician may recommend a home treatment program. The program will vary, depending on whether your child wets during the day or the night.

Home Treatment for Nighttime Bed-Wetting Over the Age of Five

The following plan usually is helpful, but you should discuss it with your pediatrician before beginning.

- Explain the problem to your child, emphasizing that you understand and know it's not his fault.
- Discourage him from drinking fluids during the two hours before bedtime.
- Reward dry nights, but don't punish wet ones. This is very important, since this is an emotional issue for both of you.

Bed-wetting alarm devices

If your child is still wetting after one to three months on this plan, your pediatrician may recommend using a bed-wetting alarm device or some medications. This alarm will awaken your child automatically as soon as he begins to wet, so he can get up and complete his urination in the toilet. When used consistently and according to your pediatrician's guidelines, this bladder-conditioning method is successful for half of the children who try it. It is important to follow your pediatrician's directions carefully in order to give this device the best chance to work.

Medications

Another option may be oral medications. These work in about half of the children who use them and side effects are rare. It is important to limit water drinking before bedtime when on this medicine, and to follow your doctor's directions.

If None of the Treatments Work

A small number of children with bedwetting simply do not respond to any treatment. Almost all will outgrow the problem by adolescence, however. Only one in a hundred adults is troubled by persistent bed-wetting. Until your child does outgrow his wetting problem, he may need some emotional support from the family, and he also may benefit from speaking with his pediatrician about this condition, or receiving counseling with a child mental health professional.

Adapted from www.kidshealth.org and www.healthychildren.com