



VICTORIAN CONTINENCE RESOURCE CENTRE



Tip sheet: Bedwetting

Bedwetting, sometimes called nocturnal enuresis, is when a child who is over five years old is still wet at night.

It is a common problem: about twenty per cent of five-year-olds and ten per cent of seven-year-olds still wet the bed. The condition is more common in boys than in girls and tends to run in families.

Bedwetting can cause a lot of distress for the child and family. There are specialist clinics and services that treat bedwetting so talk to your doctor if, after using simple strategies, bedwetting continues to be a problem. Treatment is usually offered for children six years or older. Seek help when your child has had good day-time control for at least ten months and is over six years old, or if you are worried.

Why a child may wet the bed

There are a number of reasons why a child may wet the bed. Here are some of the common ones:

- They are unable to wake up quickly enough. When the child is asleep the brain is unable to recognise the need to do wee.
- They have an overactive bladder, which can result in small, frequent wees during the day and night.
- They have reduced production of a hormone released from the brain that concentrates wee overnight, resulting in a large amount of wee being produced overnight.

Treatments and approaches

Establishing healthy bladder and bowel habits

Eating well – encourage your child to eat a wide variety of foods especially fruit and vegetables and wholemeal breads and cereal products. These foods help prevent constipation, and provide essential nutrients. Prevention of constipation is important as it can make bedwetting worse. The tip sheet *Constipation* covers this issue in more detail.

Drinking well – encourage your child to drink six water-based drinks spread evenly throughout the day. Do not restrict fluids but make sure your child is not drinking extra drinks in the evening before bed. Fluid is also important for a healthy bowel by helping to keep the poo soft and easy to pass.

See the tip sheet *Food, Fluids and Fun!*

Keep a record to check how much your child is drinking and the amounts of wee they pass. This will be useful information when you take your child for treatment. Use a large ice-cream container in the toilet to catch the wee then tip it into a measuring jug – an old one or buy a cheap one for the purpose. Get your child involved in the measuring of the wee and the drinks.

Below is a suggestion for how to draw up the record. Keep it for two days recording every drink and every wee.

Time	Drink: amount and type	Wee amount
8 am		180mL
8.30 am	150mL milk + 100mL orange juice	
11.00 am		150mL

Here is a guide to how much wee a child should pass each time they go to the toilet.

Child's age	Amount of wee each time they go to the toilet
4 years	150mL
5 years	180mL
6 years	210mL
7 years	240mL
8 years	250mL plus

Bedwetting alarms

Bedwetting alarms are used to help children become dry at night. Your child needs to be over six years old for this treatment.

The alarm works by helping your child to learn to wake up to go to the toilet or to hold on to wee when asleep. The alarm is set off when your child starts to do wee. It is important that the child wakes up with the alarm sounding. You may have to wake your child when first using the alarm. Once the child is awake they get up and go to the toilet to finish off the wee.

By using the alarm over a period of time your child learns to wake up quickly to the feeling of a full bladder. They can get up and go to the toilet or continue to sleep but hold on to wee, keeping their bed dry.

We recommend that when an alarm is used you are supported by a specialist clinic or service. Call the National Continence Helpline 1800 330066 to find out the services in your area.

There are two types of bedwetting alarms, a pants alarm and a bell and pad alarm.

Pants alarm – this is a body-worn alarm. A sensor plate is placed between two pairs of underwear and connected to a small alarm box. The alarm box is attached to the child's clothes near the shoulder. When the child passes wee the alarm is set off.

Bell and pad alarm – this alarm has a sensor mat and an alarm box. The sensor pad and the alarm are connected by leads or a wireless connection. The sensor mat is placed on the bed covered by a thin sheet or pillow case. The alarm box is positioned near the head of the bed but out of reach so the child has to get out of bed to turn it off.

This alarm has remote sensor and vibrating disc attachments that are sometimes used for children with special needs, especially those who are sensitive to noise or need help to get out of bed to turn off the alarm.

Alarms can be very successful in helping children with and without special needs with bedwetting problems.

Medications

Medications may be used but they are not the first line of treatment. They are usually prescribed if an alarm has not worked. There are two main types of medicines prescribed for bedwetting: one reduces the amount of wee produced overnight and the other helps the bladder hold large amounts of wee.