

When the child begins to wet, a bell rings and the child wakes. Because the feeling of a full bladder and the sound of the bell happen at the same time, the child's brain associates one with the other. Eventually the child awakens when they feel the need to pass urine. The WA treatment programme takes approximately six to eight weeks.

Other interim treatment methods that may suit your child better include positive re-enforcement and star charts (for under school age) or your doctor may suggest short term medication therapy (for school camps and sleepovers).

For more information contact

- Local community school or child health nurse.
 See inside your baby's purple 'All About Me' book, in the phone directory under 'Child Health Centres' or www.health.wa.gov.au
- Bedwetting Services at Princess Margaret Hospital
 8:00am–4:00pm Monday–Friday
 Telephone (08) 9340 8356
- Continenence Foundation of WA
 Telephone (08) 9386 9777
 Outside metro area –
 Freecall 1800 814 925
- Ngala Helpline
 8:00am–8:00pm 7 days a week
 Telephone (08) 9368 9368
 Outside metro area –
 Freecall 1800 111 546
www.ngala.com.au
- Parenting WA Line
 Telephone (08) 6279 1200
 (24hr service)
 Outside metro area –
 Freecall 1800 654 432
- National Continenence Helpline (Australia)
 Telephone 1800 330 066
 for confidential support and advice
- Local family doctor

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Bedwetting



Bedwetting, also known as nocturnal enuresis, is very common in childhood.

Night time dryness usually occurs by the time children reach five to five and half years of age but is achieved at different ages for different children. It is a natural development that occurs when the mechanism controlling that part of the body matures.

Why do children wet the bed?

Children who wet their beds are usually normal and happy in all other ways. However, very stressful events in a child's life may interfere with the normal development of night time dryness e.g. new baby in the family, being unwell, family separation or break-up. For most children who wet the bed, there is a family history of bedwetting i.e. at least one sibling, parent or extended family member, such as an aunt, uncle or grandparent who also wet the bed after the age of five.



What happens?

Children with nocturnal enuresis lack night-time bladder control at an age when this would be expected. True bedwetters do not waken after wetting. They are not necessarily heavy sleepers nor are they being lazy and it has nothing to do with dreaming. Wetting the bed is quite unconscious; from the child's point of view it is a matter of going to bed dry and waking up wet, with no recollection of it happening.

If the child is usually dry by day and passes urine normally, bedwetting is very unlikely to be the result of any bladder or kidney disease. However, if the child is ill or feverish, dribbles urine day and night or has pain, you should consult your doctor.

What you can do

Children need to know that bedwetting is a common childhood problem.

If a preschooler still wets the bed

- make sure the mattress has an adequate waterproof cover; a length of plastic, covered by a bath towel, over the bottom sheet
- ensure the bed is warm and comfortable
- try using 'pull ups' on your child
- establish a routine of going to the toilet before bedtime

- make sure the bed is low enough to get in and out easily
- keep a low-powered globe or night light on
- encourage an adequate and regular fluid intake throughout the day
- limiting drinks or 'lifting' during the night **does not** help to achieve bladder control.

Small children are unlikely to be worried by wetting the bed unless Mum or Dad (or other extended family) makes a big issue of it.

It is not helpful to punish children who wet the bed. No matter how desperate you feel about the extra washing. There is no instant cure for wet beds when the child concerned just hasn't reached that stage of development yet.

Getting help

As children grow older, bedwetting is more likely to lead to loss of self-esteem and lack of confidence. It is a problem which causes stress for both children and parents. For older children it is better to seek treatment rather than thinking 'they will grow out of it' – some never do!

Help should be sought **after the child reaches five and half years** through a referral by your local doctor to Bedwetting Services. These services are conducted by specialist nurses who can inform you of self-management programs and provide advice, support and strategies for the best possible chance of a successful outcome.

Bedwetting alarms

Bedwetting alarms are widely used and are considered the most effective and safe method of treatment. This device consists of a mat placed under the bottom sheet which activates a bell alarm when wet. Success depends on the bedwetting treatment being part of a supervised self-management program using high quality and reliable equipment.

Bedwetting alarms work by conditioning the child to wake when they want to pass urine.