

PARENTING
ALL AGES

ParentLink
guides use 'he'
and 'she' in turn.
Change to suit
your child's sex.

Bedwetting is sometimes called enuresis. Childhood bedwetting happens in many families. While a lot of children grow out of wetting the bed by the time they start school, many children of primary school age still wet the bed. Most children stop daytime wetting by about three years of age and wetting at night by the time they are five, although most preschoolers have 'accidents' from time to time. Until the age of ten, about one in every ten children wet the bed. That means that if your child wets the bed she is probably not the only one in her class at school or amongst her friends who is wetting.

Why does bedwetting happen?

Bedwetting is nobody's fault. It is not caused by laziness or seeking attention. It is something which the child has no control over.

- Bedwetting is sometimes to do with delayed control of the bladder muscle.
- Just as some children do their growing later than others, some get control over their bladder later than others.
- Some children produce more urine (wee) at night than others, due to hormones.
- Children who wet the bed may have bladders which cannot hold a large amount of urine.
- Occasionally bedwetting can be due to a medical problem and it is wise to have this checked out with the doctor.
- Children who wet the bed sometimes seem to sleep more heavily and be harder to wake than other children.
- Often bedwetting runs in the family and you may find that dad, mum, uncle or aunt used to wet the bed and may still have to get up at night to go to the toilet.
- Sometimes children who wet the bed are dry when sleeping in a strange place. This may be because when they are a bit worried about sleeping in a strange place, they sleep more lightly for the first few nights. When they are at home again and relaxed they often wet the bed again.

Some children who have been dry might start wetting the bed again if something happens to make them very stressed, for example, family break-up or starting school, or if they are not well. In this case the bedwetting will usually stop when the child begins to feel more secure. If a child who has been dry starts to wet the bed again it is important to have a medical check-up if there is any infection or other health problem.

What parents can do

- Children need to have five or six drinks every day. Soft drinks that contain caffeine are not a good idea because they increase the amount of urine produced and children need to go to the toilet more often.
- Reassure children that bedwetting is normal, there is nothing to be ashamed about, and they will grow out of it in time. It can be very helpful for them to know if someone else in the family used to wet the bed.
- Explain to your child simply some of the reasons for bedwetting. For example 'While you are asleep your brain isn't getting the message that you need to go to the toilet and so you don't wake up'. Or you could say 'Your bladder, where your wee is stored, hasn't grown enough yet to hold all the wee through the night, but this will change as your body grows'.
- If the bedwetting seems to be because of stress or worries, do what you can to make your child feel better. Let her know that the bedwetting will stop in time so that this doesn't become an added worry.
- To help save washing:
 - cover the mattress with a plastic or waterproof sheet
 - put plastic over the bottom sheet and a piece of towelling on top of the plastic
 - put toddler pullups on your child.
- Try leaving a potty in your child's room.
- Leave a soft light on or give your child a torch to go to the toilet.
- Encourage your child to call you if she is afraid of the dark.
- Some parents find it helpful to take their child to the toilet two or three hours after he goes to sleep. For others, this doesn't work.
- Make sure your child has a shower in the morning to feel fresh and clean and not to be smelly to others. This can sometimes lead to teasing by other children.
- Give your child lots of encouragement especially after accidents.



ACT
Government

Community Services

THIS GUIDE AND OTHERS ARE AVAILABLE ONLINE

Why does bedwetting happen?

- Children need to feel loved and lovable.
- It is not a good idea to make young children clean up after themselves. They can easily see it as a punishment for something they have no control over. Children are often sad when they wake up in a wet bed.
- Making young children change their own bed cannot make them stop wetting. It will only make them sadder to have upset you and this can, in turn, make bedwetting continue.
- Older children are able to help you by changing their beds and putting their wet clothes in the laundry.
- Behaviour change programs such as 'star charts' cannot work because your child cannot control the bedwetting.
- Check with your doctor if:
 - your child is still wetting in the day by school age
 - your child who has been dry starts wetting again and this continues
 - you or your child are becoming very upset by the bedwetting
 - your child is constipated often (this can sometimes be related to bedwetting)
 - you have other concerns about bedwetting.

What not to do

Don't punish, criticise or tease your child and don't let others do this to your child. This can make children tense and anxious and make the problem worse. Remember children cannot control their bedwetting.

It does not help to lift your child out of bed at night to go to the toilet, although this may save a wet bed sometimes.

School camps and sleepovers

Children often worry about wetting the bed at school camps or at sleepovers and may try to avoid going. They should be encouraged not to miss out on these fun times. Teachers are used to dealing with these situations at camp without embarrassing the child. Discuss with the teacher in private how this can be managed. Then talk with your child about what he can do if it happens at camp. Do the same in advance with the parent where the sleepover is to be.

If your child is very anxious about wetting when sleeping away from home, there is medication that may be useful. See your doctor a couple of weeks before to see if medication may help your child.

If your child is over seven

If the bedwetting is not too worrying for your child or you, you might be happy to just wait until he grows out of it. If your child is over seven and is worried by the bedwetting he may be helped by a bladder training program and/or a bell/alarm program. These programs are often very successful and you can find out more about them from your local community health centre or doctor.

There are other treatments such as some medicines and behaviour training and hypnosis. Most treatments work for some children but not others. The important thing to remember is not to use a treatment that adds to your child's discomfort.

Reminders

- Reassure your child that bedwetting is common and nothing to be ashamed of.
- Don't punish, criticise, tease or offer rewards for something your child cannot control.
- Get a medical check-up to be sure there is no physical cause.
- Consider using a bladder training or bell/alarm program if your child is over seven and worried.
- Help your child to feel as comfortable as possible about going to school camps and sleepovers.

Bedwetting is something that children cannot help and they grow out of it.

Contacts

Child and Family Centres (parenting information and support)	9am–5pm Monday–Friday: Gungahlin	6207 0120
	9am–5pm Monday–Friday: Tuggeranong	6207 8228
	9am–5pm Monday–Friday: West Belconnen	6205 2904
healthdirect Australia (staffed by registered nurses)	24-hour	1800 022 222
Maternal and Child Health	8am–5pm Monday–Friday	6207 9977
National Continence Helpline	8am–8pm Monday–Friday	1800 330 066

Websites

www.continence.org.au	Information and resources on continence
www.cyh.com	Parenting and child health information
www.parentlink.act.gov.au	Other parenting guides
www.raisingchildren.net.au	Raising Children Network—covering topics for parenting newborns to teens

This guide's content has been produced by Parenting SA and adapted by the ACT Government to reflect the application to laws of the Australian Capital Territory.

© Department of Health,
Government of South Australia.
Revised 03/08

Published by ParentLink
Community Services Directorate
GPO Box 158
Canberra ACT 2601

T 13 34 27
F 6205 0968
E parentlink@act.gov.au