

Triple P Tip Sheet

Primary Schoolers

Bedwetting

Many children starting primary school still wet the bed at night. Some primary schoolers become embarrassed about wetting the bed, especially if they have been punished or teased for wetting. These children may avoid sleeping over at friends' places or going on school camps. Usually, bedwetting is not a sign of a major problem. However, it can cause tension at home. This tip sheet explains why children wet the bed and gives some suggestions on how to help your child learn to stay dry at night.

Bedwetting is quite common. About one in every eight children starting primary school are still wetting the bed.

Bedwetting becomes less common as children get older. About 5% of 10-year-olds (1 in 20) and 2% of 12 to 14-year-olds (1 in 50) wet the bed. Bedwetting is more common in boys than in girls. Some children wet the bed every night while others wet once or twice a week. Some children stay dry for a week or longer between episodes of wetting.

WHY DO CHILDREN WET THE BED?

Children do not wet the bed because they are lazy, stupid, sick or disobedient. Usually, children who wet the bed have not learnt to control their bladder while they are sleeping. When the bladder is full, it sends a message to the brain to tighten the muscles around the bladder and keep the urine in. For some children, the brain does not hear this message when they are asleep. Instead, the muscles around the bladder relax and let the urine out.

It is not known why some children are slower to develop night-time control than others. However, bedwetting often runs in families. Many bedwetters have a parent who wet the bed as a child.

Sometimes, children who have learnt to stay dry at night begin to wet the bed again. When this happens it may be a sign that the child is anxious or stressed. Bedwetting is more likely in times of family disruption such as divorce, remarriage, birth of a sibling, or the hospitalisation or death of a family member. Urinating more often than usual can be a sign of stress in children and adults.

If they are unwell, children may need to urinate more often and may wet the bed. However, in most cases there is no medical reason for ongoing bedwetting

and there is little evidence that bedwetting is related to allergies.

WHAT CAN PARENTS DO?

▼ Set Up Your Child's Bedroom

Make sure your child can easily get in and out of bed. A night light can be helpful. Avoid flannelette pyjamas and heavy bedding such as quilts. These may make it hard for your child to feel when they are wetting and wake up. Nappies are not recommended for children over the age of 3 years. Protect the mattress with a waterproof undersheet.

▼ Praise Your Child for Dry Nights

Give your child praise and attention when they wake up in the morning and their bed is dry. Following dry nights, you may also like to give your child special treats, such as a favourite snack in their lunch box or special time with Mum or Dad before breakfast.

▼ Stay Calm When Your Child Wets

It is better to say nothing than to complain. Do not punish or shame your

child for something they cannot control. Avoid saying things like — *When are you going to grow up? or I'm sick of cleaning up your mess!*

▼ Encourage Your Child To Take Responsibility

Restricting drinks or taking your child to the toilet during the night can actually interfere with the learning process. There may be less bedwetting in the short term, but because the bladder may not be full during the night, your child will not have the opportunity to learn the connection between full bladder signals and waking up. By taking children to the toilet during the night, parents can accidentally teach them to urinate when they are still asleep.

If your child wets, encourage them to help change the bed and take wet sheets and night clothes to the laundry. Make sure your child washes before going to school to avoid being teased about unpleasant odour.

▼ Prepare Your Child for Disappointments

Learning to stay dry at night will take time. Prepare your child by telling them that everyone has set-backs while they are learning.

▼ Respect Your Child's Right to Privacy

Only discuss your child's bedwetting with your child and specialists.

WHEN SHOULD PARENTS SEEK HELP?

If your child is 5 years or older and wets the bed at least twice a week, you may wish to seek professional help. However, you may prefer to wait as bedwetting is likely to happen less often as your child gets older. It is important to seek help if bedwetting worries your child or prevents them from doing things they



want to do, such as sleeping at friends' places. Talk to your child about whether they would like to be able to stop wetting the bed. Treatment is more likely to work if your child and family are prepared to cooperate with the program.

HOW TO GET HELP

▼ Visit Your Doctor

Take your child for an examination to make sure there is no medical reason for the problem.

▼ Get a Referral

Your doctor may refer you to a specialist. Make sure the specialist has experience in dealing with bedwetting. Find out what approach they take to treatment.

▼ Be Prepared To Answer Questions

To make sure the best treatment is offered, the specialist will find out as much as possible about the problem, your child's developmental history and any other problems in the family.

▼ Ask Questions

Ask questions about the treatment, its usual success rate, how long it takes, what is involved, what you will be required to do and the cost (if any).

CONSIDER THE TREATMENT OPTIONS

▼ The Bell and Pad

The bell and pad is a urine sensitive pad connected to a battery operated alarm. The pad is placed on the bed, under the sheet. When urine touches the pad, the bell sounds and wakes the child. The child then turns off the bell, gets up and finishes urinating in the toilet. The bell that wakes the child becomes associated with feelings of a full bladder. The child learns to wake in time to go to the toilet without the bell going off or to sleep through the night without wetting.

The bell and pad is the most common and successful treatment of bedwetting. Using the bell and pad, most children become dry at night. However, some children start wetting again and need to use the bell and pad a second time. This is usually successful.

Be prepared for a few disturbed nights as you will need to make sure your child

wakes up and goes to the toilet when the bell sounds. Help your child take responsibility for getting out of wet clothing, washing themselves, removing wet sheets and taking them to the laundry, and remaking their bed. Praise your child for waking and going to the toilet and for any dry nights.

The specialist will ask you to keep track of your child's progress. The bell and pad is usually kept on your child's bed until there have been 14 dry nights in a row. At this point you can decrease the chance of relapse by encouraging your child to drink more fluids between dinner and bedtime. This is called overlearning. Continue with the bell and pad until there have been dry nights for another 2 weeks in a row.

It is best to seek help from a specialist when using the bell and pad. This way you can ensure that you have the most appropriate treatment plan and are using a high quality bell and pad. The specialist may also recommend other ways that you can assist your child. These include:

- *Retention training.* This helps to increase children's bladder capacity. Children are asked to drink fluids and to wait for longer periods during the day before they urinate (not longer than 1 or 2 hours).
- *Control training.* This helps children gain more control over their muscles. Children are asked to stop and start the flow of urine (three to five times) when they are using the toilet.

FOR FURTHER HELP See the Positive Parenting booklet for more information on positive parenting strategies. If you have any questions or have tried these strategies and are concerned about your child's progress, contact the service where you were given this tip sheet.

Triple P is a parenting program developed by Professor Matthew R. Sanders and colleagues in the Parenting and Family Support Centre, School of Psychology at The University of Queensland with funding support from Queensland Health, Victorian Department of Human Services, Health Department of Western Australia, and National Health and Medical Research Council.

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- *Toilet routine.* This helps children learn what to do if they need to go to the toilet during the night. Children are asked to practise getting out of bed and walking to the toilet a number of times before they go to sleep.

▼ Behaviour Charts

Behaviour charts (see *Positive Parenting* booklet) can be used to encourage children to cooperate with a new nighttime routine or treatment plan. Rewards can be given for following a routine, or for dry nights if your child is already achieving some dry nights each week. Do not offer rewards for a dry bed if your child wets every night. They will be unlikely to earn a reward and this will only lead to discouragement.

▼ Medication

Drug treatment on its own is rarely an effective long-term answer. The majority of children relapse as soon as they stop taking the medication.

POINTS TO REMEMBER

Make sure your child wants to stop wetting the bed. Seek help from a specialist before you start a treatment plan. Choose a treatment plan that both you and your child would like to try. Praise and encourage your child for cooperating with the new routine.

KEY STEPS

- **Make sure your child can easily get in and out of bed during the night.**
- **Encourage and praise your child for dry nights.**
- **Stay calm when your child wets.**
- **Do not restrict fluids or take your child to the toilet during the night.**
- **Encourage your child to wash themselves and change their bed after wetting.**
- **If your child wants help to stop wetting, seek professional advice.**
- **Take your child for a medical examination.**
- **Find out about the treatment options.**
- **Decide on a treatment plan and stick with it.**
- **Praise your child for following the treatment plan.**