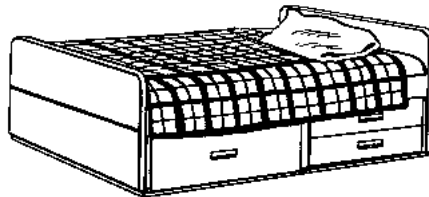


Bed-Wetting (Enuresis)

Medical problems such as recurrent urinary tract infections, abnormalities of the urinary tract, or diabetes can in some instances cause or contribute to bed-wetting. Your primary care health professional will evaluate your child for the possibility of medical causes of bed-wetting. However, medical causes of bed-wetting are uncommon.

If your child has difficulty with enuresis and does not have underlying medical concerns, reassure him that bed-wetting will pass with age. Punishment or pressure can delay a cure and cause secondary emotional problems. The following suggestions may help.

- Encourage your child to drink fluids in the morning and early afternoon. The more fluids your child drinks, the more urine she will produce, which will eventually increase her bladder capacity.



- Discourage drinking fluids in the evening following dinner. Limiting your child's fluid intake to 2 oz or less in the 2 hours before bedtime will decrease the amount of urine he produces at night. Offer gentle reminders about excessive fluid intake, but don't worry about a few extra swallows of water.
- Teach your child bladder-stretching exercises. Some children have a small bladder capacity, and such exercises may be helpful. Have your child practice holding her urine as long as possible during the day, when she has easy access to a toilet. When she feels the urge to urinate, encourage her to wait an additional few minutes.
- Protect the bed from urine. Children over 4 years of age should not wear diapers and plastic pants, but they can wear extra-thick underwear to bed in addition to pajamas or can sleep on a waterproof pad to keep sheets dry. Placing a plastic mattress cover on the mattress will keep urine from soaking through.

- Encourage your child to get up to urinate at night. Children with small bladders may need to urinate one or more times at night to stay dry. Coach your child to get up to go to the bathroom

as soon as he feels the urge to urinate at night, instead of trying to hold his urine until morning. Initially, your child may find it useful to set an alarm clock to wake him up 3 to 4 hours after bedtime.

- Develop a routine that is not embarrassing for your child in handling wet clothes and sheets. Keep clean pajamas and towels on a chair near your child's bed to make it easier for him to change out of wet clothes at night. Have your child shower regularly in the morning to ensure that he does not smell of urine during the day. Agree on a plan for how your child will take care of wet items (e.g., rinsing them out, putting them in the washing machine or another designated place) to decrease morning frustrations.
- Respond positively to dry nights and gently to wet nights. In addition to praising your child for dry nights, compliment her for any efforts made to go to the bathroom at night, even if she is wet in the morning. Do not allow siblings to tease your child.

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Bed-Wetting (Enuresis) (continued)

- Place a night light in your child's bedroom, in the hallway, and in the bathroom, so that your child is not afraid to go to the bathroom at night. Make sure your child understands that it is all right to get out of bed to go to the bathroom, even if he isn't supposed to get up during the night otherwise.
- Consider using a bed-wetting alarm device. If your child is 7 years old or older and is still having difficulty waking up to go to the bathroom at night, a small bed-wetting alarm that buzzes when it senses a few drops of urine may be useful in helping your child wake up at night.

- There are medications available that may temporarily help your child stay dry at night. If you would like to learn more about the possible risks and benefits of these medications, consult your primary care health professional.

RESOURCES

- Schmitt BD. 1999. *Instructions for Pediatric Patients* (2nd ed.). Philadelphia, PA: W. B. Saunders.
- Schor EL, ed. 1995. *The American Academy of Pediatrics: Caring for Your School-Age Child: Ages 5 to 12*. New York, NY: Bantam Books.

Source: Adapted, with permission, from Schmitt BD. 1999. *Instructions for Pediatric Patients* (2nd ed.). Philadelphia, PA: W. B. Saunders.