WHAT IS BED-WETTING?

Bed-wetting (also called nocturnal enuresis) is when
the bladder empties while a child is asleep. This can
happen every so often, or every night.

Bed-wetting is common. About one in every five
children in Australia wets the bed. Bed-wetting can
run in families and is more common in boys than girls
before the age of nine years. It can be upsetting for
the child and stressful for the whole family. The good
news is that you can get help.

WHAT CAUSES BED-WETTING?

Wetting the bed is caused by a mix of three things:
- the body making a large amount of urine through
  the night;
- a bladder that can only store a small amount of
  urine at night; and
- not being able to fully wake up from sleep.

Children who wet the bed are not lazy or being
naughty. Some illnesses are linked with bed-wetting,
but most children who wet the bed do not have major
health problems.

Day-time control of the bladder comes before night-
time dryness. Most children are dry through the day
by the age of three years and at night by school
age. However, this can vary, and children may have
accidents so often, both day and night, up until
they are seven or eight years of age.

WHEN SHOULD YOU SEEK HELP FOR BED-
WETTING?

It is best to seek help from a health professional with
special training in children’s bladder problems, such
as a doctor, physiotherapist or continence nurse
advisor. They can help children with their bed-wetting
from when the child is about six years of age. Before
this time it can sometimes be hard to get the child to
be helpful. However, in some cases it might be wise
to seek help sooner, such as when:
- the child who has been dry suddenly starts
  wetting at night;
- the wetting is frequent after school age;
- the wetting bothers the child or makes them
  upset or angry; or
- the child wants to become dry.

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CAN BLADDER CONTROL THROUGH THE DAY BE A PROBLEM?

Some children who wet the bed at night also have problems with how their bladder works through the day. They may go to the toilet too few or too many times, need to rush to the toilet in a hurry, have trouble emptying out all the urine or have bowel problems. Unless the child has wet underwear, families often do not know about these other bladder and bowel control problems. New day-time wetting by a child who is toilet trained should be discussed with a doctor.

WHAT CAN BE DONE ABOUT BED-WETTING?

Many children do stop wetting in their own time with no help. Most often, if wetting is still very frequent after the age of eight or nine years, the problem does not get better by itself. There are many ways to treat bed-wetting. A health professional will begin by checking the child to make sure there are no physical causes and to find out how their bladder works through the day. Then, there are a few ways to treat bed-wetting that are most often used:

- **Night alarms** that go off when the child wets the bed. These work by teaching the child to wake up to the feeling of a full bladder. The alarm is used either on the bed or in the child’s underpants. The results are best when the child wants to be dry, wets very often, has help from a parent through the night, and uses the alarm every night for several months. Some children become dry using an alarm but later start to wet again.

  Alarms can work again after this relapse.

- **Drugs** that change how active the bladder is or cut down how much urine is made through the night can be prescribed by a doctor. These drugs can be used to help the bladder work better at night. Drugs alone don’t often cure bed-wetting. Bladder function must be improved or bed-wetting may come back when the drug is stopped.
WHAT CAN PARENTS DO?

- Seek help from a health professional with special training in children's bladder problems, such as a doctor, physiotherapist or continence nurse advisor.
- Watch for constipation as this can make the bladder problem worse. Seek medical help if it is an ongoing problem.
- If your child is using a bed-wetting alarm, get up when it goes off and help to wake them up and change their clothes or sheet. Make sure there is enough light at night so it is easy to get to the toilet.
- There are some things which do NOT help:
  - DO NOT punish for wet beds.
  - DO NOT shame the child in front of friends or family.
  - DO NOT lift the child at night to toilet them. This may cut down on some wet beds, but it does not help the child learn to be dry.
  - DO NOT try to fix bed-wetting when other family members are going through a stressful time.

ما هو دور الوالدين؟

- احصلوا على المساعدة من ممارس صحي متخصص في مشكلات المثانة لدى الأطفال، مثل طبيب أو أخصائي العلاج الطبيعي، أو ممرضة احتباس.
- توقوا الإمساك لأنه سيزيد مشكلة التحكم في المثانة سوءا، واحصلوا على مساعدة طبية في حال استمرار الإمساك.
- إذا كان طفلك يستعمل جهاز إنذار للتبول اللاإرادي، قوموا من الفراش وساعدوه على الاستيقاظ وتغيير ملابسه أو فرشته. تأكدوا من وجود الإضاءة الكافية لتسهيل الوصول إلى المرحاض.
- هناك عدة أمور ليست بمفيدة:
  - لا تعاقبوا الطفل على بل الفراش.
  - لا تجعلوا الطفل يشعر بالخزي أمام الأصدقاء أو أفراد الأسرة.
  - لا تحملوا الطفل ليلا لأخذه إلى المرحاض. فقد يمنع ذلك ابتلاع بعض الأسرة، إلا أنه لن يعلم الطفل كيفية التحكم في مثانته.
  - لا تحاولوا معالجة التبول اللاإرادي إذا كانت الأسرة تمر بظروف عصيبة.
SEEK HELP

Qualified nurses are available if you call the National Continence Helpline on 1800 33 00 66* (Monday to Friday, between 8.00am to 8.00pm Australian Eastern Standard Time) for free:

- Information;
- Advice; and
- Leaflets.

If you have difficulty speaking or understanding English you can access the Helpline through the free Telephone Interpreter Service on 13 14 50. The phone will be answered in English, so please name the language you speak and wait on the phone. You will be connected to an interpreter who speaks your language. Tell the interpreter you wish to call the National Continence Helpline on 1800 33 00 66. Wait on the phone to be connected and the interpreter will assist you to speak with a continence nurse advisor. All calls are confidential.

Visit bladderbowel.gov.au or continence.org.au/other-languages

* Calls from mobile telephones are charged at applicable rates.