

BEDWETTING: RECOMMENDATIONS FOR PARENTS

Understand the medical terminology. The term enuresis (“en-yer-ee-sis”) describes children who wet the bed only during nighttime sleep. This term is not inclusive of children who have bladder problems during the day.

Understand the causes. Some children have smaller bladders, produce more urine throughout the night than others, or do not wake to triggers of a full bladder. It is also possible that the problem is hereditary, or that children who wet the beds do not produce enough antidiuretic hormone, which regulates urine production. Enuresis is usually NOT caused by poor parenting, toilet-training mistakes, stress, deep sleep, or mental problems.

Understand what is typical. It is not unusually for children to wet the bed up to the age of five. It may still be frustrating to parents, but treating a child as if they have a problem when they don’t is not necessary and may even be harmful to the child.

Do not feel embarrassed. Bed-wetting is a common problem. Some estimates indicate the between 5-7 million children wet their beds. Feeling comfortable discussing the situation is the first important step in defeating the problem.

See your family doctor or pediatrician. A medical doctor is your best source of information regarding enuresis. A medical check-up can rule out problems such as serious kidney or bladder conditions, or urinary infections. It is rare that such problems are causing bed-wetting or bowel problems, but it is a good idea to make sure. If your child’s enuresis is accompanied by daytime wetting or bowel problems, you should definitely consult a doctor, as these are symptoms of more complex underlying problems. Your doctor can also inform you of different treatment options and their pros and cons.

Do NOT punish your child for bed-wetting. This will not make the problem go away. It is unfair and potentially harmful to punish a child for such an act that they did not willfully commit and did not have control over. Instead, take notice and appreciate when a child has had a dry night.

Understand that is it not bed-wetting that is inherently harmful, but your reaction to it. Harsh reactions can produce feelings of guilt, shame, low self-esteem, and failure. These are usually the most damaging effects of bed-wetting!

Instead, make sure that your child is aware of your love and support. It is important to your child that you understand what he/she is going through and that you understand how it makes them feel. Help your child understand that it is not their fault.

Discuss the problem with your child. There are many ways to explain bed-wetting to an anxious child. Explain to your child that many systems of the body need to be working together to your child make it through the night without an incident. The kidneys are responsible for making a certain amount of urine, the bladder has the job of holding the urine and alerting the brain when it is full, and the brain must keep the fate

closed until morning or send a message to the child to wake up. If any of these jobs are not done properly, the child can have a problem that they cannot do anything to correct.

Share personal stories. Since bed-wetting often runs in families, you may have personal stories and experiences to share with your child. This will help your child know that they aren't "weird" or isolated.

Read children's books about bedwetting. Bibliotherapy often serves a purpose similar to sharing of personal stories.

Validate your child's fears. Events like sleepovers and camp can be very uncomfortable for children dealing with enuresis. Do not put too much pressure on your child to participate, and do not make them feel foolish for having such concerns.

Keep the clean-up process short and sweet. Don't put added stress on fear on your child by making clean-up a drawn out miserable process. Get it done quickly, and allow your child to help change clothes and sheets. Everyone gets back to bed sooner.

Deal with your frustration, but don't take it out on your child. Be prepared with strategies to help you return to sleep after an unexpected awakening. Keep a book next to the bed, or calming music in the stereo. If you are unable to get a healthy amount of sleep, you will not be as well equipped to interact positively with your child throughout the day. If you fear your behavior escalating to abuse, seek help from a counselor or other trusted individual.

Anticipate relapses. Do not abandon a treatment option prematurely; relapses occur frequently.

Be patient with developmentally delayed children. It may take these children slightly longer to become dry, and you may need to prepare yourself for this.

Additional resources:

Butler, R. (1994). *Nocturnal enuresis: The child's experience*. Boston, MA: Butterworth-Heinemann.

DuMars, R. (1999). Treating primary nocturnal enuresis: The counselor's role. *College Student Journal*, 33(2), 211-216.

Steege, M. (1997). Encopresis and enuresis. In G.G. Bear & K.M Minke, Children's needs II: Development, problems, and alternatives. Bethesda, MD: National Association of School Psychologists.

www.enuresis.org.uk/: Enuresis Resource and Information Guide.

www.peds.umn.edu/Centers/NES/: National Enuresis Society Homepage.

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