



Updated 3/2017

Bedwetting

This is a general overview, not meant to be used instead of seeking professional help. Please record a history of the symptoms and seek medical attention. If there is no medical problem and a psychological problem is suspected, please see a therapist, psychologist or counselor. In some areas, you may not have access to these mental health professionals, so consider getting documenting thorough notes on the child – bedwetting frequency, timeline, and symptoms – then seek mental health advice remotely.

Bedwetting, clinically known as nocturnal enuresis, can be common among children. There may be embarrassment or shame for the child around this problem. Therefore, punishment is not recommended and often makes the situation worse. Children may try to hide the bedwetting, wet more frequently, or ingrain the practice as a learned behavior if discipline or humiliation is used. Caregivers need to keep a calm voice when working with the child, as well as prevent others from teasing or humiliating the child. Caregivers should be sure to acknowledge when progress is made to re-affirm positive behavior by the child.

Bedwetting is broken into two types:

- primary nocturnal enuresis
- secondary nocturnal enuresis

Primary Nocturnal Enuresis is a function of a baby or child not learning as s/he develops how to recognize the need to use the lavatory at night. While most children can control their bladder during the day by the age of 4 years old, it may take longer to learn this skill for sleep hours. Some children are between 5-7 years old before they learn to control their bladder at night. This is normal, although there are ways such as practice, urinating immediately before bed, and not consuming liquids 1-2 hours before bedtime which may help develop appropriate skills for bladder control. Seek “potty training” or bladder control training advice if this is a skill that has never been mastered by the child. Also, seek medical advice to rule out the possibility of health problems. Please note that bedwetting often runs in families and is more common in boys than girls.

Secondary Nocturnal Enuresis occurs after a child has learned to control his/her bladder during the night. This means that, regardless of their age, they have successfully been able to use the toilet and remain dry during the night for at least 6 continuous months.

When bedwetting occurs after these development skills have been learned, then the issue is most likely due to medical or psychological reasons. While there can be many causes, the most common are:

- Urinary Tract Infection
- Diabetes
- Anatomy/Structural Problems (esp. with muscles or nerves, possibly due to chronic constipation)
- Hormonal Imbalance
- Disrupted Sleep Issues (ex - Sleep Apnea)
- Pinworm Infection
- Neurological Problem
- Emotional Problems, Stress, or Trauma

If a child has been seen by a medical professional and is determined to be healthy, then caretakers need to work with the child to:

- a) identify the causes, especially stress or trauma issues, and
- b) learn coping mechanisms.

Some signs of that there might be emotional stress or trauma are:

- Nightmares
- Physical abuse or injuries
- Sexual abuse
- Bullying
- Fear of the toilet/lavatory
- Fear of the dark

The following is a list of coping strategies:

- Provide flashlight (torch) or nightlight
- Limit liquids for more than 1 hour before bed
- Have the child use the toilet immediately before bedtime
- Designate a “buddy” (another child) to wake up and go to the toilet with the child in the night
- Therapy (art, play, CBT, or talk) for trauma
- Identify the causes of stress and if possible remove or address them
- During the day, practice drinking water and going to the lavatory.
- Give encouragement and praise for progress and effort, since bedwetting can be partly based on a learned behavior.
- Have children help with cleanup after a bedwetting – not as a punishment or humiliation, but with encouragement, focused on empowering them to care for themselves, correct mistakes, and demonstrate responsibility.
- Do not limit bathroom trips by the child, especially at night
- Limit negative attention and criticism
- Buy a device that informs the child immediately when s/he has wet the bed so that the child can start learning body signals for needing to urinate. These devices can be found

in North America & Europe but may be difficult to procure in some developing countries.

Note: If the child is traumatized, waking him/her up in the night to use the toilet will likely traumatize him/her more.

This advice sheet was reviewed by a pediatrician and a psychologist.

Additional Resources:

Patient. "Bedwetting (Nocturnal Enuresis)." <http://patient.info/health/bedwetting-nocturnal-enuresis>.

Medical Sources:

Mayo Clinic. "Diseases and Conditions: Bed-wetting." Viewed 19 Jan 2017.

<http://www.mayoclinic.org/diseases-conditions/bed-wetting/basics/symptoms/con-20015089>

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