



A Comprehensive and Amazing Step by Step Guide to getting
Your Child to Stay Dry in 30 Days

TABLE OF CONTENTS

- 1. The Scoop of Bedwetting: What's the Deal?**
- 2. It's Common, But not Easy**
- 3. Why Does My Child Wet the Bed?**
- 4. Types of Bedwetting**
- 5. The Emotional Toll of Bedwetting on Child and Family**
- 6. 16 Steps to Helping Your Child Stay Dry**
- 7. When to Consult a Doctor**
- 8. Treatments for Bedwetting**
- 9. A message of Hope**
- 10. Key Points to Remember**
- 11. Conclusion**

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1.

The Scoop on Bedwetting: What's the Deal?

Bedwetting - the ultimate childhood horror! But don't worry, you're not alone! Medically known as Nocturnal Enuresis, bedwetting is a common issue that affects many young minds (and mattresses!). So, what exactly is bedwetting?

In simple terms, bedwetting refers to the involuntary passage of urine during sleep. But, let's get technical!

Experts have weighed in with their definitions:

- The American Psychiatric Association: Enuresis is defined as wetting two or more times per week for at least three consecutive months in children over the age of five. Yep, that's a mouthful!
- The World Health Organization: Enuresis is defined as wetting twice per month (for kids under 7) or once per month (for kids over 7). Easy peasy!

The Docs Weigh In.

So, when do doctors consider bedwetting a concern? Here are the facts:

- The Age Factor: Most doctors consider a child a bedwetter if they're a girl over 4 years old or a boy over 5 years old who still wets the bed.
- Primary Nocturnal Enuresis: This type of bedwetting occurs when a child has never gone six consecutive months without wetting the bed. Yep, it's a mouthful!
- Secondary Nocturnal Enuresis: This type of bedwetting happens when a child was previously dry for six consecutive months but then starts wetting the bed again.

The Universal Truth: Bedwetting is Bedwetting!

Here's the thing: bedwetting is bedwetting, no matter how you slice it! And, surprise! It's more common than you think. Millions of kids worldwide wet the bed every single night.

The Emotional Toll

But, despite its commonality, bedwetting can be super embarrassing for kids. They might feel like they're alone in their struggles, unable to share their secret with friends or family. They may avoid sleepovers, camps, or other social situations, fearing ridicule or judgment. And, sadly, some people might even call them names or blame them for something they can't control.

Let's break the silence and stigma surrounding bedwetting!

2.

It's Common, But Not Easy

Bedwetting might be common, but it's not just a minor issue. While it's not typically a serious medical disorder, it can still have a significant impact on a child's life - and their families.

The Emotional Fallout

Bedwetting can lead to some serious psychological distress, including:

- Loss of self-esteem
- Anxiety
- Embarrassment

And it's not just the child who suffers. Bedwetting can also affect the whole family's dynamics.

The Bedwetting Pattern

Some kids wet the bed every single night, while others only experience it occasionally. Interestingly, many kids report being drier when they sleep over at a friend's or relative's house.

Why is that? It's likely because kids who are anxious about wetting the bed tend to sleep more lightly or have trouble falling asleep. Their brain is on high alert, thinking, "Hey, don't wet someone else's bed!"

The Stats:

How Common is Bedwetting?

Take a look at the table below to see how common bedwetting is among kids at different ages:

Children That Wet the Bed According to Age:	
Age	Percentage
5-year-olds	20%
6-year-olds	12%
7-year-olds	10%
8-year-olds	7%
9-year-olds	6%
10-year-olds	5%
11-year-olds	4%
12-year-olds	3%
13-year-olds	2%
14-year-olds	2%
15-year-olds	2%
16-year-olds	1%

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3.

Why Does My Child Wet the Bed?

To understand why your child wets the bed, let's first dive into the basics of urination. It's essential to grasp the process before we can tackle the "why" behind bedwetting.

The Urination Process: A Quick Refresher

Here's how it works:

- The kidneys produce urine, which travels through the ureters to the bladder for storage.
- The bladder is a muscular sac that holds urine until it's ready to be released.
- When the time is right, the urinary sphincter relaxes, and the detrusor muscle (within the bladder wall) contracts.
- The relaxed sphincter acts like an open door, allowing urine to leave the body.

The Key to Successful Urination

For urination to happen smoothly, two things need to occur:

- The detrusor muscle must contract to squeeze out the urine.
- The urinary sphincter must relax to let the urine flow out.

The Complex Connection: Brain, Bladder, and Nerves

The communication between the nerve and muscle groups that link the bladder and the brain is a intricate process. This complexity explains why children develop bladder control at different ages.

The Bladder Control Timeline

Here's a breakdown of the typical development of bladder control:

Birth-18 months: Babies are unaware of their bladder filling or emptying. It's a completely automatic process!

18-24 months: Toddlers start to feel the sensation of their bladder emptying. They're becoming more aware of their bodily functions!

2-3 years: Most children develop the ability to stop urination voluntarily and start learning proper toileting skills. It's a big milestone!

3-5 years: By this age, most children have achieved urinary control and are dry both day and night. They've mastered the basics of bladder control!

Keep in mind that every child is different, and some may take longer to develop bladder control. But with patience and practice, they'll get there!

Now that we've got the basics covered, we can start exploring the reasons behind bedwetting. Stay tuned!

4.

Types of Bedwetting

Now that we've explored how urination occurs, let's dive into the two types of bedwetting (nocturnal enuresis) and their underlying causes:

1. Primary Nocturnal Enuresis:

This type of bedwetting means the child has never had nighttime control and wets at least twice a month. Most kids who wet the bed have primary enuresis, also known as chronic bedwetting.

Debunking the Myth:

Primary enuresis is not caused by psychiatric or emotional problems. So, what's behind it?

Immature Bladder: The child's bladder might be maturing more slowly than usual, producing too much urine.

Small Bladder Capacity: The child's bladder might hold a smaller-than-normal amount of urine, making it harder to control.

Deep Sleeping Pattern: Some kids sleep so soundly that they're not aware of their bladder's "wake-up call" to the brain. It's like their brain is saying, "Don't wake me up, I'm sleeping!" Sometimes, these kids might even have vivid dreams about using the bathroom, only to wake up and find themselves all wet.

Other Health Conditions: Children with attention deficit disorder, learning disabilities, or allergies seem to be more likely to experience bedwetting. It's essential to address these underlying conditions to help manage bedwetting.

Genetics: The Family Connection: If one or both parents had enuresis as children, their kids are more likely to experience it too. Researchers have identified a specific gene associated with bedwetting. In fact, studies show that:

- 44% of children will experience nocturnal enuresis if one parent had the condition.
- 77% of children will experience nocturnal enuresis if both parents had the condition.

It's not uncommon to find a family history of bedwetting, with aunts, uncles, grandparents, or other relatives having experienced it.

2. Secondary Nocturnal Enuresis:

When Bedwetting Returns

This type of bedwetting occurs when a child was previously dry at night for at least six months but then starts wetting the bed again.

What triggers this regression? We'll explore that next!

Secondary nocturnal enuresis is less common than primary enuresis, but its causes are often more apparent. This type of bedwetting can be triggered by:

1. Emotional or Physical Stress: Significant life changes or traumatic events, such as:

- Divorce or separation of parents
- Arrival of a new sibling
- Hospitalization

- Starting school
- Sexual abuse
- Parental alcoholism
- Abuse or neglect
- Loss of a loved one

2. Medical Issues: New health problems, including:

- Urinary tract infections (UTIs)
- Pinworms
- Kidney failure
- Seizures
- Sleep disorders (e.g., sleep apnea)
- Fecal soiling (encopresis) with constipation, which can cause urine to leak out at night.

3. Hormonal Imbalance: Decreased levels of vasopressin, a hormone that regulates urine production. Vasopressin helps the body reabsorb water from urine back into the bloodstream, reducing urine production at night.

Research suggests that some children with secondary nocturnal enuresis may have lower levels of vasopressin, making it harder for them to control their bladder at night. However, more research is needed to fully understand the relationship between vasopressin and bedwetting.

Furthermore, some children may wet the bed because they don't produce enough vasopressin. This hormonal imbalance can make it difficult for them to control their bladder at night.

If your child is experiencing secondary nocturnal enuresis, it's essential to consult with their healthcare provider for proper medical treatment. We'll dive deeper into treatment options later.

5.

The Emotional Toll of Bedwetting on Child and Family

Bedwetting can have far-reaching effects on a child's emotional well-being and family dynamics. The consequences of bedwetting can be devastating:

Social Isolation: Bedwetting can interfere with socialization, making children feel embarrassed and anxious about participating in activities like sleepovers.

Low Self-Esteem: The constant fear of wetting the bed can erode a child's self-esteem, making them feel ashamed and inadequate.

Family Stress: Bedwetting can put a significant strain on family relationships, leading to frustration, anger, and disappointment.

Parental Reaction: Unfortunately, some parents may scold or punish their child for wetting the bed, exacerbating the problem and creating a cycle of guilt and shame.

It's essential to approach bedwetting with empathy, understanding, and patience. By doing so, we can help children build confidence and overcome the emotional challenges associated with bedwetting.

The Good News!

There's hope! Almost all children who experience bedwetting will eventually outgrow it and become dry, even without medical treatment.

What's Behind the Change?

As children mature:

- Their muscles become stronger
- Their bladder capacity increases
- They sleep less deeply
- They become more sensitive to their bladder's signals to the brain

Bedwetting often occurs due to a delay in developing one or both of these skills. But here's the best part: you can help your child learn these skills, and it's easier than you think!

It's natural to worry about bedwetting, given its embarrassing and inconvenient nature. Some parents might also fret about underlying medical issues. But with patience, understanding, and the right strategies, you can help your child stay dry and confident.

Helping Your Child Stay Dry

To support your child in overcoming bedwetting, it's essential to start with the right mindset. Here are some crucial things to avoid and key points to emphasize:

Avoid:

- **Anger and Frustration:** Refrain from scolding or punishing your child for wetting the bed. It's not their fault!
- **Criticism and Humiliation:** Avoid belittling or mocking your child for being a "baby." Nighttime bladder control is a natural process that takes time.
- **Punishment and Shame:** Don't force your child to stay in soiled sheets or wash the bed linen as punishment. This approach won't help and can create anxiety.

- **Public Embarrassment:** Respect your child's privacy and avoid discussing their bedwetting in front of others.

Emphasize:

- **Reassurance and Guidance:** Offer calm, gentle support and guidance to help your child feel secure and confident.
- **Positive Reinforcement:** Praise your child's efforts, no matter how small, to encourage progress and motivation.
- **Self-Esteem Boost:** Remind your child that bedwetting doesn't define their worth or beauty. They are still the same wonderful person, regardless of accidents.
- **Empowerment:** Help your child understand that bedwetting is a common, temporary issue that can be overcome with patience, practice, and support.

Is Your Child Ready to Overcome Bedwetting?

While there's no specific age when children are ready to tackle bedwetting, most kids start showing concern about the issue around 6-7 years old. Look out for these five signs to determine if your child is ready to work on becoming dry:

- **Morning Awareness:** Your child starts noticing they're wet in the morning and expresses discomfort or dislike.
- **Pull-Up Resistance:** Your child says they don't want to wear pull-ups anymore, indicating a desire for greater independence.
- **Dryness Desire:** Your child explicitly states they want to be dry at night, showing motivation to change.
- **Family Curiosity:** Your child asks if other family members experienced bedwetting when they were young, demonstrating an interest in understanding the issue.

- **Social Concerns:** Your child hesitates to participate in sleepovers or other overnight activities due to fear of wetting the bed, indicating a desire to overcome the issue to participate fully in social activities.

6.

16 Steps to Helping Your Child Stay Dry

Let's explore some practical tips and techniques to help your child overcome bedwetting!

Steps 1-5: Establishing Good Habits

Helping your child develop good habits during the day can significantly impact their ability to stay dry at night. Here's how to establish a strong foundation:

1. Daytime Hydration:

Encourage your child to drink plenty of water throughout the day, aiming for at least 8-10 glasses. Avoid caffeine and allergy-causing foods that can irritate the bladder. Monitor their fluid intake to ensure they're not overdoing it.

2. Frequent Bathroom Visits:

Help your child develop a routine of regular bathroom visits throughout the day. Encourage them to go to the bathroom:

- When they wake up
- After meals
- Before and after physical activity
- Before bedtime (twice, if possible)

This habit will help their bladder learn to empty regularly and reduce the likelihood of accidents.

3. Limited Pre-Bedtime Fluids:

Establish a cutoff time for fluids close to bedtime, ideally around 7-7:30 PM. This allows their bladder to empty before sleep and reduces the chances of nighttime accidents.

4. Waterproof Mattress Protection:

Invest in a waterproof mattress protector to prevent accidents from seeping into the mattress. This will save you time and effort in cleaning up and help prevent embarrassing stains.

5. Adequate Sleep:

Ensure your child gets a good night's sleep each night to help regulate their bladder. Aim for 10-13 hours of sleep for children aged 6-13 years. Establish a consistent bedtime routine to signal their body that it's time to sleep.

Steps 6-10: Promoting Responsibility and Awareness

Now that you've established good habits, it's time to promote responsibility and awareness in your child. Here's how:

6. Child-Led Bedding Changes:

Encourage your child to take ownership of changing their pajamas and bedding themselves. This promotes responsibility and helps them develop essential life skills.

7. Mindful Dreaming:

Teach your child to recognize dreams about water as a signal to wake up and use the bathroom. This technique can help them develop greater awareness of their body's signals.

8. Avoid Water Sounds:

Remove any water-related sounds from their bedroom, such as a fish tank or nature sounds. These sounds can subconsciously trigger the need to urinate.

9. Nighttime Toilet Routine:

Establish a consistent nighttime toilet routine with your child, ensuring they know what to expect. This could include:

- Using the bathroom right before bedtime
- Wiping the genital area clean
- Washing hands

10. Easy Access to the Toilet:

Ensure your child has easy access to the toilet at night by:

- Using nightlights to illuminate the path
- Leaving their bedroom door open
- Placing a potty chair or toilet training seat in their bedroom (if needed)

Steps 11-16: Additional Strategies and Support

Here are some additional strategies to support your child in overcoming bedwetting:

11. Bedroom Potty:

Consider using a potty chair or toilet training seat in their bedroom for easier access. This can be especially helpful for younger children or those who have difficulty navigating the bathroom at night.

12. Night Lifting:

Wake your child up mid-night to use the bathroom, helping to keep their bed dry. This technique can be especially helpful for children who have difficulty waking up to use the bathroom.

13. Bedwetting Alarm:

Use a bedwetting alarm to condition your child's brain to respond to a full bladder. These alarms detect moisture and alert your child to wake up and use the bathroom.

14. Managing Anxiety:

Take breaks from nighttime training if your child becomes anxious or frustrated. It's essential to approach this process with patience and understanding.

15. Reward System:

Implement a reward system, like stickers or small gifts, to encourage dry nights. This positive reinforcement can help motivate your child to continue working towards overcoming bedwetting.

16. Consistency:

Make these procedures a daily routine to help your child master the skills needed to stay dry. Consistency is key in overcoming bedwetting, so stick to the plan and celebrate small victories along the way!

7.

When to Consult a Doctor

If your child is experiencing bedwetting, it's essential to know when to seek medical attention. Here are some guidelines:

Children Under 5: No need to consult a doctor, as bedwetting is common at this age. Children typically develop bladder control between 2-5 years old.

Children 7 and Older: If your child wets the bed more than 2-3 times a week, consult a doctor. At this age, most children have developed adequate bladder control, and frequent bedwetting may indicate an underlying issue.

Day and Night Wetting: If your child experiences both day and night wetting after age 5, consult a doctor before age 7. This could be a sign of an underlying medical condition or developmental delay.

Secondary Nocturnal Enuresis: If your child experiences secondary nocturnal enuresis (bedwetting after a period of dryness), consult a doctor, as this may be caused by underlying medical issues. Secondary nocturnal enuresis can be a sign of an underlying medical condition, such as a urinary tract infection or constipation.

What to Expect at the Doctor's Office

When you consult a doctor, they will:

Conduct a Physical Exam: To look for signs of underlying health issues, such as urinary tract infections, constipation, or neurological problems.

Ask About Medical History: To understand your child's health and the bedwetting issue. Be prepared to provide information about:

- Your child's bowel and bladder habits

- Any previous medical conditions or surgeries
- Family medical history

Request a Urine Sample: To check for signs of infection or other health problems, such as:

- Urinary tract infections
- Kidney problems
- Diabetes

Investigate Emotional Stress: To identify potential emotional causes of bedwetting, such as:

- Anxiety or stress
- Changes in environment or routine
- Family dynamics or relationships

Potential Health Issues

The doctor will check for signs of underlying health issues, including:

Urinary Tract Infections: Fever, bacteria in the urine, or pain while urinating.

Diabetes: Weight loss, high blood sugar, or increased thirst and urination.

Kidney Problems: High blood pressure, swelling, or pain in the abdomen.

Nerve Problems: Poor reflexes in legs or feet, numbness, or tingling.

Constipation: Hard mass in the stomach area, abdominal pain, or difficulty passing stools.

Sleep Apnea: Swollen tonsils, mouth breathing, poor growth, or daytime fatigue.

Next Steps

If the doctor identifies an underlying health issue, they will discuss treatment options with you. This may include:

Medication: To treat underlying medical conditions, such as urinary tract infections or constipation.

Lifestyle Changes: To address emotional stress, improve bowel and bladder habits, or enhance sleep quality.

Therapy: To help your child cope with emotional stress or develop strategies for managing bedwetting.

If your child is experiencing emotional stress, the doctor may provide strategies to help them cope, such as:

Relaxation Techniques: Deep breathing, visualization, or progressive muscle relaxation.

Counseling: Individual or family therapy to address underlying emotional issues.

Support Groups: Connecting with other families or children who are experiencing similar challenges.

8.

Treatment Options for Bedwetting

If your child is experiencing persistent bedwetting, your doctor may recommend various treatment options. Here are some of the most common treatments:

Medications

Medications can be an effective way to manage bedwetting, but they should be used under the guidance of a doctor.

DDAVP (Desmopressin): This medication is similar to the hormone vasopressin and helps reduce urine production at night. It's available in pill and nasal spray forms and can be used short-term or long-term.

Detrol (Tolterodine): This medication is an anti-spasmodic that helps stop wetting caused by bladder spasms.

Imipramine: Originally developed as a treatment for depression, imipramine can help with bedwetting by reducing bladder contractions. However, it's essential to monitor the dosage carefully, as the line between an effective dose and a toxic dose is small.

Oxybutynin: This medication is an anticholinergic that helps relax the bladder and reduce uncontrolled contractions. It's often prescribed for individuals with an overactive bladder and can be used in conjunction with other treatments.

Non-Medication Treatments

In addition to medications, there are other treatments that can help your child manage bedwetting.

Psychotherapy: This treatment option is recommended for children with secondary enuresis caused by a change or traumatic event in their life. Psychotherapy can also help children who are experiencing significant self-esteem issues due to their bedwetting.

Bedwetting Alarms: These alarms are designed to detect moisture and alert your child to wake up and use the bathroom. They can be an effective way to train your child's brain to respond to a full bladder.

Combination Therapy

In some cases, your doctor may recommend a combination of treatments to help your child manage bedwetting.

DDAVP and Bedwetting Alarms: Using DDAVP in conjunction with bedwetting alarms can help reduce urine production and train your child's brain to respond to a full bladder.

Oxybutynin and Bedwetting Alarms: Combining oxybutynin with bedwetting alarms can help relax the bladder and reduce uncontrolled contractions, making it easier for your child to stay dry.

It's essential to work closely with your doctor to determine the best treatment plan for your child. With patience, persistence, and the right treatment approach, your child can overcome bedwetting and develop the confidence they need to succeed.

A Message of Hope

The good news is that with proper care, support, and perseverance, nocturnal enuresis (bedwetting) can be successfully treated. By:

Seeking Professional Help: Consulting with a healthcare provider to rule out underlying medical conditions.

Exploring Treatment Options: Working with a healthcare provider to develop a personalized treatment plan.

Providing Emotional Support: Offering reassurance, encouragement, and positive reinforcement to help your child build confidence.

You can help your child overcome bedwetting and develop the skills they need to succeed. Remember, bedwetting is a treatable condition, and with the right approach, your child can achieve dryness and confidence.

Key Points to Remember

Here are some essential points to keep in mind when dealing with bedwetting:

Unknown Causes: In most cases, the exact cause of bedwetting is unknown. However, many possible causes exist, and identifying them can help you develop an effective treatment plan.

Normal Development: Many children wet the bed until they are 5 years old or even older. It's essential to remember that bedwetting is a normal part of development, and most children outgrow it naturally.

Avoid Scolding and Punishment: Scolding and punishment will not help your child stay dry. Instead, focus on providing emotional support, encouragement, and positive reinforcement.

When to Consult a Doctor: Children younger than 5 do not need to see a doctor for bedwetting. However:

- If your child is 7 years old or older and wets the bed more than 2-3 times a week, consult a doctor.
- If both day and night wetting occur after age 5, consult a doctor before age 7.

Treatment Options: Treatments for bedwetting include:

- Bladder training: Helping your child develop better bladder habits.
- Moisture alarms: Devices that detect moisture and alert your child to wake up.
- Medicine: Medications that can help reduce urine production or improve bladder control.

Discuss these options with your doctor and your child to determine the best approach.

Natural Progression: Most children grow out of bedwetting naturally. With patience, support, and the right treatment approach, your child can overcome bedwetting and develop the confidence they need to succeed.

Conclusion

Bedwetting is a prevalent and sensitive issue that can significantly impact children and their families. It's essential to recognize that bedwetting:

- Is Not the Child's Fault: Bedwetting is not a result of laziness, neglect, or poor habits.
- Is Not the Parent's Fault: Parents who are supportive, patient, and understanding are not to blame for their child's bedwetting.

Despite the challenges and frustrations that come with bedwetting, many parents hesitate to discuss the issue with their healthcare providers. This can lead to delayed diagnosis and treatment.