



## Stages of Toilet Training: Different Skills, Different Schedules

One of the most difficult aspects of toilet training for many parents is the uneven pace at which different types of training occur. Your child may learn to urinate into a potty quite easily but take several more months to start having bowel movements there. Daytime training may have been a breeze for your toddler, but he continues to wet the bed frequently through age five.



Since the order and speed with which each of these skills is mastered may differ from child to child, it is impossible to compare one child's mastery with another's to determine whether your child's progress is "normal." In most cases, the best response to uneven adoption of skills is to remain patient and supportive, giving your child the time he needs to take the next step toward complete success.

Delays in bowel control can be particularly disturbing for many parents, however—especially when children exhibit such puzzling behavior as secretly depositing bowel movements in a closet or other hiding place, smearing feces on the wall or other surface, or bursting into tears when their stool is flushed down the toilet. Our own adult associations with bowel movements are so negative that it is hard to remember that very young children have little awareness of the presence of germs, the potential for mess, the attached cultural stigma, and so on.

On the contrary, toddlers and preschoolers are often extremely proud of the product their bodies have created—expecting praise and admiration, not displeasure—and are reluctant or even anxious at the prospect of letting these products go. This reluctance can grow even stronger during periods when mastery of their body or privacy becomes a high-priority issue in their lives, or when they are experiencing a fear of the potty or of some other aspect of bowel training that they are unable to articulate.

In most cases, hiding or playing with stool, or resistance to bowel training, is a normal part of early childhood that will soon pass if you do not respond to it in an overemotional way. Instead, calmly ask your child why he is behaving in this way, firmly remind him of the rules about where stool goes, and work to come up with a solution to his problem—preferably with his help. You may find that your child is more willing to deposit his stool in the potty if he is then allowed to transfer it to the toilet and flush it himself. You may decide that it is necessary to monitor your child's potty use until his interest in playing with his stools has passed.

In many cases, when your child's health or other important considerations are not at stake, you may find that the best solution is to simply wait until your child matures. If so, you may find that what at first seemed an enormous gap between bladder and bowel training actually turned out to be no more than three or four weeks.

While nighttime bowel control occurs quite early and naturally in most children, bladder control usually occurs much later—frequently months or even years after daytime training is complete—and requires conscious effort. Forty percent of children in this country continue to wet the bed while sleeping after they have been fully day-trained. Bedwetting continues to be quite common through age five, and it usually does not require medical intervention until age eight to ten. Many children under age six are not physiologically capable of remaining dry at night, since their bladders have not sufficiently matured and their bodies may not yet consistently wake them from sleep when it's time to urinate. Nearly every child will experience at least a few nighttime bedwettings before the toilet-training process is truly complete.

Since conflicts over such mishaps can easily spill over to cause resistance during the day, it is usually best to downplay night training through the toddler and even perhaps the preschool years. If your child is capable of consistently waking up to use the bathroom even at age two or three, count yourself lucky and allow him to do so. If accidents occur frequently, try keeping him in training pants or even a diaper at night for as long as he feels comfortable in them, and respond calmly to any accidents that occur.

**dated** 11/2/2009

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