

Where **kids** come first

Wetting the bed



L'Hôpital de Montréal pour enfants
The Montreal Children's Hospital

Centre universitaire de santé McGill
McGill University Health Centre

Wetting the bed is a common problem

Wetting the bed is a very unpleasant experience for your child, but it is an involuntary, unconscious and generally harmless phenomenon. In the vast majority of cases, wetting the bed is not a medical problem, but a developmental issue. Your child will grow out of it.

The medical term for wetting the bed is nocturnal enuresis. Wetting the bed is very common, especially in boys. About 20 per cent of five-year olds are regular bed-wetters, but the problem invariably resolves itself as the child grows up.

Wetting the bed is often hereditary. In rare cases, it may be related to a medical problem. You should consult a doctor if your child begins wetting the bed after months – or years – of dry nights, or has daytime wetting as well.



Bed-wetting is involuntary. Punishing or scolding your child will only make the condition worse.

How to help your child stop wetting the bed

Wetting the bed is involuntary; therefore, punishing or scolding your child will only make the condition worse. If you have a positive attitude, you can help your child a lot. Let your child know that many children wet their beds and that eventually the problem will stop. You can also help reduce your child's anxiety by suggesting he bring his wet pajamas and bed linens to the laundry area in your home.

Finding solutions

Overcoming constipation can sometimes help end daytime and nighttime wetting.

For some children, medication may provide temporary relief, which is useful for vacations and overnight stays at a friend's home. This is especially important to consider for older children and adolescents.

Children aged eight and older can use an alarm, specially designed to stop bed-wetting. It costs about \$100 at medical supply stores. The alarm rings to wake your child as soon as the first drops of urine complete an electrical circuit. The treatment, which lasts one to three months, can be demanding on your child, and on you, as you may have to accompany your child to the bathroom. In the event of a relapse, the treatment can be repeated.

Remember, instant success is rare since it takes time to change your child's behaviour. If the problem persists despite all your efforts, consider putting aside the training program for a while and trying again in a few months.



This information was prepared by the Pediatric Consultation Centre (PCC) of The Montreal Children's Hospital of the McGill University Health Centre.

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