

Tips for bed wetting in older children

What's normal? Are my expectations too high?

The average age of being ready for toilet training is 2 ½ years. Girls are often ready earlier than boys. Daytime accidents may occur and night time dryness might not develop until 4-5 years. The age at which your child is ready is very individual and the more pressure that is applied the longer it takes.

Rule out a physical problem or condition.

Investigate whether your child has worms or a recurring Urinary tract infection.

Worms are very common for pre-school and primary school aged children, generally speaking because they are not the best at washing their hands!!

With worms the child appears to have a different personality! They are cranky, argumentative, cannot sit still, crying easily and generally not 'themselves', with frequent urination and night time waking. The worms are best found at night time when the anal area is dark, you need a torch and to be quick. They look like 1cm lengths of wiggling white sewing cotton and can move into other parts of girls. (I have found them there in my own children). They are easiest to remove by twisting the worm onto a cotton bud (not ball) or carefully wiping away with a tissue.

Your child will be irritable and squirm a lot (previous experience) you need to be quick but thorough! Worming tablets and solutions are available from pharmacies. Applying some Vaseline to the outer anal area can help to trap any that escape in the night. Be patient and understanding with your child, the worms are irritating and the child cannot sleep until the discomfort is removed.

This problem usually only becomes obvious in the middle of the night, I find it handy to have the tablets or solution in the cupboard for just in case, because morning seems like forever away!!

Wash all bedding and undies in hot water or use the dryer to help the heat kill the worms, they can survive in a cold water wash. Worm the whole family. Apply the Vaseline or any moisturising cream even if you don't have the worm treatment. At least the child will feel you are doing something.

A urinary tract infection (UTI) is more common in girls than boys because the passage for germs to the bladder is shorter in girls than boys! Unfortunately because of our physical design it is very easy for little girls to get faeces from the anal area into the vaginal opening, leading to bacteria entering the bladder. Urinary tract infections will cause frequent urination with a burning or discomfort at the time of urination and irritation at other times (the child will often be touching the genital area frequently to relieve the discomfort). UTI's require diagnosis by your GP and antibiotics. Squeezing warm water in a bottle at the time of urination or encouraging urination in the bath or shower at this time causes less discomfort. Drinking water to dilute the urine to prevent stinging also helps.

Investigate any sources of stress or tension in the child's life. New pre-school, friends being rough, parental tension, major changes in the family routine, new baby, moving house etc. While some of these changes can be exciting for us they can be stressful for the children. Talk to your child's caregivers or watch interactions with other children carefully. Listen for signs of communication from your child that they feel uncomfortable around others. There are several child psychologists who specialise in children, for strategies on dealing with whatever is upsetting your child. If you are aware of the source of the worry for your child the use of 'pull-ups' night time absorbent pants for children are sensible for taking the pressure off the child to not wet the bed and also to prevent you having to change the sheets each night! If the cause of the bed wetting is tension usually the bed wetting stops when the tension disappears.

Consider seeking help from a Cranio Sacral therapist for dealing with tension and stress in your child's life.

Bladder instability?

In some cases your GP may arrange for your child to have a bladder ultra sound to check the amount of urine your child's bladder can hold to see if there is a medical reason for the bedwetting. This child will also frequently urinate during the day, although it may only be small amounts. If this is the case some bladder training may be recommended. This can be common in little children who are learning to toilet train along side their mother, who after having given birth may have an unstable pelvic floor or bladder herself and regularly needs to go to the toilet.

If none of this applies to you-what next?

Take all pressure off the child and try not to talk about the bed wetting. Encourage the use of pull-ups to save you changing the sheets and embarrassing the child.

They are not making a conscious decision to wet the bed and shaming them won't help or change the behaviour. When their brain connects with their bladder the child will naturally be dry by night. As with all phases of your child's development this stage is individual for each child.

Encourage normal drinking during the day as per thirst.

Offer drinks until 2 hours before bedtime, then only allow a sip of water when cleaning the teeth (to aid digestion it isn't advisable to drink with meals anyway).

Ask the child to go to the toilet before bed and then, before you go to bed your self, put the child on the toilet again.

Try this for a month and then stop and see if there are any improvements. If not continue the strategy until necessary. If concerned seek advice from your GP.

Try Chiropractic care. Maybe the child's bedwetting is related to their spine being out of alignment and a nerve being pinched that leads to the bladder.