



Bedwetting

Did you know that there are about 5 million children in the United States who wet the bed? If your child wets the bed, he or she is not alone.

Although most children are toilet trained between 2 and 4 years of age, some children may not be able to stay dry at night until they are older. Children develop at their own rate. For example, studies have showed that 15% of 5- and 7-year-olds wet the bed. But by age 15, fewer than 1% wet the bed.

Bedwetting is not a serious medical condition, but it can be a challenging problem for children and parents. Read on to find out more from the American Academy of Pediatrics about bedwetting and what can be done about it.

Reasons for Bedwetting

Here are 3 common reasons for bedwetting.

1. Communication between the brain and bladder. If the bladder signals the brain that it's filling up with urine and the brain doesn't send a message back to the bladder to relax and hold the urine until morning, bedwetting will happen. If the bladder signals the brain that it's filling up with urine and the brain doesn't hear the signals, especially during deep sleep, bedwetting will happen.
2. Stress or trauma. Sometimes when children experience stress or traumatic events, or when they get sick or constipated, children who have previously been dry at night can have bouts of bedwetting. This is a different problem than the child who has never been dry at night. Children with these short-term episodes of bedwetting usually have dry nights when the underlying problem resolves.
3. Medical concerns. Rarely, some children begin to wet the bed as a result of a serious medical problem. (See *Signs of a Medical Problem*.)

What Families Can Do

Most children wet their beds during toilet training. Even after they stay dry at night for a number of days or even weeks, they may start wetting at night again. If this happens to your child, simply go back to training pants at night and try again another time. If children reach school age and are still wetting the bed, it most likely means they have not yet developed nighttime bladder control.

If you are concerned about your child's bedwetting, or if your child expresses concern, talk with your child's doctor. You may be asked the following questions about your child's bedwetting:

- Is there a family history of bedwetting?
- How often and when does your child urinate during the day?
- Have there been any changes in your child's home life, such as a new sibling, a move, or other family issues?
- Does your child drink beverages or a lot of water before bed?
- Is there anything unusual about how your child urinates or the way the urine looks?

Signs of a Medical Problem

If your child has been completely toilet trained for 6 months or longer and suddenly begins wetting the bed, talk with your child's doctor. It may be a sign of a medical problem. However, most medical problems that cause bedwetting have other signs, including

- Changes in how much and how often your child urinates during the day
- Pain, burning, or straining while urinating
- A very small or narrow stream of urine or dribbling
- Cloudy or pink urine or bloodstains on underpants
- Daytime and nighttime wetting
- Sudden change in personality or mood
- Poor bowel control
- Urinating after stress (coughing, running, or lifting)
- Certain gait disturbances (problems with walking that may mean an underlying neurologic problem)
- Continuous dampness

If your child has any of these signs, please contact your child's doctor. If necessary, your child's doctor will perform tests or refer you to a doctor who is specially trained to treat children's kidney or urinary conditions.

Managing Bedwetting

Keep the following tips in mind:

- Do not blame your child. Remember that it is not your child's fault. Offer support, not punishment, for wet nights. (See *Reasons for Bedwetting*.)
- Be honest with your child about what is going on. Let your child know it's not his or her fault and that most children outgrow bedwetting.
- Be sensitive to your child's feelings. If you don't make a big issue out of bedwetting, chances are your child won't either. Also remind your child that other children wet the bed.
- Protect the bed. A plastic cover under the sheets protects the mattress.
- Let your child help. Encourage your child to help change the wet sheets and covers. This teaches responsibility. It can also keep your child from feeling embarrassed if the rest of the family knows. However, if your child sees this as punishment, it is not recommended.
- Set a no-teasing rule in your family. Do not let family members, especially siblings, tease your child. Let them know that it's not your child's fault.
- For some children, waking to use the toilet 1 to 2 hours after going to sleep may help them stay dry through the night.
- Be aware of your child's daily urine and bowel habits.

Bedwetting Alarms

If your child is still not able to stay dry during the night after using these steps for a few months, a bedwetting alarm may be considered. When a bedwetting alarm senses urine, it sets off an alarm to awaken the child to use the toilet. When used correctly, it will detect wetness right away and sound the alarm.

Bedwetting alarms are successful 50% to 75% of the time. They tend to be most helpful for children who are deep sleepers and have some bladder control on their own. Ask your child's doctor which type of alarm may be best for your child.

Medicines

Medicines are available to help reduce bedwetting in children 6 years and older. Although medicines rarely cure bedwetting, they may be helpful, especially when children begin attending sleepovers or overnight camps. Your child's doctor can discuss these medicines with you and if they are right for your child. Remember to ask about possible side effects.

Beware of "Cures"

There are many treatment programs and devices that claim they can "cure" bedwetting. Be careful; many of these products may make false claims and promises and may be very expensive. Your child's doctor is the best source for advice about bedwetting. Talk with your child's doctor before starting any treatment program.

Stay Positive

Do not be discouraged if one treatment does not work. Some children will respond well to a combination of treatments. If your child is one of a small number of children who do not respond to any treatment, talk with your child's doctor about ways to manage bedwetting. This may involve care by a pediatric specialist.

Also, in most cases, bedwetting decreases as the child's body matures. By the teen years, almost all children have bladder control for dry nights.

All children benefit from emotional support from their family. Support from your child's doctor or other health professionals can also help.

Visit [HealthyChildren.org](https://www.healthychildren.org) for more information.

From Your Doctor



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org

Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional. Any websites, brand names, products, or manufacturers are mentioned for informational and identification purposes only and do not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication. The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

© 2020 American Academy of Pediatrics. All rights reserved.