

Daytime Wetting in Children and Young People

What is Daytime Wetting?

Daytime wetting is when a child who is toilet trained has wetting accidents during the day. Some children who have daytime wetting also wet the bed. Any child is at risk for experiencing daytime wetting, however, the condition is more common in girls than boys.



Because you ♥atter

Signs and symptoms of Daytime wetting:

- Urinary urgency: An immediate need to go to the bathroom
- Urinary frequency: Urinates more than eight times a day
- Urinary infrequency: Urinates fewer than three times a day
- Incomplete bladder emptying: Does not completely empty the bladder when urinating
- Holding behaviours: Squatting or squirming, to avoid accidents
- Associated Constipation
- Associated Night-time wetting

Causes of Daytime Wetting:

There are many causes, including bladder and nerve problems. Many children who have daytime urine accidents have a parent or other relative who did, too. Other common causes of daytime wetting include:

- **Constipation** - when stools can create pressure on the bladder and cause spasms, which lead to daytime wetting
- **Poor bathroom habits**, such as not emptying the bladder completely or “holding it” for too long
- A **urinary tract infection**
- Children with **medical conditions** such as cerebral palsy, Down syndrome, and attention deficit hyperactivity disorder (ADHD) or Autism may continue to have daytime wetting at a later age than other children.
- The **child ignores the urge** to urinate. As a result, the bladder becomes too full, causing urine leakage.
- The **child has an overactive bladder** (frequently squeezes) and cannot get to the toilet in time.
- The **child has an underactive bladder** and does not have the urge to use the bathroom.
- The child may be suffering from **dysfunctional elimination syndrome**, in which the bladder muscles and nerves are not working together. The muscles may tighten, stopping the flow of urine when there is still urine in the bladder.
- **Some neurologic and developmental conditions** can cause poor bladder control.

Children are often mistakenly blamed for being lazy or seeking attention when they have daytime wetting episodes. However, this is not usually the case and other causes should be explored.

How the bladder works:

When we have a drink, the fluid makes its way through our digestive system and is absorbed into the bloodstream. Blood is pumped round the body by the heart. As it flows through the kidneys, it is filtered to remove all the waste liquid. The waste liquid – urine, or wee – drains down long, thin tubes called ureters and into the bladder. The bladder stores the wee.

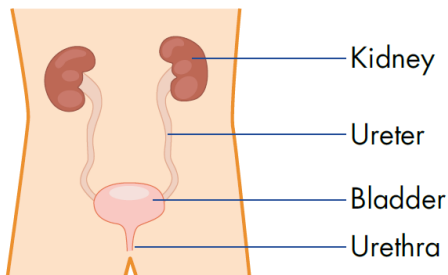
It has two sets of muscles:

The bladder itself is like a balloon made of stretchy-squeezy muscles. They must relax to allow the bladder to fill with wee.

Holding on muscles at the base of the bladder contract to hold all the wee in.

When the bladder is full, the stretchy muscles send a message to the brain saying that we need a wee.

The brain responds with a message telling the two sets of muscles what to do: the holding on ones to relax and open, and the others to squeeze and keep squeezing until the bladder is empty. OR, if it's not convenient to empty straight away, the brain sends a message telling the muscles to wait.



Brain: This is the main control centre of the body.



The kidneys: We have two kidneys, and they are busy all the time. They are like machines, cleaning up the blood in our body to produce waste we call “wee”. This is sent to the bladder.



The bladder: This is a special balloon-shaped bag that fills up with wee. It stretches and sends a message to your brain when it's time to use the toilet and go for a wee.

By age five, children typically can stay dry throughout the day, but bladders often misbehave in childhood. Almost all daytime wetting symptoms are functional problems, meaning that everything is in the right place and ought to be able to work properly and some behaviour modifications are all that are needed. **However, is important to alert your GP if any of the following occur associated with your child's daytime wetting:**

- Signs of a bladder infection such as pain with urination, accompanied by strong urine odour and a high temperature
- A weak urine stream, trickles, or sprays urine
- Was staying dry all day, then started to have daytime wetting.
- The child appears not to sense when he or she needs to urinate.

How to help your Child:

Daytime wetting is treated by first determining if there is a medical problem, such as constipation, diabetes, or a urinary tract infection and advising the appropriate treatment. Once these aspects have been ruled out and/or treated the following advice should be followed:

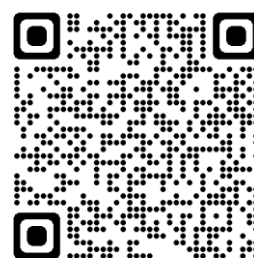
1. **Drinks Plan:** make sure your child is drinking enough water every day by having a drink with meals or snacks every two hours. Your child should drink their drinks quickly, rather than sipping at them for a longer time. Concentrated wee is bad for bladders! It irritates the bladder and makes it squeeze when it shouldn't.

	Girls	Boys
4-8 years	1200ml (6 x 200ml)	1200ml (6 x 200ml)
9-13 years	1600ml (6 x 260ml)	1800ml (6 x 300ml)
14-18 years	1800ml (6x 300ml)	2300ml (6x 380ml)

2. If your child is struggling to drink the amounts suggested on the drinks plan it is OK to start small and build up gradually. If they are thirsty at the end of the day, it is likely that they are not getting enough fluids and small increases to the quantity of each drink may be needed to allow for changes in their environment or activities. Please explain to your child that not having enough to drink causes the body to not have enough water on board to keep their bowel motions soft and easy to pass to avoid pressure on their bladder. It also ensures their bladder is filled and emptied properly to get it working well. The more your bladder is used to holding big wees, the better it will be at holding big wees at night. We recommend **taking full water bottles to school with markers on the side or taking enough individual bottles and having these returned each day to be re-filled.**

3. Avoid drinks that are caffeinated; dark or fizzy e.g., tea, coffee, hot chocolate, Cola, or energy drinks as well as orange and blackcurrant-based juices (including Vimto). Cutting out these drinks for a while can help because these are caffeinated drinks that can cause dehydration, make constipation worse, and cause overactivity in your child's bladder keeping it small. Any light-coloured juice is fine and fresh juices are OK but will need to be watered down well. Milk is OK but is a food and is not considered a drink; substitute cow's milk with a non-dairy "milk," such as oat milk - these count as hydrating drinks as they are water based.
4. You can scan the QR code below with your camera on your smartphone or follow the URL to view our Wee Checker to see how well hydrated your child is:

<https://eric.org.uk/wee-checker/>



5. During the day make sure your child goes to the toilet after having a drink and holds on in between. Make sure your child is not rushed when they go to the toilet. Your child's bladder is where wee is stored and so acts as a reservoir. Bladders are like balloons and stretch to hold all the wee. When your child goes to the toilet the bladder muscles squeeze, and they should keep squeezing until all the wee is gone. Just like any other muscles in our bodies, bladder muscles need to be exercised to keep fit. Your child should drink enough to fill their bladder, so it can relax and stretch, and be allowed to go to the toilet without rushing so their bladder muscles learn to squeeze properly.
6. When it's time to do a wee, messages from the brain tell the two sets of muscles what to do to let the wee out. But the messages can't get through unless we relax so to help this:
 - Sit in the right way – feet flat and firmly supported on a box or stool, knees above hips
 - Secure sitting position – your child might need a children's toilet seat
 - RELAX to let the wee out. So, keep toys, games, and books beside the toilet
 - Take your time



Boys don't need to stand to wee! It's much easier to relax sitting down, and it helps the bladder to empty as much wee out as possible. Plus, they might need a poo.

Children usually need to wee four to seven times a day. Postponing wees is bad for the bladder – so is weeing too often!

Encourage your child to listen out for signals from their bladder – and to respond straight away.

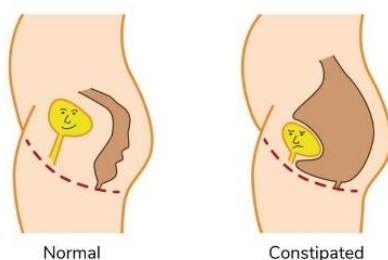
Use a Toileting Reward Chart to help plan toilet visits if necessary, and to provide motivation.

Don't worry!

Things might get worse before they get better – a bladder that is not used to storing much wee won't instantly cope with increased drinks! It takes time to encourage the bladder to behave, it takes four to six weeks of the above plan for the bladder to regain its strength and start behaving properly. However, if there is continued urgency in the day and any daytime wetting present this must be assessed and treated. A child is unlikely to be able to hold on if asked with true urgency and frequently daytime symptom advice should be followed. **If your child has these symptoms, they may also have a UTI and therefore it is important you seek further advice and assessment from your child's GP.**

7. Check for constipation. Constipation is common in childhood and is defined as the inability to do a poo regularly or to completely empty the bowel and acts as a poo traffic jam. A poo traffic jam would mean that the space where the bladder needs to expand, and fill is occupied by the full bowel. With constipation there isn't enough space in the bladder to accommodate all the wee, so it causes symptoms such as: Frequent, small wees; Urgency (having to rush to the toilet); Daytime wetting; Night- time wetting and Risk of Urinary Tract Infection (UTI).

Poo traffic jams are common in children. So, if the bladder is not behaving properly, always suspect poo might be the culprit! If your child does not open their bowels often enough, their poo's can become hard and dry. Some children with constipation may open their bowels every day but may not empty their bowels properly and therefore may only pass small poo's which may be hard, sticky, dry or gritty. Constipation can go unnoticed except for the daytime wetting symptoms, so **ALWAYS** check the bowel out first. **In 48% of cases constipation is the reason for daytime wetting.**



8. Keep a record of your child's bowel motions on the chart included for two weeks and if symptoms are not improving, make an appointment as soon as possible to see your GP to review this and complete a physical examination of your child. Poo should always be soft and easy to pass, and children should poo between three times a day and five times a week. Big poos, swollen tummy and soiled pants all suggest constipation.

The GP will assess your child and confirm if they are constipated. If any underlying causes are identified, your child will be referred to a Paediatrician. If your child is constipated but no underlying causes are identified (known as idiopathic constipation) Laxative treatment is recommended. **Please refer to our constipation leaflet for further advice.**

9. Make sure your child has a well-balanced healthy diet which includes adequate fibre intake. Foods with high fibre content include fruit, vegetables, high-fibre bread, baked beans, and wholegrain breakfast cereal. If you can, make sure your child doesn't eat too many dairy products (e.g., cheese, milk, yogurts etc), or white refined carbohydrates like white bread, and white pasta. Make sure they eat five to nine portions of fruit and vegetables each day. A portion is the flat of a child's palm. We have attached a leaflet about fibre for you to look at. Please note we don't recommend a high fibre diet for constipated children at first. If they are not drinking enough, they should drink more first to stop their constipation getting worse.
10. Special watches that vibrate with reminders can help remind children when to go to the toilet. These can be sourced online, and many schools are already familiar with children using them.

Your child's GP, paediatrician or school nurse may also refer your child to the Children's Bladder and Bowel Specialist Service. This team is made up of specialist paediatric nurses and an assistant practitioner who can support your child and family with their bladder or bowel problems.

Further information can be found at:

Mid Cheshire NHS Foundation Trust

[Mid Cheshire NHS Foundation Trust Bladder and Bowel services :Mid Cheshire Hospitals NHS Foundation Trust \(mcht.nhs.uk\)](https://www.midcheshirehospitalsnhs.uk/)



ERIC continence charity -

www.eric.org.uk



Bladder and Bowel UK -

[Bladder & Bowel UK - bladder and bowel problems information and advice \(bbuk.org.uk\)](http://bbuk.org.uk) [Bladder and Bowel services](#)



Bowel Diary








EXAMPLE OF HOW TO COMPLETE THE CHART

	Time	Type	Size S M L	Location	Comments
Monday	08.30	4	S	toilet	Said tummy hurt
					1 movicol given
	16.10	6	S	pants	Then sat on toilet
	16.20	5	S	toilet	
	7.30pm	5	M	nappy	

When completing this diary, it is important to note any of the following:

- Colour of stool passed (Light brown, medium, dark brown, black)
- Odour
- Ease of wiping
- Discomfort/length of time to pass stool
- Soiling

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Name:			NHS Number:		
DoB		Date			
Week 1	Time	Type	Size:s,m,l	Location	Comments
Monday					
Tuesday					
Weds					
Thurs					
Friday					
Saturday					
Sunday					

Name:			NHS Number:		
DoB:		Date			
Week 2	Time	Type	Size:s,m,l	Location	Comments
Monday					
Tuesday					
Weds					
Thurs					
Friday					
Saturday					
Sunday					

Information on improving fibre and fluid intake in your child's diet

What is fiber and why is it important?

Fiber is the non-digested part of food. It is found in plant foods such as cereals, vegetables, and fruit. Fiber content in food is included on the packaging.

Fiber absorbs water as it passes through the gut. It swells up like a sponge to make the stool soft and easier to pass. The extra bulk also helps the gut muscles to work better and helps pass the poo along.

Why is fluid also important?

Increasing fiber in the diet will only work if children drink enough. You should offer your child six to eight cups of fluid every day, such as water, well diluted unsweetened fruit juice, or fruit teas and milk drinks.

What foods to choose?

Breads, cereals, and potatoes

Wholemeal and granary breads have most fiber. High fiber white bread is a good alternative to white bread. Brown bread can have a similar amount of fiber to high fiber white bread. There is nutritional information on the packaging, which will tell you how much fiber is in each variety of bread.

Pasta and rice

Brown rice and wholemeal pasta have more fiber than white.

Potatoes

Offer jacket potatoes, homemade chips and wedges or boiled potatoes with the skins on.

Breakfast cereals

Choose high fiber varieties, such as wheat biscuits, bran flakes, porridge, instant oat cereal and other wholegrain cereals.

Biscuits and cakes

Digestives, oatcakes, flapjacks, and fig rolls are better biscuit choices. Offer scones, fruited teacakes, malt breads and cakes made with more wholemeal flour or add oats to crumble topping.

Nuts

All nuts are high in fiber and so is peanut butter. Use this on bread or high fiber crackers. (Do not give nuts to children under five years and avoid salty nuts).

Vegetables and fruit

Include a variety of fruit and vegetables in your child's diet; these can be fresh, frozen, dried, or tinned. We should all eat five to seven portions of fruit /vegetables a day (a portion is a child's handful not an adult one).

Pulses

Baked beans, chickpeas, and lentils.

Activity and exercise

Try to encourage your child to be physically active for 60 minutes a day. Increase this gradually and seek advice from your school health team if you want further help on how to do this.

This information is available in audio, Braille, large print, easy read and other languages. To request a copy, please ask a member of staff.

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