NHS
Central Cheshire
Integrated Care Partnership

Night Time Wetting in Children and Young People

What is Night-time Wetting?

Night-time wetting happens when your child wets themselves while they are asleep. It is also known as enuresis, or nocturnal enuresis, and is a recognised medical condition. To be diagnosed with night-time wetting the person affected must be over five years old. However, the following advice is relevant to families of younger children who are toilet trained in the day. Some children will 'grow out' of night-time wetting with the numbers of children with this issue reducing as they get older. However, not only is it difficult to predict who will get better if no treatment is offered, but it is also not possible to say when the wetting will stop. There is evidence that children who are wet every night, or most nights are the ones who are least likely to just get better without treatment.

Because you Matter

Signs and symptoms of Night-time wetting:

- Large volumes of wee in the first few hours of the night
- Variable volume of wee, often more than once a night
- Wetting every night without a dry night for six months in a row or longer - Primary Night-time wetting
- Wetting the bed again after not wetting the bed for six months or more - Secondary Night-time wetting
- Carrying on sleeping when wetting the bed which is not because they are too fast asleep but because their brain just doesn't recognise the signal of a full bladder during sleep. It's often called 'poor arousability'
- Finding it difficult to wake up in the morning despite wetting
- Day time wees that are small
- Going to the toilet more than seven times a day
- Day time frequency and urgency
- Day-time wetting symptoms

Causes of Night-time Wetting:

Usually, there is not one medical or psychological condition that causes bedwetting. More commonly, there are many factors that can exist that cause night-time wetting, including:

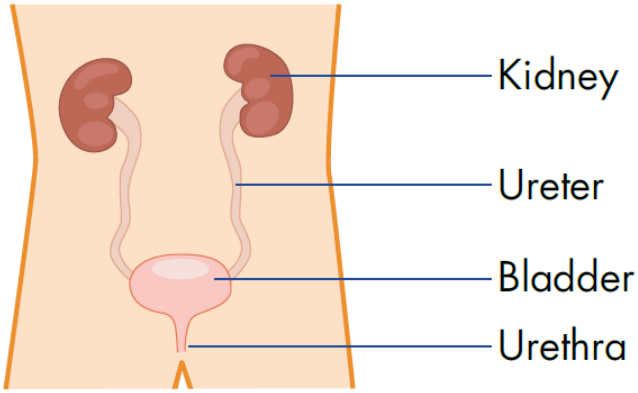
- **Family history**: Children with a parent, or parents, who were bedwetters are more likely to wet the bed.
- **Constipation**: Pressure from extra poo inside the rectum may interfere with the nerve signals that the bladder sends to the brain. A full rectum can also reduce the amount of urine that the bladder can hold or prevent it from emptying completely during urination.
- **Hormones**: A hormone called vasopressin limits the volume of urine that the body produces during the night. It tells our kidneys to make less wee while we sleep. Vasopressin works by causing water in urine to be reabsorbed by the bloodstream, so a smaller volume of urine enters the bladder. Children who do not produce enough vasopressin might be more likely to wet the bed.
- **Small functional bladder capacity**: Children with small functional bladder capacity have normal-sized bladders, but they sense that their bladders are full even when the bladder can still hold more urine. They tend to urinate more often during the day and might have a sudden urge to run to the bathroom to prevent an accident. They also are more likely to wet the bed during the night.
- **Failure to awaken during the night:** Sometimes children are unable to wake up in time to get to the bathroom. As the bladder fills with urine, it sends a signal to the brain, which sends a signal back to the bladder to relax so it can hold more urine. A full bladder continues to send signals to the brain so that the child will awaken. Night -time wetting happens when the child has not yet learned to respond to these internal signals.
- **Psychological or emotional problems:** Emotional stress caused by traumatic events or disruptions in a child's normal routine can cause Night-time wetting. For example, moving to

a new home, starting a new school, or the death of a loved one may cause bedwetting episodes that become less frequent over time.

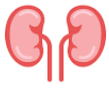
- **Medical conditions:** Disorders that are associated with bedwetting include: urinary tract infections, diabetes, sickle cell disease, and sleep apnoea. Neurological problems or kidney or bladder abnormalities may also be causes. If bedwetting recurs after your child has been dry for six months or more, a medical condition may be causing it.

How the Bladder Works:

Children cannot learn to be dry at night in the same way as they do during the day. To become dry at night the kidneys must be able to reduce overnight urine production and the bladder must be large enough and work well enough to be able to hold all the urine made at night. If these are not happening, the child must be able to wake to the bladder signals and go to the toilet if they are to stay dry. Many children are not able to do this, so they get wet during sleep.



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.

When things go wrong

If bedwetting starts after a child has been dry at night for at least six months, it is called secondary night-time wetting. Sometimes there is an obvious trigger for this, like a urinary tract infection, but sometimes it is not possible to work out why it has started. Rarely, there may also be an underlying medical issue, which needs treatment. That is why it is important to discuss any new night-time symptoms with a healthcare professional as soon as possible.

How to help your child:

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.

	Girls	Boys
4-8 years	1200ml (6 x 200ml)	1200ml (6 x 200ml)
9-13 years	1600ml (6 x260ml)	1800ml (6 x 300ml)
14-18 years	1800ml (6x 300ml)	2300ml (6x 380ml)

Your child's last drink should be one hour before bed and no more after that until morning.

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.**

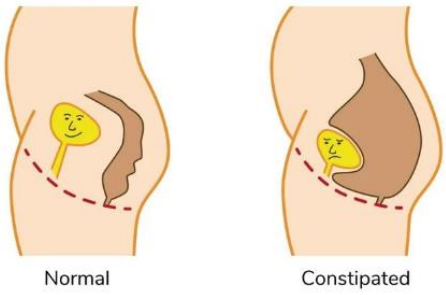
3. Avoid drinks that are caffeinated; dark or fizzy e.g., tea, coffee, hot chocolate, Cola, or energy drinks as well as strong orange and blackcurrant-based juices (including Vimto). Cutting out these drinks for a while can help because these are caffeinated drinks that can cause dehydration, make constipation 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. Avoid milk-based drinks and carbohydrate, salty or fruit-based food in the hour before bed as the process the body performs to absorb these nutrients increases urine into the bladder before sleep.

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.

   If there is any bladder urgency in the day and any daytime wetting present this must be assessed and treated. **Please refer to our daytime wetting leaflet.** A child is unlikely to be able to hold on if they are desperate 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**

6. 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. If your child does not open their bowels often enough, their poos 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 poos which may be hard, sticky, dry or gritty. In 56% of cases constipation is the reason for night-time wetting. The full bowel occupies the space in the tummy where the bladder wants to expand and fill. With constipation there isn't enough space in the bladder to accommodate all the night-time wee, so it leaks out. Constipation can go unnoticed except for the bedwetting, so **ALWAYS** check the bowel out first.



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. Your GP will review the situation and examine your child to see 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) we recommend using laxatives. **Please refer to our constipation leaflet for further advice.**

7. 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

8. Practise a good bedtime toileting routine: schedule a relaxed toilet sit as part of preparing for bed, and pop back to the toilet just before sleep if it's more than half an hour later.

9. Have a trial without nappies. Even if nappies are always wet, try removing them for at least a week, otherwise your child will never feel wet when they wee. It may be just the trigger they need to wake up.

10. Protect the bed. Take the stress out of bedwetting by buying a waterproof mattress cover, and waterproof duvet and pillow protectors if your child is really wet. Use an absorbent sheet to contain the wee too.

11. Prepare your child for sleep. Unwind with a book or listen to music with the lights turned low. NO screens – so no TV, iPad, computer games in the hour before sleep, or the brain will get the wrong message!

12. Help your child to practise taking themselves to the toilet if they wake. Think about a gentle night light, or a torch, so it's not too dark. Should they go to the bathroom or use a potty/bucket/bottle in their bedroom? Bunk beds? Make sure your child is in the bottom bunk. Practise pulling pyjamas up and down and changing them if they get wet.

13. Avoid lifting – in other words waking your child to take them to the toilet – if you want to work on stopping bedwetting. It might keep the bed dry, but it encourages the child to wee during sleep as they don't really wake up.

14. Reward each step along the way – getting the drinking right, doing a bedtime wee, using the toilet at night.

Specific treatments:

A bedwetting alarm is likely to be the ideal treatment for 'poor arousability'. Bedwetting alarms have a sensor which detects when wetting starts. That activates an alarm which wakes the child (and/or parents) up. Waking up makes the bladder muscles tighten so the child stops weeing.

Over time, the alarm going off will help the child to associate the feeling of a full bladder with the need to get up and go to the toilet. They will then learn to respond to the signal without needing to use the alarm; they will either wake to go to the toilet or tell the bladder muscles to hold on and wait until morning.

Bedwetting alarms can be bought online. A bedwetting alarm diary can be used to monitor progress.

Your child can take a medicine called Desmopressin to top up their vasopressin. Your child should take this shortly before bedtime. It tells the kidneys to produce less wee for 8 hours, so the bladder should be able to hold on until morning.

It can be more effective to take it an hour before bedtime so that it is already working on slowing wee production as the child prepares for bed. There are strict instructions to follow like stopping drinking one hour before taking it, and not drinking for 8 hours after taking it. There must be a week off the medication every three months to check whether your child still needs it. **If your child is weeing soon after they go to sleep, and before midnight, they might be eligible for this medication- please talk about it with your GP.**

If the bladder is not stretching enough, and the child is passing frequent small wees, first double check for constipation, then make sure the child is drinking correctly. Persisting symptoms could be due to overactivity when the bladder squeezes when it shouldn't. The treatment for this is a medication such as Oxybutynin or Tolterodine.
Combination treatment may be required for children who are wet for more than one reason. The best possible treatment should be chosen, then if wetting persists another treatment can be added.

Additional tips:

- Encourage the child to help change any wet sheets
- Encourage positive thoughts before the child goes to sleep at night
- Complete a trial without nighttime pull-ups once nighttime wetting reduces
- Further advice can be found at
  Help your child put a stop to bedwetting (stopbedwetting.org)
  www.eric.org.uk and
  Bladder & Bowel UK - bladder and bowel problems information and advice (bbuk.org.uk)
  Bladder and Bowel services

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 two specialist paediatric nurses and an assistant practitioner who can support your child and family with their bladder or bowel problems.

You can find more information at:

Mid Cheshire NHS Foundation Trust
Mid Cheshire NHS Foundation Trust Bladder and Bowel services :Mid Cheshire Hospitals NHS Foundation Trust (mcht.nhs.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) Bladder and Bowel services

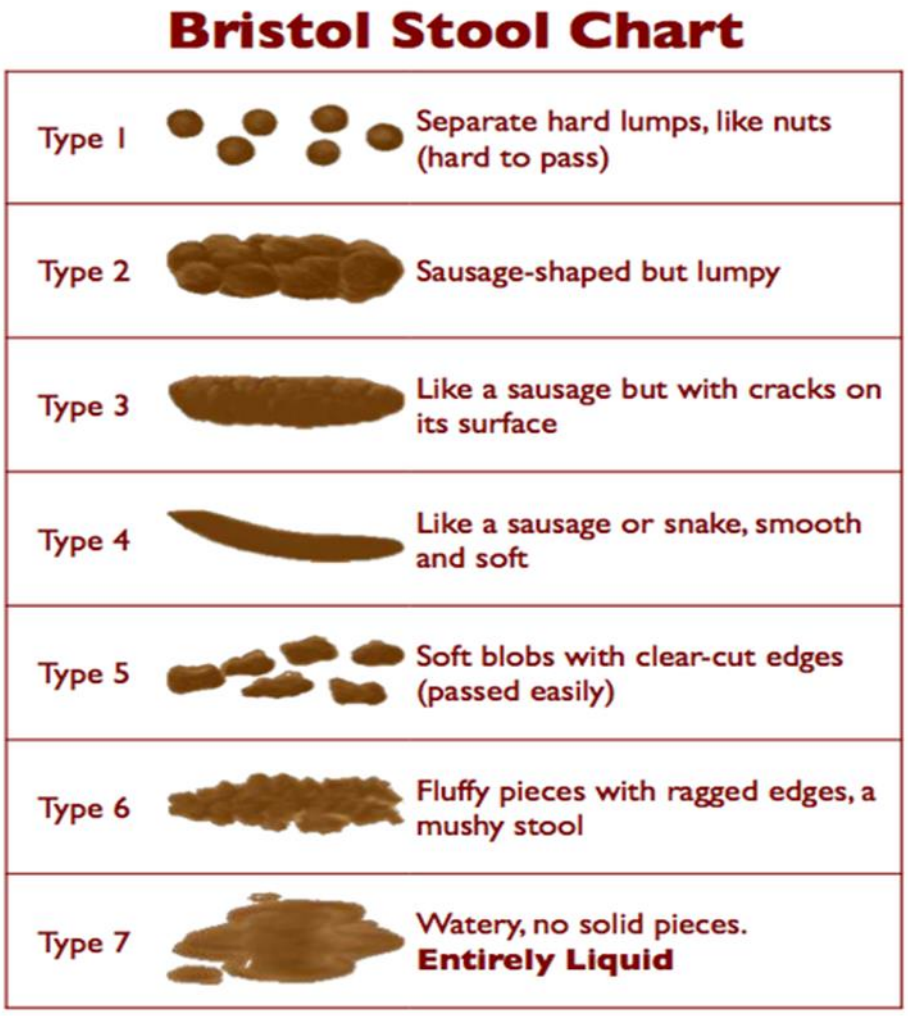
BOWEL DIARY

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 you fill out 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



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 fibre 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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