



A PLAN FOR DRI NIGHTS



A structure and guide to assist parents and caregivers help children stop bedwetting.

Version 4.0 – September 2017

Introduction

Thank you for choosing a DRI Sleeper alarm to help your child stop wetting the bed.

Our alarms have been used by children all over the world for more than 35 years. During this time, we have accumulated a large body of knowledge and experience to share with you.

This book provides a structure and guide for parents and caregivers to use with children who have never previously been dry at night i.e. have regularly wet the bed 2 or more times per week and have never had an extended period of dry nights (known as Primary Nocturnal Enuresis).

It provides a system to incorporate the bedwetting alarm into your child's learning process and help 'train the brain'.

If you need further assistance to customise a plan for your child, please contact our Bedwetting Adviser¹.

If your child has previously been dry for an extended period of time then begins to wet the bed, this would be considered Secondary Nocturnal Enuresis and may require medical attention.

If you are concerned about an underlying medical problem, do visit your Doctor so you can share your concerns and get their expert opinion and guidance.

¹ Contact details – page 42



“Why a Beagle?
Because Beagles
never give up.”

- Bedwetters' Beagle Watchdog



Introducing DRI Sleepers' Beagle Watchdog.

Disclaimer:

This book is not intended nor recommended as a substitute for medical advice, diagnosis, or treatment. Always seek the advice of your own physician or other qualified health care professionals regarding any medical questions or conditions.

Foreword by Dr Baruch Kushnir



(B.A. Psychology and Sociology, the Hebrew University of Jerusalem, Israel, 1970. Ph.D. Medical Psychology, the University of Hull, England, 1975. M.Sc. in Clinical Psychology, the University of Leeds, England, 1977.)

Dr. Kushnir is a leading Clinical Psychologist who has established and managed a network of 20 clinics in Israel, specializing in the treatment of bedwetting, soiling and constipation in children for over 35 years.

Congratulations for acquiring a DRI Sleeper bedwetting alarm system.

Many years of effort and experience have been invested in providing you with top class technology, guidance and support tools. Almost every bedwetting child can achieve complete dryness. There are answers to almost every obstacle that might exist in the course of treatment. All you need to do is use the alarm together with these tools.

Most children stop bedwetting between the ages of one and two and a half years on a natural developmental basis. This is proof that the human body is capable of acquiring complete bladder control at an early stage. The exact reason for bedwetting beyond this age range is not clear. Professional literature mentions a number of possible factors.

However, it is widely recognised that a major cause of bedwetting in young children who should have attained night time bladder control is a developmental delay in the bladder reflex, which means the bladder continues to automatically void when it is full. Experience with tens of thousands of children in our clinics over the last 35 years has shown that it is possible to solve the bedwetting problem from the age of three, and perhaps even earlier. Complete dryness can be achieved in almost 95% of cases by using the Bedwetting Alarm treatment in association with professional guidance and support.

In the case of particularly young children, the Eclipse wireless alarm can be used while they wear a diaper or nappy, almost without the child being aware that they are undergoing treatment. The alarm unit can be placed in the parents' bedroom to alert them to wake the child when they start to wet the bed.

Alarm treatment usually takes between 3 and 5 months. However, in some cases, it may take less than one month, whilst in others, it may take longer than 18 months. The pattern of progress during the course of treatment varies among children. Some respond to the alarm quickly, effectively stopping bedwetting virtually immediately. Others could face various obstacles such as deep sleep, multiple bedwetting incidents during the night, only partial cooperation of the child, exhaustion of parents, etc.

I urge you not to let any of these obstacles be a reason for abandoning the battle with bedwetting. Methods for overcoming almost all obstacles have been developed over the years. For many, this detailed book will provide you with all the required assistance. However, if you do need further specific guidance, please contact the DRI Sleeper Bedwetting Adviser or ask about the Online Enuresis Clinic service. Together, we can help you and your family achieve complete success.

Dr. Baruch Kushnir

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About bedwetting

How common is bedwetting?

Your child is not alone. Bedwetting is one of the most common health issues in young children. Indeed, up to 15% of 5 year olds, 10% of 7 year olds, and 6% of 12 year olds wet the bed more than twice a week. Also, boys are twice as likely to wet the bed as girls.

Does my child have Primary Nocturnal Enuresis?

This medical term means that a child has never had a satisfactory period of dryness and still wets the bed 2 or more times per week after the age of 5.

What can cause Primary Nocturnal Enuresis?

It is widely recognised that a major cause of bedwetting in young children who should have attained night time bladder control is a developmental delay in the bladder reflex, which means the bladder continues to automatically void when it is full. Alarm treatment is the most effective and safest way of providing the treatment when given under professional guidance and support.

Dr. Baruch Kushnir

What is Secondary Nocturnal Enuresis?

If your child has been dry for a long time then starts bedwetting, it may be considered Secondary Nocturnal Enuresis – we would recommend a medical evaluation in the first instance.

What can cause Secondary Nocturnal Enuresis?

Sometimes, Secondary Nocturnal Enuresis can be triggered by emotional events in a child's life such as the birth of a new sibling, moving to a new house or changing schools. In many cases, no one can report an observable cause. Regardless, the triggering event may no longer be relevant to the child by the time they are treated. Our experience shows that Secondary Nocturnal Enuresis should be treated with the alarm just the same as Primary Nocturnal Enuresis. Once the child has been wetting for a month or longer since the latest onset – we deal with it the same way as Primary Nocturnal Enuresis.

Dr. Baruch Kushnir

Common misconceptions

My child is lazy- bedwetting is just bad behaviour

There is a genetic link associated with most bedwetting. A child has a 40% chance of being a bedwetter if one parent was a bedwetter and 70% if both were. In effect, it's in the genes. Parents, try and remember back to when you were a child and use this understanding to help your child overcome their bedwetting. If relevant, consider telling your child that you remember struggling with it yourself, so you know how they feel.

Another contributing factor may be insufficient production of anti-diuretic hormone. This reduces night-time urine production so we can sleep through the night without needing to go to the toilet. Low levels of anti-diuretic hormone may mean the kidneys of bedwetters continue to produce urine at night at the same rate as during the day.

Bedwetting is a symptom of trauma

Bedwetting can be triggered by an emotional trauma. If a child has previously been dry for at least 6 months and then begins to wet the bed on a regular basis, it is known as Secondary Nocturnal Enuresis. There may be different medical reasons for Secondary Nocturnal Enuresis so seeing a Doctor to get a professional diagnosis is recommended.

Small bladders cause bedwetting

Even if a child's bladder is small, they still need to learn to get up to go to the toilet when their bladder is full. Bladder capacity can be increased by drinking water regularly during the day (55 ml/kg of body weight is recommended) and only using the toilet when the bladder is full.

Reducing liquid intake in the evening stops bedwetting

Reducing liquid intake before bed will not stop bedwetting because this does not affect the nocturnal brain/bladder response mechanism. It may not even reduce bedwetting if the child suffers low levels of anti-diuretic hormone (ADH) which means their kidneys will go on producing urine at the same rate as during daytime.

Children should remain hydrated and be allowed to drink water if thirsty. Dehydration can cause constipation and is generally

unhealthy. Stick to plain water to avoid consuming irritants common in soft drinks.

Lifting stops bedwetting

Waking a child to go to the toilet once they are asleep is often referred to as lifting. It may or may not coincide with a full bladder in the child. Therefore, lifting cannot “train the brain” unless the child’s bladder is full. Lifting may be useful for children who cannot be roused by a bedwetting alarm or who become extremely agitated or confused when they are. If done at the appropriate time, lifting can help avoid distressing responses to wetting during the very deep phase of sleep and let the child respond more easily to subsequent wettings during the night which do not occur during these phases.



Should I treat my child's bedwetting?

Almost all children (98%) will outgrow their bedwetting without intervention. However, in bedwetters this can take years as only 15% of bedwetters will become dry on their own each year.

Bedwetting of itself is not necessarily a problem. The problem is the impact that bedwetting has on the child, parents and the whole household. A child can suffer esteem issues if younger siblings and their friends are not bedwetters. In addition, there is often little time available for working parents to do the extra washing, and recover from lost sleep. This can make maintaining a calm demeanour with a child at 2am with soaking sheets, stressful.

For these reasons, a safe treatment regime with minimal side effects is highly recommended. If your child is ready and wants to cure their bedwetting discuss the options with them.

Can we just continue using pull-ups?

Pull-ups only provide a temporary solution and don't solve the problem. Also, older children are likely to be embarrassed if a younger sibling doesn't need to wear pull-ups anymore.

Is my child's self-esteem really going to be affected by bedwetting?

As your child gets older they will want to have overnight sleepovers away from the family. They may also want to go on school camps with their classmates and holiday camps too. If they wet the bed, they may feel peer pressure to be dry at night and they probably won't want to be seen wearing pull-ups or diapers.

Unfortunately, children do talk and swap notes about such things, which can result in taunts and teasing. This can lead to feelings of isolation and loneliness in the bedwetter. Tackling bedwetting early can prevent these situations happening. Supporting your child can help them conquer their bedwetting before it becomes a social obstacle.

What about menstruation and bedwetting?

Some girls start menstruating quite early. We recommend alarm training before 10 years of age for girls as once they get their period, they may not be able to use the alarm for up to 1 week each month. This interrupts the bedwetting training and can be very stressful for them at an already emotional time in their life.

Bedwetting alarms and other forms of treatment

What is the major cause of bedwetting?

It is widely recognised that a major cause of bedwetting in young children who should have attained night time bladder control is a developmental delay in the bladder reflex, which means the bladder continues to automatically void when it is full. Alarm treatment is the most effective and safest way of providing the treatment when given under professional guidance and support.

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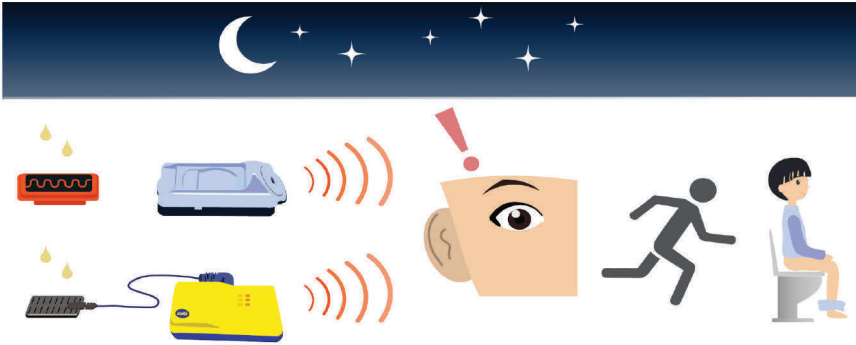
“Train the brain” – how bedwetting alarms work

Bedwetting alarms work on the principle of Conditioned Learning. This principle was discovered by Pavlov, a Russian psychologist in the early 1900s. He found that if a powerful stimulus is associated with a neutral one, then after a time the neutral one acquires the same strength as the powerful one.

In his work with dogs, Pavlov found that putting food in a dog’s mouth was a powerful stimulus triggering the production of saliva. He then experimented with ringing a bell each time he gave the dog some food. After a time, he found that simply ringing a bell would result in the dog producing saliva. People are also affected by this kind of learning and mostly we are completely unaware that it is happening. Whenever a powerful stimulus and a neutral stimulus occur together, a link is made.

In the case of bedwetters, the sensation of a full bladder should trigger awakening but it doesn’t. However, the sound of a loud noise can trigger waking and cause an immediate contraction of the external sphincter muscle which stops the flow of urine from the bladder.

The solution is to pair up the feeling of a full bladder with a loud noise so that, over time, the sensation of a full bladder will do the waking just like a loud noise.



Apart from waking people up, a bedwetting alarm has no risks and is totally non-invasive. In most cases a bedwetting alarm will help a child become completely dry at night.

What age should I commence the use of an alarm?

Many children achieve complete dryness on a natural basis between the ages of one and two and a half years. This teaches us that the human body can have complete bladder control at night at a very early age. If you would like to start night time toilet training with your child under the age of 5 we would recommend this is done in conjunction with your Doctor or a specialist enuresis psychologist to ensure you and your child have individual oversight.

How long does night-time toilet training take?

Every child is different. Feedback tells us that it may take anywhere from a couple of weeks up to 3 months, while some need to persevere for 6 months. And then we also have customers whose children never wet again after the alarm is plugged in!

If you have a family vacation or school camp coming up, we recommend you start night toilet training as soon as possible.

The different types of DRI Sleeper alarms

Wired bedwetting alarm



Wired, body-worn alarms have a sensor that plugs into the alarm via a cord. They are usually cheaper than wireless options because they don't need the sophisticated wireless connectivity.

The alarm is attached to the shoulder of the child's night clothes close to the ear. The sensor is plugged in and the cord is run under the night clothes down to the underwear where the sensor is placed to so it can catch the first drops of urine.

The downside of wired alarms is that sometimes a child will disconnect the alarm when it triggers and go back to sleep, instead of getting up to go to the toilet. Also, restless sleepers may accidentally pull the cord out while tossing and turning.

Generally, younger children are more willing to wear a body-worn alarm and the DRI Sleeper excel is brightly coloured for child appeal. The Excel has a flexible dual-sided sensor with 9 sensing strips on each side making it highly effective at catching the first drops of urine.

Wireless bedwetting alarm

Wireless bedwetting alarms use wireless technology to communicate with the alarm via a transmitter which is usually attached to the sensor by a cord. In the case of the DRI Sleeper eclipse, the unique sensor has technology built into it to enable



it to transmit directly to the alarm without the need for a separate transmitter or cord. Therefore, there is no obvious evidence that the wearer is using the bedwetting alarm. This makes it appealing to

older children who may be embarrassed by a body-worn alarm. Also, there are no cords for restless sleepers to accidentally pull out.

At night, the alarm can be placed out of reach of the child so it is forced to get out of bed to turn it off when it triggers. The sensor is placed directly in the underwear to catch the first drops of urine.

The DRI Sleeper eclipse also supports multiple alarm units – an extra alarm can be placed in the parent’s bedroom allowing a rapid and, where necessary, assisted response, especially for younger children and very deep sleepers.

Bedwetting sensor mat



Sensor mats require the urine to penetrate through the underwear and usually a bedsheet, making it less sensitive to minor accidents.

The DRI Sleeper excel with Smartfabric Urosensor would be used for a child who is

resistant to having a sensor in the underwear.

Medication/Drugs

There is no medicine that "cures" bedwetting. In most cases, drugs will lose their effect immediately after the child stops taking them.

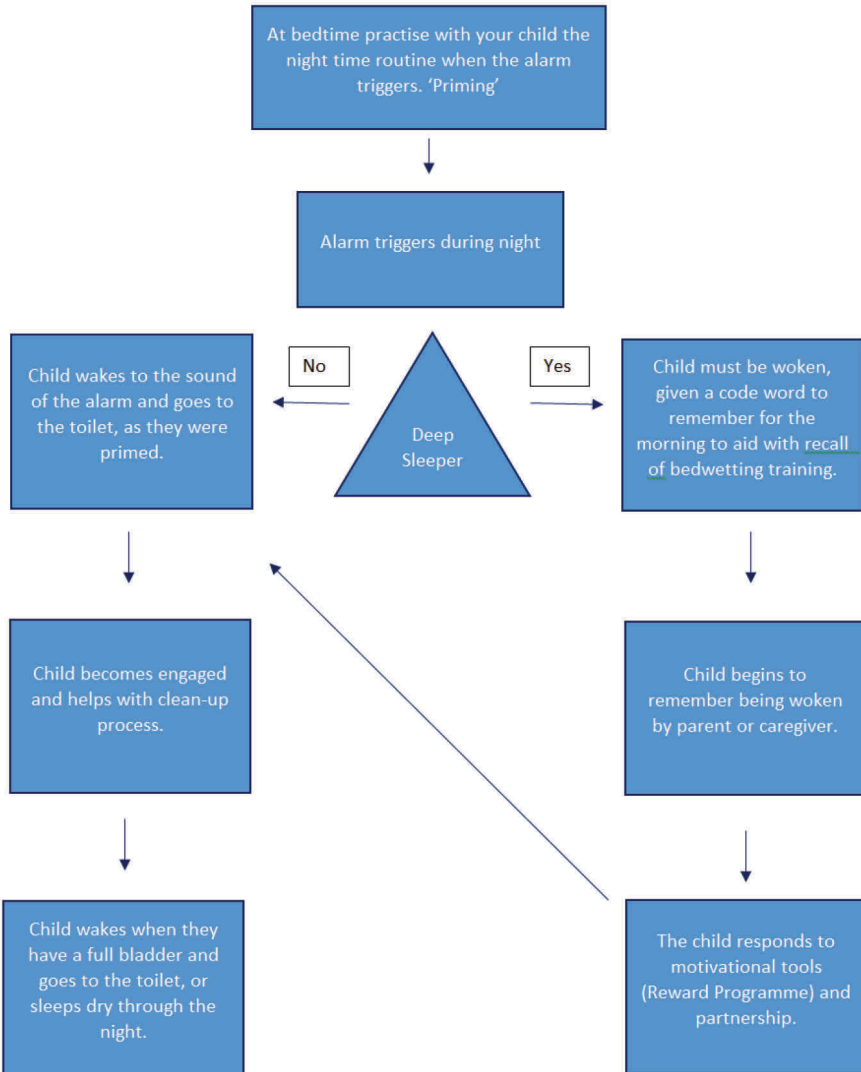
Medication which suppress the urge to go to the toilet or increases the hormone necessary to regulate night time urine production have rare, but notable side effects. There are particular-use cases for pharmaceuticals where a child is resistant to alarm therapy or it is not feasible e.g. when the stress of bedwetting on the child or family outweighs the risk of taking the medicine. Sometimes drugs are used for specific events such as a school camp, to avoid embarrassment for the child.

Parents need to be *certain* that any drug is taken correctly and the child is supervised to ensure they follow instructions, such as limiting their post-dosage fluid intake. If you are relying on medication to keep your child dry at a school camp be aware that some medications only work in 60% of children. We recommend you ask your doctor about this. It may also be advisable to start a week early to make sure the medication is going to work.

The process of bedwetting training with an alarm

Although some children become dry immediately with a bedwetting alarm, most go through stages before becoming dry at night.

Use the following chart to check progress and “trouble-shoot” as required:



Enabling continence in specific age groups

Children under the age of 5

Generally, night-time toilet training for children under 5 years old is not considered essential. Most children become dry of their own accord before this age.

If a child has been dry during the day for 6 months, has sufficient bladder capacity and the parents feel the child is ready, then night-time toilet training can be trialled. Start by using waterproof bedding and put the child to bed without diapers to see if the night-time wetting will reduce. If the wetting decreases, continue. If not, then you could introduce an alarm.

Make sure you demonstrate how the alarm works and what it will do when the child wets the bed. The sound may frighten younger children so let them set the alarm off a few times while awake so they get used to it. Reassure them that you will get up at night when the alarm triggers to help them with their night-time toilet training.

If a child is frightened of the alarm, it is not necessary to have it in their room, if a wireless alarm is being used. Placing the alarm in the parent's room and then gently waking the child when it triggers, will work.

Many parents of younger children find the DRI Sleeper Eclipse Special Package useful as it includes both an alarm for the parent's room which will trigger and wake them at the same time as the alarm in their child's room. This enables quick support for the younger bedwetter.

It is important not to put pressure on a young child and to treat the bedwetting alarm process as routine.

Children age 5 -7

If the child and family is not bothered about the bedwetting, then there is no urgency to treat it in an unwilling 5-year-old. Indeed, forcing a child to use an alarm may be counterproductive.

On the other hand, treating the bedwetting at this age can prevent the emotional stigma that often occurs as children get older and become embarrassed about participating in overnight activities at friends' homes and school or sporting trips. Bedwetting can also take its toll on family life with sleep disruption and increased amounts of housework to keep the child dry and clean.

Using a Bedwetting Alarm with this age cohort can have great results and prepare them well for the nights away from home as they grow older. As a parent or caregiver, you will still need to be closely involved with helping your child use the alarm. Initially, parents should spend time familiarising their child with the alarm and the night-time toilet routine. Priming² is a strategy that can be used during the first week as the child settles down to go to sleep, to help train the brain to respond when the alarm triggers. Very deep sleepers may also need assistance from parents to wake when the alarm triggers.

The other thing parents can do to ensure their youngster stays engaged over the treatment period is to record nightly progress so the child can see how they are doing. Milestones that can be logged on a sticker chart include whether the child wakes to the alarm of their own accord, whether they have a wet or dry night and whether they recall getting up and going to the toilet when the alarm triggers. A Reward Programme³ may be implemented for reaching certain goals e.g. completion of the first week of alarm training, waking up to the alarm for consecutive nights, achieving several dry nights during the week, recalling a code word that you give them during the night -this helps with recall to develop the bladder/brain connection, particularly for deep sleepers.

Coaching and encouraging your child through the good and bad nights will help them during the process of alarm training and keep them focused on the goal of DRI nights.

² Priming – page 37

³ Reward Programme – page 28

From the age of 5, continued use of diapers at night should be discouraged. Special night-time training diapers that leave a level of wetness help motivate the child.

Children age 8-12

By the time children reach the age of 8 they are likely to have opportunities to enjoy overnight visits away from home with friends. Many children will also have activities such as camps which will require them to sleep away from home. This can be daunting for the bedwetter and the fear of being found out or ridiculed by their peers can make them withdraw.

If a child in the 8-12-year-old age bracket has never been completely dry, then it is likely that an away from home event will make them want to change this. So, this is a good time to capitalise on their motivation and start night-time toilet training. A bedwetting alarm is a good option for this age group as they are now old enough to be able to manage the whole process on their own.

The best time to start using an alarm is at least 3 months prior to a significant away from home occasion e.g. Summer Camp, or Sport's Team tournament. This gives the child time to master night-toilet training and be dry when they go away. Where the child does not have sufficient time to do this, short term solutions include medication under the management of a Doctor, or, washable continence underwear which is much more discrete than pull-ups. There are also very good absorbent sleeping bag liners available.

When using a bedwetting alarm, the same night-time toilet training routines apply for this age group as for others. The child should be Primed in the use of the alarm and at bedtime every night during the first week they should practise what to do when the alarm triggers during the night. Changes of bedding and night clothes should be prepared in advance so when they get up in the night in response to the alarm, the time taken to toilet and changing out of wet clothes and bedclothes is minimised. Recall strategies should be implemented for deep sleepers who need assistance with waking and a Reward Programme can be put in place to encourage progress and recognise milestones.

Considerations about the type of alarm to use for this age group will depend on how the child feels about using a wearable alarm, and if they are restless sleepers. The DRI Sleeper eclipse wireless alarm is discrete for older children who may be embarrassed about using a body-worn alarm. The sensor goes directly in the underwear and the alarm can be placed on bedroom furniture so the child must get up to turn it off and not just switch it off and go back to sleep. Also, the wireless alarm is good for restless sleepers as there are no cords to pull out during the night.

How to help teenagers take control of their night-time bedwetting

Teenage bedwetting occurs in 3% of 14-year-olds and 1% of 18-year-olds. Usually, it is associated with small bladder capacity or overproduction of urine at night time and heavy sleep. If there are any medical concerns, or bedwetting occurs spontaneously during the teenage years, it would pay to consult a medical professional to rule out any medical or neurological problems. Also, since it is not as common as bedwetting in younger children, teenagers may have a heightened sense of embarrassment and social isolation. Parents need to be mindful of this and give their teenagers as much support as possible.

Bedwetting alarms can be used successfully with teenagers and by this time they are often highly motivated to overcome their bedwetting so getting them on board to treat it can be easier than with younger children.

Provide your teenager with multiple sets of absorbent sheets so they can change their bed quickly at night if needed. Discourage continued use of continence products that fully absorb moisture; the discomfort of being wet encourages them to get up and go to the toilet.

Also, ensure your teenager drinks plenty of water during the day. This helps with bladder stretching where capacity is an issue. Additionally, tell them to avoid fizzy drinks and those containing stimulants which can aggravate the kidneys and bladder and make their night time continence issues worse.

Find a local continence support service that your teenager can call if they are struggling emotionally or want advice discreetly. The DRI Sleeper adviser will be available to give advice if you purchase directly from DRI Sleeper. Our Adviser can also arrange discreet consultation with a professional through a specialist Online Enuresis Clinic.



DRI Nights plan

The following plan provides parents and caregivers with a recommended strategy for implementing a night-time toilet training regime with their children. Each step has guidance information on the following pages. If you would like assistance to create your own plan, please contact our bedwetting advisor.

1. Make medical appointments if needed to put your mind at ease
2. Identify and resolve any contributing factors
3. Conduct a short-term trial
4. Explain bedwetting to your child and develop a partnership system – see our recommended tools
5. Develop a motivational reward system with your child
6. Get the whole household on board
7. Set up the alarm using the instruction information provided in the pack with the alarm

8. Check your equipment checklist

9. Develop a support plan for yourself

10. Begin using the daily schedule

11. Practise the visualisation technique weekly



Success = 14 Consecutive dry nights!



1. Make medical appointments if needed to put your mind at ease

Deal with your worries

Some parents regard bedwetting as a personal failure or an indication of a more serious condition in their child.

If you have a concern have it addressed as soon as possible by a professional such as a School Nurse or GP, otherwise you may suffer from anxiety and have a harder time helping your child through this learning process, patiently.

2. Identify and resolve any contributing factors

If the trial doesn't go to plan, check to see if there are contributing factors

If your short-term trial has not worked, then review these potential contributing factors. If they help your child, or if you come up with something new, then please let us know!

Scared of the dark?

Sometimes children are scared of the dark. Make sure the toilet and path to the toilet are well lit during the night.

Too cosy? Too cold?

If your child's bedroom is very warm they may find it difficult to wake up and take action. Alternatively, if it is too cold then they might not want to get up and come to tell you (warm-wet is so much nicer than yucky cold-wet!).

Too comfortable?

If possible, stop using diapers (nappies), training pants or pull-ups at home as these can prevent your child from realising they have wet during the night. They can also prevent them from wanting to get out of bed to go to the toilet. Children need to practise going to the toilet

when their bladder is full so wearing pyjamas or their regular underpants is recommended.

Pull-ups, diapers (nappies) and training pants may be useful for special occasions, such as overnight visits with family, friends or on holiday.

Not fully emptying their bladder?

When your child has their last toilet visit of the day, make sure they are relaxed and take their time. Get them to sit on the toilet for several minutes to see if there is anything left “in the tank”.

A favourite book or toy can keep them relaxed while they go to the toilet and keep them occupied while they sit a little longer.

Fresh fruit, high fibre diet can reduce constipation

Fresh fruit and a high fibre diet help reduce the risk of constipation along with plenty of water (55ml/kg of body weight). A plain and simple diet of healthy wholesome food that does not cause irritation or over activity in the bodies digestive and elimination systems may help the child sleep more peacefully and be conducive to responding to the alarm or a full bladder.

Constipation

Constipation is a common and often unexpected cause of night time wetting. If a child is constipated the bowel will put pressure on the bladder causing involuntary wetting at night. A child is said to be constipated if they pass a bowel motion less than three times a week. Also, poos should be a #4 on the Bristol scale⁴, long, smooth and sausage shaped. Round hard poos are a sign of constipation.

We are proud to be supporters of ERIC the Children’s Bowel and Bladder Charity in the United Kingdom. Please see their excellent resources on constipation in children⁵.

Restrict allergens and irritants

Allergens and irritants such as the artificial sweeteners found in soft drink can increase urine production. This is counterproductive to

⁴ Bristol Stool Scale - https://en.wikipedia.org/wiki/Bristol_stool_scale

⁵ ERIC - http://www.eric.org.uk/Parents/information_constipation_parents

night-time toilet training. Unfortunately, chocolate, particularly dark chocolate, contains caffeine. Avoid chocolate ice-cream and chocolate milk. White chocolate does not contain caffeine.

Pharmaceutical side effects

Some medicines (e.g. melatonin to help sleepless children go to sleep) can cause or aggravate bladder problems. Please ask your pharmacist if any medicine your child takes is known to increase urine production or aggravate bladder problems. If you are concerned see your doctor.

3. Conduct a Short-term trial

We recommend that you conduct a short-term trial before embarking on night-time toilet training. This is to find out if your child can stop wetting the bed without the need for full night-time training. Here's how to do it:

- Let your child sleep without diapers or pull ups for two or more nights. If the wetness reduces each night, then just keep going until full dryness is achieved.
- After 14 consecutive dry nights they are no longer considered a bedwetter.
- Don't make a big thing of the trial – treat it as part of your normal routine so your child doesn't become anxious.
- Avoid offering or giving rewards at this stage as it is just a trial. Tell them to let you know if they wet the bed and that you'll come and help them.
- Select a low stress period for both you and your child. This might be a holiday, a long weekend or the school holidays so you're both likely to be more relaxed and you have time to do extra washing, and a little more patience!
- Have waterproof bedding or sheets ready. Place a dry layer of linen underneath the waterproof under sheet so you can quickly and easily strip the bed. In addition, a dedicated waterproof mattress protector is useful to avoid the lingering odour of urine if sheets get heavily soaked.
- Have dry night clothes prepared and on hand for a rapid change at night.

- Help your child clean themselves up quickly, using wet wipes or soap and water and a washcloth. Use emollient cream to avoid chaffing.

4. Explain bedwetting to your child and develop a partnership system

The key points to communicate to your child about bedwetting are:

- a. It's not their fault.
- b. It can be sorted out.
- c. You will work through it with them and not get angry or tell them off.
- d. The whole family will support them.
- e. It may be difficult sometimes but you will both persevere and forgive any mistakes.
- f. The night-time toilet training timeline, including the point when you will go and see the doctor if it's not going well.
- g. Familiarity with the alarm so they can hear the sound it makes. Just drip some water or put a metal knife across the sensor to activate the alarm. (This is important for younger children who may be frightened by the sound of alarms.)

Some useful resources for answering your child's questions on bedwetting can be found here:

- [Bedwetting in Children and Young People: A Simple Guide for Parents](#) by Dr C R Yemula.
- [Information Zone](#) guides by ERIC, The Children's Bowel and Bladder Charity.
- [The dry ones and the wet ones](#) video by Dr Baruch Kushnir.
- [WebMD do's and don'ts for parents.](#)⁶

⁶ Resources – page 43

5. Develop a Motivational Reward System with your child

Motivational therapy can be a very effective way to engage your child in treating their bedwetting. A simple reward system such as a sticker chart is often the best way to get them started. Night-time toilet training is a process and not all children go from starting to use the alarm to becoming dry straight away; it usually happens in stages.

We recommend you set achievable goals so your child does not become disheartened if things don't go perfectly to plan. For example, rewards can be set for the following milestones:

1. Wet nights when the alarm was triggered, you woke the child and they got up straight away and went to the toilet.
2. Wet nights when next morning the child remembered a code-word given to them when they were woken up by you.
3. Wet nights when the child woke to the sound of the alarm on their own.
4. Wet nights when child woke to the sound of the alarm and got up and went straight to the toilet.
5. Wet nights when the child helped with the clean-up and back to bed ASAP
6. Dry nights.
7. 14 Consecutive dry nights and the child is considered a DRI Sleeper!

A record of night-time wetting should be kept so you and your child can see progress towards the milestones. It can also be useful information for medical professionals and help identify triggers if you require further guidance.

Bedwetting is not a behavioural problem so it is very important not to punish or highlight incidents of wetting in a negative way.

[Redacted]'s DRI Progress Chart

Win!

★ Remembered Code-word

Choose your own win!

★ Woke to alarm

★ Went straight to toilet

★ DRI Night!

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

WEEKLY REWARD

14 Dry nights and you're an official DRI Sleeper!

➔

HUGE DRI Sleeper Reward!



“Beagles have the ultimate detection system, just like

DRI Sleeper alarms.”

- Bedwetters' Beagle Watchdog

6. On-board your household

It is very important to have the support of your partner, your child's siblings and any other members of your household. Talk through the bedwetter's training plan, acknowledging that it may disrupt other household member's sleep. This may help avoid problems down the track.

Ask for their commitment not to embarrass or cause shame to the affected family member.

Family engagement

- Organise a family meeting to explain bedwetting.
- Tell them about the plan.
- Emphasise the importance of their support (and the harm if they don't).
- Ask them to let you know if something like lack of sleep or the noise of the alarm is unbearable rather than taking it out on the bedwetter.

Regular sleep disruption

Family members may experience sleep disruption caused by the alarm or the clean-up process. Consider taking a break from training at sensitive times such as during exams.

Have a special dinner or treat for the whole family if you need to get them back on board and support the effort.

If the impact on the child or family is too great to bear, then a visit to the Doctor might be necessary.



*“To beat bedwetting,
families must stick close
together, just like a pack
of Beagles”*

- Bedwetters' Beagle Watchdog



7. Set up the alarm

Follow the instructions for use supplied with the pack to set the alarm up. It's good to involve your child so they can see how it looks and works.

Alarm instructions for use on the DRI Sleeper website

<http://www.dri-sleeper.com/pages/product-manuals>

Listen to the alarm sounds on the DRI Sleeper website

<http://www.dri-sleeper.com/pages/alarm-sounds>

Video demonstrations

<https://www.youtube.com/DrisleeperBedwettingAlarms>



8. Complete your equipment checklist



Bedwetting alarm

Congratulations! You have already started. Read through the instructions for use so you are familiar with how it works.



Waterproof or absorbent linen

You will need at least two sets of waterproof or absorbent linen to put on the bed. This means wet sheets can be removed and a dry set of sheets is ready underneath. This will help get the child back to bed and sleep, quickly.



Mattress protector

Protect the mattress by using a waterproof mattress protector. Some absorbent sheets fail when there are multiple wettings in the same spot. Protect the mattress so it doesn't smell of urine – this can be a source of embarrassment for your child. We recommend Brollysheets, a high quality product designed out of necessity by a Kiwi Mum!



Uncomfortable underwear

Ideally, reliance on pull-ups and nappies should be avoided. An alternative option if you do want to contain the urine within the underwear are training pants that don't absorb moisture entirely. They cause discomfort for the child and this helps them to wake up and go to the toilet.



Spare sets of night clothes

Have pre-prepared sets of dry night clothes in the bedroom so you don't have to hunt around for them at night. Several sets are needed in case of multiple wettings.



Quick clean – Wet wipes

Consider using wet wipes or have soap and flannels on hand for a quick clean – the easier the clean-up, the easier it will be to get your child back to sleep quickly. In the morning, your child should have a shower or full wash to avoid going to

school smelling of urine as this may cause damaging, social embarrassment.



Emollient

After cleaning your child, use an emollient cream or moisturiser to ensure your child doesn't suffer chaffing.



Deodoriser for the bedroom

Remove urine soaked garments and linen from the bedroom to avoid developing a lingering smell of urine in carpets and drapes. Use a low allergy deodoriser to remove any smell of urine. This helps avoid embarrassment for the child especially if siblings or friends come into their bedroom.



Bucket for the sheets

Prepare a large plastic bucket for soaking wet sheets and night clothes with a little washing powder or sanitiser. Having a practical system in place will help make it easy on yourself and keep stress levels down in the middle of the night. Having the child put the sheets in the bucket helps engage them in the process and take responsibility for their bedwetting.

9. Develop a support plan for yourself

Night time toilet training can be stressful and frustrating for both children and parents, as well as the rest of the family. It is useful to have a plan that acknowledges this and deals with predictable problems. This may include:

Who ya gonna call?

Are you under the guidance of a Doctor, Nurse or continence clinic? What is their phone number or email address? Ask for support when it is needed *before* it becomes a crisis. Contact a DRI Sleeper Adviser, we are here to help.

You may be stressed out

There are lots of online forums that will allow you to vent and seek advice of other parents. Keep a close friend or family member informed of what you are doing so if you need to let off steam

someone else knows what you are going through and can be there for you.

Reward yourself for good behaviour

Give yourself a reward like a chocolate or midnight snack once you've got your child back to bed each night. Go on, you deserve it!

Take a break

It is ideal for alarm training to continue without interruption however if you or your child are struggling excessively, give yourself permission to take a break. Try again with renewed energy and determination when you can.

Set a time limit

If after 3 months there has been no or little progress commit to going to see the doctor or continence clinic.

Read the section Advice for parents⁷ for more ideas on how to keep stress levels down.



⁷ Advice for parents – page 39

10. Begin using the DRI Nights daily schedule

During the day

- Ensure your child drinks 6-8 cups of water spread out during the day (55mls/kg of body weight).
- Make the bed with a second dry sheet beneath a waterproof sheet for rapid bed changes.
- Wash and dry 2 pairs of night clothes.
- Wash and sanitise wet sheets and prepare the bucket for the coming night.
- Deodorise your child's bedroom.

Pre-bed

- Be as relaxed and calm at bed time as possible, sticking to a routine (more than normal).
- Make sure your child relaxes and fully empties their bladder with the last visit to the toilet.
- Use the Priming Technique to engage your child's brain in the alarm process.

When alarm goes off

- Be as calm as possible, if your child is upset, calm and reassure them as peacefully as possible.
- Child goes straight to the toilet and empties the rest of the bladder.
- Child takes off wet PJ's and puts in bucket (engagement).
- Wash child or use baby wipes, whichever is most convenient.
- Remove wet sheet and put it in the bucket (ideally children will do this themselves).
- Clean & dry the Urosensor and re-insert.
- Give your child a code word to remember for the morning if they usually do not remember waking to the alarm. This attempts to get them to focus on what they are doing and can be incorporated as part of the Reward Programme you agree on.
- Child returns to bed and asleep ASAP.

- Use deodoriser.

Morning - when alarm doesn't go off

- Update the Motivational chart and provide rewards if milestones are reached.

Morning – alarm has gone off

- Be positive, help your child to be positive.
- Update the Motivational chart and provide rewards if milestones are reached.
- Not going well? Use your support plan.
- Contact DRI Sleeper for advice if you need it.

Weekly

- Have you done the Visualisation Technique⁸ at least twice this week? Do it to enhance your child's night-time toilet training.

⁸ Visualisation – page 38

Priming Technique

Use this technique each night at bedtime.

Priming is based on a strategy called Prospective Memory which is setting something up in the brain that must be remembered in the future. The classic example is telling yourself that you need to wake at 6:30 a.m. in the morning and setting an alarm clock. Invariably you will wake before the alarm because the brain has been primed to wake at that time.

To prime your child's brain to wake to the sound of the alarm they need to practise what they are supposed to do when the alarm goes off. Before they settle down to go to sleep have them lie in bed pretending to be asleep. Turn the alarm on, take the sensor and trigger it by putting something metal (e.g. a stainless-steel knife) across the black sensing strips. Ask your child to get up, unplug the sensor or turn the alarm off, go to the bathroom and pretend to take a pee and clean and dry the sensor. Then ask them to return to bed and plug in the sensor or turn the alarm on again. Practise this three or four times before going to sleep so their brain is ready to respond when they hear the alarm. At the outset, if your child is a deep sleeper, you may need to get up when the alarm sounds in the night to ensure this procedure is followed.

Practise the Visualisation technique weekly

There is a visualisation exercise that your child can practise to help make the mind body connection which needs to occur during sleep. Using this technique several times a week may help advance your child's night-time toilet training.

During the day when your child needs to go to the toilet ask them first to go to their bedroom, shut the curtains as if it were night time and lie down on the bed pretending to be asleep. Ask them to describe out loud the feeling in their bladder and why this is a signal they should wake up in the night and go to the toilet.

This helps to prime the brain to recognise the signals from the bladder to go to the toilet.

Advice for parents

Don't appear angry, irritated or impatient

Sorry! We know this can be hard sometimes but it is worth working on in order to reduce the possibility that your child is worried about wetting the bed and upsetting you. A vicious cycle can occur as the anxiety may cause the bedwetting. Some suggestions for you:

Be super organised

Two layers of waterproof sheets on your child's bed so you can 'rip and strip' while child goes to the toilet, clean your child quickly with wet wipes then put them in dry night clothes and back to sleep ASAP.

Conditioned learning, condition yourself

Walk through the night time routine with your spouse to ensure you are consistent. This also helps reinforce your own conditioned learning.

Share the load

Make sure other members of your household are committed to sharing the burden of getting up and also doing the washing.

Mindfulness

Try practicing mindfulness meditation before bed. *The point* of this is to give you a bit of space, a moment of clarity, before reacting to the bedwetting situation. If you are peaceful and calm before you go to sleep, you will likely be calm if you are woken during the night.

If you want to learn Mindfulness Meditation, then use the guided meditation called "Complete Meditation Instructions"⁹ free from the reputable UCLA Mindful Awareness Research Centre (MARC). It is available as a download or podcast.

If you want a guided meditation to use before sleep, we recommend the Meditation Oasis podcast¹⁰, which includes the following guided meditations free of charge "Guided Meditation for sleep" and "Sleep Mediation for Children".

If this is helpful for you then we would love some feedback.

⁹ MARC - <http://marc.ucla.edu/body.cfm>

¹⁰ Meditation Oasis - <http://www.meditationoasis.com/podcast>

Advice for handling a relapse

If your child starts bedwetting regularly again after being dry for more than 14 days, here's what to try. Start using the alarm again, in conjunction with the Overlearning Procedure – this will help reinforce the connection.

The Overlearning Procedure

For the overlearning procedure to be of benefit, it requires that for the first 7 nights you give your child a glass of water (at least 250mls) before they settle down to sleep. As a result, they will need to go to the toilet within 2-3 hours of going to bed and either the alarm will trigger or they will wake up to the feeling of a full bladder. It doesn't matter if they wet and trigger the alarm during this period as it brings about more learning to respond to the sensation of a full bladder.

At the end of the 7 nights stop giving your child water before bed and keep the alarm on until they once again achieve 14 consecutive dry nights. Then they can then stop using the alarm.

Challenging cases

Deep sleepers

If your child is a deep sleeper, consider using an additional alarm in your bedroom so you can go and wake your child quickly.

Gently wake deep sleepers by dabbing a damp cloth on their forehead.

Ensure you practise priming with your child before they go to sleep so their brain is expecting to have to respond. Motivational therapy also helps your child be mindful and ready to wake.

Night terrors or sleep inertia

If your child becomes excessively agitated or upset when they are woken by the alarm at a particular time every night they may be experiencing night terrors or sleep inertia which can occur during the very deep stage of non-rem sleep. In these cases, 'lifting' or waking your child before they enter this very deep sleep phase may avoid this reaction and allow them to be more composed and alert for alarm training during subsequent bedwetting events in the night. In this case you would wake them 15-20 minutes before the bedwetting event that causes their adverse reaction and take them to the toilet.

Bedwetting training can then take place during other times in the night when they wet and when they may feel more composed and remember waking, as well.

How to contact us

For help, guidance, advice (or vent!) please email:

adviser@dri-sleeper.com

For bedwetting alarm technical support please email:

support@dri-sleeper.com

For help with orders and shipping please email:

orders@dri-sleeper.com

Our phone numbers

Call our convenient toll-free phone numbers if you need help. If we are not immediately able to answer your call, please leave a message with your contact details and we will get back to you within 24 hours:

USA and Canadian customers: 1-877-331-2768

Australian customers: 1-800-124-737

UK customers: 0-800-141-3183

New Zealand customers: 0800-374-753

Other customers: 0064-4-212-5245 (not toll free)

Resources

DRI Sleeper

<https://www.dri-sleeper.com>

International

Dr Baruch Kushnir's Online Bedwetting Clinic - <http://www.dr-kushnir.com>

The dry ones and the wet ones video – <http://www.dr-kushnir.com/en/movie>

Uptodate.com - Bedwetting in children (Beyond the Basics)

WebMD do's and don'ts for parents –

<http://www.webmd.com/parenting/dos-and-donts-for-parents>

United Kingdom

- School Nurse Service – In England and some other parts of the UK, School Nurses run continence clinics and can provide advice on stopping bedwetting. Contact your local School Nurse service or local Health Trust.
- [Information Zone](#) guides by ERIC, The Children's Bowel and Bladder Charity. ERIC is a national charity that supports children with continence problems and campaigns for better childhood continence care.
- National Institute for Health and Care Excellence(NICE) Clinical Guidelines – [Bedwetting \(nocturnal enuresis\) in children and young people.](#)
- Bedwetting in Children and Young People : A Simple Guide for Parents by Dr C R Yemula <http://www.healthinsights4u.com>

Australia

- Continence foundation of Australia - www.continence.org.au

New Zealand

- Anzacare, manufacturer of DRI Sleeper bedwetting alarms – www.dri-sleeper.com
- The Best Practice Advocacy Centre New Zealand - www.bpac.org.nz
- Kidshealth.org
- Continenence NZ list of continence service provider - www.continenence.org.nz

United States

- Mayo Clinic - www.mayoclinic.org
- American Academy of Family Physicians (AAFP) - www.aafp.org

Sources

Statistical information about bedwetting was obtained from these following sources.

- Bedwetting in Children and Young People: A Simple Guide for Parents by Dr C R Yemula
- Enuresis in Children and Young People: A Simple Teaching Aid 3rd Edition
- Uptodate.com - Bedwetting in children (Beyond the Basics)