


# Wake Up Dry



Information is  
power when  
it comes to  
bedwetting.

For frustrated families coping with endless wet nights and daily piles of washing, for bedwetting children worried about sleepovers or school camps, we aim to seek solutions to your bedwetting dilemmas. This e-book provides support, advice and solutions to bedwetting problems.

## THE FACTS

Bedwetting is very common. If you have a bedwetting child, you are certainly among many others dealing with the frustrations and challenges associated with bedwetting. Childhood bedwetting is one of the most common pediatric conditions.

Most girls stay dry through the night by the time they reach age six; some boys may still be bedwetters until they reach age seven.

### Some statistics suggest:

- 2/3rds of children who wet at night are boys
- 10-33% of 5-6 year olds bed wet
- 8-15% of 7-8 year olds bed wet
- 95% of children are dry at night by age 10

### Nocturnal Enuresis

The medical term for bedwetting is Nocturnal Enuresis. Nocturnal Enuresis is considered primary (PNE) when a child has not yet had a prolonged period of being dry and secondary nocturnal enuresis (SNE) is when a child or adult begins wetting again after having stayed dry. Specialists suggest that most bedwetting is simply a developmental delay—not an emotional problem or physical illness. Only small percentages (5% to 10%) of bedwetting cases are caused by specific medical conditions.

### Family History

Bedwetting is frequently associated with a family history of the condition. Children whose parents were bedwetters have a 40% chance of bedwetting and if both parents were bedwetters then the chances increase to 75%.

Bedwetting is not a problem in itself. If you and your child do not experience the same frustrations as others then you and your child may be happy to wait until your child develops his/her own ability to stay dry. However, if it is a problem for you and/or your child, then it is time to decide on a course of action to overcome the problem.

Bedwetting can be an extreme problem for many children. Some children are frustrated about having no control over the problem, and others are embarrassed about being wet when their peers are not.

These problems can cause a child to avoid being with other children and avoid fun activities. The older the child becomes, the more obvious the problem can be.

**Childhood bedwetting is one of the most common pediatric conditions.**



## EMOTIONAL IMPACT

There is a good chance your child may feel embarrassed, ashamed or frustrated. If your child is getting older they will start to become aware that friends and siblings may not be wearing pull-ups or nappies at night.

They may want to sleep over at a friend's house and go on school camp. These situations may be difficult for children to manage and often they begin to worry and feel concerned.

Bedwetting also has an impact on parents and caregivers. The washing alone can be overwhelming and the cost incurred in buying pull-ups and nappies can be frustrating.

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### It's important to know...

Some children develop urinary control later than others without any intervention. Try and be patient and sympathetic. Whichever approach you take to bedwetting it is important to be supportive, understanding and encouraging.

### A place to start...

Some suggestions for helping you and your child:

- Be patient, calm and relaxed.
- NEVER punish your child, yell or show disgust or disappointment.
- Be prepared to try solutions – bedwetting alarms, improving daytime toilet habits. Use mattress and bedding protectors. PRAISE your child for helping manage the extra washing.
- Do NOT restrict their fluids.
- Do NOT lift your child to the toilet during their sleep. This will not help them become dry on their own.
- Do NOT embarrass your child by talking about their bedwetting to other people.

## Did You Know?



**Bedwetting is not a disease, a psychological problem or a response to allergies. It is not caused by laziness or naughtiness either, so punishing your child does not do any good at all.**

## THE CAUSES

Not all of the causes of bedwetting are known. Children who wet the bed have difficulty waking up to go to the toilet when their bladder is full. 'Deep-sleepers' and bedwetters often go hand-in-hand.

### Here are some of the common causes of bedwetting:

#### Not waking to bladder signals

Just as our children reach developmental milestones at different ages, learning to control their bladder during the night is yet another stage. Your child may have crawled, walked and talked just like his/her peers but for your child staying dry at night is taking longer to master. For some children the message that the bladder is full is not getting back to the brain and waking the child so they can go to the toilet. As a result the child has no conscious control over wetting their bed.

Children need to develop voluntary bladder control even when asleep. A certain stage of physical maturity must be reached for this to take place and it happens at different times for different children.

**Deep-sleepers and bedwetters often go hand-in-hand.**

#### Anti-diuretic hormone

Recent research has found that many children who wet the bed produce less of a hormone known as antidiuretic hormone (ADH) during sleep. This hormone normally reduces urine production during sleep. These children produce more urine during the hours of sleep than their bladders can hold. If they do not wake up, the bladder releases the urine and the child wets the bed.

## Did You Know?



**Bedwetting does tend to run in families. If one or both parents used to wet the bed when they were children, then it is quite likely to occur in their children.**



## POOR DAYTIME TOILET HABITS

Research points to daytime toilet habits as a major contributing factor to bedwetting. Studies have shown that children who wet during the day and those with constipation have a much higher incidence of bedwetting. Children who go often during the day (frequently) or go quickly (urgently) have also been shown to be more likely to wet at night.

Children who 'hold on' and 'leave it too late' during the day can tighten their bottom muscles (sphincter), squat or wiggle, and run to the toilet in order to avoid having an accident. At night, these same children cannot do this since they are asleep and they cannot consciously clench their bottom muscles or run to the toilet. They can get away with holding during the day, but not at night.

If a child rushes and does not take his time and get all the urine out when he goes to the toilet during the day, he will most likely not completely empty his bladder prior to going to bed. The urine left behind will cause the bladder to fill up more quickly, and while the child is sleeping, the bladder will be more likely to empty.

**At first you may think your child does not have any daytime issues. However consider the following questions:**

- Does my child hold her/his urine then wiggle, dance or hold him/herself?
- Are there times when my child has to go to the toilet immediately?
- Does my child still have accidents during the day?
- Does my child need to go to the toilet frequently during the day?
- Is it difficult to get my child to go to the toilet when they need to?
- Does my child dribble before/after/between toilet trips?
- Has my child had a urinary tract infection? Does my child suffer from constipation problems?
- Does my child rush when urinating and may therefore not completely empty his/her bladder?

## Did You Know?



**Poor daytime toilet habits may be one of the most common causes for bedwetting.**

**Tackling some of your child's poor daytime toilet habits may result in more success during the night. Explain to your child why you wish to take the time to correct some of their daytime toilet habits. Remember that your child needs to 'buy' into the reasons in order for them to be motivated to change.**

## WAYS TO IMPROVE DAYTIME TOILET HABITS

1. Increase fluid intake (water) during the day. Make sure your child is drinking regularly.
2. Schedule frequent toilet visits. If your child is at school, make sure they visit the toilet before class begins and at breaks and lunchtime.
3. Use a discreet, vibrating reminder watch with set reminders for drink and /or toilet breaks.
4. When on the toilet, make sure your child is taking their time to completely empty their bladder. Get them to count to a number or sing a song.
5. If daytime toilet habits are not improving, see a Continence Specialist who can prepare a detailed programme for your child.

### Bladder over-activity

Some children have wetting problems in the day which can cause or have an effect on night time wetting. The most common problem is an overactive bladder; this occurs when the muscles in the bladder contract before it is full causing a need to go to the toilet urgently and frequently. The spasms caused by an overactive bladder can also occur in the night during sleep.

Indications of an overactive bladder are damp pants during the day and at night. There will often be variable size wet patches in the bed and the child will often wake up after wetting. An assessment of daytime wetting by a suitable health professional is always recommended as medicine and other treatments can be prescribed.

### Less common reasons for night-time wetting:

- Stress in the home or at school creating anxiety
- Deep sleep & sleep disorders – your bedwetting child sleeps so deeply that he or she doesn't wake up when the urge to urinate occurs
- Spinal abnormalities
- Urinary tract infection (UTI)
- Small bladder size
- Constipation – children with constipation problems are more likely to be bed-wetters Birth defects and medical conditions
- Diet – an excess of carbonated, caffeinated drinks and stimulants (like chocolate) during the day

## Did You Know?



**Some children have wetting problems in the day which can cause or have an effect on night time wetting.**

**If you are concerned your child has any of these factors, consult your doctor.**

## WHEN TO TAKE ACTION

Many children around the age of 5 are still wet at night. As a parent you should not feel that it is a problem only experienced by you and your family.

Most parents do not worry or seek help for the bedwetting if their child is less than 5 years of age. After this age, parents begin to wonder if the bedwetting will go away or begin to fear something is wrong.

Children aged 5 and over usually begin to notice their friends do not wet or do not wear nappies or pull-ups and they can become irritated or concerned that others may find out. Over the age of 5 is usually a good time to seek solutions.

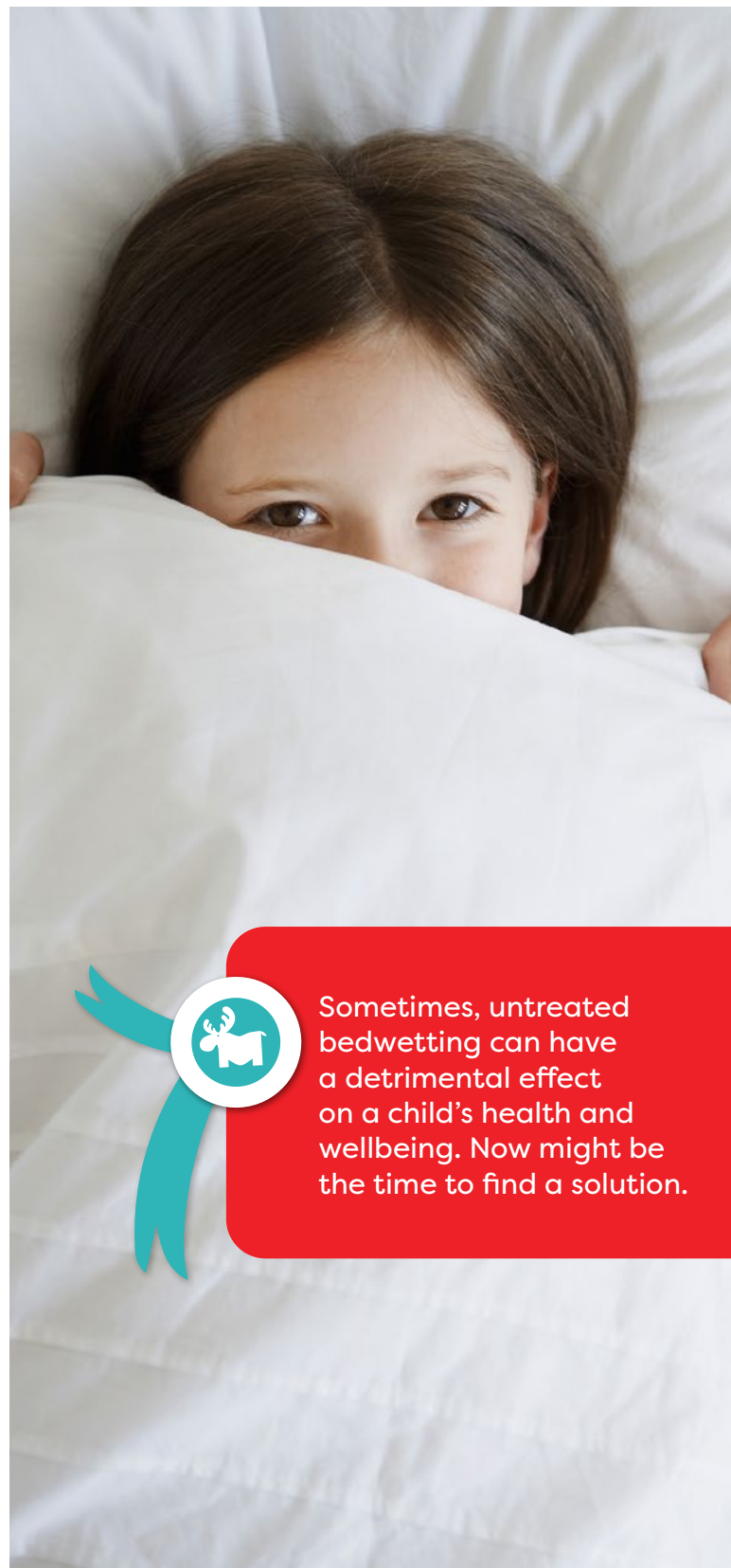
### Impact on family

As the bedwetting continues, you are likely to become frustrated with constantly changing clothes and bedding or buying nappies and pull-ups.

Parents and family members are frequently stressed by a child's bedwetting. Soiled linens and clothing cause additional laundry. Wetting episodes can cause lost sleep if the child wakes and/or cries, waking the parents.

Some studies estimate that a family with a child who wets nightly will pay more than \$1,500 a year for additional laundry, extra sheets, disposable absorbent garments such as nappies/pull-ups, and mattress replacement.

Sleepovers and camps are more common with older children, and these can cause bedwetters to fear that they will have an accident away from home.



Sometimes, untreated bedwetting can have a detrimental effect on a child's health and wellbeing. Now might be the time to find a solution.

## IMPACT ON SELF-ESTEEM

Whether bedwetting causes low self-esteem remains a subject of debate, but several studies have found that self-esteem improves with management of the condition. Children questioned in one study ranked bedwetting as the third most stressful life event, after parental divorce and parental fighting. Adolescents in the same study ranked bedwetting as tied for second with parental fighting.

Bedwetting children face problems ranging from being teased by siblings, being punished by parents, and being afraid that friends will find out.

Psychologists report that the amount of psychological harm depends on whether the bedwetting harms self-esteem or development of social skills.

- Key factors are:
- How much the bedwetting limits social activities like sleep-overs and camps
- The degree of the social ostracism by peers
- Anger, punishment, and rejection by caregivers
- The number of failed treatment attempts
- How long the child has been wetting

Studies show that punishing or shaming a child for bedwetting will frequently make the situation worse. Doctors describe a downward cycle where a child punished for bedwetting feels shame and a loss of self-confidence. This can cause increased bedwetting incidents, leading to more punishment and shaming.

There are a number of bedwetting treatments available to you and your child. It is important to consider all the options, discuss the options with your partner/ other caregivers and with your child. You may decide to hold off on a treatment plan and simply wait until bedwetting issues are resolved or you may use more than one treatment at a time.



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## MOTIVATION

Your child needs to be very involved in the treatment plan if it is to work. As the treatment progresses, your child will probably have some good and some bad days. Be very positive on the good days, and try not to be negative on the bad ones.

Most children don't need rewards to encourage them to take part in treatment - the prospect of a regular dry bed is usually enough. Some small treats along the way may be a good idea, but don't promise them in advance. Rather give them as a little surprise if your child is making some progress. Certainly don't offer big rewards (eg a new bike) because this can add to the stress associated with treatment, and can be very disappointing if your child should fail to get dry.

Sometimes reward charts are a useful motivational tool but they should be used with caution. At the beginning your child may still have night after night of wet nights. Remember, at this point they do not have control, so you don't want to set them up to fail.

To begin with you may wish to set goals together which are more attainable and work towards independence.

### For example:

- Set up alarm by myself
- Get spare pyjamas and waterproof sheet ready
- Put washing in washing machine
- Help make bed

Once you are getting some dry nights, you can change the goals to suit.

## BEDWETTING TREATMENTS

The following options apply when the bedwetting is not caused by a medical condition.

### Wait it out

If your child is aged 5 or under then the simplest 'treatment' is no treatment. Once you are convinced there is not an underlying medical problem causing the bedwetting then with time the bedwetting may stop. In other words, since most children outgrow bedwetting, you can simply wait and be patient for your child to stop wetting. You should be prepared to take care of wet sheets and pajamas for an extended period of time. It may take several months or several years. Both the parents and the child must feel comfortable with the decision to do nothing. Oversized pull-ups or nappies can be used but may cause your child to feel like a baby if used routinely for a long period of time.

If the bedwetting continues past 6-7 years of age, you will need to address some of the social issues that may arise because your child wets. Sleepovers and childhood camps may become an issue for you and your child. If at any time you or your child thinks the bedwetting is becoming a problem then you should change your course of action and pursue a 'real' treatment.

If you believe bedwetting is harming your child's self-esteem, social opportunities or relationships with family/friends, then it is time to take action.

## Bedwetting Alarms

Bedwetting alarms are considered the most useful and successful way to treat bedwetting.

Research has shown these alarms will help more than 80% of children become dry, and most children will then stay dry.

This treatment requires a supportive and helpful family and may take 2-12 weeks to work.

Alarms have good long-term success and fewer relapses than medication.

Bedwetting alarms aim to help your child wake when recognizing the sensation to urinate. When exposed to wetness (urine) the alarm makes a loud noise to wake your child.

The sound needs to be loud enough and quick enough to wake your child prior to complete bladder emptying.

When beginning your child will wet and the alarm will sound. Your child (and you) will wake up and you will need to take him/her to the toilet to completely empty his/her bladder of any "left over" urine. Initially your child is likely to empty his bladder before reaching the toilet, but with practice this should improve.

Using the alarm for days or weeks and waking up just after wetting should eventually 'condition' your child to wake up prior to wetting.

Once your child establishes a consistent pattern of waking during the night prior to wetting then you will no longer need the alarm. Occasionally some children do have relapses and the alarm may need to be used for a short time again to get your child back on track.

Over the years technology has come along way with bedwetting alarms. The newest bedwetting alarms have sensors that are sewn into special underpants. A small transmitter is attached to the underpants and a receiver/alarm is plugged into a socket (or used with a battery). Once your child wets, the sensors detect the wetness and the alarm sounds immediately. This type of alarm is a wireless alarm. The benefit to using a wireless alarm such as this, is that the wetness is detected straight away thereby activating the alarm immediately and hopefully before the bladder has been completely emptied.



Research has shown bedwetting alarms will help more than 80% of children become dry.

*For more information on a wireless alarm click [here](#).*

## USING A BEDWETTING ALARM WITH SUCCESS

### Success factors

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### Tips & advice

When you first get the alarm home, practice the whole routine a few times. You can use a glass of salty water to set the alarm off instead of urine. Talk over the routine together each night as he or she gets ready for bed.

If your child is a deep sleeper, you may have to wake him or her up when the alarm rings for the first few nights. Most deep sleepers then get used to waking to the sound of the alarm.

### The process

When the alarm sounds and it is time to take your child to the toilet make sure they are fully awake. The idea is to teach your child's unconscious mind to recognise the feeling of 'having to wee' and use that recognition to squeeze down on the sphincter muscle.

If your child is a deep-sleeper and initially doesn't wake to the alarm sound, there will be a period of time where you will need to wake him when the alarm sounds. This is common and it can take a short while for his brain to recognise the alarm sound.

Over a period of time you should see a gradual reduction in the amount of urine released. Your child will still wet the bed throughout treatment, but they will gradually be able to react and use their sphincter muscles before completely letting go of their bladder until they finally reach the point of complete control.

Try sharing the 'getting-up' during the night with your partner. During this time you will feel tired from the interrupted sleep, but perseverance now will be worth the effort in the long run.

You may decide to start the treatment of using a bedwetting alarm during school holidays or in the summer when nights are not so cold for you to get out of bed.



## Selecting an alarm

A good alarm works by sounding as soon as moisture is detected. If your child is woken 'mid- stream' then this is a good result. Consider the following when selecting an alarm:

- Ease of set up. Is it easy to attach and wear?  
Is it easy to set up?
- Is comfort important to your child? Does your child toss and turn and move all over the bed? Would a wireless alarm work better?
- Alarm tones. Is one tone setting enough would you like a selection?
- Volume control. Is one setting enough would you like to turn the volume up or down
- Dual receiver option. Do you want a receiver in two rooms so you can hear the alarm in a different part of the house?
- Deep-sleeper option. Do you want to be able to purchase a vibrating unit to attach to the alarm?
- Switch off function. Once the alarm is activated how easy do you want it to be turned off? An alarm which requires the child to get out of bed is the best idea.

## Be prepared

Much of the frustration caused by bedwetting is in having to deal with the washing. If you set up a routine for dealing with wet washing and bed- making, this will help. It is also a good idea to help your child be prepared and become independent.

**Buy an alarm from a company who offer their phone number. A reputable company will not try to hide their phone number or discourage you from calling if you need assistance**

## Top tips for using a bedwetting alarm

1. Motivate your child and get him/her excited about using the alarm.
2. Make setting the alarm part of your every day bedtime routine.
3. Do not skip nights or just use it in special cases.
4. Make the alarm as comfortable as possible. Do not let the amount or frequencies of wetting discourage you from using it.
5. Show your child how the alarm works and get him/her to set and position it each night.
6. Avoid using nappies or pull-ups—your child should feel the wetness.
7. Give plenty of encouragement and praise.
8. Stick to the plan.



## FLUID INTAKE

It can't be over-emphasised how important it is for a child to have a good daily fluid intake. Fluids are essential for healthy bladders and bowels.

Many children think if they don't drink in the day they will stay dry at night. But this is not the case, reducing day time drinks will reduce the size of the bladder so it will hold less. As well as exacerbating bedwetting, reducing fluid intake can create a need to go to the toilet very frequently in the day and perhaps irritate the bladder and lead to an overactive bladder or a urinary tract infection (UTI)

It is important to ensure the bladder is allowed to fill and empty fully during the day and a good toilet routine can help with this. If you have concerns about how much your child drinks or suspect that their bladder is not holding as much as it should, speak to their nurse or GP who can do a bladder capacity check and advise how to increase fluid intake.

Water based drinks are preferable as some drinks such as fizzy drinks, tea, coffee, dark squashes (such as blackcurrant) and drinking chocolate can have a diuretic effect on the bladder causing the need to go to the toilet more often.

**It can't be over-emphasised how important it is for a child to have a good daily fluid intake.**

**Fluids are essential for healthy bladders and bowels.**



## Did You Know?



The recommended amount of water for children is 6-8 glasses throughout the day (including 3-4 glasses at school). Once your child is drinking more, encourage toilet visits every 2.5 - 3 hourly. You can use a [vibrating reminder watch](#) to help keep on track.

## CONSTIPATION

Constipation is a medical issue which you should discuss with your General Practitioner (GP). If your child is constipated he may experience stomach pain, accidents and other medical problems that need attention. Constipation is however associated with bedwetting, so by resolving the constipation problem, the bedwetting problem may be helped.

Using a bedwetting alarm (or any other treatment) along with correcting the constipation will be more effective in stopping the bedwetting than strictly addressing the constipation problem alone. There are several ways to address constipation and your General Practitioner (GP) will advise. Diet consisting of increased fiber and fluids may help.

## COUNSELING

Counseling can be helpful for children and parents faced with significant bedwetting problems.

Children with learning disabilities, developmental delay, and attention deficit disorders are more likely to wet at night. Professionals that are very knowledgeable about the diagnoses and treatments of these problems can provide significant insight and help parents understand their child's situation. Professional counseling is very important when psychological problems exist that affect the day-to-day life of a child. Bedwetting can be very closely tied to underlying psychological issues, and for this reason counseling can be very rewarding.

Children who have experienced divorce, death, a new sibling, or a new school can have issues that significantly influence their ability to be dry at night. Family counselors, family physicians, pediatricians, and school counselors can be helpful in identifying or discussing these issues. Once the issues are known, then the child is more likely to get the comfort, attention, and guidance they need in order to better deal with their concerns.

In your local area you may be able to reach out to a Continence Service through a referral from your doctor. Although there may be a waiting list, most continence services have bedwetting alarms and support programmes in place.

## MEDICATIONS

Most children with bedwetting problems do not need to take medication, but there are some occasions when it can be useful. You should consult with your General Practitioner (GP) to discuss options.

Desmopressin (Minirin) is a man-made form of antidiuretic hormone (ADH) that works by substituting for the natural hormone. It helps the child's body make less urine at night, and thus reduces the risk of the child's bladder overfilling during sleep.



DDAVP is usually reserved for children who have failed treatment with a bedwetting alarm, and who are suffering emotionally from their bedwetting.

Sometimes both treatments of medication and an alarm are used together. Some children use the medication for sleep-overs or school camp, but it is not generally considered a long-term solution.

## CHANGING HABITS & EXERCISE

It is important for your child to drink plenty of fluid spread evenly throughout the day. Don't try to restrict the amount of fluid your child drinks in the evening as this will not help and can even delay the process of getting dry at night. However, don't give drinks containing caffeine (e.g. coffee, tea, hot chocolate, caffeinated soft-drinks like Coca-Cola etc) late at night.

If you are putting your child in a nappy at night, to save on laundry, then it is unlikely that he or she will become dry while this continues. It is better to do away with the nappy all together, but if you must use one, then at least try without a nappy for a week every couple of months. Nappies should not be worn while using a bedwetting alarm.

Some specialists recommend bladder awareness exercises. These exercises include learning to resist the immediate urge to urinate, and stopping and starting the urine flow midstream. Your Continence Nurse or Physiotherapist will recommend and explain these if necessary.



## NAPPIES & PULL-UPS

The use of pull-ups and nappies is a debatable topic when discussing bedwetting treatments. It is easier to simply put on absorbent disposable nappies or pull-ups at night time. Many people believe if the child is young, less than 5-6 years of age, then bedwetting is not a significant problem, and it is acceptable to use disposables nappies or pull-ups to avoid wet beds while working through bedwetting issues. If the child is older, it is more difficult to find pull-ups that fit properly. Even as larger pull-ups are becoming available, older children are less willing to wear them because they feel 'like a baby'. If an older child does not want to wear pull-ups then they should be avoided.

The nappy industry is promoting larger nappies, pull-ups, and disposable briefs for older children with bedwetting and other toilet training problems. Their goal is to sell nappies, not correct the problem. Some disposable products may be helpful but if you are serious about solving bedwetting problems then you are likely to have more success if you stop using nappies and pull-ups. This of course will require more laundry and time. If planned carefully the work and frustrations can be minimized.

## MISCONCEPTIONS

With bedwetting there are a number of misconceptions when it comes to treatments and habits.

**Research tells us to AVOID the following:**

### Dry Bed Training

Dry bed training consists of a schedule of waking the child at night and taking him/her to the toilet. This is an attempt to condition the child into waking by himself/herself. Studies show this training is ineffective by itself and does not increase the success rate.

Instead of the child learning to wake by themselves, you are simply doing 'the waking'. This method is often thought to delay the child's ability to become dry at night.

### Star Charts & Incentive Rewards (used by themselves)

The biggest problem with offering your child a reward for a dry bed is the fact that they have no control over their bedwetting. In effect you are setting them up for failure and disappointment.

As a parent you must approach rewards and star charts for dry nights carefully. It is very important to praise your child if they are doing well and having dry nights. If you are using a star chart in conjunction with another method of treatment such as an alarm then a star chart may act as a motivator, but do use it with caution.

If you are using a bedwetting alarm, then initially use a star/reward chart to encourage your child to become independent, in such tasks as, putting the alarm on by himself, getting his spare pyjamas and mattress protector ready, helping put the washing in the washing machine. You can praise and reward all of these things until they start to have dry nights.



## NIGHT-TIME CHECKLIST

There are no overnight miracles when it comes to curing bedwetting. Any treatment can take time, patience and perseverance. But with the right motivation, encouragement and patience your child can overcome the problem.

### An overview

Remember, there are many parents, just like you, throughout the world coping with a child who wets the bed. Learning to stay dry at night is another development stage. Some children walk and talk earlier than others, some children toilet train and learn to stay dry at night earlier than others.

If bed-wetting is not affecting you or your child, you may wish to simply wait until your child can overcome the problem naturally. If however, the bedwetting is causing you and/or your child stress, anxiety, embarrassment or frustration then it is certainly time to take action. You want to minimize your child's anxiety and avoid any self-esteem issues resulting from bedwetting.



## Check List

Have a good supply of pajama bottoms which are easy to pull up and down.

Purchase a good night light which is easy for your child to use. They need to feel safe getting up out of bed by themselves to go the toilet. A night light will help.

Move your child from the top bunk to the bottom bunk so they can get to the bathroom easier.

Purchase some mattress/ bedding protection  
– waterproof sheets, covers or pads.

Have a change of pajamas and bedding ready beside the bed at night. You do not want to be opening and closing cupboards and drawers looking for these items during the night.

If your child has wet during the night they will need a shower before school in the morning. The smell of urine can be strong so this is important. Teach your child how to do this on their own.

## GETTING STARTED...

- Talk with your child and partner and decide if bedwetting is a problem.
- Consider seeing your doctor if you are concerned about any medical issues.
- Discuss treatment options and decide which strategy will suit you and your child.
- Gain understanding and support from the family (all caregivers, siblings).
- Simplify the bedding, pajamas and laundry. Accept that this may be part of your everyday tasks.
- Improve daytime bladder and bowel habits. Explain to your child why this is important and gain their cooperation.
- Use a **vibrating reminder watch** for regular drink breaks and toilet stops during the day. Begin a daily diary for dry/wet nights. Keep this in a discreet place. A diary will allow you to see progress.
- Be patient, offer encouragement and praise. Never show anger, yell or show your frustration if things are not going to plan.
- Remind your child that if they wake in the night, it may be because they have woken to go to the toilet. Instead of turning over to go back to sleep they should get up and go to the toilet and try to empty their bladder.
- Use a **bedwetting alarm**. Explain clearly to your child how the alarm works.
- Be prepared to use the alarm every night. Explain to your child that it takes time to learn. Be prepared to go back to the alarm if your child has the odd wet night. This is not unusual.
- Track progress with the alarm and give praise for dry nights.
- If progress is slow, consider another form of treatment in conjunction with the alarm such as counseling
- Stay motivated.

## PATIENCE...

If you have a child who regularly wets the bed, you may feel like the parent of a new born again.

Interrupted sleep at 2 in the morning, difficulties getting back to sleep, extra washing and worry and concern for your child. We all know that sleep deprivation can cause grumpiness, anger and frustration.

Try to remain patient and keep your feelings to yourself. Your child does not want to be woken because s/he is wet and cold. Taking your frustration out on your child will only make matters worse. Your child will feel bad and so will you in the morning.

Remember that this too is another stage which you will overcome.

## NEED MORE HELP?

We are here to help. If you have a question or need advice here's how to contact us:

### Bedwetting Alarm Suppliers:

Australia | [www.moosebaby.com.au](http://www.moosebaby.com.au)

New Zealand | [www.moosebaby.co.nz](http://www.moosebaby.co.nz)

Email | [jane@moosebaby.co.nz](mailto:jane@moosebaby.co.nz)

Tele | +643 329 6790