What is Bedwetting?
When children pass urine without control while they sleep, it is called nocturnal enuresis. It is also known as bedwetting. More than 5 million children in the U.S. have issues with bedwetting. There are two types:

- **Primary bedwetting** in children over the age of 5-6 who never had a dry night
- **Secondary bedwetting** is when a child is able to have dry nights for at least 6 months, but starts bedwetting again (often linked with stress)

What are the Common Causes of Bedwetting?
Being lazy or willful is rarely a reason a child wets the bed. Bedwetting may be caused by many things to include:

- Family history (genetics)
- Slow development of brain-bladder control
- Small bladder capacity
- Making too much urine while asleep
- Sleep issues (deep sleeper)
- Constipation (cannot poop)
- Stress

How is Bedwetting Diagnosed?
If your child is over the age of six and often wakes to a wet bed they may have a problem. You and your doctor will want to learn the cause of bedwetting. Before talking with your pediatrician, try to keep track of your child’s bathroom habits in a bladder diary. Keeping track of fluid intake and your child’s urine and bowel habits may help the doctor help your child. If your doctor needs more data, the doctor may order a urinalysis, blood tests, a bladder scan or other tests.

How is Bedwetting Treated?
There are many treatments for bedwetting. Some work better than others do. These methods may be tried one at a time or together. Some options are:

- Limit fluid intake to drink less 1-2 hours before bed
- Planning to pass urine every 2-3 hours while awake
- Use a bedwetting alarm
- Use prescription drugs

What are Some Other Ways to Help with Bedwetting?
There are many ways to help your child with bedwetting. First, remember bedwetting is not your child’s fault, so children should not be punished or teased if they wet the bed at night. Some other ways to help your child with bedwetting are:

- **Planned Potty**: You may suggest your child visits the bathroom many times during the day. Try to have your child go at least five times per day and again just before bed.
- **Daily Poop**: Your child should have at least one bowel movement each day. Stool should be well formed and soft. It may help to ask your pediatrician how to improve bowel health.
- **Drinks Matter**: Avoid high sugar, carbonated and
caffeinated drinks. Strive for your child to drink mostly during the day until dinnertime. Then avoid drinking two hours before bedtime.

• **Bedtime Help:** To help manage bedwetting at home, use a mattress protector, washable or disposable products and room deodorizers. After an accident, wash the child and use products to prevent the skin from getting sore. When your child sleeps outside the home, using pull-ups may be helpful.

• **Keep Track:** Use a calendar to write down how well treatment is working.

**Questions to Ask Your Doctor:**

- What is causing my child to wet the bed?
- When should this problem be addressed?
- Will my child outgrow wetting the bed? When?
- Does my child need further tests? If so, which ones?
- What are the pros and cons for each treatment option?
- What treatments do you suggest?
- How can I help my child be successful?

**About Urology Care Foundation**

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This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

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