



Sleepwetting in the Child Care Setting

What is it?

Sleepwetting is unintentional urination during sleep which continues beyond age 4 years for daytime and beyond age 6 years for nighttime.

Sleepwetting is a term used to emphasize the fact that the child is wetting while sleeping. This gives the parent and the child care provider a different view of the situation than the commonly used term "bedwetting."

Who is most affected?

Sleepwetting affects between 5 and 7 million children in the United States. Both sexes are affected, but it is more common in boys. The occurrence of sleepwetting in all children is 10 percent by age 4 years in the daytime and 25 percent at nighttime. By the time children are 8 years old, only 10 percent experience nighttime sleepwetting, and by age 13, only 2 percent.

Although sleepwetting is a common problem, it is unfortunately a problem with a stigma attached to it. First, you need to confront your own feelings. The negativity you may feel is normal: sleepwetting creates more work for you. You may also have some personal concerns about your own effectiveness as a parent or a child care provider. Both you and the child may be feeling sensitive and alert to criticism. You may feel the child is lazy, just doesn't care, or is too immature to be able to control him or her self. These are normal feelings; however, they also increase the anxiety both you and the child experience.

Sleepwetting incidents put everything behind schedule.

Neither you nor the child's day is off to a happy start, and the stress stays with both of you. In child care, this usually happens midday, at naptime.

What causes sleepwetting?

In most cases the cause of sleepwetting is unknown, although the most common known causes are:

- Underlying illness such as diabetes
- Infections (including urinary tract)
- Small or weak bladder
- Genetic factors
- Psychological problems caused by stress or separation from parents
- Sleep disorders
- Irritation of the genital area from bubble bath/shampoos, pinworms, trauma, etc.
- Sexual abuse
- The child not being aware of bodily messages

In some cases where one or both of the biological parents have experienced sleepwetting as a child, their offspring often experience the same difficulty.

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Today it is understood that sleepwetting is best dealt with through love, understanding and positive support.

How do I manage it?

Things that will not help

Historically, management of sleepwetting has emphasized punishment, humiliation and other disciplinary techniques. Today it is understood that sleepwetting is best dealt with through love, understanding and positive support. Criticizing, shaming, comparing, punishing, threatening, name-calling or spanking will only increase the stress between you and the child.

Things that you can do to help

Protect the bed. Reduce some of the stress by eliminating the problem of wet, soggy mattresses and/or sheets. Disposable underpads are convenient – some will cover most of the bed. Try waterproof mattress protectors or double sheeting with a rubber sheet between layers to ease changes of bedding.

Arrange for a physical check-up to rule out any physical problem.

Exercise the bladder. Understand that the bladder is a muscle, and like any other muscle it works better if it is exercised. One exercise is to have the child hold his/her urine to the count of 10 before releasing it. Then count to 20, then 30, etc. Have the child interrupt the stream and start again, which increases control of the outer sphincter muscle. Increase the child's awareness of signals from the bladder contractions.

Decide whether to restrict or not restrict liquids. This issue is still being debated. Some physicians feel that restriction of liquids during the day is not necessary; others feel that restriction of liquids during the evening is necessary. Discuss this with the child's doctor.

Communicate with the child.

Listen to the child's comments and thoughts on her/his struggle with sleepwetting.

Be supportive and positive and look for opportunities to encourage, motivate and praise.

Include the child in discussions. She/he needs to be involved in the solution. Sit down with the child and develop a mutual plan. Sometimes it is effective to write "story" together about the issue, a process which can be rewarding for both of you. Keep the story short and in the present tense. It should involve the current conflict and a resolution for that conflict. It is also important that the resolution be

workable and agreed upon by both of you. The story can then be read by the child and/ or someone the child asks. When the situation is resolved in the story, the child may be able to follow the story and resolve his or her own situation. This technique can be used for other situations as well, such as separation anxieties.

Try to reduce the reminders you give the child to use the toilet throughout the day. Reminders not only stress the child, they also stress you. Remember stress and pressure will cause you and the child to be more anxious, and anxiety can cause frequent urination. Children grow at their own pace. Some develop bladder control early, and some later. Some children sleep very heavily and are not aware of bodily messages.

Provide opportunities for achievement. If there is an area where the child is capable and has shown skill, acknowledge the accomplishment and provide more opportunities where you know the child can succeed. The child who experiences competency in some areas can expand his or her sense of competency to other areas.

Help the child make a personal schedule or weekly calendar to help keep track of dry or wet sleeps. This actually encourages the child to take personal responsibility for his or her own actions.

Remember, this works when it is agreed upon by both of you. Be sure the child is capable, respected and encouraged to keep her/his schedule as private or public as decided. Help the child develop a system as a reminder to periodically use the toilet. A special necklace or watch can be helpful.

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