

BED WETTING

Bedwetting is recurrent, uncontrolled urination that occurs during sleep. At about 18 months to 2 1/2 years, children take the first step towards bladder control. However bedwetting is not significant until a child is older than 4 years. 85 % of the children eventually outgrow bedwetting without treatment. Bedwetting is more common in boys by a ratio of four to one, although no one really knows why.



In most cases, the cause of bedwetting is unknown. The following can be the most popular theories :

1. Child who is a deep sleeper.
2. Any underlying urinary tract infection.
3. A small or a weak bladder that cannot hold one night's urine production.
4. Psychological problems caused by :
 - a. emotional insecurity due to separation from mother.
 - b. feeling of rejection usually due to the birth of a sibling.
 - c. any fear situation.
5. Some abnormalities in the genito-urinary system or some abnormalities in the spinal column.
6. Juvenile diabetics.
7. Lack of toilet training.

History of bedwetting in either parent.

Bedwetting is mainly determined by genetics, much in the same way as obesity is passed from parent to child. If both the parents are bedwetters, the child has 70% chance of being a bedwetter. If only one parent wet the bed as a child, the chance that this trait will be passed on is reduced to 40%.

8. Food allergies : Parents will often report that their child wets the bed, the night after a birthday party. Carbonated, citrus, caffeinated juices, foods such as cola or chocolate, red dyes and artificially coloured candy can contribute to bedwetting incidence.
9. Stress factors in the child, divorce in parents, new school, examinations, or loss of

friendship can also contribute to bedwetting.

Attention Deficit Disorder - children with ADD tend to have more problems than other children in achieving both day and night bladder control.

HOW TO DEAL WITH BEDWETTING IN CHILDREN

1. Give the child love, and support instead of condemning him/her in front of other siblings or outsiders.
2. Laboratory investigations of urine and blood to rule out juvenile diabetics or urinary tract infection.
3. Help the child to overcome any psychological or emotional problem.
4. Reward the child for staying dry. Praise him, hug him and tell of his success to people who are important to him, such as brothers and sisters.
5. Don't blame, restrict, criticize or punish the child who bedwets.
6. Toilet Training which is done as -
 - a. Have the child urinate at bedtime.
 - b. Awaken the child to urinate after he been asleep for several hours. An alarm clock can be set to awaken him and empty his bladder during the night.
 - c. Restrict the amount of liquids given at bedtime.
 - d. Avoid the child sleeping directly under the fan or in the draft of the AC.
 - e. Provide the child with extra thick underwear and pyjamas.
 - f. Discontinue diapers by age of four as they inhibit the child's motivation to improve.