

Helping your child with bed-wetting

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Dear Mayo Clinic: My son is 8 and wets the bed a few times each week. We have tried a variety of things to help prevent it from happening, including stopping beverages two hours before bedtime and using a mattress pad with a bed-wetting alarm. Should we take him to see a specialist? Don't kids usually outgrow bed-wetting by this age?

A: Bed-wetting is common in children your son's age, especially boys. Most of those children outgrow bed-wetting without any medical care by the time they reach adolescence. If he's not having any other urinary associated problems, such as accidents during the day or [urinary tract infections](#), it's not necessary to take your son to see a doctor. If you notice other medical problems that could be connected to the bed-wetting, however, then an appointment with your son's primary health care provider would be a good idea.

Toilet training is a complicated process. The sequence of events that must happen in both the brain and the bladder, and the connection between the two, for a child's body to regulate [bladder function](#) effectively during the day and at night can take several years.

Many children have no trouble staying dry during the day and yet have persistent nighttime wetting. It's not clear why some children have problems with [bladder control](#) at night, while others do not. But bed-wetting tends to be more common in children who are heavy sleepers.

There is nothing a child can or cannot do to prevent bed-wetting, and

you should never punish a child when it happens. The techniques you're using to try to curb bed-wetting - limiting liquids before bedtime and using a bed-wetting alarm - may help and are reasonable steps to take. Just be patient as you work with your son, and try not to become discouraged if the problem doesn't stop. It usually takes time. For example, with a bed-wetting alarm, it often takes at least two weeks to see any response and up to 12 weeks to enjoy completely dry nights.

If you notice any of the following symptoms, contact your son's [health care](#) provider: unusual straining during urination, a small or narrow stream of urine, dribbling after urination, cloudy or pink urine, bloodstains on underpants or nightclothes, redness or a rash in the genital area, or daytime as well as nighttime wetting. Also, talk to his health [care provider](#) if your son is having pain or a burning sensation when he urinates. These symptoms could signal a [urinary tract infection](#), or a bladder or kidney problem. In some cases, accidents during the day as well as at night may be an early sign of diabetes, although that is uncommon.

If your son hides wet underwear or bedding to conceal wetting, or if he seems particularly stressed about it, talk to his [health care provider](#) about ways you may be able to help your son feel less anxious about bed-wetting.

Rarely, prescription medication may be used to control bed-wetting. Medications are available that can slow nighttime urine production, calm the bladder or change a child's sleeping and waking pattern. These medications do not cure bed-wetting. When a child stops taking them, the bed-wetting typically comes back.

Keep in mind that most [children](#) eventually outgrow bed-wetting. Often, all that is needed is time, support, understanding and patience.

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