

Daytime Wetting



What is daytime wetting?

Daytime wetting refers to children who have wetting accidents after going through toilet training. Habits that may lead to daytime wetting include waiting until the last minute before going to the bathroom, urinating infrequently (you may find yourself saying: "It seems like they can hold their urine all day.") or your child may not empty their bladder all the way. This is referred to as dysfunctional voiding.

Children with these behaviors may squat down on their heels, cross their legs, or hold between their legs to keep from wetting. Other children may urinate small amounts often. These habits lead to incomplete urination, wetting and bladder infection.

When should my child urinate?

To help prevent this problem, your child should urinate every 2 to 3 hours during the day (timed voiding). Some children may need to go more often. This may involve changing your child's habits, which may take a long time. Younger children (ages 3 to 8) will need an adult to remind them to go to the

bathroom on schedule. Older children (ages 8 to 12) will still need an adult to monitor them, but sometimes do well with their own reminder system (for example, setting a timer or using a checklist).

At school, an adult needs to remind your child to go to the bathroom every 2 to 3 hours. Letting children go to the bathroom "whenever they need to" does not work for children with dysfunctional voiding. We can work with you and your child's teacher to set up a schedule for school as well as at home. Urinating every 2 to 3 hours needs to become a lifetime habit for the child with bladder infections. The goal of the timed voiding schedule is to train the child to urinate often without reminders.

Urinary habits

It is important for your child to relax when urinating. Relaxing allows the bladder to empty completely. It is important to empty the bladder in order to get rid of bacteria that can grow in the urine and lead to infections, such as urinary tract infections.

Tips to help your child relax when urinating:

- For girls, remove pants or tights completely off of one leg so that your child can spread her knees wide apart.
- For girls, place her bottom securely in the toilet opening, have her lean forward and place her elbows on her knees, allowing her bottom and legs to relax. Provide a stool for her to put her feet on. Use a potty chair with younger children.
- Spread legs wide apart (for girls).
- For boys, have them stand with their feet shoulder-width apart. Their knees should be gently bent, not locked.
- Ask your child to take slow deep breaths.
- Have your child relax their head, arm, body and leg muscles "like a rag doll." Do not have them "push" to urinate this tightens the pelvic muscles and they need to relax them.
- Have your child imagine urine flowing like a stream or a gentle garden hose.
- Turn the faucet on so a small stream of water runs in the sink. The sound of running water may help your child urinate.
- Allow plenty of time for urination. The process of relaxing and emptying the bladder can take from 3 to 5 minutes.

Children should urinate every 2 to 3 hours to help prevent urgent (unrelaxed) trips to the toilet.

To Learn More

- Urology 206-987-2509
- Ask your child's nurse or doctor
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers 206-987-2280 (TTY).

Bowel habits

A daily bowel movement is best for your child. Encourage your child to take time to sit on the toilet after breakfast or dinner. Often, children who have a problem with constipation (infrequent, hard bowel movements) also can have urinary tract infections.

Check your child's diet. Some foods, such as dairy products, white bread and highly processed foods, are more likely to cause constipation. Encourage your child to drink plenty of water and add foods rich in fiber to your child's diet by including foods such as these:

- Breads/cereals Eight-grain bread, corn bread, whole-wheat crackers, shredded wheat, bran muffins, raisin bran
- Vegetables Baked beans, refried beans, corn, peas, broccoli, yams, green beans, cabbage
- Fruits Figs, dates, raisins, strawberries, melons, plums, pears, oranges
- Snacks Popcorn, nuts, seeds (sunflower, pumpkin), peanuts and peanut butter, shredded coconut, granola

Keep these foods on hand for your child.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

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This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.