Seven Steps to Nighttime Dryness
A Practical Guide for Parents of Children with Bedwetting

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About the Author

Renee Mercer is a Certified Pediatric Nurse Practitioner specializing in the treatment of children with enuresis, or bedwetting. She sees children with bedwetting and daytime wetting in her private practice, Enuresis Associates, in Ellicott City, Maryland. Renee has more than 20 years of experience in pediatrics. She developed her interest in enuresis after appreciating the great unmet need of children with bedwetting. She works closely with families in their quest for dryness and has a tremendous success rate.

After years of frustration finding suitable products for children with bedwetting, Renee co-founded the Bedwetting Store, (www.bedwettingstore.com) a comprehensive online and catalog source for bedwetting alarms, waterproof bedding and pads, products for daytime wetting and information to assist children in achieving dryness.

Renee lives with her husband and three sons in Maryland.
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Introduction

When a child stays dry during the day, yet still wets at night, everyone involved becomes frustrated. Parents often wonder if they are doing something to keep their child from staying dry at night. They may feel embarrassed that their 6-year-old (or 10-year-old, or teenager) is wetting the bed; the child is probably embarrassed, too. Parents may wonder if their child is simply lazy (or even bad). Most of all, they wonder about what they can do to help their child stop wetting the bed.

For more than 20 years, I have been a pediatric nurse practitioner and developed a special interest in the medical condition called enuresis, or bedwetting. I have a private practice, Enuresis Associates, in Ellicott City, Maryland, through which I’ve helped hundreds of children learn to stay dry around the clock. I developed my interest in enuresis after finding that, despite the fact that about five million school-age children in the United States wet the bed, very few resources exist for them in this country. As a result, I developed my practice, as well as a catalog and online bedwetting resource store. Every day, I see frustration, embarrassment and helplessness on the faces of the children and parents I help. Together, using simple techniques, we solve their children’s bedwetting and end the negative emotions they may feel.

During my years of practice, I have learned many practical tips from my patients and developed useful techniques that work. I understand that each child and his family situation is unique. Also, I know that most parents are very loving and want to do “what’s best” for their bedwetting child, but many have no idea where and when to begin. This book will not only give you a starting point, but easy-to-follow steps leading to dry nights.

Families whose children have never had a night of bedwetting might congratulate themselves and rejoice in what good parents they are, offering no support for families with bedwetting. Please be assured that
bedwetting is not due to a parent deficit, any more than diabetes or attention deficit disorders are. Children with bedwetting are not lazy. They are great students, athletes, musicians and generally wonderful kids.

Many things can cause bedwetting, including heredity, decreased sleep arousal and large nighttime urine production, just to name a few. No two children are alike, and a factor that may play a large role in one child’s bedwetting may have little to do with the bedwetting of another.

Children with bedwetting all go to bed hoping that tonight will be the night they wake up dry. After reading this book, you will understand the steps to take that will help your child fulfill this hope. I offer no magic solution, but rather these practical tips and knowledge to assist you in the quest for dryness.

I want to emphasize that you do not have to “wait for your child to grow out of it,” as is suggested by many well-meaning health-care providers and relatives. It is true that less than 1 percent of 18-year-olds wet the bed, so maturation does play a role. However, treating a 6-year-old who has nightly bedwetting is easier than a 13-year-old. And bedwetting has not impacted the 6-year-old’s social life as greatly. Being wet at night can become a distant childhood memory, regardless of a child’s age. By treating bedwetting now, the amount of time that it takes for a child to stop wetting independently can often be decreased by many years.
How to use this book

As the title says, this book breaks down the process of helping your child stay dry at night into seven steps. Using this logical progression, you will eliminate other ineffective treatments and have concrete knowledge that you are on the right track. I encourage you to read the steps in order; jumping ahead may cause you to miss a point that could be key to your child’s success. Here is a brief overview of what you can expect to learn in each step:

- **Step 1: Review the basics.** You’ll learn how the urinary system works, what causes bedwetting and what myths may be coloring your approach to solving the problem.

- **Step 2: Select the right time to start.** You’ll learn how to assess when both you and your child are ready to tackle this issue; if both of you aren’t ready, you will sabotage effective treatment.

- **Step 3: Pick the right treatment for your child.** You’ll learn about the different treatments available and formulate your action plan.

- **Step 4: Choose a bedwetting alarm.** You’ll learn about this crucial treatment tool and how to determine which type is right for your child’s specific needs.

- **Step 5: Prepare to use your bedwetting alarm.** You’ll learn the essential things to do to get yourself, your child and his environment ready for using an alarm.

- **Step 6: Use your alarm until your child is consistently dry.** You’ll learn what to expect from your child and how to handle setbacks along the way.

- **Step 7: Know when to stop.** You’ll learn how to determine when to stop treatment to ensure your child’s new behavior is permanent.

Look to page 81 for some of the common questions and answers I’ve been presented with over the years. Perhaps you will see your own
family situation in some of them. Remember, each child is different, and their responses are different, but these techniques do work! By following my seven steps, most children will achieve dry nights. Imagine no more declined sleepover invitations or increased laundry chores. Your child will be sleeping comfortably and dry. Good luck!
Anti-diuretic hormone (ADH)
also known as vasopressin; hormone secreted by the pituitary gland that regulates the excretion of urine by the kidney.

Bladder
small muscular balloon that stores urine.

Constipation
hard, dry or infrequent bowel movements.

Desmopressin
a synthetic hormone used to supplement naturally secreted vasopressin; reduces the amount of urine produced by the kidney; also know by trademark DDAVP.

Diurnal enuresis
wetting that occurs in the daytime while awake.

Encopresis
soiling of bowel movement in the underwear by a child who is over 4 years old.

Enuresis
an involuntary discharge of urine not due to structural urologic factors; wetting. Can be further defined as diurnal, nocturnal, primary or secondary.

Frequency
how often urination occurs; increased frequency may occur with small bladder capacity or urinary infections; average person urinates five to nine times per day.

Functional bladder capacity
the amount of urine the bladder holds when it alerts the brain that it is full.

Hormone
a substance produced by an organ that travels by the bloodstream to act upon a distant tissue.

Kidney
a paired organ in the body that produces urine.

Lifting
a technique where the child is awakened or carried to the bathroom to urinate.

Nocturnal enuresis
wetting that occurs during sleep.

Oxybutynin
a medication that allows bladder muscles to relax and hold more urine; also known by trademark Ditropan.

Pelvic floor muscles
groin muscles that help to control the flow of urine.
Primary enuresis  
wetting that has always been present  
(primary nocturnal enuresis is wetting  
that has always been present during  
sleep).

Relapse  
two or more wet nights in a week  
after a prolonged period of dryness.

Secondary enuresis  
wetting that occurs after at least six  
months of consistent dryness.

Serotonin  
a substance that regulates cyclic body  
processes such as sleep and memory.

Timed voiding  
emptying bladder during the day at  
regular intervals of time (e.g., every  
two hours).

Timed voiding program  
technique using a device such as a  
watch or timer to vibrate or sound as  
a reminder to urinate.

Tryptophan  
an amino acid formed from protein  
during digestion, triggers serotonin  
release.

Urgency  
the sensation of the need to urinate  
very soon.

Ureter  
small tube that carries urine from the  
kidney to the bladder.

Urethra  
tube that carries urine from the blad- 
der to the outside of the body.

Urinary system  
responsible for producing urine, stor- 
ing it and getting rid of it.

Urinary tract infection (UTI)  
a condition where bacteria (germs)  
grow anywhere along the tracts where  
the urine passes, causing an infection.  
Can occur in the kidney, ureter,  
bladder or urethra.

Vasopressin  
see anti-diuretic hormone (ADH).

Voiding  
the act of excreting urine.
### Seven Steps to Nighttime Dryness

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