

## Bedwetting (Nocturnal Enuresis)

**Bedwetting** (nocturnal enuresis) is when a child urinates during bedtime. From ages 6-12, bedwetting can be a part of normal growth. About 2 out of 10 children wet the bed. This number goes down as they get older, but about 2 out of 100 teens still wet the bed.

Each year, about 1 out of 10 children stop bedwetting on their own. In some cases, your child may stop wetting the bed and then start again. Do not punish your child for bedwetting. With time, support, and praise, bedwetting can get better. Read this handout to learn more.

### Why Bedwetting Happens

Children who wet the bed are not lazy or acting out. They cannot control it. There are many factors that may play a role in bedwetting.

### Family History

Bedwetting often runs in families. If one (or both parents) wet the bed, there is a higher chance that their child may also wet the bed. However, some children wet the bed even if neither parent did.

### Sleep Patterns

Bedwetting is not a sleep disorder. Many children who wet the bed are very deep sleepers. They may not wake up when their bladder is full as part of the brain that helps wake them up is still developing.

### Fluid Intake

Drinking fluids can affect bedwetting. Drinks with caffeine irritate the bladder but also can cause your child to have more urine. Having something to drink later in the day can also affect the amount of urine produced overnight.

### Bowel Movements

Constipation and fewer bowel movements can also affect bedwetting. A large amount of stool in the rectum can press on the bladder. This can make the bladder hold less urine and cause it to empty before it is full.

### Mental Health

Wetting the bed is not a sign of a mental health condition. However, it may be linked to other disorders such as ADHD.

### Testing

Your child's provider may order a urine test to check for problems such as diabetes or a urine infection. Most children do not need imaging or more tests for bedwetting. Your child's provider will decide if more testing is needed.

Your child's provider may also ask you questions about your child's bowel habits and sleep habits and ask you to track their bathroom habits. This can include when your child urinates and how much.

### Treatment

Bedwetting can be treated with healthy habits, alarm therapy, medicine, or a mix of these options.

## Healthy Habits

Your child's provider will talk with you about healthy habits that may help slow down or stop bedwetting at night. Some healthy habits to try include:

- **Limiting caffeine intake.** Caffeine can irritate the bladder and make bedwetting worse.
- **Limiting fluids for 1-2 hours before bedtime.** This can improve how much urine is made at night. Have your child drink more fluids earlier in the day and less in the evening
- **Having your child go to the bathroom 2 times before bed.** They should go to the bathroom, then go again in 2-5 minutes to help empty the bladder. This helps make sure the bladder is completely empty before going to bed.

## Alarm Therapy

A bedwetting alarm may help your child learn to wake up when bedwetting starts. Your child wears the alarm at night. A small sensor clips to their underwear, and the alarm sounds when it gets wet. At first, the alarm may just wake you up. Then, you help your child wake up, go to the bathroom, and return to bed.

This takes time and effort from both you and your child. It may take 4-6 months to work. Most insurance plans do not cover these alarms, but many options are sold online.

## Medicine

Your child's provider may suggest medicine to help with bedwetting. Desmopressin acetate (DDAVP) acts like a hormone in the body and helps the body make less urine at night. It may reduce or stop bedwetting, but it does not work for every child. This medicine must be used with care. Your child should not drink fluids for 2 hours before taking it but may take the medicine with a small sip of water. **Do not** give it if your child is sick.

Other medicines may be used if other options do not work, such as oxybutynin or imipramine.

## Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, please visit [www.uwhealth.org/](http://www.uwhealth.org/).

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your provider. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your provider or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6103