Länsi-Uudenmaan hyvinvointialue
Västra Nylands välfärdsområde

Treating night-time bedwetting

Bedwetting is very common in young children. Staying dry is part of normal maturation and every child develops at their own pace.

Treatment for night-time bedwetting is generally not recommended for children under 5–6 years. The causes are multifactorial and not fully understood.

If dry nights outnumber wet ones, active treatment is not always necessary.
Start by establishing good daytime routines for the child and family.

Toilet habits

The most important part of treating night-time bedwetting is that the child **urinates** every 2–3 hours during the day, whether or not they feel an urge. Easy anchors are after waking, before bedtime, and around meals and outings.

Check posture when urinating. Girls should sit centred on the seat, lean slightly forward with knees apart so the elbows can rest on the knees.

If feet don’t reach the floor, use a small footstool.
Hands should not hold the seat rim; use a toilet trainer if needed.

If standing, boys should pull underwear and trousers down fully so the pelvic floor can relax and the bladder can empty completely.

After urinating, they should make sure the bladder is completely empty by squeezing the last droplets out while counting slowly to ten. Rushing can leave urine in the bladder and lead to a need to go again soon.

Nutrition and fluid intake

It is important for the child to drink an adequate amount of fluids throughout the day (1–2 glasses with breakfast and lunch; 1 glass with a snack; 2 glasses with dinner; and 1 glass with the evening snack).
The main drink should be **water** (or, if needed, **very** diluted juice).

Milk and dairy products: preschool children about 400 ml/day; school-aged children 500–600 ml/day.

Dairy should be avoided after 18:00, as calcium can increase urine production.

Most juices (e.g., apple, orange, strawberry), soda drinks (especially colas), cocoa, tea, citrus fruits, and chocolate can worsen wetting.

Once fluid intake and toilet habits are taken care of, a bedwetting alarm can be tried—ideally from age 6+ and only if the child is motivated.
Alarms are no longer provided via the maternity and child health clinic; families can rent or buy an alarm via www.pedihealth.fi .

Medication may be considered on a case-by-case basis for 5–6-year-old bedwetters.

If bedwetting continues, you may be able to apply to Kela for financial support under certain conditions.

Treating daytime wetting

Bladder control is usually achieved between 4 and 6 years of age (this varies widely).
Daytime wetting often occurs together with constipation; management typically combines toilet training and, if needed, medicines to relieve constipation.

Children who wet during the day often delay going (e.g., not wanting to leave a game or TV show) so accidents happen.

Treating daytime wetting involves scheduled toilet visits every 2–3 hours, even without urge. Ensure proper hydration (about 1–1½ litres/day); concentrated urine can irritate the bladder and trigger contractions.

Keeping a bladder diary can help you identify your child's patterns and triggers.

http://www.pissarakonpomoksi.fi/wp-content/uploads/2020/12/1-viikon-pissa-paivakirja.pdf

If needed, you can consult the public health nurse who supports children with bedwetting and constipation. To do so, contact appointment booking and counselling for maternity and child health clinics via the Lunna app or by phone 029 151 2400 (Mon–Fri 9:00–12:00).