



DryKids
Canada

EndBedWetting.Org

Guide to Dry Nights

age 3 to 6



End Bed Wetting in Toddlers: One Week to Dry

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My web site: www.drykids.info

PREFACE:

The ideal age to get a child out of pull-ups is when he/she is about three years old, and has very good daytime control. It's time to put the diaper on the bed, not on the kid! Yes, we have a solution to prevent wet sheets. I could write a 50-page book on this topic, but it just isn't necessary to read all that and in practice, I've noticed that few people read things to the end. So although this is compact it is everything that you need to know to get a toddler dry. The first 3 Moms that proofread read this had their toddler dry in ONE WEEK.

"after reading the chapter you gave me to read I was dumbfounded to be honest....all the things I thought, I threw out the window.....fingers crossed that this is permanent, we really wanted to have her "fully" trained before starting school as she is fine during the day. We still take her to the bathroom before we go to bed just to ensure no accidents happen, we haven't gotten to the point where she wakes up herself to go in the night, that is our next step" DAWN

"I called you in the Spring and you gave me some advice over the phone about how to help my 6 year old daughter to be dry through the night. I implemented your recommendations right after we talked. I am very pleased to say that after less than a week of following your program, my daughter was dry through the night. She has been on vacation and even gone to sleepovers with absolutely no problems. I have told a few people about how much help you were and thought I should let you know as well." LARA

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The children I work with are age 5 to 18, kids who didn't get dry as toddlers. In most cases I find that the basic problem goes back to a misunderstanding at age 3.

Rule 1: Don't even try this, at age 2. Wait until he has perfect daytime control.



Children need an ideal situation to get dry on their own at age three, but this is the time to do it. By age 5 they often begin to feel "different" and once emotions are involved, it's harder to achieve night time dryness. In order to get dry, a child has to go to bed happy, stress-free, and feeling comfortable. Some of the factors that make it difficult to get dry at night: food colouring, grapefruit, and melons are common irritants, and milk or OJ in the evening will also cause discomfort. Stressful situations that complicate matters are emotional events: family issues like separation, death of a grandparent, birth of a sibling. More than half of the 7-10-year-old boys that I coach have a sister who is 3 years younger, so if you just brought a new baby home, be sure to continue tucking in the little boy too!

Rule 2: Ditch the Pull-ups

Rule 3: Tape Puppy Pads on top of the sheet

Rule 4: Medicate with WATER and avoid problem foods

Rule 5: Practice runs to the bathroom



Ditch the Pull-ups by diapering the bed.

To help a child get dry, you have to do two things: make their sleep lighter, and make their bladder send a healthy signal. Step one is to diaper the bed.

Taping a disposable 'puppy training pad' (30 for \$10) on top of the sheet achieves two things: it changes the feel of the bed to help alter the deep-sleep habit, and it catches as much urine as a pull-up. It's a big step for a child to get out of the pull-ups, it becomes a challenge which makes them sleep lighter for the first few nights. Use dollar-store duct tape (the good stuff harms your sheets, use the cheap tape) and put a strip on each corner.

The only medicine that fixes bed wetting is water!



Many kids are somewhat constipated because (1) They've been told that water is 'bad' so they avoid it and (2) they 'hold' pee or poop which causes the bladder to get too muscular.

Start a regular toileting routine. Every three hours have the child sit on the toilet for up to 5 minutes, with a box for the feet and legs apart. Then have him/her drink a big glass of water afterwards. No one should ever hold pee, or poop for that matter; this is a major cause of bed wetting. Regular gentle use of the bladder will eventually make it more flexible and larger, with a stronger signal. Holding does the opposite.

Drink a big glass of water before bed!

Yes it sounds weird, but it works.

Practice going to the toilet.

Have your child lie in bed and pretend to be asleep, then imagine a full bladder, and get up. He/she walks to the bathroom and splashes water on his/her face before using the toilet. Do this twice each night before going to sleep. This is called "guided imagery".

When you do something often enough, you can do it in your sleep.

Treat for constipation, until your child has a soft-poop movement every day after breakfast. Use a stool softener that contains PEG 3350 (polyethylene glycol) that comes under names like Lax-a-day and Clear-Lax. It's totally harmless, just attracts water to the stool. Mix 1/4 tsp in water or juice at each mealtime, increasing by 1/4 teaspoon each week for 4 weeks.

“Cow’s milk is for baby cows.”

Cows have a perfect patty: their poop is so soft that it makes a patty on the ground. Ironically cows produce milk, which constipates children.

We suggest that milk be avoided after lunch time, and completely eliminated for a short test period if the child’s bed wetting persists too long. Constipation is also often found in children with special needs, such as spina bifida, Down syndrome and cerebral palsy, and it can be a side effect of many medications.



Problem Foods:

Starting now and until the child has been dry for three weeks, make some small changes in eating and drinking habits.

Avoid citrus (O.J.) in the afternoon and evening. Avoid MILK in the 3 hours before bed. No caffeine (chocolate milk). No pop (carbonation is the problem). Avoid food colorings, yellow (tartrazine) and red of course. Ice cream and pizza should be avoided in the 3 hours before bed. Avoid all melons, and grapefruit. And you should know.. grapefruit is bad for adults who take medications.

Small bladder?



Thirty years ago Dr. Sean O'Reagen did experiments to determine how holding, constipation, and bed wetting were related. He found that "holding" is one of the most common causes of bed wetting. Kids hold for many reasons: too busy, gross school bathrooms, teachers who won't let them leave.

"Holding" in pee does not make a bladder healthier; just the opposite. Like any muscle, the bladder muscle gets stronger if you make it work hard. Stretching a bladder by holding gives too much exercise to the muscle, which gets thicker and stronger as a result. Thicker bladder walls are less sensitive. The same child who 'holds' pee usually also 'holds' poop too, which cause more complications. As the bowels get full they press

on the bladder, leaving it less room to expand... and the bladder sensory nerve lies between the two. Sometimes the bladder signal is stifled by pressure from the bowels. Dr. O'Reagan took X-rays of thirty bed wetters and found that 25 of 30 bed wetters had a large, permanent buildup of fecal matter even though the parents insisted that their child was having normal bowel movements. This is caused by poor hydration, usually the result of restricting fluids to prevent 'accidents'.

So restricting fluids can cause these complications:

- Fecal buildup and undiagnosed constipation
- Rectal stretching with loss of tone, loss of signal, and discomfort
- Loss of bladder capacity, with resultant thickening and weakening of the bladder signal
- Which prolongs bed wetting

Small children don't always understand our intentions, so when you restrict fluids they might get the wrong idea, that water is always bad. Doctors say, "a dumb kidney is even smarter than a smart doctor", because the kidneys get the water they need from wherever it is available. If fluids are restricted then the kidneys take moisture from the bowels overnight, resulting in hard 'poop'. This can build up and stretch the rectum, which in turn leaves less room for the bladder. The bladder can't stretch so it gets lazy and its walls thicken, resulting in a weaker signal from the bladder.

Treating Constipation with Diet

The goal is Mushy Poop every morning.

Good bowel health is achieved with diet, proper toileting, and perhaps medication.

Decrease foods that are constipating, including cow's milk, bananas, yogurt, cheese, cooked carrots and other foods that are low in fiber. For children that drink a lot of milk, soy milk is a possibility. At least restrict milk to the morning hours.

Another important dietary change is increasing the amount of fiber in your child's diet. How much fiber does your child need? Children should have 5-6 grams of fiber plus their age in years every day. Thus a 10 year old should have 16 grams of fiber each day.

Fruits and vegetables, especially if they are raw and unpeeled, are good choices. Vegetables that are particularly high in fiber include beans, especially baked, kidney, navy, pinto and lima beans, sweet potatoes, peas, turnip greens and raw tomatoes.

Other foods that are good for children with constipation include vegetable soups (lots of fiber and added fluid), and popcorn. We recommend popcorn as an evening snack; it can be satisfying without adding milk or wheat at a difficult time of day. Bran cereals, bran muffins, shredded wheat, graham crackers, and whole wheat bread are also helpful.

As to fluids.. children should drink lots of water, apple juice, pear and prune juice, or cranberry juice. Our DryKids program suggests 20-40 oz. per day for kids 5-10 respectively, on the Water Gulping routine. It helps avoid constipation, offers good

hydration, and helps to clean the system of the nasties: food dyes, chemicals, additives. Give your kidneys enough fluid to do their job of digestion and washing.

Hard poop and strong dark pee? Not enough water.

Mushy poop and pale pee? Just about right!

Keeping in mind the main goal of your child having a soft stool each day, your child may need to take the softener for a long period of time and often up to 4-6 months. One of the biggest mistakes parents make in treating their children's constipation is stopping their softener once they begin having soft stools. If stopped too early, your child is likely to relapse and become constipated again.

Why doctors can't help:

Bed wetting is only rarely a medical problem; in some cases we will suspect a medical issue and recommend a visit to your family doctor. The children of doctors are amongst our favourite clients because MD's know that this is a pattern of behaviour which can't be fixed with drugs or surgery. They really do follow their diets and exercises to the letter!

Doctors are "hardware" guys, and this is a "software" issue. Bed wetting is a habit; the kids with this problem just didn't learn to be boss of their bladder. Doctors are trained to look for organic problems; they usually say "he will outgrow it" because most kids do! As for his other advice.. "restrict water", "take him to the bathroom at 11pm", "he has a small bladder", well even Dr. Oz says these things to and where did he get that info? Most likely, from his grandmother because it certainly isn't taught in Doctor School.

What doctors can do, is check for bladder and kidney infections, and diabetes. Other than that, they might offer "dry up drugs".

FREE DRUGS? Children can learn how to produce natural DDAVP

Many doctors and researchers say that a bed wetting child doesn't produce enough ADH, the hormone that apparently instructs the kidneys to make less urine at night. Their bedwetting solution is to prescribe DDVAP, a medication that mimics ADH, to restrict the production of urine. The problem is that the pill affects a child for six or eight hours, whereas natural ADH is only produced as required for short periods. We teach children to control their ADH naturally! Learning this control is normally the final step in Potty Training: learning the ability to tell your kidneys "I don't want to wake up! I'll wait till morning!"

We've proven it a hundred times. We meet a child who wets voluminously and doesn't wake up at all. We teach him first to wake up, then to wet less, then to hold it all night. The process may take a week, or several months, but it's a great experience for both child and parents.

You can do this too; after your child has had a week of following the food rules, practices, and water gulping, he might still be wetting. The accidents usually happen about 2 ½ hours after going to sleep. So, start waking him/her up at 10pm by washing his face. Then get him to walk to the toilet himself, and back to bed. Then remind him again to try to "hold it" all night. Do this waking at 10 for a week and if he/she is dry at that time, then go to 9:45 for a week. Then 9:30 for a week and so on. If he is dry at that

time, go back to a later time. Once you've arrived at ½ hour before bed and the child is still dry till morning, then he's probably entirely dry.

More info: see www.drykids.info/tips.html

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