

A Practical, Compassionate Step-by-Step Guide
to Help Your Child Stay Dry and Build Unshakable Confidence

The DryCode™ Method



Everything Parents Need to Know
About Childhood Bedwetting



Understand
the real causes



Practical steps
that actually work



Support your child
with confidence
and compassion



Build a dry,
happy, confident
future together

Real Solutions.
Real Progress.
Real Peace
of Mind.

The DryCode™ Method

Everything Parents Need to Know
About Childhood Bedwetting



Debra

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Chapter 1

Why Is My Child Still Wetting the Bed?

Understanding what may be happening—without blame, panic or shame

If you are reading this because your 7-, 8-, 9- or 10-year-old still wets the bed, you may already know how exhausting it can be.

The mattress gets wet.

The bedsheet needs washing again.

You wake your child, change clothes, clean up, and wonder:

“When will this finally stop?”

And sometimes the hardest part isn't even the laundry.

It's the questions.

Is something wrong with my child?

Am I doing something wrong as a parent?

Why can other children stay dry at night but mine can't?

Should I stop giving water in the evening?

Should I wake my child every night?

Is my child doing this deliberately?

Let's start with something important:

Your child is not doing this to annoy you.

Bedwetting is generally not a sign of laziness, stubbornness or poor parenting. Children can wet the bed because nighttime bladder control develops at different rates, and several factors can contribute to nighttime wetting. ([NIDDK](#))

So before we talk about routines, trackers or the DryCode™ Method, we need to understand what may actually be happening.

1. Bedwetting Is More Common Than You Think

It can feel as though your child is the only one.

Especially when cousins, neighbours' children or classmates seem to have stopped years ago.

But nighttime wetting is still relatively common among school-age children.

For example, NIDDK estimates that around **1 in 10 seven-year-olds** experience bedwetting. Most children with bladder-control problems are otherwise physically and emotionally normal, and many improve as they mature. ([NIDDK](#))

That doesn't mean you should simply ignore persistent bedwetting.

It means you don't need to approach your child as though something is "wrong" with them.

There is a difference.

Your job is not to shame the child into becoming dry.

Your job is to **understand the pattern and support the child appropriately.**

That is the thinking behind the DryCode™ Method.

2. What Exactly Is Bedwetting?

Bedwetting—also called **nocturnal enuresis**—simply refers to involuntary urination during sleep.

There are two important situations to distinguish.

Situation A: Your child has never consistently stayed dry at night

Your child may have been dry during the day for years but still wet the bed at night.

This is often called **primary enuresis**.

Situation B: Your child was previously dry and has started wetting again

This is called **secondary enuresis** and deserves a little more attention, particularly if your child has been consistently dry for six months or longer.

([NIDDK](#))

Why does this distinction matter?

Because the two situations can have different explanations.

A child who has never developed reliable nighttime dryness may simply be progressing more slowly in nighttime bladder control.

A child who was dry for a long period and suddenly begins wetting again may have another factor worth investigating.

That is why we don't want to treat every wet bed with the same problem.

3. What Happens While Your Child Is Sleeping?

Imagine your child's bladder filling during the night.

Normally, as the bladder fills, signals travel between the bladder and brain.

Eventually, the brain recognises:

“The bladder is getting full. It's time to wake up and use the toilet.”

But nighttime bladder control depends on several systems working together.

The bladder needs to hold urine.

The kidneys need to regulate how much urine is produced overnight.

The nervous system needs to send and receive the appropriate signals.

And the child needs to wake up when necessary.

For some children, this coordination is still developing.

Some children also sleep extremely deeply and may not wake when their bladder is full. Other children may produce more urine overnight than their bladder can comfortably hold. ([NIDDK](#))

So when you find your child sleeping peacefully in a wet bed, remember:

They may not have known it was happening.

That changes how we respond.

4. Why “Just Stop Doing It” Doesn't Work

Imagine telling a child:

“You're old enough now. Stop wetting the bed.”

It sounds simple.

But if the child is asleep and doesn't wake when their bladder is full, how are they supposed to consciously "stop"?

This is why punishment, shouting, humiliation or threats are not appropriate solutions.

Your child may already feel embarrassed.

They may worry about friends discovering the problem.

They may dread sleeping somewhere else.

They may even begin hiding wet clothes or sheets because they're afraid of your reaction.

Adding more fear doesn't teach nighttime bladder control.

Instead, the goal should be to create a calm environment where your child can participate in the solution.

Healthcare guidance also recommends support and encouragement rather than blame or punishment. ([HealthyChildren.org](https://www.healthychildren.org))

5. So What Could Be Behind Your Child's Pattern?

There isn't always one single cause.

Several factors can overlap.

Development

Some children's nighttime bladder control simply develops later than others. Physical development, bladder capacity and the brain-bladder communication system can all play a role. ([NIDDK](https://www.niddk.nih.gov))

Family history

Bedwetting can run in families.

If a parent experienced bedwetting as a child, their child may also be more likely to experience it. ([NIDDK](https://www.niddk.nih.gov))

Nighttime urine production

Some children produce a large amount of urine during the night. A full bladder can then become difficult to manage while the child remains asleep. ([NIDDK](#))

Constipation

This is one parents sometimes overlook.

Constipation can contribute to or worsen bladder-control problems because the bowel and bladder occupy the same area of the body. ([NIDDK](#))

Pay attention if your child has hard or painful stools, goes several days without passing stool, avoids using the toilet, or has stool staining in their underwear.

Stress or major changes

Stress can sometimes contribute to bedwetting, particularly when a child who has been dry begins wetting again.

Changes such as moving house, starting a new school, family difficulties or other significant events may affect some children. ([NIDDK](#))

But don't automatically assume:

“My child is wet because they are stressed.”

We observe first.

We look for evidence.

That's an important part of DryCode™.

6. The Question Every Parent Should Ask

Instead of asking:

“How do I stop my child from wetting the bed?”

start asking:

“What pattern am I seeing?”

Does it happen every night?

Only some nights?

After particularly busy days?

Does your child sleep extremely deeply?

Does your child have daytime urgency or accidents?

Are bowel movements difficult?

Was your child previously dry?

Does the wetting happen once a night or several times?

Are there other symptoms?

These questions may seem small.

But together, they create a picture.

And that picture is what we're going to use throughout this guide.

7. Don't Turn Bedtime Into an Investigation

There is one important balance here.

Observe—but don't interrogate.

Your child doesn't need to feel like they are being examined every night.

You don't need to ask:

"Why did you do it?"

"What did you drink?"

"Why didn't you wake up?"

"Didn't I tell you to use the toilet?"

Instead, calmly notice what happens.

For example:

Monday: Wet bed. Slept very deeply. No daytime accidents.

Tuesday: Dry night.

Wednesday: Wet bed. Had difficulty passing stool that day.

Thursday: Dry night.

Friday: Wet bed after a very late bedtime.

You're collecting clues.

You're not looking for someone to blame.

8. Your First DryCode™ Principle

Before we move into the different patterns, remember this:

The accident is not the enemy. The unknown pattern is.

A wet bed tells you that something happened during the night.

It doesn't automatically tell you why.

So we don't jump from:

“Wet bed” → “My child needs to drink less.”

We pause.

We observe.

We ask better questions.

We look at the whole picture.

That is the first step toward making better decisions.

9. When Should You Take Bedwetting More Seriously?

Bedwetting itself is often not a sign of a serious illness.

However, certain symptoms deserve medical attention.

Speak with a healthcare professional if your child has bedwetting alongside symptoms such as:

- Pain or burning when urinating
- Fever
- Blood, cloudy urine or unusually foul-smelling urine
- A weak or unusual urine stream
- Significant daytime urinary accidents
- Very frequent or urgent urination
- Persistent constipation or bowel-control problems
- Continuous dampness
- New bedwetting after a prolonged period of dryness

These can sometimes point to an underlying problem that needs assessment. ([NIDDK](#))

Also seek medical advice if your child develops **marked thirst, frequent urination, tiredness or unexplained weight loss**, particularly if bedwetting has newly appeared. These can be warning signs of diabetes and should not be dismissed as ordinary bedwetting. ([HealthyChildren.org](#))

This guide is not a substitute for your child's doctor.

When you're unsure, it's better to ask.

10. The DryCode™ Mindset

From this point forward, we're going to approach the problem differently.

Not:

Punish → panic → try another random tip → get frustrated → repeat.

Instead:

OBSERVE

What is actually happening?

↓

IDENTIFY

What pattern might the clues suggest?

↓

ROUTINE

What simple, appropriate habits can support your child's nighttime routine?

↓

TRACK

What changes? What stays the same?

↓

ADJUST

What should you continue, change or discuss with a healthcare professional?

That's the **DryCode™ Method**.

It isn't a promise that every child will become dry on a particular schedule.

It's a framework for helping parents stop guessing and start responding thoughtfully.

Chapter 1 Takeaway

If there is only one thing you remember from this chapter, remember this:

Your child's wet bed is not a character flaw. It's information.

Don't use it to label your child.

Use it as a clue.

Your child needs your support—not embarrassment.

And you don't need to solve everything tonight.

In the next chapter, we'll look more closely at the factors that can influence nighttime wetting and why understanding your child's individual situation matters before choosing what to do next.

The goal is not to chase every bedwetting tip you hear from relatives.

CHAPTER 2

What Could Be Behind the Pattern?

Understanding the factors that may influence your child's nighttime wetting

By now, you know something important:

A wet bed is not the whole story.

It is only the visible part.

Behind that wet sheet may be a combination of your child's development, sleep, bladder habits, bowel habits, nighttime urine production, family history, or—especially when wetting starts again—changes in their health or environment.

This is why the DryCode™ Method doesn't begin with:

“Try this trick.”

It begins with:

“Let's understand what we're seeing.”

1. There Isn't Always One Simple Cause

As a parent, it is natural to want one clear answer.

Maybe you think:

“It's because my child drank water before bed.”

Or:

“My child sleeps too deeply.”

Or:

“Maybe my child is just being careless.”

But bedwetting can involve several factors at the same time.

The bladder, brain, kidneys, sleep patterns and bowel function all play a role in nighttime bladder control.

Some children may produce more urine during sleep. Some may have a bladder that doesn't hold as much urine overnight. Some don't wake easily when their bladder is full. Constipation can also affect bladder function.

So don't rush to label your child's bedwetting based on one observation.

Look at the pattern over time.

2. Development Can Take Time

One of the most important things for parents to understand is that nighttime dryness doesn't develop at exactly the same age for every child.

A child can be completely capable of using the toilet during the day and still struggle with nighttime bladder control.

This can be confusing.

You might think:

“But my child is already eight. They know how to use the toilet.”

Exactly.

The issue isn't necessarily whether your child *knows* how to use the toilet.

Nighttime bladder control involves the body and brain working together while the child is asleep.

For some children, that system takes longer to mature.

This is one reason comparing your child with another child can be unhelpful.

Your neighbour's child may have stopped wetting at six.

Your sister's child may have stopped at five.

Your child may take longer.

Different does not automatically mean wrong.

3. Deep Sleep Can Be Part of the Picture

Have you ever tried waking your child and felt like you were practically carrying them to the bathroom?

Maybe they barely open their eyes.

Maybe they don't remember the trip in the morning.

Maybe they fall straight back asleep.

Some children are simply very difficult to wake.

If the brain doesn't respond appropriately to signals from a full bladder during sleep, the child may not wake up to urinate.

This is why telling a deep sleeper:

“You need to wake yourself up!”

isn't necessarily useful.

They may genuinely be unable to respond to the bladder signal consistently yet.

That doesn't mean deep sleep is the only explanation.

It is simply one clue to consider.

4. Nighttime Urine Production Matters

Your child's body continues producing urine while they sleep.

But the amount produced overnight can vary.

A hormone called **vasopressin**, also known as antidiuretic hormone (ADH), helps the kidneys reduce urine production during sleep.

In some children with bedwetting, nighttime urine production may remain relatively high.

If the amount of urine produced exceeds what the bladder can comfortably hold, an accident can occur.

This is why the simplistic advice:

“Just don't let your child drink anything.”

is not a complete solution.

Children still need adequate hydration.

The goal is not to dehydrate your child.

Instead, throughout this guide, we'll focus on **sensible fluid habits and consistent routines**.

5. The Bladder Has a Role Too

Think of the bladder as a storage container.

During the day, your child can usually recognise the need to empty it and walk to the toilet.

At night, things are different.

The bladder has to store urine while the child sleeps, and the brain has to respond when it becomes full.

For some children, bladder capacity or bladder function may contribute to nighttime wetting.

This becomes particularly important if you notice other symptoms during the day.

For example:

- Your child urgently needs to urinate.
- They frequently rush to the toilet.
- They have daytime accidents.
- They urinate unusually often.
- They complain of pain when urinating.

Those clues deserve more attention than simply focusing on the wet bed.

6. Don't Forget Constipation

Here's a question many parents don't think to ask:

“How is my child's bowel movement?”

Constipation can be surprisingly relevant to bladder control.

The bowel and bladder sit close together in the body.

When the bowel is full because of constipation, it can affect bladder function and contribute to urinary symptoms, including bedwetting.

Look beyond whether your child goes to the toilet every day.

A child may still be constipated if they have:

- Hard or painful stools
- Very large stools
- Long gaps between bowel movements
- Stool withholding
- Soiling or stool marks in underwear
- Abdominal discomfort

If you suspect constipation, speak with a healthcare professional rather than trying random remedies.

Don't ignore the bowel when you're trying to understand the bladder.

7. Family History Can Give You a Clue

Sometimes the answer is sitting in your own family history.

Ask yourself:

Did I wet the bed as a child?

What about your child's other parents?

Or perhaps an older sibling?

Bedwetting can run in families. Children are more likely to experience it when a parent also had childhood bedwetting.

This isn't about finding someone to blame.

Quite the opposite.

It can help you understand that your child's experience may have a developmental or biological component.

So if your mother tells you:

“You also used to wet the bed when you were young.”

That may actually be useful information.

8. What If Your Child Was Already Dry?

This is one of the most important questions in the entire guide.

Was your child previously dry at night for at least six months?

If the answer is yes and the bedwetting has started again, pay closer attention.

This is known as **secondary enuresis**.

A return of bedwetting can sometimes be associated with constipation, urinary problems, diabetes, sleep problems, stress or other health factors.

That doesn't mean something serious is automatically wrong.

It means:

A change in the pattern deserves investigation.

Don't simply assume:

“They've become lazy.”

Instead ask:

“What changed?”

9. Look at Life Outside the Bedroom

Children don't always have the words to explain when something is bothering them.

Sometimes their behaviour changes before they tell you why.

Has there been:

- A new school?
- A move to a new home?
- A new baby?
- Family conflict?
- Bullying?
- A difficult experience?
- A major change in routine?
- A period of emotional stress?

Stress can sometimes contribute to secondary bedwetting.

But here's an important warning:

Don't automatically blame stress.

If your child begins wetting the bed after a major life change, stress may be one possible factor.

But physical causes should not be overlooked.

The DryCode™ approach is about looking at the **whole pattern**, not choosing the first explanation that sounds convincing.

10. The “Too Much Water” Myth

This is especially important because parents often hear advice from friends, relatives and online sources.

You may hear:

“Don’t give the child water after 6 p.m.”

Or:

“No drinks before bed.”

But children need appropriate hydration, and severe fluid restriction isn't a sensible general solution.

Instead of trying to eliminate evening fluids completely, focus on reasonable habits.

For example:

- Encourage regular drinking during the day.
- Avoid making your child excessively thirsty before bedtime.

- Include a toilet visit as part of the bedtime routine.
- Pay attention to what happens on wet versus dry nights.

And if your child is unusually thirsty or urinating much more than usual, don't simply restrict their water.

Talk to a healthcare professional.

Excessive thirst and frequent urination can be symptoms of diabetes and need medical assessment.

11. What About Your Child's Bedtime?

Sometimes the nighttime routine itself provides useful clues.

Imagine two evenings.

Evening A

Your child eats dinner on time.

They drink normally throughout the evening.

They use the toilet before bed.

They go to bed at their usual time.

Evening B

Homework runs late.

Dinner is delayed.

Your child drinks a lot close to bedtime.

They fall asleep without using the toilet.

Now imagine that wetting happens more often after evenings like **B**.

Does that prove the routine caused the accident?

No.

But it gives you something worth tracking.

That's the difference between **guessing** and **observing**.

12. The DryCode™ Rule: Don't Chase Every Explanation

At this point, you might be thinking:

“So many things can contribute to bedwetting. How am I supposed to know which one applies to my child?”

That's exactly why we're not going to try to solve everything at once.

You don't need 20 new rules.

You need information.

The DryCode™ Method asks you to collect simple clues and look for repeated patterns.

Instead of changing five things at once, you learn to notice:

What happens before the wet night?

What happens on dry nights?

What is different?

13. Your Child's Pattern May Not Look Like Another Child's

Consider two children.

Child A

- Sleep extremely deeply.
- Rarely wakes during the night.
- Has no daytime urinary symptoms.
- Has wet nights regularly.

Child B

- Was dry for over a year.
- Suddenly begins wetting several nights a week.
- Is also urinating frequently during the day.

Both children are wetting the bed.

But their situations are clearly different.

That's why a generic:

“Do these 10 things to stop bedwetting”

approach can miss important information.

The pattern comes first.

14. A Simple Pattern-Spotting Exercise

Before continuing, take a moment to think about your child's last seven nights.

Don't worry if you don't remember everything.

Just write down what you know.

Night	Wet/Dry	Bedtime	Toilet Before Bed?	Anything Unusual?
--------------	----------------	----------------	---------------------------	--------------------------

1

2

3

4

5

6

7

Now look at the table.

Don't try to diagnose anything.

Just ask:

“Do I notice anything repeating?”

Maybe there isn't a pattern yet.

That's completely fine.

The goal at this stage is observation.

15. When You Should Contact a Healthcare Professional

Parents sometimes delay seeking help because they assume:

“It's only bedwetting.”

But certain symptoms should be checked.

Speak with a healthcare professional if your child has bedwetting along with:

- Pain or burning during urination
- Fever
- Blood in the urine
- Unusual urine colour or smell
- Daytime wetting
- Very frequent or urgent urination
- Weak or unusual urine stream

- Persistent constipation
- Continuous urinary leakage
- New bedwetting after a long period of dryness
- Excessive thirst
- Unexplained weight loss
- Significant tiredness

These symptoms may point to an underlying condition that needs assessment.

And remember:

Asking a doctor doesn't mean you have failed.

It means you're paying attention.

16. Your Chapter Two DryCode™ Checklist

Before moving forward, see if you understand these five points:

- ☐ Bedwetting can have more than one contributing factor.
- ☐ Nighttime bladder control develops differently from child to child.
- ☐ Sleep, bladder function, nighttime urine production and constipation can all matter.
- ☐ A child who was previously dry and suddenly starts wetting deserves closer attention.

☐ Warning signs or concerning changes should be discussed with a healthcare professional.

If you checked all five, you're ready for the next step.

Chapter 2 Takeaway

You don't need to become a doctor to understand your child's bedwetting.

You simply need to become a better observer.

Don't ask only, "Why is the bed wet?"

Ask:

"What was happening around the time it happened?"

That's the beginning of decoding the pattern.

And once you understand the pattern, you can stop throwing random solutions at the problem.

You can begin building a routine that makes sense for **your child**.

Next: Chapter 3 — Stop Guessing. Start Observing.

This is where we officially begin the **DryCode™ Method** and create your child's first **7-Night Observation Map**.

CHAPTER 3

Stop Guessing. Start Observing.

The first step of the DryCode™ Method

You have probably heard plenty of advice by now.

“Stop giving water at night.”

“Wake the child before you go to bed.”

“Make them use the toilet twice.”

“Give them this.”

“Don't give them that.”

“It's because they sleep too deeply.”

“It's because they are playing too much.”

“Just scare them a little and they'll stop.”

And when one suggestion doesn't work, another one appears.

So you try something else.

Then something else.

Eventually, bedtime starts feeling like a project.

But there is a better starting point.

Stop guessing. Start observing.

Before changing your child's routine, spend a few nights learning what is actually happening.

That is the first step of the **DryCode™ Method**.

1. The Five Steps of DryCode™

The DryCode™ Method is built around five simple steps:

1. OBSERVE

Collect information without judging or blaming.



2. IDENTIFY

Look for repeated clues and possible patterns.



3. ROUTINE

Create sensible nighttime habits based on what you've observed.



4. TRACK

Record what happens over time.



5. ADJUST

Review the information and decide what should change—or when professional help is appropriate.

It's deliberately simple.

Because parents don't need another complicated system.

They need something they can actually use when dinner is late, homework isn't finished, younger siblings are crying and tomorrow is a school day.

2. Your First Mission: Become the Observer

For the next **7 nights**, you're not trying to "fix" everything.

You're collecting clues.

Think of yourself as a detective.

Not a detective looking for someone who is guilty.

A detective looking for information.

Your child isn't the suspect.

The pattern is a mystery.

Every morning, record a few simple things.

You don't need to write a long diary.

You only need enough information to start seeing connections.

3. Your 7-Night Observation Map

Use this simple tracker for one week.

Night	Wet/Dry	Bedtime	Toilet Before Bed?	Night Waking	Anything Unusual?
Night 1					
Night 2					
Night 3					
Night 4					
Night 5					
Night 6					

Night

7

You can copy this into a notebook, print it, or use the tracker in the bonus toolkit.

The important thing is **consistency**.

4. What Should You Observe?

Don't overwhelm yourself.

Start with these eight clues.

1. Was the night wet or dry?

Simple.

Write:

W = Wet

D = Dry

If the bed was wet, you can also note whether it was a small, moderate or large accident if you can reasonably tell.

You don't need to measure urine.

You're simply observing.

2. What time did your child go to bed?

Write down the approximate bedtime.

For example:

9:15 p.m.

Don't worry if bedtime isn't exactly the same every night.

In fact, differences can sometimes give you useful information.

3. Did your child use the toilet before sleeping?

Record:

Yes / No

Again, don't use this to punish your child.

It's simply information.

4. Did your child wake during the night?

If you know, record it.

For example:

Woke at 2:00 a.m. — used toilet

or

Did not wake

If you're not sure, write:

Unknown

You don't need to install yourself beside your child's bed all night.

5. Were there unusual evening circumstances?

This is where things can become interesting.

Maybe:

- Your child went to bed much later.
- There was a family event.
- Your child was unusually tired.
- The evening routine changed.
- Your child complained about something.
- Your child was unwell.
- Your child was unusually thirsty.

Write down anything genuinely unusual.

Don't try to create explanations.

Just record observations.

5. Don't Change Everything During the Observation Week

This is one of the most important rules.

If you suddenly introduce:

- A new bedtime
- A new drink restriction
- Multiple toilet trips
- New supplements
- A new medication
- Several behavioural strategies
- A completely different evening routine

...you may make your observations harder to interpret.

The purpose of the first seven nights is to understand your **current baseline**.

You're asking:

“What normally happens in this household?”

Not:

“How quickly can I force this to stop?”

6. The Trigger Timeline

Here's another powerful DryCode™ exercise.

Sometimes the event you notice in the morning isn't the only thing worth looking at.

Ask:

“What happened earlier?”

For example:

Saturday morning: Wet bed.

Instead of immediately saying:

“The child drank too much.”

Look back.

What happened Friday evening?

Was bedtime much later?

Was there a change in routine?

Was your child sick?

Was there unusual stress?

Was there constipation?

Was anything different?

You are building a **timeline of clues**.

You may eventually notice that certain circumstances appear repeatedly around wet nights.

But remember:

A pattern is not proof of a cause.

If your child has two wet nights after late bedtimes, that is worth recording.

It doesn't prove that late bedtime caused the wetting.

7. Look for Repetition

One unusual night doesn't tell you much.

Repeated observations are more useful.

Imagine your notes look like this:

Monday: Dry — normal bedtime.

Tuesday: Wet — normal bedtime.

Wednesday: Dry — normal bedtime.

Thursday: Wet — very late bedtime.

Friday: Dry — normal bedtime.

Saturday: Wet — very late bedtime.

Sunday: Dry — normal bedtime.

Now you have something worth noticing.

Two of the three wet nights happened after unusually late bedtimes.

That's not a diagnosis.

But it is a **clue**.

And clues are what we're looking for.

8. Don't Turn Your Child Into the Tracker

This guide is for parents, but your child should still feel involved in a healthy way.

You don't want your child waking up every morning thinking:

“Did I fail again?”

Instead, keep the conversation neutral.

You can say:

“We're just learning how your body behaves at night.”

Or:

“We're going to try a little bedtime routine and see how things go.”

The difference is enormous.

You're communicating:

“We're working on this together.”

Not:

“You need to stop embarrassing us.”

9. The Two-Minute Morning Check

You don't need a 20-minute interview every morning.

Keep it simple.

When your child wakes:

Ask yourself:

Was the bed wet or dry?

Did anything unusual happen overnight?

Was there a toilet trip?

Was the child unusually thirsty or uncomfortable?

Then record the information.

If your child is comfortable telling you about something unusual, listen.

But don't force them to explain an accident.

Remember:

The child is not responsible for solving the mystery.

10. What About Rewards?

Reward systems can be complicated when handled incorrectly.

A common approach is:

“If you stay dry, you get a star. If you wet the bed, you lose the star.”

The problem is that a child may not be able to completely control whether they get wet during sleep.

Punishing them for something outside their control can create shame.

If you use encouragement, focus on **behaviours the child can actually participate in**, such as:

- Following the bedtime routine
- Using the toilet before bed
- Helping calmly with cleanup
- Recording observations
- Speaking honestly about what happened

The message should be:

“We celebrate effort and healthy habits—not punish accidents.”

11. The DryCode™ Parent Observation Questions

At the end of each night, ask yourself these questions:

Question 1

Was tonight different from yesterday?

Question 2

Was anything different before bedtime?

Question 3

Was my child's routine different?

Question 4

Did my child have any daytime urinary or bowel symptoms?

Question 5

Was my child unusually thirsty, tired or unwell?

Question 6

Did anything emotional or stressful happen?

Question 7

Is this something I've seen repeatedly?

If the answer to the last question is **no**, don't force a conclusion.

Simply keep observing.

12. What NOT to Record

You don't need to track every tiny detail of your child's life.

Avoid turning the tracker into a surveillance system.

You don't need:

- Exact millilitres of every drink unless a healthcare professional has specifically asked you to track this.
- Every movement your child makes.
- Constantly waking your child just to collect information.
- A detailed psychological analysis of every wet night.
- Comparing your child with siblings or classmates.

The tracker should make things **clearer**, not more stressful.

13. The 7-Night Rule

Give yourself seven nights of observation before making major conclusions.

At the end of the week, sit down with your notes.

Ask:

“What keeps appearing?”

Maybe you see nothing obvious.

That's okay.

Maybe you notice:

- Wet nights happen frequently.
- Your child rarely wakes.
- Your child has daytime urgency.
- Your child struggles with constipation.
- Wetting recently returned after a long dry period.
- There are no obvious differences between wet and dry nights.

Every one of those observations tells you something.

14. Your DryCode™ Pattern Scorecard

Now you're ready for a preliminary scorecard.

For each statement, mark:

0 = Never

1 = Sometimes

2 = Often

Deep-Sleeper Clues

Statement	Score
My child is extremely difficult to wake.	___
My child rarely wakes because of the need to urinate.	___

My child sleeps very deeply. _____

Routine Clues

Statement	Score
Bedtime varies significantly from night to night.	_____
Toilet routines are inconsistent.	_____
The evening routine often becomes rushed.	_____

Bladder/Urination Clues

Statement	Score
My child frequently needs to urinate during the day.	_____
My child sometimes has urgency or daytime accidents.	_____
My child complains about urinary discomfort.	_____

Important: urinary discomfort, significant daytime symptoms or other concerning signs should be discussed with a healthcare professional rather than simply treated as a "pattern."

Bowel Clues

Statement	Score
My child has hard or painful stools.	___
My child sometimes goes several days without passing stool.	___
My child has stool marks or soiling in underwear.	___

Change/Stress Clues

Statement	Score
My child was previously dry for a long period.	___
The wetting started again after being dry.	___
There has been a significant change in my child's life or routine.	___

This scorecard is **not a medical diagnostic test**.

It's simply a way to organise your observations.

15. Your First DryCode™ Decision

After seven nights, don't immediately jump to:

“I know exactly what is causing this.”

Instead, divide your observations into three categories.

GREEN — Routine Clues

You notice ordinary routine differences that may be useful to address.

YELLOW — Pattern Clues

You notice repeated behaviours or circumstances that deserve closer observation.

RED — Health Clues

You notice symptoms such as pain with urination, significant daytime accidents, excessive thirst, blood in the urine, fever, or new bedwetting after a long period of dryness.

Red clues are not a DIY problem.

They are reasons to speak with a healthcare professional.

16. Your DryCode™ Detective Checklist

Before moving to the next chapter, complete this checklist:

- ☐ I have observed my child's nighttime pattern.
- ☐ I have started a 7-night observation record.

- ☐ I am looking for repeated clues rather than blaming my child.
- ☐ I know whether my child was previously dry for a long period.
- ☐ I am paying attention to daytime urinary and bowel symptoms.
- ☐ I understand that the scorecard is not a medical diagnosis.
- ☐ I know when to seek professional help.
- ☐ I am ready to build a routine based on what I've learned.

Chapter 3 Takeaway

You don't need to become an expert on childhood bedwetting overnight.

You simply need to stop reacting to every wet sheet as though it is a completely new problem.

Start collecting clues.

Look for repetition.

Keep your child out of the blame zone.

And remember:

Observe before you change.

Because when you understand the pattern, your next step becomes much clearer.

CHAPTER 4

Decode Your Child's Nighttime Pattern

Stop treating every wet night as the same

By now, you've started observing.

You've looked at bedtime.

You've noticed toilet habits.

You've paid attention to wet and dry nights.

You've started noticing whether anything unusual happened before an accident.

Now comes the interesting part.

What is your child's pattern telling you?

Imagine four parents sitting together after another difficult night.

One says:

“My son sleeps so deeply that I can barely wake him.”

Another says:

“Our evenings are so chaotic. Sometimes he goes to bed without using the toilet.”

Another says:

“My daughter is wetting the bed, but she's also rushing to the toilet all day.”

And another says:

“My child was completely dry for almost a year, and suddenly it started again.”

They're all dealing with bedwetting.

But they're not necessarily dealing with the **same situation**.

That's why the DryCode™ Method uses patterns.

1. What Is a “Pattern”?

A pattern is simply something that **repeatedly appears in your observations**.

For example:

Your child wets the bed three times in one week.

You notice that on all three nights, your child was extremely difficult to wake.

That's a repeated observation.

Or perhaps your child was dry most nights but started wetting again after being dry for many months.

That's another important pattern.

A pattern doesn't automatically tell you the medical cause.

Think of it as a **directional clue**.

It tells you what deserves closer attention.

2. The Four DryCode™ Patterns

For this guide, we'll organise common observations into four practical pattern groups:

Pattern 1 — The Deep-Sleeper Pattern

Your child appears extremely difficult to wake and may not respond when their bladder is full.

Pattern 2 — The Routine Pattern

The child's evening and toilet habits are inconsistent or frequently disrupted.

Pattern 3 — The Bladder/Fluid Pattern

There are noticeable urinary or nighttime fluid-related clues that deserve attention.

Pattern 4 — The Change Pattern

Bedwetting has returned after a substantial period of nighttime dryness or appeared alongside a significant change.

These are **not medical diagnoses**.

They're simply categories to help parents organise observations.

And sometimes more than one pattern can appear at the same time.

PATTERN 1

The Deep-Sleeper Pattern

Let's start with one many parents recognise immediately.

“My child could sleep through anything.”

You call their name.

Nothing.

You turn on the light.

Nothing.

You gently shake their shoulder.

Eventually they wake up looking completely confused.

Then five minutes later, they're asleep again.

If this sounds familiar, you may be seeing a **deep-sleeper pattern**.

Some children with bedwetting have difficulty waking in response to bladder signals during sleep. Sleep arousal is one of the factors healthcare professionals consider when assessing bedwetting.

Signs You May Notice

Your child may:

- Sleep very deeply.
- It is difficult to wake up.
- Have little or no memory of nighttime toilet trips.
- Sleep through wetting.
- Rarely wake independently to use the bathroom.
- Be extremely sleepy when awakened.

Again, these are **clues—not proof of a cause**.

What Parents Often Get Wrong

A parent may think:

“My child is old enough to wake up. They are just being lazy.”

But sleep isn't that simple.

A child cannot necessarily control how easily their sleeping brain responds to bladder signals.

So shouting:

“Why didn't you wake up?”

doesn't solve the problem.

Your child may genuinely not have been aware.

What To Do With This Pattern

Don't immediately start waking your child repeatedly every night.

Instead, focus first on:

- A predictable bedtime.
- Toilet use before bed.
- A calm nighttime environment.
- Safe and easy bathroom access.
- Consistent observation.

If bedwetting is persistent or causing significant distress, discuss appropriate treatment options with a healthcare professional.

One established treatment for children with persistent bedwetting is a **bedwetting alarm**, which can help teach the child to respond to bladder sensations over time.

PATTERN 2

The Routine Pattern

Now imagine a completely different household.

Dinner is late.

Homework takes longer than expected.

Someone has visitors.

The child is still playing at 9:30 p.m.

Then suddenly:

“Go to bed!”

The child rushes upstairs.

Brushes their teeth.

Get into bed.

And everyone forgets the toilet.

If your evenings frequently look like this, there may be a **routine pattern** worth addressing.

Signs You May Notice

Look for repeated situations such as:

- Bedtime changes significantly from night to night.
- Toilet use before bed is inconsistent.
- Your child regularly delays going to the toilet.
- Your child is rushing through the bedtime routine.
- Family schedules frequently interfere with bedtime.

- Your child ignores the urge to urinate while busy playing or watching television.

The goal isn't to create military discipline.

It's simply to create **predictability**.

The DryCode™ Bedtime Sequence

Try making bedtime predictable:

STEP 1

Begin winding down.



STEP 2

Finish normal evening activities.



STEP 3

Use the toilet before getting into bed.



STEP 4

Brush teeth and prepare for sleep.



STEP 5

Get into bed calmly.



STEP 6

Sleep.

The exact clock time can vary depending on the child's age and family schedule.

What matters is that the sequence becomes familiar.

PATTERN 3

The Bladder/Fluid Pattern

This pattern requires more caution.

You may notice things such as:

- Frequent daytime urination.
- Sudden urgency.
- Daytime accidents.
- Strong or unusual thirst.
- Wetting that appears alongside urinary symptoms.
- Changes in how often your child urinates.

These aren't simply routine clues.

They may indicate that your child needs a medical assessment.

Don't Make This Mistake

Suppose your child is constantly thirsty.

You might think:

“They're drinking too much. I'll stop giving them water.”

Don't do that.

If your child has excessive thirst and frequent urination, especially alongside tiredness or unexplained weight loss, speak with a healthcare professional promptly because these can be symptoms of diabetes.

The DryCode™ Method is **not** about restricting a child's water intake to force dry nights.

Children need appropriate hydration.

The goal is sensible habits—not dehydration.

What About Drinks Before Bed?

There is a difference between:

reasonable evening drinking

and

deliberately restricting fluids.

You don't want your child going to bed thirsty.

Instead:

- Encourage regular hydration throughout the day.
- Avoid making your child excessively thirsty.
- Make toilet use part of the bedtime routine.
- Observe whether there are meaningful differences between wet and dry nights.

If a healthcare professional has given your child specific fluid instructions, follow those instructions.

PATTERN 4

The Change Pattern

This may be the most important pattern in the chapter.

Your child has been dry.

Not just for a few nights.

Perhaps for many months.

Then suddenly:

The bed is wet again.

Once.

Then twice.

Then repeatedly.

What happened?

This is when you need to stop and investigate.

Ask: “What Changed?”

Look at the bigger picture.

Has your child:

- Been ill?
- Developed constipation?
- Started having urinary symptoms?
- Experienced a major life change?
- Had increased stress?
- Changed schools?
- Moved homes?
- Experienced family disruption?
- Started wetting after being consistently dry?

A return of bedwetting after a long period of dryness can have several possible explanations, including constipation, urinary problems, diabetes, stress and other medical or emotional factors.

So don't automatically assume:

“They're doing it for attention.”

And don't automatically assume:

“It's just stress.”

Instead:

Investigate.

If the change persists or is accompanied by other symptoms, speak with a healthcare professional.

3. What If Your Child Fits More Than One Pattern?

That's completely possible.

For example:

Your child may be:

Very difficult to wake

AND

have an inconsistent bedtime routine.

Or:

Have a routine pattern

AND

I have constipation.

Or:

Have returned to bedwetting

AND

have daytime urinary symptoms.

Don't force your child into a single category.

The patterns are there to help you **notice**, not to label.

4. Your DryCode™ Pattern Scorecard

Now let's bring everything together.

Give each statement a score:

0 = Never

1 = Sometimes

2 = Often

DEEP-SLEEPER PATTERN

Observation	Score
My child is very difficult to wake.	_____

My child sleeps extremely deeply. _____

My child doesn't seem to notice wetting
during sleep. _____

My child rarely wakes independently to
use the toilet. _____

Total _____

ROUTINE PATTERN

Observation	Score
Bedtime changes significantly from night to night.	_____
Toilet use before bed is inconsistent.	_____
My child sometimes delays going to the toilet.	_____
The evening routine is often rushed.	_____
Total	_____

BLADDER/FLUID PATTERN

Observation	Score
My child urinates unusually often during the day.	_____
My child has sudden urinary urgency.	_____
My child has daytime accidents.	_____
My child seems unusually thirsty.	_____
Total	_____

Important: A higher score here does not mean “try more home remedies.” Urinary symptoms, excessive thirst or other concerning signs should be discussed with a healthcare professional.

CHANGE PATTERN

Observation	Score
My child was previously dry for a substantial period.	_____
Bedwetting recently returned.	_____
There has been a major change in routine or circumstances.	_____

New symptoms appeared around the same time. _____

Total _____

5. How to Read Your Scorecard

Don't treat the highest number as a diagnosis.

Instead, use it to decide:

“What should I pay more attention to?”

For example:

Highest score: Deep Sleeper

Your observations suggest sleep/arousal may be an important feature worth discussing and observing.

Highest score: Routine

Focus on creating a predictable evening sequence.

Highest score: Bladder/Fluid

Pay particular attention to daytime symptoms and consider medical evaluation.

Highest score: Change

Look closely at what changed and consider speaking with a healthcare professional, particularly if the return of wetting persists or comes with other symptoms.

6. The Red-Flag Rule

There is one rule that overrides the DryCode™ scorecard:

Health symptoms come before habit changes.

If your child has symptoms such as:

- Painful urination
- Fever
- Blood in urine
- Significant daytime wetting
- Persistent urinary urgency
- Weak or abnormal urine stream
- Continuous dampness
- Excessive thirst
- Unexplained weight loss
- Significant constipation
- New bedwetting after a long dry period

don't simply say:

“That's their pattern.”

Get appropriate medical advice.

A pattern is useful.

But a pattern is **not a diagnosis**.

7. Don't Let the Scorecard Become a Label

Never tell your child:

“You are a deep sleeper.”

Or:

“You have a bladder problem.”

Or:

“Your routine is why you wet the bed.”

Instead, keep the information between you and your observations.

Your child's identity is not their bedwetting.

They're still the same child who laughs, plays, learns, dreams, gets excited and sometimes drives you completely crazy.

A wet bed doesn't change that.

8. Your DryCode™ Pattern Summary

At this point, you should be able to answer four questions:

1. What happens repeatedly?

Look at your seven-night observations.

2. Which pattern appears strongest?

Use the scorecard as a guide.

3. Are there any warning signs?

If yes, seek professional advice.

4. What can I reasonably improve at home?

Usually, start with calm, predictable routines rather than trying ten different interventions simultaneously.

Chapter 4 Takeaway

The biggest mistake a frustrated parent can make is treating every wet night as exactly the same.

It isn't.

Your child's nighttime pattern may contain clues.

Your job isn't to become an amateur doctor.

Your job is to **observe carefully, respond calmly and know when to ask for help.**

And remember the DryCode™ principle:

Decode before you change.

Once you understand the pattern you're seeing, you can begin building the right nighttime routine.

CHAPTER 5

Build Your Child's DryCode™ Night Routine

A simple bedtime system your child can follow without fear, pressure or confusion

Now that you've observed your child's pattern, it's time to move from **observation to routine**.

But let's clear up one thing first.

The goal of this chapter is **not** to give you a magical bedtime formula that guarantees a dry night.

There is no responsible way to promise that.

Instead, we're going to build something more useful:

A calm, predictable nighttime routine that gives your child the best possible environment for developing and practising healthy bladder habits.

Because sometimes the best solution isn't adding more rules.

It's making the important things **simple enough to repeat every night**.

1. Why Routine Matters

Children generally do better when they know what happens next.

Think about a normal school morning.

Wake up.

Brush teeth.

Get dressed.

Eat breakfast.

Pack the bag.

Leave for school.

Nobody needs to reinvent the routine every morning.

Bedtime can work the same way.

When the sequence becomes familiar, your child doesn't have to make ten decisions when they're already tired.

Instead, their brain begins recognising:

“This is what we do before sleep.”

For a child experiencing bedwetting, a predictable routine can include sensible toilet habits, appropriate fluid habits and a calm transition into sleep.

2. Your DryCode™ Night Sequence

Here's the basic routine we'll build throughout this chapter:

STEP 1 — Wind Down

Begin reducing stimulating activities before bedtime.



STEP 2 — Finish Evening Activities

Complete homework, play and other normal activities.



STEP 3 — Bathroom

Have your child use the toilet before getting into bed.



STEP 4 — Get Ready

Brush teeth, change clothes and prepare the bedroom.



STEP 5 — Calm Down

Read, talk quietly, pray if that is part of your family routine, or simply relax.



STEP 6 — Bed

Lights out and sleep.

Simple.

Repeatable.

No drama.

3. Step One: Create a Wind-Down Period

Bedtime shouldn't feel like:

“Stop playing! Go upstairs! Hurry up! You're late!”

Every single night.

Of course, real Nigerian family life doesn't always cooperate.

Dinner may be late.

There's homework.

Someone is visiting.

The generator needs attention.

A younger sibling is still awake.

You cannot control everything.

That's okay.

The aim isn't perfection.

The aim is to create a **reasonably predictable transition from daytime activity to sleep.**

About 30–60 minutes before bed, begin gradually slowing things down where practical.

For example:

Play → homework → wash → toilet → quiet activity → bed.

Your actual order may differ.

What matters is consistency.

4. Step Two: Make Toilet Time Normal

One of the simplest habits to build into the routine is:

Use the toilet before bed.

It shouldn't be presented as a punishment.

Don't say:

“If you don't use the toilet, you'll wet the bed again.”

Instead:

“Let's use the bathroom before we sleep.”

That's it.

Normal.

Routine.

No fear attached.

5. Don't Turn Toilet Trips Into a Battle

Imagine your child is tired.

You say:

“Go and use the toilet.”

They say:

“I don't need to.”

You say:

“Go!”

They say:

“I don't want to!”

Suddenly, bedtime has become an argument.

Try a calmer approach.

You can say:

“Okay. Let's make a quick bathroom stop before bed, then you're ready to sleep.”

The objective isn't to frighten the child into using the toilet.

It's to make toilet use a normal part of preparing for bed.

6. What About Going Twice?

Some parents use a strategy sometimes called **double voiding**—using the toilet twice around bedtime.

This may be suggested in some bladder-management situations, but it shouldn't become an obsessive ritual or a source of pressure.

If your child naturally needs to urinate again before sleep, let them.

If a healthcare professional has specifically recommended a particular toilet schedule for your child, follow that advice.

Otherwise, you don't need to make your child sit on the toilet repeatedly just because you're afraid of another accident.

Routine should reduce stress—not create it.

7. Step Three: Handle Evening Drinks Sensibly

This is where many parents become confused.

You've probably heard:

“No water after 6 p.m.”

But children need hydration.

Severely restricting fluids isn't the goal.

Instead, encourage your child to drink appropriately during the day and avoid situations where they become extremely thirsty right before bed.

You can make sensible choices such as:

- Encourage regular fluids during the day.
- Avoid excessive drinks immediately before sleep.
- Include a toilet visit before bed.
- Pay attention to unusual thirst.

But don't deliberately dehydrate your child in the hope of preventing bedwetting.

8. A Practical Nigerian Evening Example

Let's make this realistic.

Suppose your child normally sleeps around 9:00 p.m.

You might have:

7:00 p.m.

Dinner.

7:30 p.m.

Homework or quiet activities.

8:15 p.m.

Wash/bath and get into night clothes.

8:30 p.m.

Quiet family time.

8:45 p.m.

Use the toilet.

8:50 p.m.

Brush teeth.

9:00 p.m.

Bed.

This is only an **example**, not a medical prescription.

Your child's schedule may be completely different.

The principle is:

Create a sequence your family can actually maintain.

9. Step Four: Make the Bathroom Easy to Reach

This is a small detail that parents sometimes overlook.

If the bathroom is far away, dark, locked, uncomfortable or difficult to access at night, your child may be less willing to use it.

Look around your home.

Ask:

“If my child wakes at 2 a.m., can they safely reach the toilet?”

If appropriate for your household:

- Keep the pathway clear.
- Provide a small night light.
- Make sure the bathroom is accessible.
- Keep necessary items within easy reach.
- Make sure the child knows how to get there.

Safety comes first.

If your home layout makes nighttime bathroom access difficult, consider an age-appropriate alternative with guidance from your child's healthcare professional.

10. Step Five: Create a Calm Bedroom

A bedroom doesn't need to look like a luxury hotel.

It needs to feel safe and comfortable.

Your child should ideally have:

- Comfortable sleepwear.
- A comfortable sleeping environment.
- Easy access to the bathroom.
- A practical way to deal with accidents.

And perhaps most importantly:

No fear of being shouted at if they wet the bed.

Imagine falling asleep knowing:

“If I wet the bed tonight, Mum will be angry.”

That isn't a relaxing environment.

Your child should know:

“If an accident happens, we will handle it.”

11. The Emergency Bedwetting Setup

Let's be practical.

Even with a good routine, accidents may still happen.

So prepare.

You can keep a simple nighttime cleanup kit nearby:

- Clean underwear
- Clean nightwear

- Extra bedsheet
- Waterproof mattress protection
- Towel
- Laundry bag

This isn't admitting defeat.

It's preparation.

If an accident happens at 2:30 a.m., you don't want to start searching through cupboards while everyone is half asleep.

12. Don't Make Cleanup a Punishment

Your child can participate in age-appropriate cleanup.

For example, an older school-age child may be able to:

- Put wet clothing in the laundry basket.
- Help remove a sheet.
- Bring clean clothes.
- Help with simple preparation.

But don't make cleanup humiliating.

Never force a child to sleep on a wet mattress as punishment.

Never make them stand in front of siblings.

Never announce the accident to relatives.

And never use phrases such as:

“Look at what you've done again.”

The accident is already difficult.

Your response should make the situation **calmer**, not more painful.

13. Step Six: Protect the Bed Without Shaming the Child

A waterproof mattress protector can make life considerably easier.

Think of it as a practical household tool.

Not a symbol that your child is "still a baby."

The same applies to spare sheets.

Preparation removes some of the emotional pressure surrounding accidents.

Instead of:

“Oh no! Everything is ruined!”

you can calmly think:

“Okay. We have a spare sheet. Let's sort it out.”

That calm response can make a huge difference.

14. What About Waking Your Child?

This is one of the most common questions parents ask.

“Should I wake my child during the night?”

Some parents set an alarm for 11 p.m. or midnight.

They wake the child.

Walk them to the bathroom.

Put them back to bed.

Then sometimes they do it again at 2 a.m.

It may seem like a logical solution.

But regularly waking or lifting a child to urinate does not necessarily teach independent nighttime bladder control, and it can disrupt sleep.

If your child is persistently wetting the bed, discuss evidence-based options such as a bedwetting alarm with a healthcare professional rather than relying indefinitely on parental night waking.

15. The Difference Between “Waking” and “Teaching”

There's an important distinction.

Temporary assistance

You may need to help your child reach the bathroom if they wake during the night.

That's normal parenting.

Repeated scheduled waking

If you have to wake the child every night before they naturally wake, you're managing the situation rather than necessarily helping them develop independent nighttime waking.

That's why scheduled waking shouldn't automatically become your permanent plan.

The long-term approach should be based on your child's needs and, when necessary, professional guidance.

16. Don't Use Shame as Motivation

Sometimes frustration gets the better of us.

You may say:

“You're too old for this.”

You may threaten:

“No more sleepovers until you stop.”

You may compare:

“Your younger sister doesn't do this.”

Stop.

Take a breath.

Your child already knows the bed is wet.

They don't need you to explain that they're different.

They need to know:

“You are still okay.”

17. The DryCode™ Parent Language

Try replacing stressful statements.

Instead of:

“Why did you wet the bed again?”

Say:

“It's okay. Let's get you cleaned up.”

Instead of:

“You should have woken up.”

Say:

“Your body didn't wake you this time. Let's get comfortable again.”

Instead of:

“You're too old for this.”

Say:

“We're still working on nighttime dryness together.”

Instead of:

“Don't drink water.”

Say:

“Let's make sure you're drinking normally during the day and use the toilet before bed.”

Your words become part of the routine.

18. The 10-Minute Bedtime Reset

If your family is extremely busy, don't try to create a 20-step routine.

Start with something you can repeat.

Minute 1–3

Finish up evening activities.

Minute 4–5

Use the toilet.

Minute 6–7

Brush teeth.

Minute 8

Put on night clothes.

Minute 9

Prepare the bedroom.

Minute 10

Quiet conversation, reading or another calming activity.

Then sleep.

Again, this is a **sample routine**, not a requirement to follow a specific ten-minute schedule.

The best routine is the one your family can realistically maintain.

19. Your Child's DryCode™ Bedtime Checklist

Put this somewhere discreet.

BEFORE BED

- ☐ Evening activities are winding down.
- ☐ Child has had appropriate fluids during the day.
- ☐ Child uses the toilet before bed.
- ☐ Teeth are brushed.
- ☐ Nightwear is ready.
- ☐ Bedroom is comfortable.
- ☐ Bathroom route is safe and accessible.
- ☐ Spare bedding is available.
- ☐ Child goes to bed feeling safe—not threatened.

That's your core routine.

Simple.

Repeatable.

20. What If the Routine Doesn't Stop the Bedwetting?

This is extremely important.

Don't panic.

A good bedtime routine is helpful, but it isn't a guarantee of dry nights.

Your child may follow every step perfectly and still wet the bed.

That does **not** mean:

- You failed.
- Your child failed.
- The routine was useless.
- You need to become stricter.

It means bedwetting can involve factors that a basic routine cannot solve by itself.

Continue observing.

Continue supporting your child.

And if the problem is persistent, distressing or accompanied by concerning symptoms, speak with a healthcare professional.

21. The DryCode™ Rule of Consistency

Don't change the routine every two days.

Give your child time to become familiar with it.

If Monday looks completely different from Tuesday, and Tuesday looks completely different from Wednesday, you won't know what is helping.

Choose a manageable routine.

Repeat it.

Observe.

Then review.

Consistency beats complexity.

22. Your Chapter 5 Action Plan

Tonight, choose just **five things** to introduce consistently:

1. A predictable wind-down

Start calming the evening before bedtime.

2. A bedtime toilet trip

Make it normal and pressure-free.

3. Sensible hydration

Encourage appropriate daytime drinking without extreme fluid restriction.

4. A prepared bedroom

Keep the bathroom accessible and spare bedding available.

5. A calm response

If an accident happens, handle it without shame.

That's enough for now.

You don't need twenty new rules.

Chapter 5 Takeaway

A good nighttime routine isn't about controlling your child.

It's about creating **predictability**.

Your child should know:

What happens before bed.

What to do before sleeping.

Where the toilet is.

What happens if an accident occurs.

And most importantly:

“Mum and Dad are not going to shame me.”

That's the environment we're trying to create.

Because the DryCode™ Method isn't about fighting your child's body.

It's about understanding what's happening, creating supportive habits, watching the pattern and knowing when you need additional help.

Disclaimer

This guide is for **educational and informational purposes only**. It is not intended to replace professional medical advice, diagnosis, or treatment from a qualified healthcare professional.

Childhood bedwetting can have different causes, and every child is different. The information and strategies in this guide are intended to help parents better understand the issue and support their child. Always consult a doctor or qualified healthcare professional if you have concerns about your child's health, if bedwetting is persistent or suddenly begins after a period of staying dry, or if your child experiences other symptoms.

Never shame, punish, or blame a child for bedwetting. If you are concerned about your child, seek appropriate professional medical guidance.

