



Childhood Wetting and Soiling: information for parents and carers

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Introduction



If your child has a bladder or bowel problem, you may not know where to turn. Understandably, problems like these can be very stressful and embarrassing for families to deal with.

Bedwetting, daytime wetting or soiling (doing a poo somewhere other than the toilet) are sometimes called continence problems, and they are common in childhood. It is estimated that 1 in 12 children in the UK between the ages of 5 and 16 experience these problems.

So, although you may feel you are the only family to have a child who wets or soils, you are certainly not alone. The good news is wetting and soiling problems can almost always improve or be overcome with the right help and support, or treatment. If you would like to know more, this booklet, produced by ERIC (Education and Resources for Improving Childhood Continence) will give you some ideas of what you can try and who to talk to. It provides basic, general information on bedwetting, daytime wetting and soiling, plus details of organisations and people who can help. We know every child is different, and we do not pretend to be able to cover every situation here. If you have any concerns about your child's continence development, you are welcome to contact ERIC. Our contact details are at the back of this booklet, and on the next page.



What is ERIC?

ERIC is a national charity providing information and support on childhood bedwetting, daytime wetting, soiling and constipation to children, young people, families and health and social care professionals.

ERIC has a number of services to help parents and carers:

- our Helpline is available on **0845 370 8008** (10am-4pm every weekday) and is staffed by trained Helpline workers. You can talk in confidence about your child's wetting or soiling, and we can provide leaflets and useful information on the problems, and ways to deal with them. ERIC has access to Language Line for callers who don't speak English
- ERIC holds a database of many local UK continence services
- ERIC's main website - **www.eric.org.uk** - has lots of useful information, including a series of helpful leaflets available to download. The website has popular message boards for children, young people and parents/carers which enable you to share experiences and read practical tips that other people have found helpful in dealing with bladder and bowel difficulties. We check all the messages to make sure they are friendly and helpful
- ERIC also sells useful products, including bedwetting alarms, bedding protection, absorbent pants and swimwear. You can see all our products on our webshop at **www.ericshop.org.uk**, or call **0117 301 2101** for a free catalogue
- ERIC runs 2 school-based campaigns to improve drinking water and toilet facilities for pupils, which are both important for your child's bladder and bowel health. You can find out more at **www.wateriscoolinschool.org.uk** and at **www.bog-standard.org**.

At what age do most children become clean or dry?

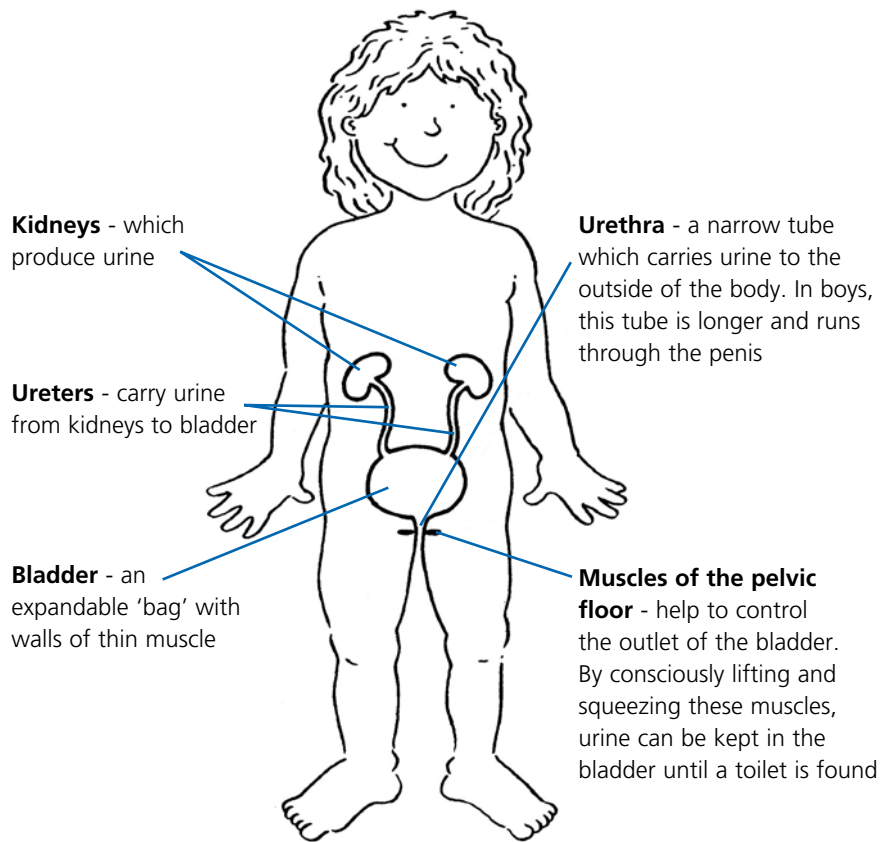
Most children gain day and night-time bowel control, as well as daytime dryness, by 3-4 years of age. The majority of children are dry at night by 4 years old, although accidents may still happen for a number of years.

Why does my child still wet or soil?

Wetting and soiling are most often outside of a child's control. They are almost never due to poor parenting. Many people think bladder and bowel problems result from stress or anxiety, but in fact, these are not common causes. Some possible causes are listed in the separate sections on bedwetting, daytime wetting and soiling.

How our bladder and bowels work

The Bladder



The bladder is like a stretchy bag. The muscles in the wall of the bladder can relax, to allow it to gradually fill with urine from the kidneys. It becomes larger as it fills. The muscles can also contract, so squeezing out the urine. Everyone's bladder has a usual maximum level of filling before the contractions start and this varies from person to person. When the maximum level is reached, the bladder sends messages to the brain. This tells us we need to go to the toilet. When the toilet is reached, or wetting occurs, the contractions squeeze the urine out, emptying the bladder.

The Bowels

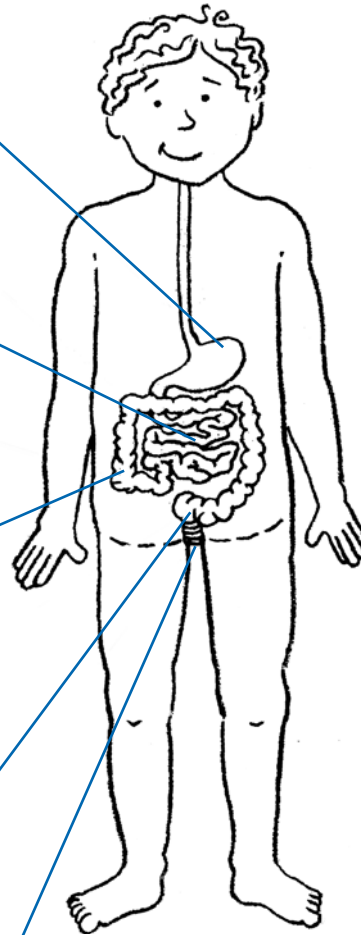
Stomach - food is mixed with special substances in the stomach juices. These break down the food and help the body to absorb what it needs

Small bowel - the 'soup-like' mixture passes along the small intestine by waves of muscle contractions. Here a lot of the goodness is absorbed into the bloodstream

Large bowel - here water is absorbed from the leftover bits of food (the beginnings of poos). The longer they stay in the bowel, the harder and dryer the poo becomes

Rectum - when the poos reach here (often after a meal) a message is sent to the brain giving the feeling of fullness and that the poos are ready to come out

Anus (or back passage) - some of the muscles around the back passage (sometimes called the anal sphincter) are under our control; we can tighten them to 'hold on' until a toilet is found. On the toilet we relax these muscles and with a small push, the poo will come out. The whole process, starting with a meal, takes between 24-48 hours. Everyone has their own pattern of how often they empty their bowels; this can vary from once or more a day to several times a week



Illustrations by Sara King

What if my child has special needs too?



Parents of children with physical or learning disabilities sometimes think the continence problem is an inevitable part of their child's disability, and it can't ever improve. This is **not** always the case. If you are seeing a health professional about your child's special needs, ask them to assess your child's wetting or soiling as well, or to put you in touch with a childhood continence specialist.

What you can do at home to help your child

You can start to help your child when he or she is learning to use the potty. If you are thinking about starting potty training, wait until your child shows signs of readiness, and can:

- understand simple instructions (like 'Get your potty')
- sit on, and get up, from the potty with only a little help
- pull clothes up and down to sit on the potty, with help, if needed

- go for at least 1 hour before needing a wee
- have a 'clear run' at training; for example, make sure he or she isn't going through an aggressive phase, or you don't have any big changes coming up, like starting nursery or moving house.

A strong potty with a firm base will help your child to feel safe. It can also help to keep the potty (or potties) in the same place, so your child knows where to find it, and to dress him or her in clothes that are quick and easy to pull up and down.

ERIC has a leaflet entitled 'Potty and Toilet training ...a helpful guide for parents' that can be downloaded from www.eric.org.uk or obtained from ERIC's Helpline on **0845 370 8008**.

Whether your child is learning to use the potty/toilet, or has a continence problem, here are some helpful things to try at home:

- make sure your child gets 6 to 8 glasses of water-based drinks spread throughout the day (with at least 2 to 3 during school time). Drinking plenty of water is important because we lose fluid through sweating and weeing. Your child will need to drink more when exercising or in hot weather. Dehydration (lack of water) can lead to headaches and constipation
- make sure there are plenty of fruit and vegetables in your child's diet (5 portions a day), as well as plenty of fibre. Fibre is found in foods like wholegrain cereals, fruit, vegetables and pulses, for example, baked beans
- provide your child with opportunities for regular exercise
- try to stay positive. Praise your child for small steps within their control (for example, drinking plenty of water), and try not to make too much of it when accidents happen
- work on making toilet times fun and rewarding. For example, you can put up colourful pictures in the bathroom, or introduce activities they can enjoy in the toilet, like a hand-held game, or stories.

Treatments for childhood continence problems

Treatment will depend on the cause or causes of the problem and the age of your child.

Which treatment to use will depend upon the pattern of your child's problem, and following an assessment by an experienced professional. What may help one child may not suit another.

Treatment can often take time to work, so you and your child will need to know that success may not come quickly. Remember you and your child are not alone – many other families go through the same thing. Try to involve your child in any treatment, encourage them to follow the treatments, and talk to them about the good things that might come out of being dry, or not soiling.

You can find out more about some treatments in the separate sections on bedwetting, daytime wetting and soiling.

Bedwetting

Possible reasons for bedwetting

There are 3 main reasons why children may wet the bed:

- they are not producing enough of a hormone called vasopressin which slows down the body's production of urine at night. Low vasopressin means some children continue to make large quantities of urine at night
- they may have an overactive bladder – that is, the bladder needs to empty before it is full. You might see signs for this during the day if your child has to rush to the toilet, and needs to wee frequently
- they find it hard to wake up to the sensation of a full bladder.

Tips to help with bedwetting

- Encourage your child to use the toilet just before bedtime. Lifting (waking the child from sleep to use the toilet), is not recommended because it depends on you waking your child to keep them dry rather than your child reacting to the sensation that their bladder is full and waking up or 'holding on'.
- Certain drinks, like milk, colas and other caffeinated drinks, fizzy or sugary drinks or juice can affect some children, as they can stimulate the kidneys to produce more urine. You could try excluding them 1 at a time and keeping a simple record to see if 1 or more of the drinks make any difference to your child's bedwetting.

ERIC has a useful booklet entitled 'Bedwetting: A Guide for Parents' that can be downloaded from www.eric.org.uk or obtained from ERIC's Helpline on **0845 370 8008**.

Treatments for bedwetting

One treatment for bedwetting is a bedwetting alarm.

Bedwetting alarms consist of a noise box and a sensor or sensor mat (depending on the type of alarm used). They work by the noise box sounding as soon as the child starts to wet, causing the child to wake up, and then 'hold on'. Gradually, the child learns to wake up and 'hold on' without the alarm.

Alarms work for more than 7 out of 10 children.

Bedwetting alarms can be used from the age of 5 upwards, providing your child is motivated and is able to manage the alarm at night, with your support. You will all need to be prepared for disturbed sleep until your child starts to have dry nights.

You can sometimes borrow an alarm from a bedwetting clinic. Alternatively, you can buy one from ERIC by calling **0117 301 2101**, or logging on to www.ericshop.org.uk.

The most commonly used medication for bedwetting is desmopressin, taken every night as a tablet or Melt. Desmopressin works on a night by night basis for about 70 per cent of children by reducing and concentrating the amount of urine produced overnight. If it works for your child, it can be taken long-term, providing your child has 3 monthly medical reviews.

It is important to talk through the use of medication and any possible side effects thoroughly with your clinic or doctor, and to take care that your child uses it correctly.

Daytime wetting

Possible reasons for daytime wetting

Daytime wetting can have a number of different causes:

- in younger children (4 to 5 years), the problem might be linked to a change in routine, such as moving house or a new baby in the family, or becoming engrossed in play or other activity
- for children of all ages, the problem could be caused by bladder overactivity (when the bladder empties before it is full), constipation, or having a urinary tract infection
- some drinks (for example, fizzy drinks, tea and coffee) can stimulate the kidneys to produce more urine; they can also irritate the bladder.

Tips to help with daytime wetting

- Teach girls to sit on the toilet in a relaxed position, with feet apart and resting on the floor, or on a step stool. Show them how to keep their back straight, lean forward slightly and try to let the urine out in a continuous steady flow.

- Teach boys to aim at a target in the toilet to improve the stream.
- Encourage your child to wait before leaving the toilet to make sure the bladder is completely empty.

You can download ERIC's leaflet 'Daytime Wetting in Childhood – A helpful guide for Parents and Carers' at www.eric.org.uk, or call ERIC's Helpline on **0845 370 8008** for a copy.

Treatments for daytime wetting

If your child has daytime wetting caused by an overactive bladder, medication may help. A medication that is often used is called oxybutinin. It helps the muscles of the bladder to relax while it is filling, so that it can hold more urine.

The clinic or doctor may also draw up a programme for your child to use the toilet at regular intervals during the day, and to have extra drinks.

Soiling

Possible reasons for soiling

There are several reasons why children soil:

- sometimes very young children soil because they have not yet learned to recognise when they need to open their bowels
- some children are afraid of the toilet, particularly if they have had pain when trying to pass stools
- some children 'hold on' to their poo and it 'sneaks out' later.

Regular or repeated soiling is often caused by constipation, where hard stools have built up in the bowel. Soiling can happen when runny poo leaks around the hard lump blocking the way. The runny poo leaks out without the child knowing.



Tips to help with soiling

- Try to be pleased when your child has done a poo, even if it is not in the toilet (then go together to the toilet area to change, so that the connection between poo and the toilet is made). Negative responses to soiling may lead the child to believe that opening their bowels is wrong.
- Set up regular times to sit on the toilet for about 5 minutes at a time. A good time to try is 15-20 minutes after a meal.
- Make toilet times relaxed and fun. For example, a party blower or bubble tub can help your child to push, as well as being fun to try.
- Make sure your child can sit securely on the toilet with their feet on the floor, or on a step stool.
- Encourage your child to rock gently backwards and forwards on the toilet to help push the poo out. To find out more about this technique, see ERIC's 'Get Going!' leaflet, available to download at www.eric.org.uk or from the Helpline on **0845 370 8008**.

ERIC has a leaflet on soiling available to download from www.eric.org.uk. 'Childhood soiling – a helpful guide for parents and carers' is also available from the ERIC Helpline on **0845 370 8008**.

Treatments for soiling

Soiling is often linked to constipation, so treatment for soiling will often centre on clearing constipation and setting up a good toileting routine.

Your GP may suggest your child takes medication to clear any constipation. Your child then continues to use the medication to make sure the stools remain regular and easy to pass. The doctor may also suggest changes to your child's diet and fluid intake, similar to the suggestions above (see 'What you can do at home to help your child' on page 6).

When to seek outside help

If your child has reached the age of 4, is not making progress with the tips suggested, and you are concerned about ongoing daytime wetting or constipation and soiling, talk to your health visitor or GP (see Who can help? below). You can also talk to your health visitor or GP if you are concerned about your 4 year old wetting the bed. They should be able to give you some guidance (and you can also contact the ERIC Helpline on **0845 370 8008**). Your child should be referred for an assessment, but, for bedwetting, this may not be until she or he is 6 to 7 years old.

Who can help?

It can sometimes be confusing to know who to talk to about a childhood continence problem. Services vary from area to area, but below is a list of health and social care professionals that might be a good starting point for support, assessment and/or treatment.

You might like to take this booklet with you when you see a professional about your child's wetting or soiling. It can help to take a friend or family member along too.

Health Visitor

If you are still in contact with your health visitor, she may be able to give you information and support, for example, on potty and toilet training.

GP

Your GP can help by seeing if there are any underlying medical issues. Depending on the age and needs of your child, your GP may refer you to a specialist continence clinic where there are doctors and nurses with expertise in bedwetting, daytime wetting, soiling and constipation (see overleaf).

School Nurse

Each school has a named school nurse who should be able to give you information and support, or refer you to someone trained in continence problems. Ask the school secretary or head teacher for the school nurse's address and telephone number. The school nurse may be an ideal person to communicate with the school to ensure your child has access to fresh water and can use the toilet when needed.

Specialist continence clinic

NHS treatment services for bedwetting, daytime wetting and soiling should start when your child reaches school age (4 to 5 years), but this will vary from area to area. There will often be a waiting list for the clinic; however, you can try the ideas in 'What you can do at home to help your child' (see page 6) while you are waiting to visit the clinic.

Social Services

If your child has a learning difficulty or a physical disability you may already be in touch with Social Services. Talk to them about the support that is available.

What should I say to health professionals?



Try to be prepared with as much information as possible about your child's wetting or soiling. You may be asked about:

- your child's general health and development
- how much and what your child drinks
- your child's diet
- how often the wetting or soiling happens and whether there is any pattern to it (you might like to take a simple record to show the doctor or clinic staff)
- your child's toileting routine
- whether your child has any other continence problems, for example, does your child wet during the day?
- whether your child has any fears about using the toilet
- anyone else in the family who wet the bed as a child
- any history of constipation in your child
- anything you have already tried to help with the wetting or soiling.

The clinic or doctor may also arrange for tests to be carried out, if they think this is necessary.

Useful resources for managing continence problems

You can buy useful products for managing childhood continence problems, like bedwetting alarms, pants and bedding protection, from ERIC. ERIC also sells more detailed booklets on daytime wetting and soiling, plus guides for children with learning and physical disabilities.

Phone for a catalogue on **0117 3012101** or go to:
www.ericshop.org.uk.

Other useful organisations

Children's Centre

Your local Children's Centre may be able to offer you information and support and give you contact details of other people and agencies that can help.

England contacts:

www.surestart.gov.uk/surestartservices/settings/fundedsettings/

Scotland contacts:

www.scotland.gov.uk/Topics/People/Young-People/childrenservices

Wales contacts:

www.surestart.gov.uk/aboutsurestart/help/contacts/wales/

Northern Ireland contacts:

www.surestart.gov.uk/aboutsurestart/help/contacts/northernireland/

Children's Information Service (CIS)

Your local Children's Information Service should have details of services for child health and Social Services in your area. You can access your local CIS by calling 0800 2 346 346 or logging on to www.childcarelink.gov.uk

Contact a Family

For families with disabled children. Contact a Family can give help on benefits that families may be able to apply for through their 'Pounds for Parents' service.

You can contact them at:

209 – 211 City Road London EC1V 1JN

Free Helpline 0808 808 3555 (10am – 4pm Mon-Fri)

Website: www.cafamily.org.uk

Email: helpline@cafamily.org.uk

Tel: 020 7608 8700

Fax: 020 7608 8701

PromoCon (Promoting Continence and Product Awareness)

Working as part of Disabled Living Manchester, PromoCon provides impartial advice and information regarding products and services for children and adults with bowel and/or bladder problems.

Website: www.promocon.co.uk

Tel: 08707 601580

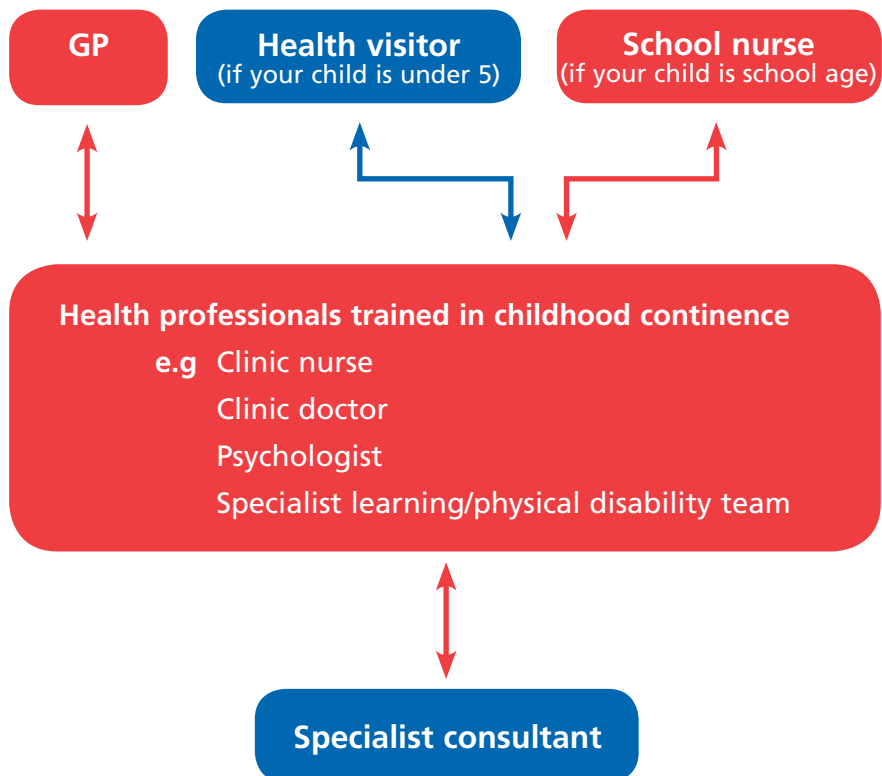
Post: PromoCon, Redbank House, 4 St Chads Street, Cheetham,
Manchester, M8 8QA

Example of a childhood continence care pathway

This diagram shows some of the professionals you and your child might see about a wetting or soiling problem.

This is just an example, as NHS services are different around the country.

Your child may not see all of the people listed here. That will depend on the first assessment. From that assessment they will be told about their treatment and management plan.



Mini guide to help with bedwetting

Possible causes

There are 3 main reasons why children may wet the bed:

- they are not producing enough of a hormone called vasopressin
- they may have an overactive bladder – that is, the bladder needs to empty before it is full. You might see signs for this during the day if your child has to rush to the toilet, and needs to wee frequently
- they find it hard to wake up to the sensation of a full bladder.

Vasopressin slows down the body's production of urine at night.



Low vasopressin means some children continue to make large quantities of urine at night.

What you can do at home to help your child

- Make sure your child gets 6 to 8 glasses of water-based drinks spread throughout the day (with at least 2 to 3 during school time). Drinking plenty of water is important because we lose fluid through sweating and weeing. Your child will need to drink more when exercising or in hot weather. Dehydration (lack of water) can lead to headaches and constipation.
- Make sure there are plenty of fruit and vegetables in your child's diet (5 portions a day), as well as plenty of fibre. Fibre is found in foods like wholegrain cereals, fruit, vegetables and pulses, for example, baked beans.
- Provide your child with opportunities for regular exercise.
- Try to stay positive. Praise your child for small steps within their control (for example, drinking plenty of water), and try not to make too much of it when accidents happen.



Tips to help with bedwetting

- Encourage your child to use the toilet just before bedtime. Lifting (waking the child from sleep to use the toilet), is not recommended because it depends on you waking your child to keep them dry rather than your child reacting to the sensation that their bladder is full and waking up or 'holding on'.
- Certain drinks, like milk, colas and other caffeinated drinks, fizzy or sugary drinks or juice can affect some children, as they can stimulate the kidneys to produce more urine. You could try excluding them 1 at a time and keeping a simple record to see if 1 or more of the drinks make any difference to your child's bedwetting.

Treatments for bedwetting

One treatment for bedwetting is a bedwetting alarm.

Bedwetting alarms consist of a noise box and a sensor or sensor mat (depending on the type of alarm used). They work by the noise box sounding as soon as the child starts to wet, causing the child to wake up, and then 'hold on'. Gradually, the child learns to wake up and 'hold on' without the alarm.

Alarms work for more than 7 out of 10 children.

Bedwetting alarms can be used from the age of 5 upwards, providing your child is motivated and is able to manage the alarm at night, with your support. You will all need to be prepared for disturbed sleep until your child starts to have dry nights.

You can sometimes borrow an alarm from a bedwetting clinic. Alternatively, you can buy one from ERIC by calling **0117 3012101**, or logging on to **www.ericshop.org.uk**.

The most commonly used medication for bedwetting is desmopressin, taken every night as a tablet or Melt. Desmopressin works on a night by night basis for about 70 per cent of children by reducing and concentrating the amount of urine produced overnight. If it works for your child, it can be taken long-term, providing your child has 3 monthly medical reviews.

It is important to talk through the use of medication and any possible side effects thoroughly with your clinic or doctor, and to take care that your child uses it correctly.

ERIC has a useful leaflet entitled 'Bedwetting - A Guide for Parents' that can be downloaded from **www.eric.org.uk** or obtained from ERIC's Helpline on **0845 370 8008**.

Mini guide to help with daytime wetting

Possible causes

Daytime wetting can have a number of different causes:

- in younger children (4 to 5 years), the problem might be linked to a change in routine, such as moving house or a new baby in the family, or becoming engrossed in play or other activity
- for children of all ages, the problem could be caused by bladder overactivity (when the bladder empties before it is full), constipation, or having a urinary tract infection
- some drinks (for example, fizzy drinks, tea and coffee) can stimulate the kidneys to produce more urine; they can also irritate the bladder.

Changes in routine can cause daytime wetting in younger children.

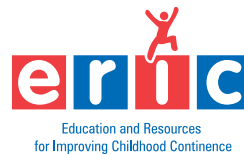


Moving house or having a new baby can disrupt a child's routine.

What you can do at home to help your child

- Make sure your child gets 6 to 8 glasses of water-based drinks spread throughout the day (with at least 2 to 3 during school time). Drinking plenty of water is important because we lose fluid through sweating and weeing. Your child will need to drink more when exercising or in hot weather. Dehydration (lack of water) can lead to headaches and constipation.
- Make sure there are plenty of fruit and vegetables in your child's diet (5 portions a day), as well as plenty of fibre.
- Provide your child with opportunities for regular exercise.
- Try to stay positive. Praise your child for small steps within their control (for example, drinking plenty of water), and try not to make too much of it when accidents happen.
- Work on making toilet times fun and rewarding. For example, you can put up colourful pictures in the bathroom, or introduce activities they can enjoy in the toilet, like a hand-held game, or stories.

Fibre is found in foods like wholegrain cereals, fruit, vegetables and pulses, for example, baked beans.



Tips to help with daytime wetting

- Teach girls to sit on the toilet in a relaxed position, with feet apart and resting on the floor, or on a step stool. Show them how to keep their back straight, lean forward slightly and try to let the urine out in a continuous steady flow.
- Teach boys to aim at a target in the toilet to improve the stream.
- Encourage your child to wait before leaving the toilet to make sure the bladder is completely empty.

Treatments for daytime wetting

If your child has daytime wetting caused by an overactive bladder, medication may help. A medication that is often used is called oxybutinin. It helps the muscles of the bladder to relax while it is filling, so that it can hold more urine.

The clinic or doctor may also draw up a programme for your child to use the toilet at regular intervals during the day, and to have extra drinks.

You can download ERIC's leaflet 'Daytime Wetting in Childhood – a helpful guide for Parents and Carers' at www.eric.org.uk, or call ERIC's Helpline on **0845 370 8008** for a copy.

Mini guide to help with soiling

Possible causes

There are several reasons why children soil:

- sometimes very young children soil because they have not yet learned to recognise when they need to open their bowels
- some children are afraid of the toilet, particularly if they have had pain when trying to pass stools
- some children 'hold on' to their poo and it 'sneaks out' later.

Being afraid of the toilet can cause soiling.



Regular or repeated soiling is often caused by constipation.

Regular or repeated soiling is often caused by constipation, where hard stools have built up in the bowel. Soiling can happen when runny poo leaks around the hard lump blocking the way. The runny poo leaks out without the child knowing.

What you can do at home to help your child

- Make sure your child gets 6 to 8 glasses of water-based drinks spread throughout the day (with at least 2 to 3 during school time).
- Make sure there are plenty of fruit and vegetables in your child's diet (5 portions a day), as well as plenty of fibre. Fibre is found in foods like wholegrain cereals, fruit, vegetables and pulses, for example, baked beans.
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Drinking plenty of water is important because we lose fluid through sweating and weeing. Your child will need to drink more when exercising or in hot weather. Dehydration (lack of water) can lead to headaches and constipation.



Tips to help with soiling

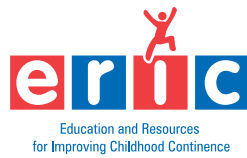
- Try to be pleased when your child has done a poo, even if it is not in the toilet (then go together to the toilet area to change, so that the connection between poo and the toilet is made). Negative responses to soiling may lead the child to believe that opening their bowels is wrong.
- Set up regular times to sit on the toilet for about 5 minutes at a time. A good time to try is 15-20 minutes after a meal.
- Make toilet times relaxed and fun. For example, a party blower or bubble tub can help your child to push as well as being fun to try.
- Make sure your child can sit securely on the toilet with their feet on the floor, or on a step stool.
- Encourage your child to rock gently backwards and forwards on the toilet to help push the poo out. To find out more about this technique, see ERIC's 'Get Going!' leaflet, available to download at www.eric.org.uk or from the Helpline on **0845 370 8008**.

Treatments for soiling

Soiling is often linked to constipation, so treatment for soiling will often centre on clearing constipation and setting up a good toileting routine.

Your GP may suggest your child takes medication to clear any constipation. Your child then continues to use the medication to make sure the stools remain regular and easy to pass. The doctor may also suggest changes to your child's diet and fluid intake.

ERIC has a leaflet on soiling available to download from www.eric.org.uk. 'Childhood soiling – a helpful guide for parents and carers' is also available from the ERIC Helpline on **0845 370 8008**.



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