

Bedwetting Alarms

What are bedwetting alarms?

Alarms train children to awaken to the sensation of a full bladder before voiding (i.e., wetting the bed). The bedwetting alarm was originally developed in 1938. Early models covered a large area of the child's bed with two foil screens separated by a thin cloth sheet. Each screen was connected to a battery so that touching the two screens together, either directly or through another conductor such as a wet sheet, sounded a loud alarm.

Over the years, bedwetting alarms have remained essentially unchanged although they have become much smaller in size and lighter in weight (and some now vibrate rather than emit a loud tone). They continue to be basically moisture sensitive devices that emit a loud beep or tone when activated. Many current alarms have moisture sensors that attach to the crotch of the child's undergarment or pajama but alarms that lay over a portion of the bed surface are still available. The goal of treatment is for the child to awaken in response to a full bladder before they actually void and activate the alarm. This occurs after a number of times of wetting and activating the alarm.

Are bedwetting alarms effective?

The alarm is not a guaranteed solution but works well for many children. The exact mechanism for success is still not clear. It could be that after a number of times of wetting and the alarm sounding, the sensation of a full bladder and the urge to urinate become associated with the onset of the alarm. The child then awakens to the sensation of a full bladder on their own, much in the same way that adults learn to awaken before the alarm clock goes off in the morning.

Another possibility is that the combination of alarm, wet bed, assisting with clean-up, etc. is unpleasant enough to increase awareness of a full bladder. The child then wakes up before wetting, thereby avoiding the wet bed and its unpleasant consequences.

In either case, a bedwetting alarm can be an effective treatment for bedwetting. However, the alarm is not for everyone. Before starting an alarm program you and your family should consider the following:

- The length of alarm programs varies widely. Programs ranging from 4-16 weeks are common. During the early stages of treatment little or no progress may be seen even in cases that are eventually successful. Therefore, you must be committed to the alarm for several weeks to find out if this method has potential for your child.
- Many children are heavy sleepers and may not initially awaken to the alarm. Alarms often wake others at home before they wake the child who wets the bed. Early in treatment, it is common for parents or siblings to help wake up the bedwetting child when the alarm goes off. This disruption, usually temporary, should be anticipated by other family members.
- If parents or responsible siblings do not sleep close to the child, an intercom system, such as those used to link infants and parents who sleep in different rooms, may be helpful in waking up to assist them.
- Children who are generally noncompliant, hard to motivate or who are otherwise "difficult" children are not good candidates for this procedure. Children with significant behavioral or emotional problems should be evaluated and treated for these other concerns before embarking on an alarm procedure.

How does the process work?

1. It is essential that your child wakes up in response to the alarm. Other family members must not disconnect the alarm, even if it is disruptive. If your child is a heavy sleeper, wiping a cold damp washcloth on your child's face or under their arms may be helpful. A simple measure of "wakefulness", such as counting backwards from 10 to 1, may help ensure that your child is awake.
2. Once awake, the child who has wet the bed should disconnect the alarm and then attempt to void in the toilet. Many children will already have voided completely by the time they wake up and go to the toilet. This is common. Progress is seen in smaller wet spots as your child learns to wake earlier and earlier in the wetting cycle. Another sign is being able to void in the toilet after waking to the alarm.
3. Providing your child with an incentive for wearing the alarm and following all procedures correctly will increase your child's compliance with these procedures. In this way, your child is encouraged to participate in the procedure and remain cooperative without the added burden of having dry nights tied to the incentive.

These hints may be helpful in treating your child with an alarm-based program. Continuing problems should be brought to the attention of your provider.

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