

## Potty Training and Bed Wetting

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Potty training is a  
landmine field  
it requires a sense  
of humor and the  
patience of a saint

Irrespective when you  
start with potty training  
most children stay  
permanently dry and  
clean, day and night  
around 3½



Potty training is a brand new language between:

- mom and child and
- toddler and his own body.

Finding your very own rhythm is important.

Comparing and competing with others to be *first*, disturbs the rhythm, the language and the relationship.

### TYPICAL SIGNALS THAT THE TODDLER IS GETTING READY TO POTTY TRAIN

- s/he becomes aware of the need before doing the deed and stops playing – squirms, pulls a face, look at mom as if to say: I want to do 'something'
- stays dry for longer
- signals the need for independence and says: *ME!* often
- sits without any support for at least three minutes
- can walk to the potty and pull pants down and up again
- has had numerous visits to the toilet when you needed the loo
- says: 'wee', 'poo' or poo-poo'
- bowel movement is regular and can be anticipated
- it is summer time.

Your response while changing your new-born baby's nappy sets the scene for potty training later:

- Appreciation for a job done well, builds confidence and 'pride' in his 'accomplishments'
- Pulling faces, calling it 'stinky' pretending to gag, etc. trigger a negative association and emotional response and roughens the playing field for potty training 2 and a bit years later.



It is easier to 'hold on'  
to stools than it is to a  
full bladder; your  
toddler will most likely  
achieve bowel control  
first

-Ann Richardson

## Emotional safety & security

- A fixed, but relaxed routine helps to anticipate the need for the potty.
- Learn to read the toddler more than Facebook, Google or magazines & books.
- When the typical signals are shouting: IT'S TIME!
- Toddlers must have their feet firmly on the **floor** or on a **step** in front of the toilet, because they must feel safe before they can let go.
- If there is no potty or step (at malls, friends, etc.) sitting backwards on a toilet (so he can hold on to the cistern) can be helpful especially when he can use koki pens to draw on the cistern while he waits for his body to cooperate.
- Be enthusiastic about a job well done, but not overly so, because toilet time is just as natural as eating, playing and sleeping.
- Teach him to pull up pants, wash hands and then to flush. If needed, teach him how to freshen the air: open a window, rub herbs, and spray echo friendly air freshener.
- Irritation, pressure & impatience create anxiety and sends a message of disappointment and a vote of non-confidence; it also breeds feelings of shame and a sense of inferiority.
- Appreciation & acknowledgement builds trust, self-esteem, confidence and an ***I-can-do-it*** attitude.

## HANDY TIPS

- Have time to do this
- Make it easy not a production
- Check with dad about his thoughts on the subject
- Be practical rather than textbook mom
- Buy a potty long before it is needed
- Make it a relaxed & fun time
- Practice sitting on potty and getting up before bath time
- Have a few 'toilet toys'; vary them
- Name what you do: I'm making a wee; I'm making a poo
- Wait for warmer weather
- Travel with the potty – sameness soothes
- Make buying undies an unforgettable experience for the whole family
- Girls must watch and copy mom
- Boys must watch and copy dad/a male role model
- Turn aiming into a game, put a Ping-Pong ball in the toilet and aim to hit the target
- This is a good time to teach counting: count how many squares of toilet paper is needed to do the job well
- Encourage toddler to get the paper ready for you, and to flush
- Rub the lower back towards the two dimples to activate: ***release & eject***
- Rather than leaving the tap running; pour water with a cup to encourage urinating
- Waterproof the bed; if the bed is wet, don't replace the sheets; rather place a double folded dry towel on the spot so everyone can go back to sleep as soon as possible
- Best not to start potty training when things are in flux (new house / new baby / new help at home / new day-care, etc.)
- Be realistic in your expectations.



Maybe I'm not an underachiever...  
Maybe you're an over-expector.

## WHY DOES IT SOMETIMES GO WRONG

The two biggest culprits messing up the transition from *nappy-to-panty* are:

- a not-ready toddler and
- a stressed/anxious/textbook disciple/competitive mom.

These are not the only two culprits. Sometimes a medical condition can mess up the transition from *nappy-to-panty*. (For more information on related medical conditions, kindly consult with a health professional).



### A NOT READY TODDLER

Premature birth, uncorrected age  
 delayed milestones  
 cannot sit, stand or walk independently  
 frequent ear infections  
 unaware of bodily sensations  
 overly aware of sensations  
 (body and from environment)  
 clumsy / accident prone  
 poor eater  
 slow talker  
 anxious  
 poor sleeper



### A STRESSED/ ANXIOUS/ TEXTBOOK DISCIPLE/ COMPETITIVE/GREENY MOM

postnatal depression  
 perfectionist  
 reads / surfs the web for longer than spending fun  
 time with toddler  
 erroneously sees milestones as IQ indicators  
 child centered approach where child leads the way  
 (rather than mom 'reads' toddler and they move  
 forward in sync)  
 treats toddler according to age instead of according  
 to development

**A toddler first need to be aware  
 of bodily sensations, before  
 being able to show readiness to  
 potty train.**

**A child needs his parents to set an example  
 from which he can learn, instead of a parent  
 who is looking at the child for guidance,  
 constantly asking: Would you like to have this?  
 What would you like to eat... do... wear?**

## PRIMITIVE REFLEXES: POTTY TRAINING & BEDWETTING

Primitive reflexes are nature's recipe to prompt development in utero; to assist during birth and to ensure the infant's survival during the first few months after birth. Primitive reflexes are tools to help with the maturation of the nervous system and uses **movement** to strengthen brain wiring between the senses, the brain and the muscles. The nervous system unfolds systematically when a sensation is picked up by the senses and the muscles respond without the infant having to **THINK** about it. Sensations are picked up by the senses and can be picked up from inside or outside the body. **Inside senses** (proprioceptors, vestibular system, kinesis) pick up sensations from inside the body, while **outside senses** (skin, nose, mouth, ears & eyes) pick up sensations from outside the body. Muscles react reflexively on the sensations by automatically executing stereotype movements, such as the Moro reflex, the palmar or plantar reflexes, the TLR, the ATNR and the Spinal Galant reflex. These reflexive movements are under the control of the brain stem and as such, an infant has no control over his/her primitive reflexes.

When the nervous system has matured and the wiring has been myelinated, primitive reflexes go to rest and movement becomes under cortical control. Only now can an infant start moving with intent and is that why a developed six month old infant should have no more active primitive reflexes - all the primitive reflexes should be resting (remember to adjust a premature infant's age). Resting primitive reflexes pave the way for an infant to reach his/her milestones. Aberrant (still active) primitive reflexes, delay milestones; delay development and is the biggest contributor to toddlers not being ready to potty train or older children wetting their beds after the age of 4.

Research done at the BabyGym Institute in Johannesburg has shown that active primitive reflexes delay development, for example:

- an active Moro reflex promotes reflux, colic and projectile vomiting
- an active TLR prevents a baby from unsupported sitting
- an active ATNR prevents crawling on all fours and promotes bum sliding and bear walking
- an active Spinal Galant hinders bladder and bowel control
- when either the Moro, TLR or ATNR are still active, sensory awareness and integration is faulty; spatial orientation and muscle tone is poor and bowel and bladder control very difficult.

Because primitive reflexes are under brain stem control, active primitive reflexes after six months of age, slows down cortical development. The cortex is the power house of language and comprehension, and hence prolonged primitive reflexive behavior inhibits language development and comprehension, which in turn prolongs potty training.

**ENURESIS**

Difficulty with controlling bladder

**ENCOPRESIS**

Difficulty with controlling bowel movement

A child with poor sensory awareness & integration; poor spatial orientation and low muscle tone with little language and comprehension skills are doomed to experience enuresis & encopresis.

## WHAT CAN I DO

- encourage touch, massage and rhythmic movement soothes the survival response & promotes the maturing of the nervous system
- encourage tummy time
- encourage the sequential reaching of milestones
- discourage skipping of milestones
- discourage early standing before a baby is crawling competently on all fours
- discourage any parent replacement contraptions such as supporting chairs, walking rings and jumpers
- regularly check the ears
- when milestones are delayed, check the ears for fluid build-up
- see RED ALERT when mom describes her baby as quiet and good
- encourage mom to talk with baby
- massage the ears every day
- massage the lower lumber area when toddler is learning to gain bowel and bladder control.

## MAGICAL MIND MOVES TO STOP BEDWETTING



### ANTENNAE ADJUSTER

Massage both ear lobes simultaneously from top to bottom using circular movements. This move develops the near senses, auditory processing and perception as well receptive language ability.



### RISE AND SHINE

Fling the arms wide open while breathing in deeply and slowly. Close the arms over the chest in a hug, breathe out deeply and slowly. The parent may simultaneously hug from behind. This move boosts relaxation, rhythmic breathing and a sense of wellbeing.



### MIND MOVES MASSAGE

Child must stand upright and hold both arms 90 degrees to the side of the body. Stand behind the child and firmly trace the outline of the body from head to toe. Hold the feet for a moment before repeating 3 times.

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