



Your Child and **Hydrocephalus**

Section four
2–3 years

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Your little one is now officially a toddler and probably getting into all kinds of mischief and fun. They will be curious and inquisitive, eager to learn new things. If you haven't before, this is a good time to be attending toddler groups with their peers.

Skills to look out for

- Gets up from the floor without using their hands
- Steers push-along toys around objects
- Becomes more skilful at jumping without falling over – can be done on different surfaces, to music and counting
- Kicks a ball
- Catches a ball with both hands

Language can be used to teach movement and vice versa. When you help your child to develop new skills, talk to her

about what they are doing and why. It's important to do this with all children, even those who may have difficulties with movement because of spina bifida.

Ideas for talk and play

- Songs, rhymes and games with actions and words
- Talk about size – 'big and small'
- Talk about 'in, on, down and under'. When your child can follow these words without a visual clue then these words can accompany the activity, e.g. "Where are you?" – "You are in the box/under the table"
- Ask your child "What are you doing?"
- Ask your child to follow instructions without visual clues so that auditory memory can be extended, e.g. "Please get your shoes and socks" (two things to remember)



Toilet training

While children with hydrocephalus may take a little longer with toilet training there's no reason not to start at much the same age as other children, i.e. 18 months to two years.

If your child also has spina bifida, they should be under the care of a Urology Team.

You may have to take the lead more actively than you would with other children.

A helpful book is 'ERIC's Guide to Potty Training' for advice on how to prepare yourself and your child for potty training.



You know your child best and will be able to judge whether they are able to understand instructions and communicate with you about weeing and pooing. Every child is different so watch for signs which may suggest your child is ready to begin toilet training, such as:

- awareness that they are passing urine or doing a poo
- waking from naps with a dry nappy
- asking to have their nappy changed

Start at a time when you can spend a lot of time with your child, when your child seems happy and there are no major distractions or stressful events in his life (e.g. a new baby or moving house). Watch them to see what times of the day they are most likely to poo, and how often they wee so you can plan the routine of sitting on the potty.

A young child with hydrocephalus may have difficulty balancing when sitting. The potty or toilet should provide a stable and secure position, with a comfortable, supportive seat. If necessary, rails (or something for your child to hold on to) will give stability to the upper body. It can help to get your child used to sitting on the potty before training starts as they're more likely to relax if they know they can sit comfortably. An occupational therapist should be able to help with equipment if your child has poor sitting balance. You want your child to be able to sit with his hips and knees bent at 90 degrees and to have his feet flat on the floor (you might need to use a box).



Example of a more supportive seat.

All children, especially those with hydrocephalus, learn better when there is a routine. Before you begin toilet training, plan what that routine will be and stick to it until a habit is established (e.g. where the potty will be, what time to 'try'). Go straight into regular underwear; pull-ups won't give any different experience of wetness than nappies, so are confusing. Talk through each step of the routine each time, to reinforce it, being as consistent as you can. Watch your child for times he is most likely to have a bowel action, (such as after breakfast), and try those times first.

Reinforce the behaviour you want to see, such as sitting on the potty, with praise. If nothing 'happens', say nothing. Praise the behaviour not the 'result', but when your child wees or poos in the toilet, let them know that this is what we're working towards. Show your child that you empty the potty into the toilet, and change their night-time nappy in the bathroom, to reinforce 'this is where it happens!' As with everything, children learn best by seeing and copying others, so if it is acceptable in your family take your child into the bathroom when you or family members use the toilet, to reinforce what you're aiming at.

If your child struggles to manage changes in their everyday life you may need to vary aspects, once a good pattern is established. For example, buy a different-coloured potty, place it in a slightly different position in the house, or have a different potty for when you're out and about. This can support your child to learn that toilets come in many shapes, sizes and places.

Children with hydrocephalus may have setbacks in toilet training when starting school; there is so much going on that the child may not 'listen' to the body's signals. When they get a feeling of a full bladder, your child may need a prompt to recognise that they need to act on that feeling and go to the toilet. They may need reminding to check if they need the toilet and may need showing several times where the toilet is. Talk to classroom staff about what you're doing at home towards toilet training: how often you prompt your child to go to the toilet; what signs might mean they need the toilet; and whether they need reminding to drink enough water. Classroom staff should be ready to support this to help your child settle in successfully.