WHAT IS A UTI?

About 8 percent of girls and 1 - 2 percent of boys have had a urinary tract infection (UTI) by the time they are 5 years old. UTIs are caused by bacteria infecting the urinary tract – the organs and tubes in our body that make, store and pass urine. The urinary tract is made up of the kidneys, ureters, bladder and urethra. Bacteria are not normally found in urine. However, they can enter the urinary tract from the skin near the anus. UTIs are more common in girls than boys. In girls, the opening of the urethra is closer to the anus and the length of the urethra is shorter. Infections are more common in the urethra and bladder, which make up the lower part of the urinary tract. Infections that move up the ureters to the kidneys can be more serious. If left untreated, these infections may lead to kidney failure.

SIGNS AND SYMPTOMS

UTIs are easier to spot in older children who are toilet-trained and can talk about their symptoms. Some signs of a UTI are:

- pain, burning, or a stinging sensation when urinating
- frequent urination or feeling an increased urge to urinate, even without producing urine
- foul-smelling urine that may look cloudy or contain blood
- fever
- low back pain or pain in the area of the bladder

The clearest sign of a UTI in babies may be a fever. Babies with UTIs may also act fussy, vomit and feed poorly. If the UTI becomes a kidney infection, the child or infant is more likely to have a fever with shaking chills, pain in the back or side, or vomiting.

URINARY TRACT

DINAGNOSIS AND TREATMENT

Your child’s health care professional will take a urine sample to test for a UTI. Older children will most often be asked to urinate in a sterile cup. Babies and small children in diapers may need a catheter (tube) to collect urine. The catheter keeps the sample from being contaminated by bacteria on the skin. The urine will then be tested for bacteria. The type
of bacteria found may help decide the best drug to treat the UTI, usually antibiotics. It is important for your child to keep taking all the antibiotics, even if he or she is feeling better. Most UTIs will be cured within a week if treated properly. Urge your child to drink plenty of fluids, and keep track of his or her symptoms. If symptoms worsen or do not get better within three days, the child may need to go to the hospital. If a child has more than one UTI, he or she should see a pediatric urologist. They can see if anything is abnormal in your child’s urinary tract. A common problem causing UTIs in children is a backwards flow of urine. When urine flows from the bladder up toward the kidneys, it is called vesicoureteral reflux (VUR).

**Prevention**

Frequent diaper changes can help prevent UTIs in babies and small children. When children start toilet training, it is important to teach them good bathroom habits. After each bowel movement, girls should wipe from front to rear — not rear to front. This keeps germs from spreading from the anus to the urethra. When feeling the urge to urinate, children should also avoid “holding it” if they can reach a bathroom. Urine remaining in the bladder gives bacteria a good place to grow.

If your child gets more than one UTI or you suspect a problem, visit [www.UrologyHealth.org/FindAUrologist](http://www.UrologyHealth.org/FindAUrologist) to find a pediatric urologist in your area.

**Questions to Ask Your Health Care Provider**

**During diagnosis:**

- Do my child’s symptoms sound like a urinary tract infection?
- What did the urine sample show?

**Resources**

- [FamilyDoctor.org](http://familydoctor.org)
- [UrologyCareFoundation.org](http://UrologyCareFoundation.org)
- [UrologyHealth.org](http://UrologyHealth.org)

You may download this and print it yourself from [UrologyHealth.org/UTIsinChildrenFS](http://UrologyHealth.org/UTIsinChildrenFS). For copies of printed materials about other urologic conditions, visit [UrologyHealth.org/Order](http://UrologyHealth.org/Order) or call 800-828-7866.