Guideline for Intrapartum and Postpartum Bladder Care

Purpose of Guideline

The postpartum bladder has a tendency to be underactive and is, therefore, vulnerable to the retention of urine following trauma to the bladder, pelvic floor muscles and nerves during delivery.

The aim of this guideline is try and prevent postpartum bladder complications by identifying those at risk and ensuring appropriate care in the immediate postnatal period.

Signs and Symptoms of Postpartum Urinary Retention

It is vital that a woman's bladder function is monitored closely following labour to ensure there are no issues preventing her from passing urine, with the risk of developing urinary retention. If a woman has not passed urine within **4 hours**, assess woman and consider conservative measures. E.g. running tap, analgesia and encourage fluid intake. If there is a failure to spontaneously void urine after **6 hours**, then postpartum voiding dysfunction is considered. (NICE 2019)

Voiding dysfunction includes an array of symptoms including:

Frequency – every half hour to an hour
Urgency – needing to rush to toilet
Incomplete emptying
A lack of sensation in the bladder – not aware the bladder is full
Unable to go at all
New onset of urinary incontinence
Constant sensation of needing to void
Pain associated with not being able to pass urine
Slow stream, dribble and passing only small volumes – 100mls or less

RCN (2021)

Postpartum urinary retention is often a transient condition, which self resolves, but increasing evidence that if left unrecognised or poorly managed may lead to bladder underactivity and prolonged voiding dysfunction with sequelae such as urinary tract infections, incontinence and ongoing intermittent self catheterization. (Zaki m et al 2004). Carley ME et al (2002)

Risk Factors for Postpartum Voiding Dysfunction

The following are recognised contributing factors to the development of postpartum voiding dysfunction. However, this can happen following labour and birth to any woman and should be treated accordingly

Primigravida
Instrumental Delivery
Perineal Trauma
Prolonged second stage
Epidural
Caesarean Section
Rapid diuresis following discontinuation of oxytocin
Manual removal of placenta
Need for catheter in labour

(RCN 2021)

Intrapartum Bladder Care

The aim of intrapartum care is to prevent bladder over distension

- Encourage and ensure women void urine every 4 hours. Record time and volume of urine on partogram.
- If unable to void urine for 4 hours and there are no signs of dehydration, then encourage oral fluids.
- If woman is unable to void urine, then intermittent catheterisation under aseptic technique should be performed with time and volume noted every 4 hours.
- If catheterisation is likely to be required more than twice during labour, and delivery of baby is not imminent, an indwelling catheter should be considered.
- Ensure adequate fluid intake and record time and volume in notes/fluid chart
- If IV fluids are in situ. Record amount and time in electronic notes/fluid chart

Postpartum Bladder Care

Rantell et al (2019) state that there is no consensus for the routine assessment of postnatal post void residuals. Currently there are no standardised guidelines which detail how bladder function should be monitored. However, the following guidance will direct what action to take where there may be suspected problems or concerns

WHAT IS A NORMAL VOID?

The first desire to urinate is 250mls and full bladder sensation is 400mls.

- **Record time and volume of first void after birth in notes.**
- If woman has no desire to void after 4 hours from birth, commence fluid balance and ensure woman is drinking to thirst. Approximately 100mls per hour. Consider adequate analgesia. Do not encourage over drinking as this may over extend the bladder.
- If first void is greater than 250mls then encourage to void every 3 hours until discharge.
- If first void less than 250mls insert in-out catheter.
    - **If residual urine is greater than 150mls consider indwelling catheter for 24 hours. (NEW 2022)**
- **If unable to void after 6 hours post-delivery, or develops subsequent retention**
    - An indwelling catheter should be inserted for 24 hours.
    - Women should void spontaneously after 6 hours from removal of catheter. If woman is unable to void spontaneously
    - Ensure medical staff are informed to ensure appropriate management plan is put in place.
- In any situation where the woman fails to void urine spontaneously after indwelling catheter removed, consider reinserting indwelling catheter.
    - This can be removed after 24 hours for initial trial of voiding without catheter (TWOC)
    - If woman still fails to void, then replace the catheter on free drainage for 1 week then for TWOC
- A referral to the urology or urogynaecology team is advised. (Midwife to highlight at daily ward round to on-call obstetric team. Obstetric team will make referral)

Operative delivery with Spinal or Epidural

Instrumental births may cause issues with bladder function. Women who have had an instrumental method may experience: lack of sensation to go to toilet, or significant urinary incontinence**.**

An indwelling catheter should be inserted for women for a minimum of 12 hours following an instrumental birth, manual removalof placenta or repair of 3rd or 4th degree tears (RCN 2021) (NEW 2022)

- *Local feedback from our postnatal women has been obtained, and their responses to this recommendation varies: Overall there is no strong feeling from women either way, with some appreciating the catheter removed once feeling returns after 6 hours, some unaware of the catheter duration and some happy to have it in longer once output improved.* **Locally we recommend giving the woman the choice on whether to have an indwelling catheter for 12 hours or have it out when full sensation/strength returns usually by 6 hours.**
- Either way the same postpartum care described in the section above still applies
- Offer removal of the urinary bladder catheter once a woman is mobile after a regional anaesthetic caesarean birth, but no sooner than 12 hours after the last 'top up' dose (NICE 2021). *See bullet point above.*
- Consider catheter removal time to coincide with woman having observations as close to the 12 hour timeframe (to ensure minimal disturbance especially at night time)

Spontaneous Vaginal Delivery

In addition to post-partum bladder care guidance

- The time and volume of first void should be noted in the woman's electronic records. This should be no later than 6 hours post-delivery and prior to any early home discharges.

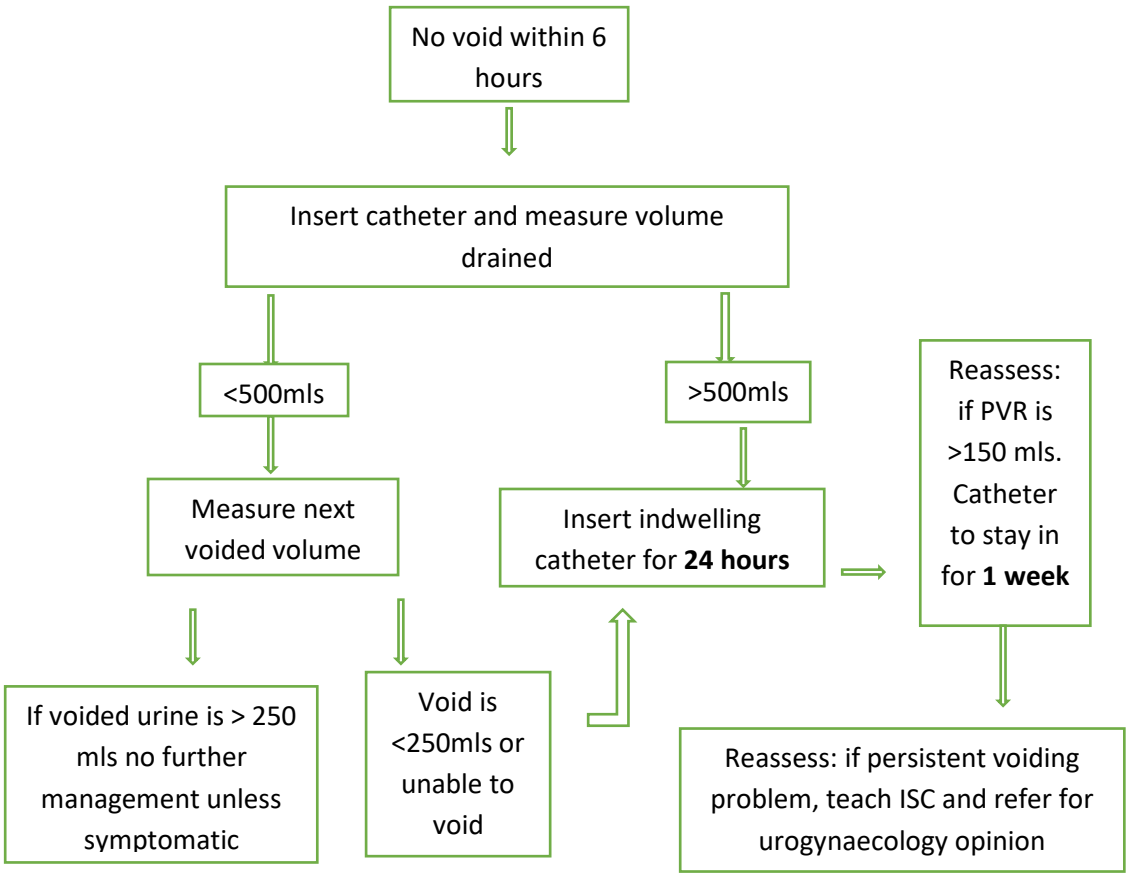
Catheter Care

If a woman is discharged home with an indwelling catheter to allow the bladder to rest following an episode of retention, it is important that they are given information about how to care for their catheter:

How to change the bag and when to change it
How to maintain a closed drainage system attaching a night drainage bag to the end of the leg bag
Fluid intake
Importance of keeping bowels regular
Catheter securement
Cleaning the catheter, especially around the meatus
When to empty the catheter

Suggested flow chart for management of postpartum urinary retention

See new guidance on residual volume if first void is< 250mls (Page 3 NEW 2022)



PVR = post void residual urine volume. (Please note false readings are possible up to 6 weeks postnatal***)

ISC = Intermittent self catheterisation

REFERENCES:

Carley ME, Carley JM, Vasder G. (2002) Factors that are associated with clinically overt postpartum urinary retention after vaginal delivery. Am J Obstetrics Gynecol 187; 430 -433

NICE (2021) Caesarean birth NICE Guideline [NG192]

Rantell A, Veit-Rubin N, Giarenis I (2019) Recommendations and future research initiative to optimize bladder management in pregnancy and childbirth. International Consultation on incontinence – research society 2018. Neurology and Urodynamics. 2019; 38: S104-S110. Available at https://doi.org/10.1002/nau.24053.

RCN (2021) – RCN Bladder and Bowel Care in Childbirth. RCN Guidance – clinical professional resource. London (009 553)

Zaki MM, Pandit M, Jackson S. (2004) National survey for intrapartum and postpartum bladder care: assessing the needs for guidelines. BJOG; 111: 874 – 876

Originator:	Dr M Sant/Dr S Maharaj/Dr Teegala (September 2016)
Updated:	Maharaj >Santangeli (October2020)
Reviewed By:	Maureen McSherry (Patient feedback by Julie Keys)
Date:	August 2022
Ratified:	Maternity Clinical Effectiveness Subgroup
Review Date:	August 2025