

Review of MDT Approach to Maternity Bladder care and Postnatal urinary retention

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Introduction

- ❖ Postdelivery bladder retention- uncommon, distressing, preventable, manageable, impact on QOL
- ❖ Innovative, effective and patient friendly way of management.
- ❖ Health board guideline to reduce future risk of urinary incontinence

Methods

- ❖ Retrospective notes review of all postnatal retention cases referred to community Bladder and bowel Nursing Service over one year
- ❖ Ongoing audit and monthly run chart of Maternity Bladder Care guideline

Results

- ❖ Oct’19 and Oct ‘20,- 25 cases referred- 0.49% of total deliveries
- ❖ Continuing audit- results show improvement to 100% guideline adherence (antepartum, intrapartum and postpartum phase)

All cases of postnatal retention- discharged with indwelling flip flow catheter
Trial of catheter removal in the community at patient’s convenience (7-14 days after delivery)

Oct’19 and Oct ‘20 - 25 cases (0.49%) - 20% Emergency sections and 26% instrumental deliveries (double the background rate)

Support from Community team was provided - average 25 days- 16 patients requiring self catheterization, 1 referred to urology

February 2021 –

100% antenatal screening

76% adequate intrapartum care (void every 4-6 hours)

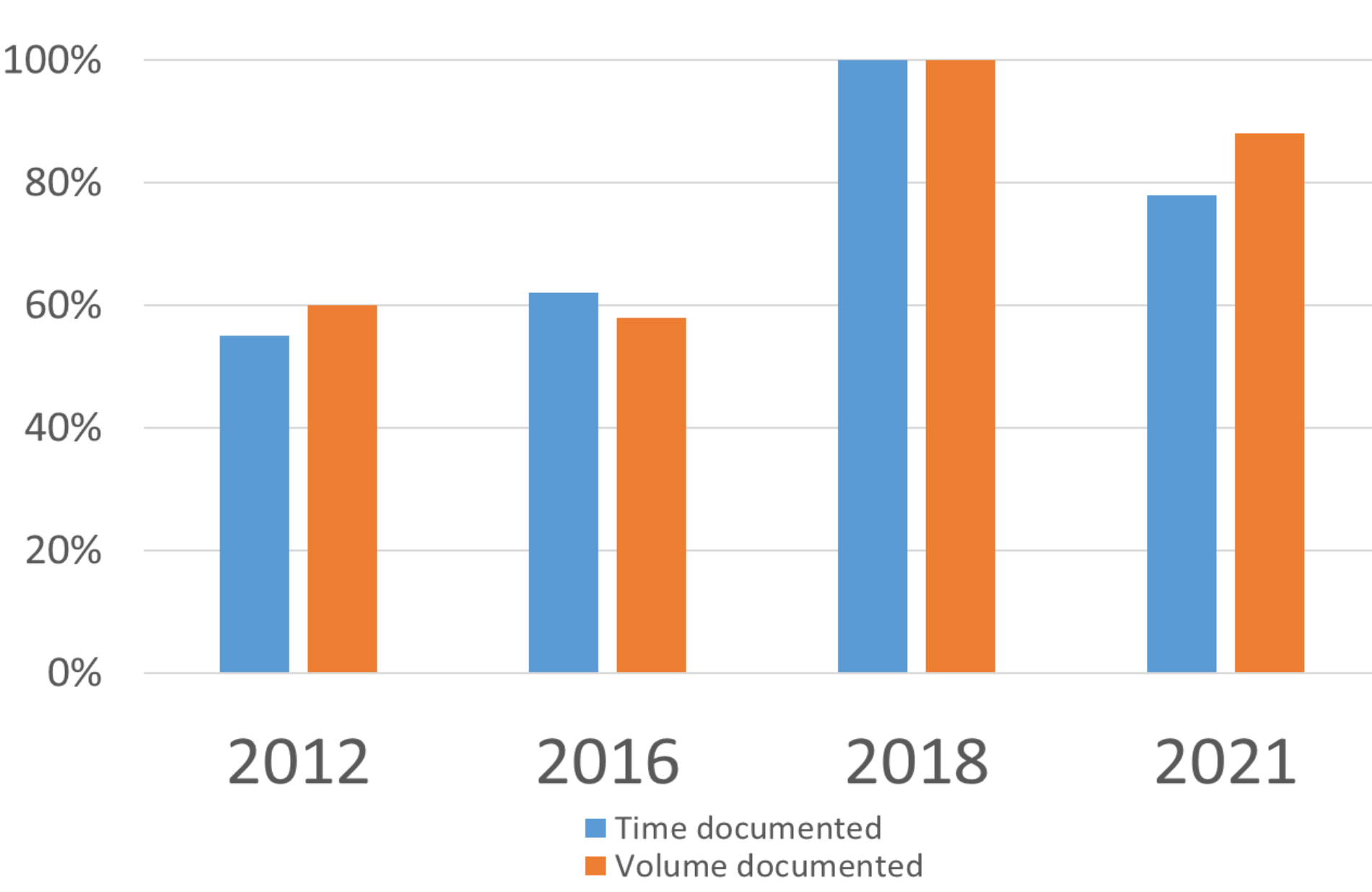
88% postnatal void management (measured and documented void in 6 hours)

Continuing audit- 100% results in all three

Survey among other health boards in Wales (to benchmark this practice):

71% used maternity bladder care guideline

76% trial without catheter took place on the postnatal ward as an inpatient.



PREVIOUS AUDIT CYCLES



AUDIT CYCLES 2021

Improving Quality Together

- User survey
- Analysis of implemented change by PDSA-cycle
- Larger scale