

Intrapartum and Postpartum Bladder Care



Victoria Kershaw, Pallavi Bhatia, Lynsey Murtagh, Andrew Farkas

Background

- No national consensus on standards expected in peripartum bladder care.
- Postpartum bladder injury is a common problem
- Potential long-term sequelae includes;
 - over-distention injury
 - overflow incontinence,
 - urinary frequency/urgency,
 - recurrent urinary tract infections
 - bladder rupture.

Aim

Audit of peripartum bladder care at Sheffield Teaching Hospitals (STH) according to standards set by local guidelines;

- to establish local quality of care
- to identify areas of improvement which may have relevance both locally and nationally.

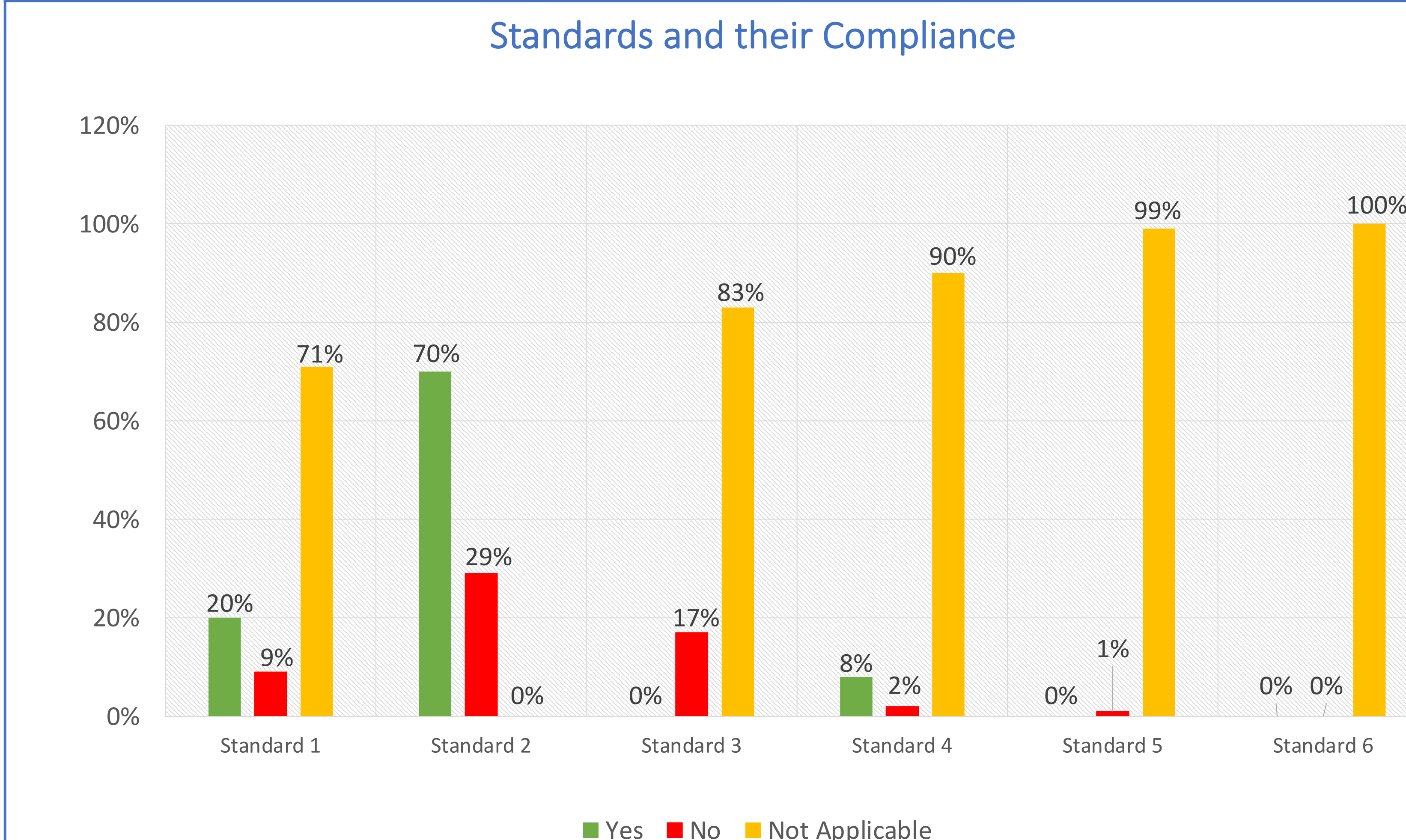
Method

- Case-note review
- 120 patients (delivered March-April 2021)
 - 30 normal deliveries
 - 30 ventouse
 - 30 forceps
 - 30 emergency caesarean sections
- Proformas completed according to standards set as per STH Bladder Care guideline.

Standards

1. Perform in/out catheter if patient unable to pass urine at least every 4 hours in labour.
2. Document whether patient able to pass urine within 6 hours of delivery or removal of catheter.
3. Assess perineum and bladder volume if patient unable to void 6 hours post-delivery/catheter removal.
4. If first void <200mls, measure a second void.
5. Insert indwelling catheter if unable to void 4hrs post bladder volume assessment or initial void of <200mls.
6. Refer patients with postnatal bladder problems to physiotherapy.

Results



Discussion

Areas for improvement:

- Readiness to review perineum if delay in first postnatal void.
- Inserting indwelling catheter when perineum is found to be swollen or tender.

Other notable findings:

- Intermittent catheterisation proved a more reliable method for assessing bladder volume compared with bladder ultrasound in this patient group due to unavailability, lack of training and uncertain accuracy (overestimation of volume ?measuring postnatal uterus).
- There was a similar distribution of results across the four subgroups in this patient group.

Limitations:

There were no patients in this cohort requiring referral to physiotherapy therefore we were unable to assess compliance with this standard.

Conclusion

- There was high adherence to the guidelines in the vast majority of cases.
 - Compliance may reflect poor documentation rather than poor practice.
- ### Recommendations:
- Regular refreshers on bladder care for midwifery staff at mandatory training.
 - Update local guideline to simplify assessment of bladder volume
 - Consider intermittent catheterisation in preference to bladder ultrasound when assessing bladder volume in the postnatal patient.