

Evaluation of Management of Postpartum Urinary Retention in a Tertiary Hospital

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Introduction

- Postpartum urinary retention (PPUR) is a relatively common problem
- PPUR can predispose sequelae such as:
 - Bladder underactivity
 - Recurrent urinary tract infections
 - Permanent voiding dysfunction
 - Upper tract damage in the long term
- We noted, between 2018-2020, an increasing incidence of postpartum women diagnosed with PPUR at our hospital
- These patients required prolonged catheterisation and a trial without catheter (TWOC) 1-2 weeks later on the Gynaecology Ward

Aims

This quality improvement project aims to:

- Evaluate the reason for the upward trend in the incidence of PPUR requiring re-admission for TWOC
- Identify areas for potential improvement
- Optimise intra and postpartum bladder care at this tertiary centre

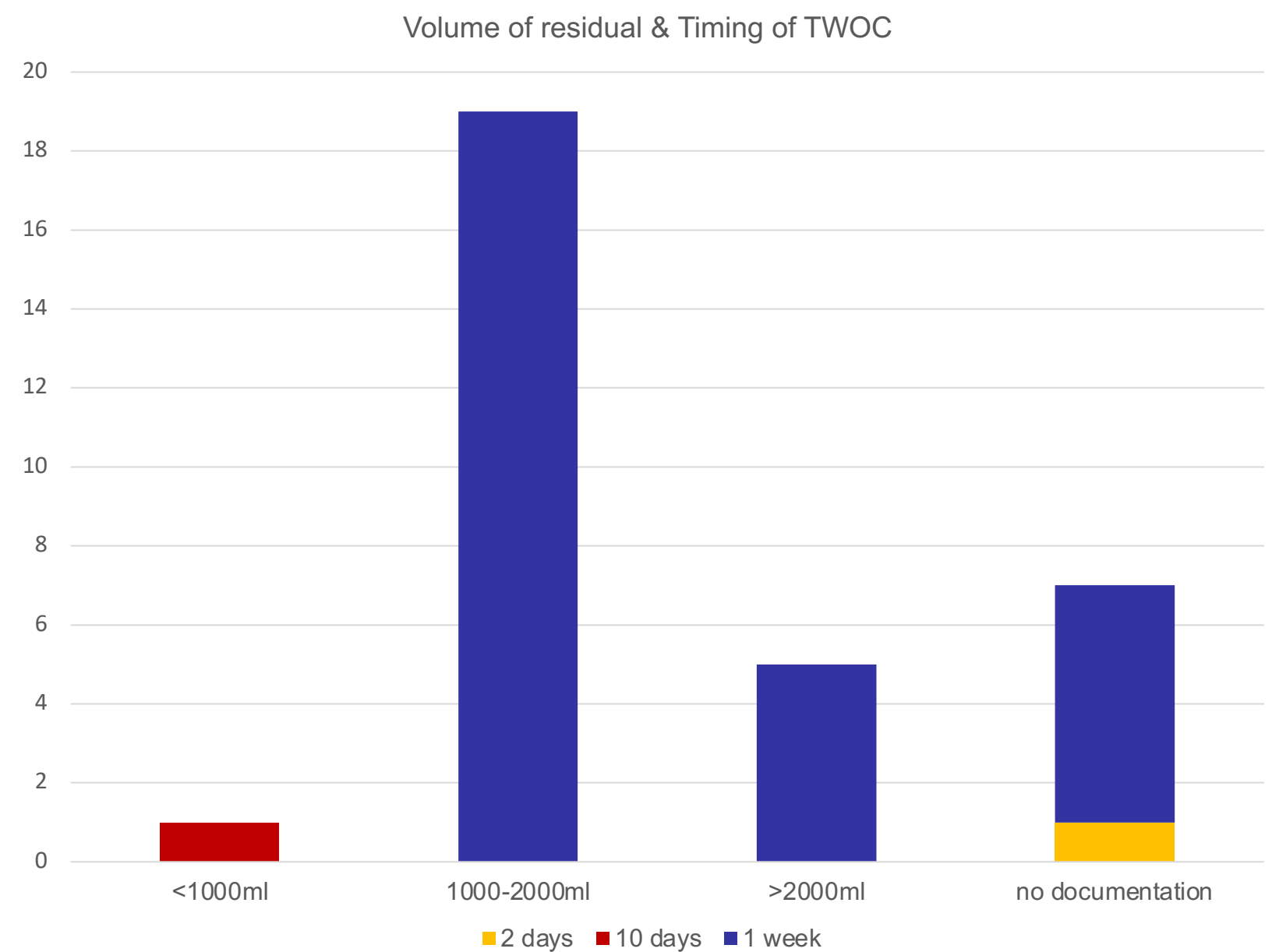
Methodology

- A third-cycle retrospective audit was performed, collecting and analysing data on women diagnosed with PPUR who were subsequently readmitted for TWOC at Gynaecology ward between 2019-2020
- A Plan-Do-Study-Act (PDSA) cycle was implemented
- Intrapartum and postnatal notes were reviewed. The following parameters were collated:
 - Risk factors for PPUR
 - Compliance with local postpartum bladder care guidelines
 - Management of diagnosed PPUR
 - Standards of documentation
- A separate anonymous survey was carried out to assess knowledge and confidence of maternity unit staff on bladder function and care
- This survey was circulated during Bladder Care Awareness Week and answered using a QR code on posters placed in staff rooms across the unit

Results

- 31* postnatal women were readmitted for TWOC between 2019-2020
- 65% of women had an epidural in labour

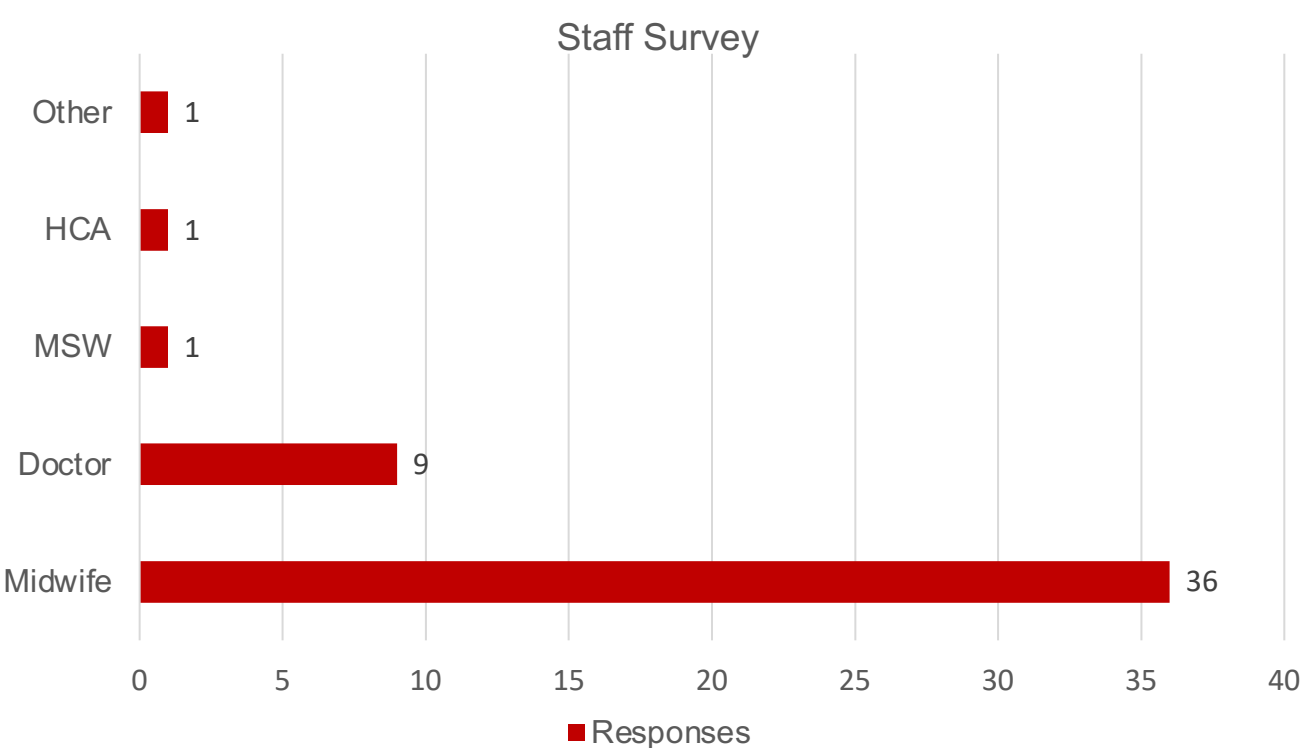
- Prolonged first or second stage of labour was not identified as a significant risk factor for PPUR in this audit
- There was variation in adherence to local guidelines for treatment of PPUR
 - None of the patients with >2000ml residual volume were managed in accordance with the guideline of TWOC in 14 days



- There was inconsistent documentation related to bladder care throughout intrapartum and postpartum events and post urinary retention
- * 1 patient was previously diagnosed with neurological deficit and had to do CISC

Staff Survey

- 48 members of the multidisciplinary team participated in the staff survey, including midwives, doctors, MSW and a healthcare assistant (HCA)
- The survey revealed good confidence on routine management of post-partum bladder care, but knowledge on the treatment of PPUR could be improved



Limitations

- The method of data collection did not evaluate the management of post-void residual volume of <100ml
- Incomplete documentation as some intrapartum notes were documented on paper

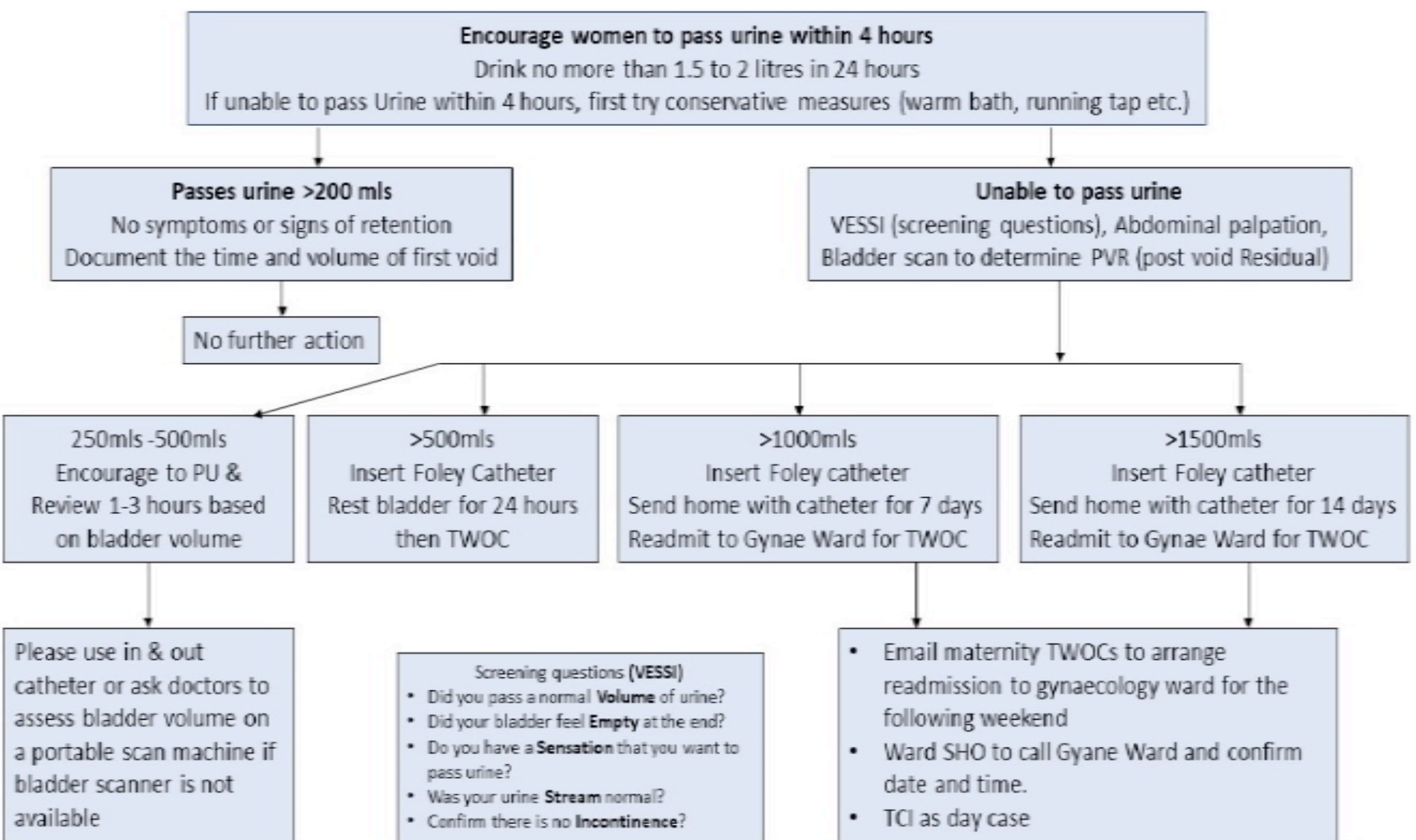
Conclusion

- Unrecognised, postpartum voiding dysfunction can lead to permanent damage to the bladder and kidneys with long term sequelae
- It is the collective responsibility of all maternity staff to ensure women receive appropriate intrapartum and postnatal bladder care
- This audit highlighted good adherence to trust guidelines for PPUR with residual volume <1500ml
- Documentation was identified as an area of improvement
- Teaching sessions with the multidisciplinary team would be beneficial in improving knowledge and reducing clinical variation in management of PPUR within the multidisciplinary team

Future Directives

- The local guidelines will be updated and circulated amongst staff; it will also be part of Practical Obstetrics Multi-Professional Training (PROMPT)
- We plan to repeat the PDSA cycle and re-audit following these interventions

Trust Guidelines for Management of PPUR



References

- Management of post-partum urinary retention – GSTT Trust guidelines