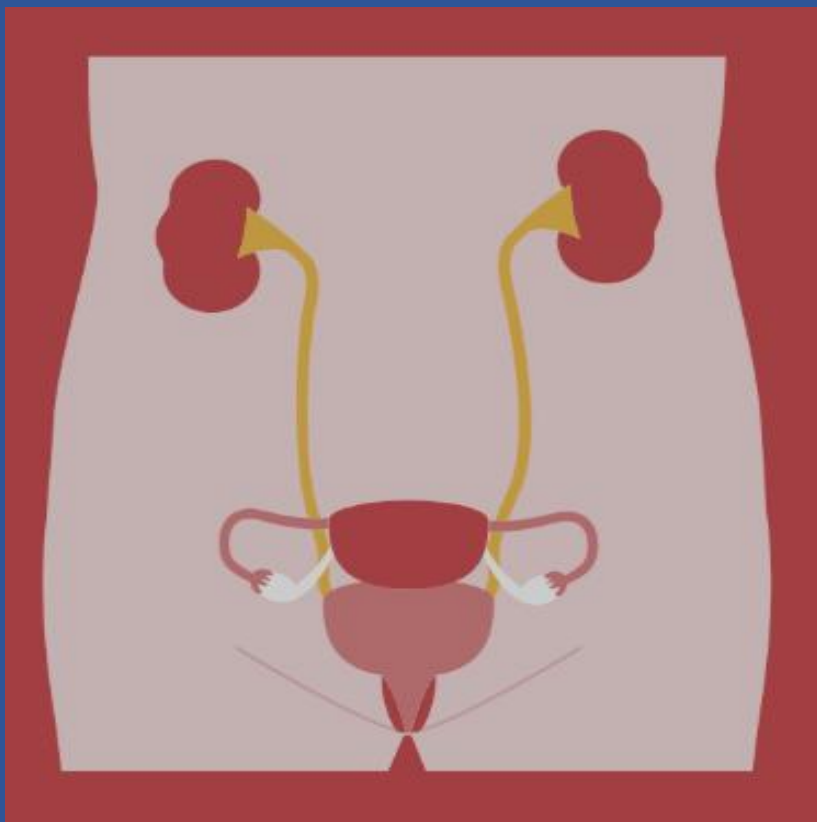




REFERRAL OF POSTNATAL PATIENTS WITH FAILED TWOC (TRIAL WITHOUT CATHETER) TO COMMUNITY BLADDER SERVICES.

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Objective: To assess local practice and compare with standards in our local guideline ‘Maternity bladder and bowel care’2024. We looked at the compliance with documentation at booking “Asking about bladder and bowel function”, Intrapartum and postpartum bladder care, referral for pelvic floor physiotherapy, referral and follow up by community continence team and outcome for women with postpartum voiding dysfunction.

Design: Retrospective audit.

Rationale: Postnatal retention of urine is distressing to new mothers who are dealing with body changes & new family needs. For the purpose of this audit we have defined postpartum voiding dysfunction as failure to pass urine spontaneously **6 hours** after birth or following catheter removal. This occurs in **0.7-4% of** deliveries. Overt urinary retention is the inability to void postpartum. Clinical discussion at Risk meetings revealed variable plan of management for women with this condition.

Method: Retrospective collection of data from CWS (Clinical work station) Time frame: **12 months (Jan-Dec 2024)**. We included all patients with delay in first void of more than 6 hours. We had a total number of **11** patients. This is the lowest number that we had in the last four years.

Results: Patients were between **20-38** years old, with BMI ranging between **19-34**. **55%** were primiparous and **45%** multiparous. “Asking about bladder and bowel function at booking” achieved, documented in **100%**. **EMCS-46%, ELSCS-9%, SVD-9%**, Forceps-18%, **Kiwi-18%**. **Spinal Anaesthesia-27.27%, Epidural -45.45%**, CSE-9.09%, no Anaesthesia-18.18%. We met standards by **100%** for following the guideline, including performing conservative measures, documentation, measuring retained urine volume. Inserting an indwelling catheter with flip flow and at discharge providing patients with TWOC bundle and referral to continence team. However we are not referring patients to the Pelvic floor **Physiotherapy service (46%)**. **Successful community TWOC in 82%, ISC (intermittent self-catheterisation) needed & taught in 45%**, follow up at 6 weeks and **91% discharged** from the continence team.

Conclusion: We have the lowest number of patients in the last 4 years, mainly due to improvement in documentation since using the electronic documentation (Badger net). Bladder care pathway was followed appropriately. We continue to regular educate doctors and midwives during our monthly meetings. Pelvic Floor referral pathway needs improvement. We recommend a reaudit in one year.