

1065

Jacob M E¹, Keane D P¹, Robson M¹

1. National Maternity Hospital

POSTPARTUM URINARY RETENTION

Hypothesis / aims of study

Introduction

Overt retention is the inability to pass urine within 6 hours after delivery requiring catheterisation with removal of a volume equal to or greater than normal bladder capacity (1). The consequences of postpartum urinary retention in the short term may lead to atonic bladder and infection if not identified and relieved. It is important to note that one single episode of bladder over-distension if not diagnosed and treated early, may cause persistent post partum urinary retention (P.P.U.R.) and irreversible damage to the detrusor muscle with recurrent urinary tract infections and permanent voiding difficulties.

Study design, materials and methods

Action research cycle methodology was carried out to evaluate patients with postpartum urinary retention which comprised diagnosing, planning action, taking action and evaluation. Retrospective review of medical records and clinical incident report forms of women was carried out. Data recorded included parity, birth weight, type of delivery, epidural anaesthesia, bladder scan, Foley catheter, residuals, super pubic catheter, time post delivery and whether patients required intermittent self catheterisation.

Results

The total sample of patients was 91. Eleven patients had a second Foley catheter. Three patients had a supra-pubic catheter and one patient required intermittent self catheterisation. The numbers in the cohort of primigravidas were 62/91 (68.1%). Instrumental deliveries in the cohort were 31/91 (34%). Total requiring epidural anaesthesia was 62/91 (68.1%) ($p < 0.001$). Median time post delivery for intervention was 6hrs (1.5 – 24hrs).

Interpretation of results

34% of the sample had instrumental deliveries in comparison with 25% of the total hospital population which was not statistically significant ($p > 0.05$). Over 68% of the sample had epidurals ($p < 0.001$). Following delivery urinary retention necessitated two patients requiring a second Foley catheter, three patients requiring a supra pubic catheter and one patient requiring clean intermittent self catheterisation.

Concluding message

There was a statistically significant difference ($p < 0.05$) between multiparous and primiparous women with P.P.U.R. Primigravidas were 52% more likely to get P.P.U.R. Multigravidas were 16% less likely to get P.P.U.R. than primiparous women – statistically significant ($p < 0.05$).

References

1. Rane and Frazer Obs & Gynae 1991; (4): 311-313

<i>Specify source of funding or grant</i>	There was no external funding or grant for the study.
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	NONE