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AUDIT OF INTRAPARTUM & POSTPARTUM BLADDER CARE IN A DISTRICT GENERAL HOSPITAL

Hypothesis / aims of study

Intrapartum bladder care and the management and prevention of postpartum urinary retention are of great clinical importance. If voiding dysfunction is not recognised, bladder over distension can lead to denervation and permanent bladder damage. Early diagnosis, intervention and treatment are necessary to prevent permanent bladder damage. During labour the aim is to maintain normal bladder function and to minimize the risk of damage to the bladder and urethra during childbirth. Our aim was to assess the level of compliance to our local hospital guidelines for intrapartum & postpartum bladder care.

Study design, materials and methods

This was a prospective and retrospective audit comprising of 100 randomly selected cases during May 2010. Cases were selected from delivery suite register. Data was collected from case notes, collated and analyzed on excel. Standards of bladder care:

- 100% should be encouraged to empty their bladder every 2 hours in labour.
- 100% should have their urine measured & tested with dipstick.
- 100% should have bladder emptied at the beginning of 2nd stage/ prior to operative delivery.
- 100% should have had a void prior to leaving delivery suite.

Results

Previous bladder problems were reconized in 5%. Pelvic floor assessment tool (PFAT) was completed in 71%. Bladder emptying (applicable in 72%) was encouraged in 48.6%, urine was measured (applicable in 76%) in 48%, urine dipstick was performed (applicable in 76%) in 38%. In & out catheter was used in 27%. An indwelling catheter was instituted in 47%, bladder was emptied at the beginning of second stage in only 36% but a 100% had their bladder emptied prior to instrumental delivery. Documentation of first void was performed in 84% & fluid balance following instrumental delivery was recorded in 22%. Before leaving delivery suite void occurred in 58% as per documentation & was measured in 68%. Catheter was removed at midnight as per hospital policy in 92%.

Care following removal of catheter:

- First void recorded – 93%
- First void measured – 84%

Interpretation of results

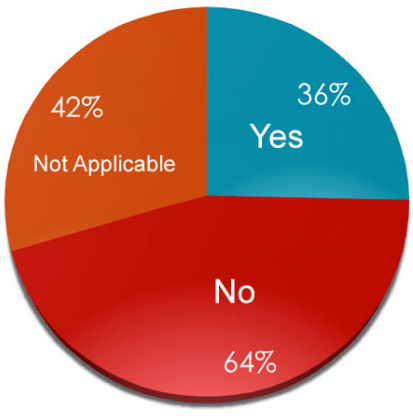
We need to improve our standards in the following:

- Encouraging bladder emptying every 2 hrs in labour
- measuring urine voided & performing a dipstick examination
- Bladder emptying at the beginning of second stage
- Documentation of first void could be improved further
- Fluid balance following instrumental delivery
- With a bit more improvement in documentation of care following removal of catheter we could achieve a 100% target

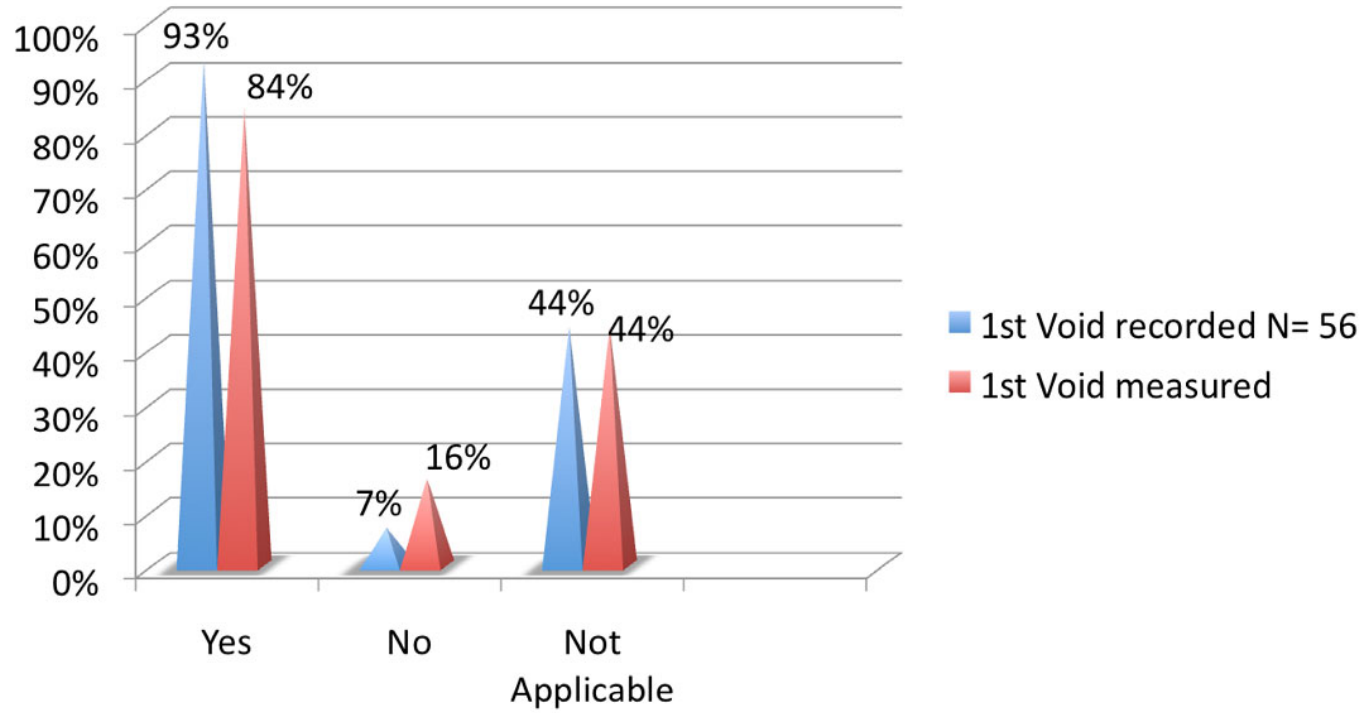
Concluding message

We may be actually performing better at emptying the bladder during labour & at the beginning of the second stage but unless we improve our documentation of the practice we would not be able to prove that. We are paying good attention to bladder care during performing instrumental vaginal deliveries as well postnatally. With the current care provided no cases of retention of urine were detected during hospital stay.

Bladder emptying at the beginning of second stage : Blue= Yes, Red= No, Orange= Not applicable



Care following removal of catheter (N=56)



References

1. Cardozo L, Gleeson C. (1997) Pregnancy, childbirth and continence. British Journal of Midwifery, vol 5 (5) p277-281
2. RCOG Study Group Recommendation (2002) Incontinence in Women, 6:4
3. WRH policy on Intrapartum & postpartum bladder care

Specify source of funding or grant	**Worcester Royal Hospital, Worcestershire. UK**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require ethics committee approval because	**It was an audit project.**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**