

POSTPARTUM BLADDER CARE: A REVIEW OF NATIONAL PRACTICE

Aims of Study

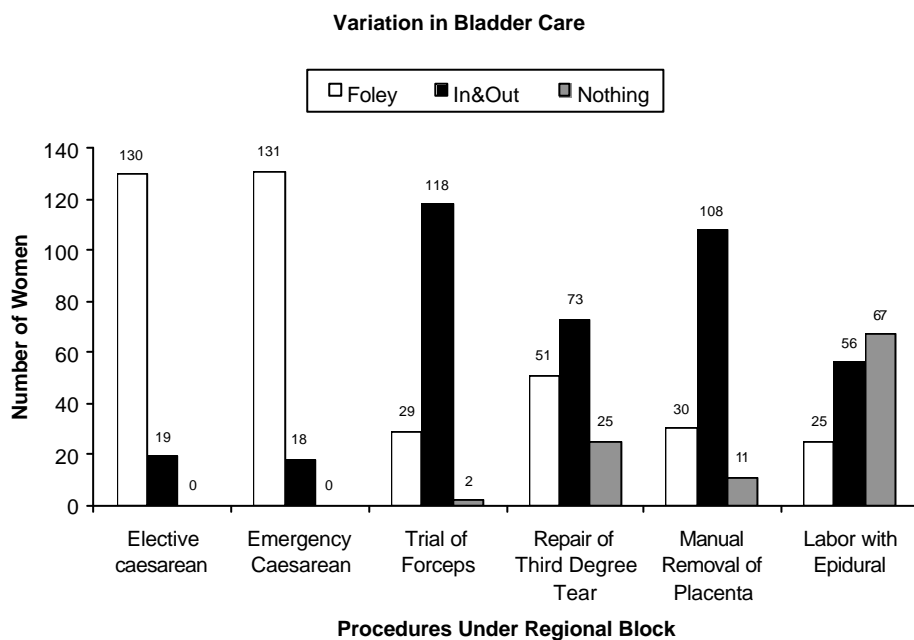
Postpartum Urinary retention is an underdiagnosed condition which can have serious longterm sequelae unless it is resolved in the early postpartum period. It has been noted to occur in 914% patients after spontaneous vaginal delivery and in 38% women after forceps delivery (1). The Royal College of Obstetricians and Gynaecologists (UK) working party recommendation states that women who have not passed urine for six hours postpartum should be catheterised (2). We undertook a survey of all hospitals in England and Wales to establish whether this or any other guideline is being followed for prevention of postpartum urinary retention.

Methods

A questionnaire was mailed to Labor Ward Managers at 180 hospitals. They were asked about how the bladder was emptied (Foley catheter, In & Out catheter or nothing) in relation to: (a) elective caesarean section, (b) emergency caesarean section, (c) trial of instrumental delivery, (d) repair of third degree perineal tear, (e) manual removal of placenta under regional block (MROP) and (f) labor (with a regional block). They were asked when the Foley catheter, if this was used, was removed and also whether they had a policy about catheterisation if the women had not been able to pass urine postpartum. Finally, we wanted to establish if the incidence of postpartum urinary retention was known and whether women with postpartum urinary retention, both resolved and unresolved, received any formal follow-up.

Results

We received 149 responses from hospitals with an annual delivery rate ranging from 850 to 6400. Figure 1 shows the responses to (a), (b), (c), (d), (e), and (f). There is tremendous variation among all the respondents regarding how bladder is emptied particularly in relation to repair of third degree tear, manual removal of placenta and labor under regional block.



A Foley catheter (when used), was removed after 24 hours (range 6 - 48 hours) according to 66 % (98/149) respondents. 52% (78/149) respondents said that the Foley catheter was removed when a good volume of clear urine is noted and the patient is able to mobilize whereas 48% (71/149) respondents said that no clear guidelines existed regarding criteria to be fulfilled before removal of the Foley catheter. If the patient did not pass urine for six hours (either having previously had a Foley catheter or not), 22 % (33/149) respondents said that they were catheterised and 6% (9/149) respondents said that they check the bladder volume using an ultrasound before catheterization. This catheter (Foley catheter) was removed after 24 hours (range 12-72 hours) by 53% respondents. Following removal of this catheter (Foley catheter), the residual volume after the first void is determined by 30% (45) respondents. There is no consensus of opinion regarding measurement of voided volumes or acceptable post void residual volume. 2/149 respondents knew the incidence of postpartum urinary retention and 86% respondents said that women with postpartum retention have formal follow-up with either a Urogynaecologist or Urologist

Conclusions

This study demonstrates a wide discrepancy in clinical practice and lack of consensus in the management of postpartum bladder care. We have shown poor adherence to the one recommendation that exists thereby highlighting the need for clear guidelines. We suggest that it is important to increase awareness of bladder care among both medical and midwifery staff not only postpartum but also antepartum and issue guidelines for postpartum bladder care in order to prevent postpartum urinary retention.

References

Incidence of abnormal voiding parameters in the immediate postpartum period. *Neurourol Urodyn* 1993; 12:179-183.
RCOG working party, grade C recommendation.