



Guideline for the Promotion and Maintenance of Continence in Pregnancy, Childbirth and the Puerperium

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Contents:

Introduction	2
Aims	2
Objectives	2
Scope	3
Roles and Responsibilities	3
Antenatal Care.....	4
Bladder care during labour.....	4,5
Postnatal care.....	5,6
Resources.....	5
Training.....	5
Standards for Health Services Wales	6
Equality	5
Audit	7
Review	6
References	7
Appendices.....	1,2,3,4,5,6

Introduction

"Urinary incontinence is a common symptom that can affect women of all ages, with a wide range of severity and nature. Whilst rarely life threatening, incontinence may seriously influence the physical, psychological and social wellbeing of affected individuals. The impact on the families and carers of women with urinary incontinence may be profound, and the resource implications for the Health Service considerable" (NICE 2013)

Addressing the issue of continence when women are pregnant and require NHS services enables the promotion and maintenance of continence in women. During pregnancy and in the post natal period women can be receptive to health promotion messages. Identifying women who may be symptomatic of incontinence at this time in their lives and providing interventions that aim to improve their continence not only improves their health and wellbeing but also has the potential to minimise the demand on the NHS in the future.

Aims

To promote continence during pregnancy, birth and the postnatal period.

Objectives

- 1) To ensure that health promotion messages are given in an effective manner during the antenatal and post natal period.
- 2) To ensure that bladder care given during the antenatal, intrapartum and postnatal periods is consistent with best practice.
- 3) To guide staff in the prevention of and the management of postnatal retention of urine.

Scope

This document is intended for use by midwives and obstetricians working in the division of Family and Therapies providing the Maternity Service within Aneurin Bevan University Health Board.

In addition, it will provide guidance for physiotherapists and continence nurse specialists.

Roles and Responsibilities

It is the responsibility of all midwives, doctors, physiotherapists and nurses providing care to women during pregnancy or the postnatal period to be aware of this guideline and implement the identified actions contained within.

Antenatal Care and Documentation

- At booking, all women will be asked screening questions regarding their bladder and bowel function via the 'Antenatal continence assessment tool' in order to identify symptomatic women at the beginning of pregnancy (Appendix1).
- Documentation on page 5 of the All Wales Maternity Record must be completed. Any bladder/bowel problems identified should be recorded. If a referral to the Continence service has been required as a result of the antenatal continence assessment tool above, this should also be recorded here.
- Midwives will advise all women how to do pelvic floor exercises correctly and this will be reinforced by written information (Fit for Pregnancy leaflet).
- Documentation on page 16 of the All Wales Maternity Record will record that pelvic floor exercises have been discussed as above
- Symptomatic women will be referred to the Consultant Nurse for Continence (using referral form in Appendix 2).

Monitoring the Bladder During Labour

Monitoring and care of the bladder function during labour is essential to prevent bladder distension injury or dysfunction of the bladder. An over distended bladder may also obstruct progress in labour and cause postpartum haemorrhage.

- Women should be encouraged to empty their bladder at least every 4-6 hours
- Encourage urine voids prior to a vaginal examination
- If unable to void urine, or where there are consistent small amounts of urine, intermittent catheterisation should be considered. This should be done prior to a vaginal

examination to ensure minimal disruption to the woman and maintain her dignity

- Any catheterisation should be done under aseptic technique
- All urine voids should be measured and documented on the partogram
- NICE Guideline (2007) states that the mother should be observed during both the first and the second stage of labour regarding the frequency of emptying the bladder.

Postpartum monitoring of bladder function

1) Postpartum Bladder Care

- Following birth, it is essential that all women regardless of mode or place of birth are assessed to ensure they are able to empty their bladder adequately. Assessing women's bladder function pro-actively will prevent bladder dysfunction from postnatal retention of urine. NICE Guideline (2007) states that assessing the bladder should occur as part of the initial assessment of the mother following birth to ensure successful voiding.
- Documentation of the time of the void and voided volumes of urine is essential.
- The pathway for 'Postpartum bladder care' should be followed for all women during the immediate time following birth (Appendix 3).
- Should the patient be unable to void adequately, she will need an indwelling catheter. The continence service will be informed. They will arrange trial without catheter (TWOC) and follow up in the community following discharge. If the patient has an extended length of stay in hospital...

2) Promotion of continence in the postnatal period

- Midwives should reinforce the health promotion messages given during pregnancy about the value of pelvic floor exercises and will provide all women with a "Fit for the Future" leaflet.
- All women will be assessed using the Pelvic floor referral pathway algorithm (Appendix 4).
- Midwives will ensure that those women who meet the criteria are referred to physiotherapy using the referral form (Appendix 5)

- Midwives will give these women the appropriate referral letter explaining the importance of attendance (Appendix 6).
- Referral process will be documented in woman's hand held postnatal notes and on PROTOS.

Resources

The pathway for postnatal bladder care suggests assessing the volume of urine in the bladder either with a bladder scanner or by undertaking in-out catheterisation. Either method is acceptable. The pathway thus acknowledges that bladder scanners may not be available in all clinical areas.

Training

Doctors and midwives will be informed of the guideline in Clinical Governance days.

Midwives will receive updates every two years on the promotion of continence and bladder care in their mandatory study days. These sessions will be delivered by the physiotherapists and/or specialist continence nurses.

Standards for Health Services Wales

This guideline contributes to compliance with:

- Standard 3: Health Promotion, Protection and Improvement.
- Standard 10: Dignity and Respect

In addition, the activity of this guideline links with:

- Standard 6: Participating in Quality Improvement Activities
- Standard 18: Communicating Effectively
- Standard 26: Workforce Training and Organisational Development

Equality

- An equality impact assessment has been carried out No adverse impact has been identified.

Audit

Three key parts of this guideline will be audited:

- 1) Compliance with undertaking the antenatal continence assessment tool and associated documentation in women's notes.
- 2) Compliance with the postpartum bladder care pathway and the associated documentation in women's notes.
- 3) Compliance with the pelvic floor referral pathway.

Data will be collected in relation to numbers of pregnant women referred to the Consultant Nurse for Continence (including the appropriateness of such referrals).

Review

This guideline will be reviewed three years after the ratification date.

References

National institute for Clinical Excellence (NICE) (2013), "Urinary incontinence: the management of urinary incontinence in women" Clinical Guideline 171: www.nice.org.uk.

National Institute for Clinical excellence (NICE) (2007), "Intrapartum Care: Care of healthy women and their babies during childbirth" www.nice.org.uk.

Appendix 1



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Antenatal Continence Assessment Tool

The following questions are to be asked at the woman's initial assessment (booking)

1) Do you **often** experience leakage of urine when coughing, sneezing, laughing or during physical activity?

Yes No

2) Do you **often** experience leakage of urine because you haven't made it to the toilet on time?

Yes No

3) Do you **often** have to rush to the toilet to open your bowels?

Yes No

4) Do you experience leakage of stool/ flatulence when you don't intend to?

Yes No

If **NO** to **ALL** questions above, advise the woman about pelvic floor exercises during pregnancy and during the postnatal period.

If **YES** to any **one** question above, Refer to continence service for further assessment

Appendix 2



Antenatal Continence Assessment Tool

Referral form for Continence Service

Addressograph

The above woman was assessed using the antenatal continence assessment tool at her initial assessment and answered YES to the following questions (please tick those that apply)

- 1) Do you **often** experience leakage of urine when coughing, sneezing, laughing or during physical activity?
- 2) Do you **often** experience leakage of urine because you haven't made it to the toilet on time?
- 3) Do you **often** have to rush to the toilet to open your bowels?
- 4) Do you experience leakage of stool/ flatulence when you don't intend to?

MIDWIFE.....SIGNATURE.....

Please send completed forms to **Continence Service, LLanfrechfa Grange Hospital**

The referral will be documented in the hand-held records and a copy of the referral form to be filed in hospital notes.

Appendix 3



Dear

During pregnancy and childbirth, your pelvic floor muscles which support the pelvic organs and help to maintain continence, are stretched and may become damaged. This can leave the muscles very weak and cause some women to leak urine when they sneeze, cough, lift, or when exercising. Some women may also experience other bladder or bowel symptoms. It is very important that you strengthen weakened pelvic floor muscles after having your baby, as they provide support to the pelvic organs and help to prevent any leakage.

A midwife or physiotherapist will give you a leaflet on pelvic floor exercises and explain how to do them before you leave hospital. The exercises are aimed at improving the strength of your pelvic floor muscles and therefore help to reduce the risk of potential problems arising.

As part of our support services, women who have either had:

- a third degree tear
- a fourth degree tear
- a baby weighing more than 4.5kg (10 lbs) after a vaginal delivery
- problems with their bladder or bowels

are routinely referred to the women's health physiotherapy service.

A letter will be sent to you inviting you to contact the Physiotherapy service to arrange an appointment to attend a physiotherapy appointment to review your progress.

At your appointment you will be seen by a female women's health physiotherapist in a private room. You will be given an opportunity to discuss any problems you are experiencing and you will be offered a vaginal examination to assess your pelvic floor muscles.

It is essential to attend the clinic even if you do not have any problems at the time, as symptoms may develop in the future if weak pelvic floor muscles are not strengthened.

If you have any questions or concerns regarding pelvic floor exercises, your bladder or your bowels, you can ring and leave a short message for a women's health physiotherapist on 01633 238997. Please include a daytime telephone number so that we can ring you back.

In the meantime, your midwife will be happy to answer any questions that you may have about the contents of this letter.

Midwife signature _____

Appendix 4

**ADDRESSOGRAPH
STICKER**

Maternity Services Postnatal Physiotherapy Referral Form (PF Referral Pathway)

Dear Physiotherapist,

We are referring this lady to physiotherapy following her delivery, as part of the Pelvic Floor Referral Pathway.

Daytime tel. no: _____ Consultant/ MLC: _____

Delivery Details:

Date of Delivery _____

Delivery location _____

Parity _____

Type of Delivery _____

Baby Weight(s) 1. _____ 2. _____

Referral Criteria [tick box(es) relating to delivery]:

Third degree tear: 3a / 3b / 3c

Fourth degree tear

Bothersome Antenatal or Postnatal urinary/anal incontinence
Additional info:

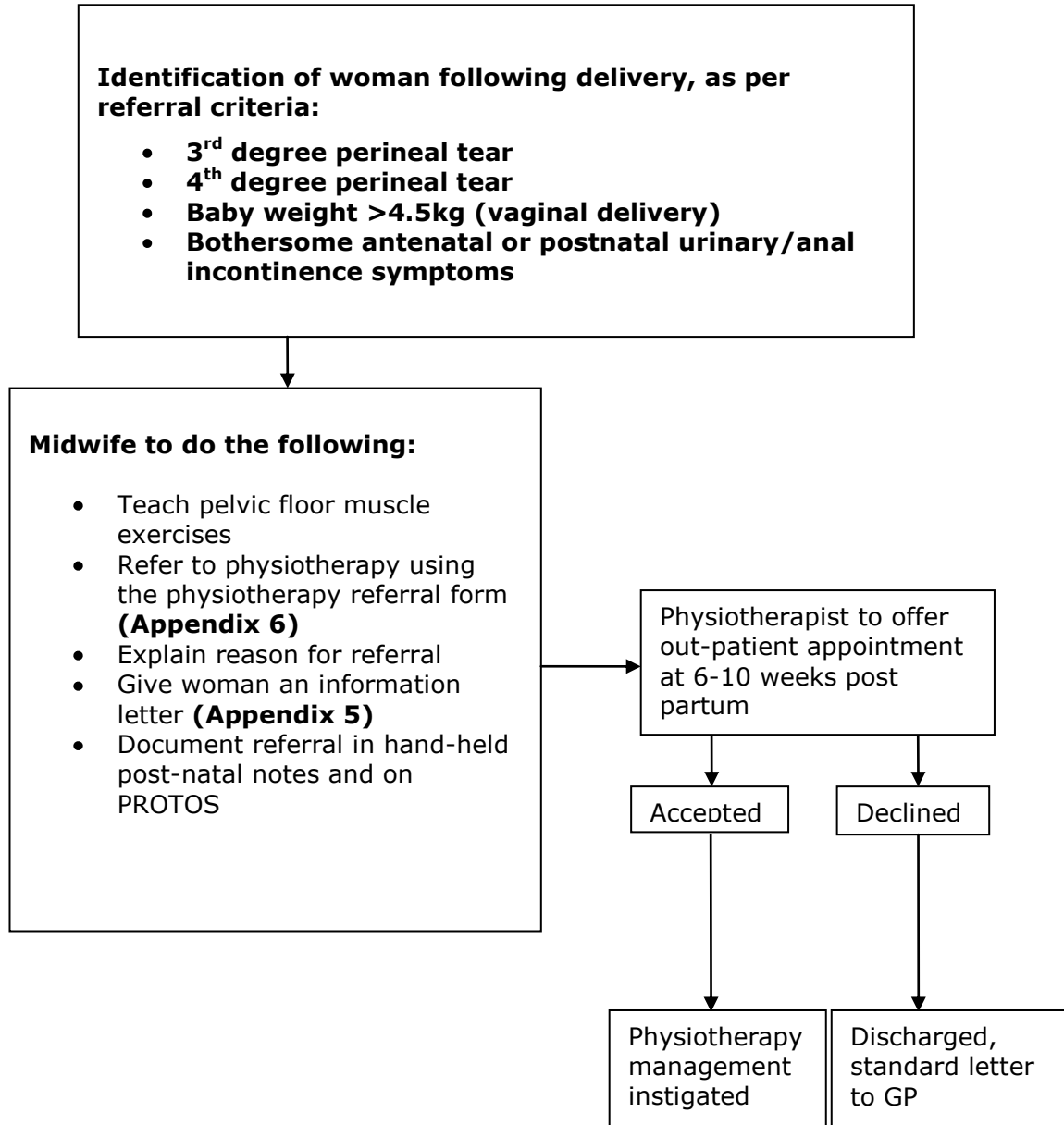
Baby weight >4.5kg (with vaginal delivery)

Signature _____ Print name: _____ Date _____

Please send completed referral form to local Physiotherapy Dept

Appendix 5

Pelvic Floor Referral Pathway Algorithm



APPENDIX 6

POST PARTUM BLADDER CARE

After **ALL** births urine output needs to be measured and recorded. If the woman is unable to pass urine within 4 hours of delivery or removal of urinary catheter try conservative measures e.g. warm bath, running tap, analgesia, encourage fluid intake (recommended fluid intake 2 litres in 24 hrs.) **Reassess in 2 hours.**

AT **6 HOURS** POST DELIVERY or REMOVAL OF URINARY CATHETER

