GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe | Swansea Bay University Health Board

Intrapartum Bladder Care Protocol

Document Author: Dr E Price & Dr S Seppings

Approval body: Labour Ward Forum

Approval Date: 19/06/2024

Review Date: 06/2027

Contents

1. Introduction .... **Error! Bookmark not defined.**
2. Intrapartum Bladder Care..................................... **Error! Bookmark not defined.**
3. Operative Birth 4
4. Postnatal Bladder Care 4
5. Management of Postpartum Urinary Retention 5
6. References.. 6

1. Introduction

It has been reported that up to 80% of women experience a form of bladder or urinary dysfunction in the first year postpartum. In later pregnancy and labour physiological changes affect women's bladder control and this can be further affected by events around the delivery.

There is increased urinary frequency due to the increased blood volume and renal blood flow. There is an increased risk of urinary infection as due to the smooth muscle relaxation there is dilatation of the ureters and compression of them due to the enlarging uterus.

Risk factors for postpartum voiding dysfunction include primiparity, instrumental delivery, epidural anaesthesia, prolonged labour, caesarean section and perineal trauma.

Postpartum there are further risk factors contributing to urinary retention. This includes an inhibition reflex from trauma, atony or injury to the pelvic floor and reduced bladder sensation.

It is therefore important that good bladder care is provided to prevent bladder overdistension and avoid prolonged voiding dysfunction such as recurrent urinary tract infections, urinary incontinence and the need for self-catheterisation.

2. Intrapartum Bladder Care

Review bladder care for the woman at least every 4 hours, including frequency and volume of urine passed, as well as bladder sensation. Do not exceed 4 hours without ensuring the patient has passed urine, and ensure bladder is emptied prior to vaginal examination.

Commence fluid balance chart if following risk factors:

- Abnormal or absent bladder sensation
- Inability to pass urine
- Intravenous fluids (including oxytocin)

If the woman is not able to spontaneously void a catheter should be discussed with the woman and residual volume recorded on the fluid balance chart. Catheterisation increases the risk of urinary tract infection and is one of the biggest causes of infection in hospitals. Therefore, good catheter care and aseptic technique on insertion is paramount.

Consider indwelling catheter if:

- 2 intermittent catheterisations have already been performed
- Need for accurate fluid balance
- Sepsis
- Acute kidney injury
- Epidural anaesthesia
- Large volumes of intravenous fluids
- Syntocinon infusion

3. Operative Birth

Remove indwelling catheter during active pushing or prior to assisted vaginal birth. Should caesarean delivery be indicated, the indwelling catheter can remain in situ, but the volume should be recorded on transfer to theatre.

If for caesarean section, insert indwelling catheter at start of procedure.

Remove catheter 12 hours after operative delivery unless otherwise specified on operation note.

4. Postnatal Bladder Care

Indwelling catheters should be removed after the following time intervals:

Clinical situation	Timing of TWOC
Uncomplicated vaginal delivery with epidural	6 hours
Procedure involving spinal anaesthetic or epidural top-up	12 hours
Bladder injury*	10-14 days
Other reasons for catheterisation	Individual assessment

*Please note that in cases of bladder injury the catheter should be left on free drainage at all times. Blockages should be dealt with promptly, and the patient should not be sent home with a flip-flow valve.

All women should void urine within 6 hours of delivery/TWOC. Record the time and volume of first void in the postnatal notes. After caesarean delivery, record first two voids.

If a woman births in the MLU or at home, or wishes to be discharged from hospital before she is 6 hours post-delivery and has not passed urine, then she should be advised to ensure that she has passed a good volume of urine by 6 hours post birth. If not she should contact the maternity unit for advice.

5. Management of Postpartum Urinary Retention

Acute retention can be painless in the postpartum period, especially following regional anaesthesia. Signs of retention include:

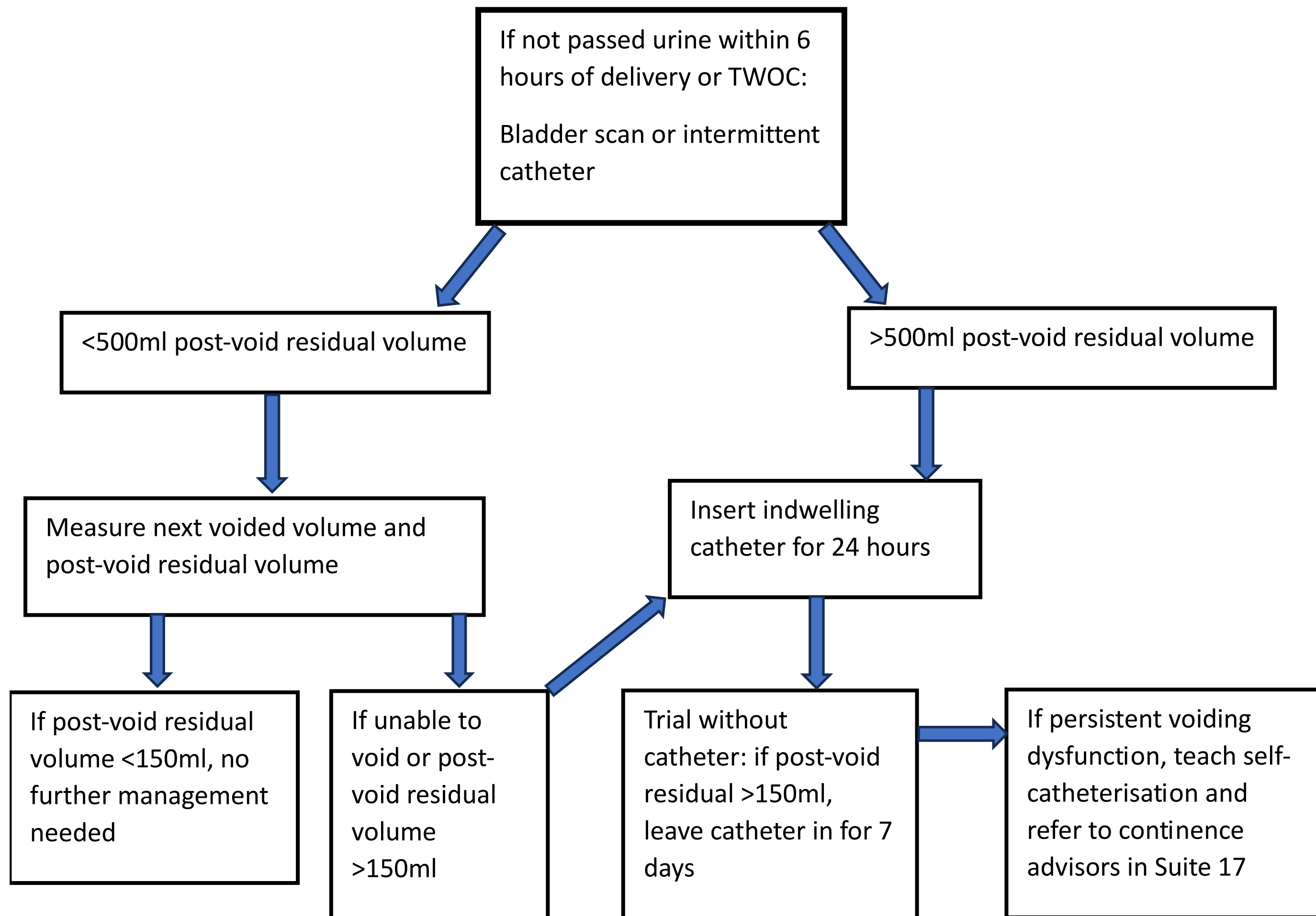
- Pain
- Inability to void at all
- Slow stream
- Frequency
- Incomplete emptying
- Overflow incontinence
- Feeling generally unwell

If not passed urine within 6 hours of delivery or TWOC, perform a bladder scan or intermittent catheterisation to assess residual volume.

Risk factors for retention should be assessed and managed:

Risk Factor	Management
Infection	MSU +/_ antibiotics
Constipation	Laxatives
Perineal trauma /pain/swelling	Good analgesia, leave catheter in until comfortable
Haematoma	Evacuation

Management of Postpartum Urinary Retention Flowchart



If discharging the patient with an indwelling catheter in situ, please provide:

- A catheter take home pack (containing leg bags, straps, non-drainable bed bags and patient information on caring for their catheter).
- The Short Term Catheter care bundle.
- Any further information on when catheter is to be removed and a plan for this.

6. References

Kearney, R. *et al.* (2008) 'Postpartum voiding dysfunction', *The Obstetrician & Gynaecologist*, 10(2), pp. 71–74. Available at: https://doi.org/10.1576/TOAG.10.2.071.27393.

NICE (2023) 'Intrapartum care guideline'. Available at: www.nice.org.uk/guidance/ng235 (Accessed: 27 February 2024).

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Intrapartum Bladder Care Protocol
Name(s) of Author:	Dr E Price, Dr S Seppings
Chair of Group or Committee approving submission:	Labour ward forum 19/06/24 Clinical Guideline Group 12/08/24
Brief outline giving reasons for document being submitted for ratification	Guideline review
Details of persons included in consultation process:	Labour Ward Forum
Name of Pharmacist (mandatory if drugs involved):	NA
Issue / Version No:	3
Please list any policies/guidelines this document will supersede:	Protocol For Bladder Care Management During Intrapartum and Postnatal Period
Date approved by Group:	19/06/24
Next Review / Guideline Expiry:	06/2027
Please indicate key words you wish to be linked to document	Bladder, urinary, retention, catheterisation
File Name: Used to locate where file is stores on hard drive	ABM Group (Z:)\Maternity\policies and guidelines\Obs\2020 onwards