

# OP18

## LESSONS IN POSTNATAL URINARY RETENTION MANAGEMENT - A LOCAL AUDIT

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Bladder care and the correct identification and management of acute urinary retention is an essential part of postnatal maternity services. There are currently no standardised guidelines in the UK and thus are trust dependent.

The purpose of this project was to investigate the current assessment and management of postnatal urinary retention risk in a local hospital in keeping with existing evidence and offer recommendations. A retrospective audit was conducted in a district general hospital in Northern Ireland.

42 patients on the postnatal ward had their notes reviewed on discharge to assess, their risk factors and the compliance and completeness of the trust's postpartum urinary retention pathways. The hospital urinary output sticker requires date and time of delivery, a recorded 3 voids, total volume  $\geq 500\text{mL}$ , woman reporting good stream, no straining and complete emptying, and if no to either of the latter two, to contact medical staff. This was fully filled out in 22/42 with voids fully documented in 38/42 patients. In 2/42 the total void volume of 500mL was not met and medical staff were contacted, however, bladder scans were not performed. Of the non-catheterised patients (19/42): 6 voided  $<150\text{mL}$  on their first void and 1 voided  $>600\text{mL}$ . Of the catheterised patients 1/23 did not void within 6 hours (however, no bladder scan recorded), whilst 2/23 voided  $<150\text{mL}$  and 1/23  $>600\text{mL}$ .

As a result of this audit several recommendations were made: 1) introduction of a risk assessment tool so staff are aware of patients at risk +/- increased monitoring, 2) a first void of 150-600mL within 6 hours (if  $>$  or  $<$  with will require post-void residual volume measurement) – to avoid covert retention or overdistention 3) bladder scanning to be performed by qualified staff 4) bladder scan performed in timely manner; if  $>15$  minutes – in/out catheter passed.

In conclusion, it is an important reminder to us all that we should review our guidelines in keeping with current evidence. It also raises the question of the development of a standardised national guideline in the UK to help prevent postpartum urinary retention.