

OP21

DOES STRICT POSTPARTUM BLADDER CARE PREVENT BLADDER DISTENSION INJURIES

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Background:

Postpartum urinary retention (PUR) is a distressing condition which can lead to short term complications including poor flow, hesitancy, frequency, and incontinence. If untreated it can lead to damage to the detrusor muscle resulting in voiding dysfunction and incontinence¹. With no clear definition, the incidence in literature varies between 1.5% to 45%². This study aims to assess whether early intervention results in a reduction in complications.

In our postnatal bladder care protocol, women who were unable to pass urine 6 hours postpartum or removal of catheter (TWOC) had an intermittent catheter passed to assess bladder volume and managed according to the policy. Despite this, high-volume residuals were noted. In 2019, a new protocol was introduced, with action taken at 4 hours including the use of a bladder scan. After training and support for our midwives, the protocol was re-audited.

Study Design:

This retrospective observational study compares audit results before and after the introduction of the new protocol with the aim of assessing impact on rates of PUR and bladder problems.

Results:

Following our previous protocol, 36 women were referred to the Urogynaecology-link midwives with PUR in a 12-month period. In contrast, after the new protocol, 75 women were referred over 6 months. 85% (29) women had normal voiding sensation and bladder emptying within 24 hours with our old protocol compared with 94.7% (71) women with the new protocol. The rate of double voiding was similar with each protocol, 5.5% (2) and 5.3% (4). Longer follow up was required in 8.3% (3) women with ongoing CISC for voiding dysfunction in 2 and incontinence in 1 woman compared with no women following the new protocol.

Conclusions:

Our new protocol has resulted in a significant increase in the diagnosis of PUR however early results suggest it has also reduced the associated complications.