

ROYAL HOSPITAL FOR WOMEN

LOCAL OPERATING PROCEDURE

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
19/7/12

BLADDER CARE DURING LABOUR AND THE POSTPARTUM PERIOD

1. AIM

- Maintenance of normal bladder function during labour and the immediate postpartum period
- Early detection of bladder dysfunction and appropriate management

2. PATIENT

- Woman in labour or postpartum

3. STAFF

- Registered Midwives
- Medical staff
- Student Midwives
- Registered Nurses

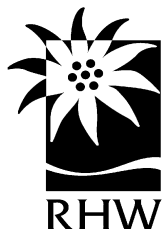
4. EQUIPMENT

- Foleys 14 Gauge Catheter
- Catheter Pack
- Sterile Water
- 0.9% Sodium Chloride 10mls
- 20ml Syringe
- Catheter Bag

5. CLINICAL PRACTICE

- Educate woman regarding the importance of optimal bladder care function during labour and postpartum period
- Encourage woman to void and empty her bladder completely :
 - at least every 2 hours during labour
 - prior to insertion of an epidural block (EDB)
- Insert an Indwelling Catheter (IDC) if any of the following situations occur:

1 ST STAGE	2 ND STAGE	3 RD STAGE
<ul style="list-style-type: none">◦ EDB has been inserted◦ Palpable bladder but woman unable to void◦ If unable to void 4 hours from previous void	<ul style="list-style-type: none">◦ EDB◦ Palpable bladder but woman unable to void◦ 2nd stage is ≥ 2 hours and the woman has not been able to void	<ul style="list-style-type: none">◦ Periurethral tears◦ Extensive labia / perineal swelling likely to impede voiding◦ Perineal haematoma◦ Unable to void within 6 hours of birth◦ Post partum haemorrhage (PPH)◦ 3rd and 4th degree tear◦ Retained placenta



BLADDER CARE DURING LABOUR AND THE POSTPARTUM PERIOD cont'd

Urinary Catheter and 2nd Stage

- o Deflate balloon of IDC at commencement of pushing and remove
- o In-out catheter is recommended prior to assisted vaginal delivery

Consider insertion of IDC when:

- o In-out catheter for assessment of urinary retention
- o Deviated fundus or poorly contracted uterus, especially if there is heavy lochia

1st post partum void within 4 hours of birth or removal of IDC

- o Ask the woman the following questions to ascertain if they have:
 - A decreased sensation to void
 - To strain to start, maintain or complete a void
 - A poor / interrupted stream
 - A sense of incomplete emptying
 - A need to re-void within 5 mins
 - A deviated fundus or poorly contracted uterus post void
 - Leaking/ incontinence of urine (**if this is the only criteria-refer to Physiotherapy**)
- o Refer to flowchart

6. DOCUMENTATION

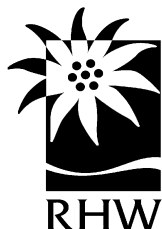
- Trial of void chart
- Integrated clinical notes
- Fluid balance chart
- Maternal Clinical Care Plan
- Partogram
- ObstetriX

7. EDUCATIONAL NOTES

- Women who are at risk of bladder over distension and urinary retention have had one or more of the following:
 - o Epidural
 - o IDC in labour
 - o Prolonged 1st stage > 12 Hrs and/or 2nd Stage > 2 Hrs
 - o Instrumental birth
 - o Lower Segment Caesarean Section (LSCS)
 - o 3rd / 4th Degree Tear

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOPs

- First Stage Labour Care for Women with Low Risk Pregnancy
- Second Stage of Labour
- Third Stage Management
- Instrumental Vaginal Delivery
- 3rd and 4th Degree Tear
- Caesarean birth – maternal preparation and receiving the newborn by midwives and nurses
- Retained Placenta
- Postpartum Haemorrhage - Prevention and Management (PPH)
- Epidural Policy and Management
- Catheterisation



BLADDER CARE DURING LABOUR AND THE POSTPARTUM PERIOD cont'd

9. REFERENCES

- 1 'Prevention and management of postnatal urinary retention' flowchart, (2011) King Edward Hospital, Perth
- 2 'Postpartum Voiding Dysfunction: Treatment Algorithm'(2006) The Royal Women's Hospital, Melbourne
- 3 Yip, S.K., Pang, M.W., Day, L., (2005) Postpartum Urinary Retention *American College of Obstetricians and Gynecologists* 106 (3) 602-606
- 4 Groutz, A., Gordon, D., Wolman, I., Jaffa, A., Kupferminic, M.J., Lessing, J.B. (2001) Persistent postpartum urinary retention in contemporary obstetric practice *Journal of reproductive medicine* 46 (1) 44-48
- 5 Carley, M.E., Carley, J., Vasdev, G., Lesnick, T., Webb, M., Ramin, K., Lee, R. (2002) Factors that are associated with clinically overt postpartum urinary retention after vaginal delivery. *American Journal of Obstetrics and Gynecology* 187 (2) 430-433.
- 6 Kearney, R. and Cutner, A. (2008) Review postpartum voiding dysfunction. *The Obstetrician and Gynaecologist* 10 71-74.
- 7 Yip, S.K., Brieger, G., Hin, L.Y., Chung, T., (1997) Urinary Retention in the post-partum period *Acta Obstetrica et Gynecologica Scandinavica* 76 667-672
- 8 Andolf, E., Losif, C.S., Jorgensen, C., Rydhstrom, H. (1994) Insidious urinary retention after vaginal delivery: prevalence and symptoms at follow up in a population based study *Gynecologic and Obstetric Investigation* 38 (1) 51-53
- 9 Rizvi, R.M. And Rizvi, J. (2006) Management of postpartum urinary retention. *Reviews in Gynaecological and Perinatal Practice* 6 40-144.

REVISION & APPROVAL HISTORY

Also replaced Protocol for Management of Significant Postnatal Retention (approved Quality Council 23/4/01)

Reviewed Obstetrics LOP Group June 2012

Approved Quality & Patient Safety Committee 17/2/11

Reviewed November 2010

Approved Quality Council 16/8/04

FLOWCHART

PREVENTION AND MANAGEMENT OF POSTPARTUM URINARY RETENTION

