BLADDER CARE DURING LABOUR AND THE POSTPARTUM PERIOD

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

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

2. PATIENT

- Labouring or postpartum woman

3. STAFF

- Medical, nursing and midwifery staff
- Physiotherapists

4. EQUIPMENT

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

5. CLINICAL PRACTICE

- Educate woman regarding the importance of optimal bladder care during labour and postpartum period (give brochure “Bladder care information for all women who have had a baby”)
- Encourage woman to void and empty her bladder completely:
  - at least every two hours during labour
  - prior to insertion of an epidural block (EDB)
- Insert an indwelling urinary catheter (IDC) if any of the following situations occur:

FIRST STAGE	SECOND STAGE	THIRD STAGE
• EDB has been inserted • Palpable bladder but woman unable to void • If unable to void four hours from previous void	• EDB • Painful, tight or palpable bladder but woman unable to void • Second stage is ≥two hours and the woman has not been able to void • Instrumental birth	• Peri-urethral tears -insert prior to suturing • Extensive labial and/or perineal swelling as this is likely to impede voiding • Perineal haematoma • Unable to void within six hours of birth • Postpartum haemorrhage (PPH) • Third and fourth degree tear • Retained placenta (if placenta not delivered within 15 minutes of active management of third stage)

BLADDER CARE DURING LABOUR AND THE POSTPARTUM PERIOD cont'd

Urinary Catheter and Second Stage

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

Consider insertion of IDC when:

- In-out catheter for assessment of urinary retention if volume is ≥ 400mls
- Deviated fundus or poorly contracted uterus, especially if there is heavy lochia

Encourage first postpartum void within four hours of birth or removal of IDC

- Ask the woman the following questions to ascertain if they have**:**
  - Markedly decreased sensation or no sensation to void
  - Hesitation or strain to start, maintain or complete a void
  - A poor or /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. **Refer to physiotherapy**
- Refer to flowchart (see appendix)

6. DOCUMENTATION

- Medical Record
- Fluid balance chart
- Obstetric database
- Bladder diary
- Trial of void chart

7. EDUCATIONAL NOTES

- The following are risk factors for bladder over distention and postpartum urinary retention:
  - Epidural or nerve block
  - Peri-urethral tear
  - Birth weight ≥3.8kg
  - IDC in labour
  - Prolonged first stage > 12 hours and/or second stage > 2 hours
  - Instrumental birth
  - Caesarean Section
  - Third/Fourth degree perineal tear
  - Nulliparous women (now primiparous)
  - Shoulder Dystocia
  - Peri-urethral tear/laceration
  - Significant oedema

It is important to know that some women do not fit any of the above risks, so clinical judgement and following the pathway is key to identifying retention

Ensure that there is comprehensive handover and documentation if woman has not passed trial of void in birthing area so pathway continues once out of birthing area

BLADDER CARE DURING LABOUR AND THE POSTPARTUM PERIOD cont'd

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOPs

- First Stage Labour Care for Women with Low Risk Pregnancy
- Second Stage of Labour Care – Recognition of Normal Progress and Management of Delay
- Third Stage Management Following Vaginal Birth
- Assisted Vaginal Birth Guideline SESLHD GL/050
- 3rd and 4th Degree Tear
- Caesarean birth – maternal preparation and receiving the neonate(s)
- Retained Placenta - Management
- Postpartum Haemorrhage - Prevention and Management
- Epidural Policy and Management
- Adult Urethral Catheterisation for the Acute Care Setting NSW Health GL2015_016

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 5 - Comprehensive Care

11. REFERENCES

1 Beaumont, T. (2019), Prevalence and outcome of postpartum urinary retention at an Australian hospital. *Midwifery* 70 92-99. https://midwiferyjournal.com/article/S0266- 638(18)3037-1/pdf

2 Buchanan, J., Beckmann, M. (2014) "Postpartum voiding dysfunction: Identifying the risk factors" Aust N Z J Obstet Gynaecol. 2014 Feb;54(1):41-5. doi: 10.1111/ajo.12130.

3 Brodrick, A (2012) "Postpartum Urinary Symptoms" The Practising Midwife, 01 Jun 2012, 15(6):18, 20-1

4 'Bladder Management – Intrapartum and postpartum (including trial of void) (2019) The Royal Women's Hospital, Melbourne

5 Choe W.S, Ng B K, Atan, I K and Lim P S (2018) Acceptable Postvoid Residual Urine Volume after Vaginal Delivery and Its Association with Various Obstetric Parameters. *Obstetrics and Gynecology International,* 2018 5971795 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6109527/

6 Christie A. C, Urbina J. Valthaty R. (2017) Immediate Postpartum Urinary Retention: A Chart Review. Obstetrics and Gynecology: May 2018, 129(5) https://journals.lww.com/greenjournal/Abstract/2017/05001/Immediate_Postpartum_Urinary_Retention___A_Chart.97.aspx

7 Mulder, F.E.M., Hakvoort, R.A., de Bruin, JP. et al. (2018), Long-term micturition problems of asymptomatic postpartum urinary retention: a prospective case–control study *International Urogynecology Journal,* (29) 481, https://link.springer.com/content/pdf/10.1007%2Fs00192- 017-3457-6.pdf

8 Mulder, F. E. M et al (2014) "Postpartum Urinary retention: a systematic review of adverse effects and management" *International Urogynecology Journal* volume 25, pages1605– 1612(2014)

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9 Polat, M., Şentürk, M. B., Pulatoğlu, Ç., Doğan, O., Kılıççı, Ç., & Budak, M. Ş. (2018). Postpartum urinary retention: Evaluation of risk factors. *Turkish journal of obstetrics and gynecology*, *15*(2), pp. 70–74. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6022424/pdf/TJOD-15-70.pdf

10 Shinar, Shiri et al.(2019). Postpartum urinary retention in women with intermittent bladder catheterizations during labor,*American Journal of Obstetrics & Gynecology,* 220(1) , S258 - S259

REVISION & APPROVAL HISTORY
Reviewed and endorsed Maternity Services LOPs group 7/4/20
Approved Quality & Patient Safety Committee 19/7/12
Also replaced Protocol for Management of Significant Postnatal Retention (Approved Quality Council 23/4/01)
Reviewed Obstetrics LOPs group June 2012
Approved Quality & Patient Safety Committee 17/2/11
Reviewed November 2010
Approved Quality Council 16/804

FOR REVIEW : APRIL 2025

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APPENDIX

PREVENTION AND MANAGEMENT OF POSTPARTUM URINARY RETENTION