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POSTPARTUM VOIDING DYSFUNCTION AND BLADDER CARE MANAGEMENT

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Introduction

The prevalence of postnatal urinary retention varies from 0.05 – 37%[1]. It is classified as overt (symptomatic) or covert (asymptomatic). Currently there are no national bladder care guidelines, however NICE recommends that all women should have a recorded void 6 hours after labour[2]. The aim of this audit was to review postpartum voiding dysfunction (PVD) and assess compliance to our local guideline.

Methods

A prospective study conducted between June to August 2019. Postnatal women with failure to void had a catheter for 48 hours, if post void residual $\geq 150\text{ml}$ but $< 700\text{ml}$ and for one week if $\geq 700\text{ml}$. Data were collected from electronic maternity records and paper notes.

Our expected standards were:

- 100% of women should have a recorded void six hours after labour.
- 100% of women who cannot void should have bladder volume assessed and catheter inserted.
- 100% of women who fail trial without catheter (TWOC) at 48 hours should be referred to gynaecology outpatients.
- 100% of women discharged with a catheter for one week should have antibiotics.

Results

Out of 1339 postnatal women, we identified 25 patients who had PVD and required catheterisation. Eight (32%) had TWOC at 48 hours and 17 (68%) at one week. 50% failed TWOC at 48 hours and 9.5% at one week. Only nine (36%) patients were symptomatic and the mean post void residual was 720mls. The main risk factors identified were prolonged length of 2nd stage, retention in labour and episiotomy.

Conclusion

We achieved 100% compliance with our local bladder care guidelines. The prevalence of voiding dysfunction was found to be 1.87% (25/1339). As the majority of the patients are asymptomatic, surveillance for PVD is of paramount importance. Accurate identification of these patients will enable us to examine the extent of PVD and make recommendations on improving bladder care management.

References

1. Buchanan, J. Beckmann, M. (2014). Postpartum voiding dysfunction: identifying the risk factors. *The Australian and New Zealand Journal of Obstetrics and Gynaecology*. Vol 54: (1)41–5. Available at <https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/ajo.12130> [Accessed 20 December 2019]
2. National Institute for Health and Care Excellence. (2015). Postnatal care up to 8 weeks after birth (NICE Guideline CG37). Available at <https://www.nice.org.uk/guidance/cg37> [Accessed 20 December 2019]