

Gynaecology

What is Post-natal Urinary Retention?

General Gynaecology

This leaflet is available in other languages and formats, please contact the Patient Quality team on 0151 702 4160

To have acute post-natal urinary retention means that you are unable to empty your bladder when it is full.

Why does urine retention happen?

1. This can happen because you are sore in the vaginal area, especially if you have had stitches.
2. There is usually some swelling in and around the vagina (birth canal) after having your baby, which can take time to settle and can make it harder for you to pass urine.
3. An epidural in labour can cause altered sensation in your lower body for up to 8 hours, which can affect your bladder temporarily.
4. Another cause is injury to the pelvic nerves, which may have happened in childbirth.

You are more likely to have problems if:-

- This is your first baby
- You have had an epidural or spinal analgesia
- You have had a prolonged labour
- You have had an instrumental delivery (forceps or ventouse)
- You have had a tear or stitches
- You have a urine infection
- You have had problems previously

If you are unable to empty your bladder 6 hours after having had a catheter removed, your midwife may give you an hour to try the suggestions below.

What can I do to help me try to pass urine?

1. Analgesia (painkillers) will help ease any discomfort and may help you relax. Please ask your Midwife for painkillers if you are sore.
2. Getting up and walking around may help you to pass urine.
3. Privacy.
4. Taking a warm bath or shower will relax you and make you more comfortable.

If you are still unable to pass urine 8 hours after the birth of your baby, your midwife or a doctor will need to empty your bladder by using a urinary catheter.

If you are in discomfort from a full bladder before this time or the midwife can feel a very full bladder, then you may have your bladder emptied earlier.

Urinary Catheter

This is a thin, sterile tube, which is usually made of plastic. The catheter is passed into your urethra (the small opening through which urine is passed) and into your bladder. This allows the urine to drain out. Your midwife or doctor will ask for your consent (permission) to put a catheter in your bladder. If you decide you do not want this, then you will be encouraged to try to pass urine again yourself. You could be in pain and at risk of harming your bladder if you still cannot pass urine.

Having a catheter inserted can be a little uncomfortable but it is a quick, safe procedure. You should feel much more comfortable when your bladder is emptied. It may be necessary to leave the catheter in place for 24 –48 hours to let the bladder “rest”. If this happens, a drainage bag will be attached to the catheter to collect the urine.

You can still have showers and it is important to keep the perineal area (this is the area between the vagina (birth canal) and anus (back passage) clean especially after opening your bowels. Try to drink plenty of water or dilute juice, about 1 to 2 litres a day or 3 litres if breast-feeding. Staff will empty your bag for you when it is getting full. The catheter bag will be kept on a special stand to help urine to drain and prevent contamination of the bag.

What happens when the catheter is removed?

You will be asked for permission to take your catheter out. A midwife or maternity assistant will remove it. This is a quick procedure and you may experience slight discomfort.

It is important that when the catheter is removed we monitor what you drink and how much urine you pass. This can tell us whether your bladder is working normally again. This is easy to do: you will be given a fluid chart and shown how to write down what you drink and how much urine you pass. To measure the urine you pass, your midwife or maternity assistant will show you how to use a special bedpan and jug.

You may find that you cannot tell when your bladder is full. This is usually a temporary problem. If this is happening then it is best that you try to go to the toilet about every 3-4 hours. This will prevent your bladder getting too full.

What happens if I cannot pass urine after the catheter is removed?

It may be necessary to put the catheter back in for a short while. Another alternative treatment is teaching you how to catheterise yourself (Clean Intermittent Self-Catheterisation). You will be referred to the **Urodynamics Clinic**. This is situated on the ground floor in the hospital. The staff are trained to provide specialist investigation, advice and support for women with bladder problems. They will discuss the best form of management for your bladder problem.

In most cases, urine retention is a temporary problem, which may take a few weeks to resolve. The staff at the Urodynamics dept. will provide support and advice during this time and will arrange any necessary follow-up with you.

Will Bladder problems happen again in another pregnancy?

This is hard to say - you may have a recurrence of problems or none at all. However, it is very important to tell staff "booking" you in for antenatal clinic that you have had bladder problems after or during your last pregnancy so that the staff caring for you are aware of this.

Many women have temporary bladder problems in pregnancy and after childbirth.

Please do not feel embarrassed to discuss any problems with your midwife or doctor who can offer advice and support.

If you have any questions, please contact the Urogynaecology Specialist Nurses on 0151 708 9988 Ext 4319 / 4321

For more information:-

www.bladderandbowelfoundation.org

If you would like to make any suggestions or comments about the content of this leaflet, or would like a copy in a different format please contact the Patient Experience Team on 0151 702 4160 or e-mail

feedback@lwh.nhs.uk

Please note that Liverpool Women's NHS Foundation Trust is a smoke free site. Smoking is not allowed inside the hospital building or within the hospital grounds, car parks and gardens.

Staff are available to give advice about stopping smoking, please ask your Nurse or Midwife about this.

Ref: Gyn 01.15/2 v.3

Review date January 2018

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