

Postnatal Urinary Retention

What is postnatal urine retention?

We want you to be able to pass urine spontaneously within 4 hours of your baby being born or 4 hours after you have had your catheter removed. If you are unable to do this, it may mean you have gone into postnatal urinary retention. Sometimes you may not be able to pass urine at all but sometimes you may be able to pass small volumes of urine with difficulty, but larger volumes still remain in your bladder. If this happens it is important to tell your midwife.

Why does urine retention happen?

1. This can happen because you feel sore underneath, especially if you have had stitches
2. There is usually some swelling in and around the vagina after having your baby, which can take time to settle and can make it harder for you to pass urine
3. An epidural or spinal anaesthetic can cause altered sensation in your lower body, which can affect your bladder temporarily
4. There may be injury to the pelvic nerves, which may have happened during the birth

You are more likely to have problems if:

- This is your first baby
- You have had an epidural or spinal anaesthesia
- 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

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

1. Analgesia – ask your midwife to give you painkillers if you feel sore
2. Getting up and walking about – movement really helps to reduce any swelling there may be

3. Privacy – If you feel nervous about using the toilet in the bay, use one of the toilets on the main corridor of the ward
4. Taking a warm bath or shower – this will help relax you and make you more comfortable

What happens if I cannot pass urine?

If you are unable to pass urine 4 hours after having your baby or your catheter removed, then a midwife or doctor will scan your bladder to check how much urine is there. It may be likely that the midwife will then need to empty your bladder using a 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 to have your bladder emptied earlier.

What is a 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 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 at risk of harming your bladder in the long term if you still cannot pass urine, especially if there is a large volume of urine there.

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 at least 24 hours, to let the bladder “rest”. If this happens, a leg drainage bag will be attached to the catheter to collect the urine. This will be strapped to your leg to allow you to continue to mobilise. Staff will show you how to empty your bag when it is getting full. Overnight, another larger catheter bag will be attached to the leg bag and kept on a stand at the side of the bed. This will allow more urine to drain without having to be emptied as frequently and therefore allow you to rest for longer periods.

You can still have showers and it is important to keep the perineal area (the area between the vagina and back passage) clean, especially after opening your bowels.

It is really important to stay hydrated. Aim to drink 2 litres of water or dilute juice per day, 3 litres if breast-feeding.

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 some very 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 provide you with a jug.

You may find that initially you are unable to tell when your bladder is full. This is usually a temporary problem. If this is happening, then it is recommended that you try to go to the toilet 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. This would be for around a week, and you would then be referred to the Link Midwives in the Urogynaecology Department. This is situated on the ground floor of the hospital. The staff there 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. If you have any ongoing voiding issues, we may teach you how to perform self-catheterisation (Clean Intermittent Self Catheterisation) as an interim measure until the issues resolves. The staff in the Urogynaecology department will provide support and advice during this time and will arrange any follow-up you may need.

Will bladder problems happen again in another pregnancy?

This is hard to say – there is a chance you may have a recurrence of these problems however we cannot predict if this would be the case for you. If you fall pregnant again, make sure you tell the midwife who is ‘booking’ you in that you have had previous bladder problems with your last pregnancy, so that the staff caring for you are aware.

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 Link Midwives on 0151 702 4321

For more information:- www.bladderandbowelfoundation.org

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.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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