

Postnatal Urinary Retention

What is postnatal urine retention?

Postnatal urinary retention is classed as the inability to empty the bladder effectively. If you are unable to fully empty your bladder when it is full you are experiencing postnatal urinary retention which can sometimes be called a voiding dysfunction. This is a common problem in the first day or two following childbirth. About 1 in 500 women may have a problem with bladder emptying which lasts longer than 3 days.

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. Your midwife will ask you to catch all of your urine in a bowl the first time that you go to the toilet. This is so that we can measure how much urine you pass and ask you some questions about how it felt to ensure your bladder is working normally again.

If you are unable to pass urine by 4 hours or if you pass urine but with difficulty or if you only pass a small amount of urine, your midwife will check that you are well-hydrated and have good pain relief onboard. Your midwife will also perform a bladder scan to see how much urine remains in your bladder. If there is residual volume of urine in your bladder is greater than 100mls then you will be monitored more closely and possibly require intermittent catheterisation to drain your bladder. If the residual is much larger then an indwelling catheter would be recommended to be inserted to stay in for at least 24 hours with the potential of up to 7 days to rest your bladder.

If you are in discomfort from a full bladder before your 4-hour timeframe is up, or the midwife can feel a very full bladder, and you are unable to pass urine yourself then you may have to have your bladder emptied earlier.

If you require an indwelling catheter, you will be referred to the Urogynaecology Link Midwife and she will follow up your progress.

If left untreated urinary retention can cause pain, long-term bladder damage, increased risk of urinary tract infections (UTI's) and urinary incontinence (when you have no control over passing urine).

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 and this will need time to recover.

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 quick birth.
- 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 is a catheter?

This is a thin, sterile tube, which is usually made of latex or silicone. 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 before the procedure. If you decide you do not want this, then you will be encouraged to try to pass urine again yourself but 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. If the plan is for an indwelling catheter, then a leg drainage bag will be attached to the catheter to collect the urine. This will be strapped to your thigh to allow you to continue to mobilise. Staff will show you how to empty your bag when it is getting full and we would recommend you empty the bag yourself when it reaches around 2/3rds full. Overnight, a 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.

What happens when the 24-hour catheter is removed?

The catheter will be removed, with your consent, by a midwife or maternity support worker. This is a quick procedure and you may experience some very slight discomfort.

It is important that you continue to hydrate well following the removal of the catheter. You will be advised by staff to drink to thirst and you will be given a bowl to catch your first void within a 4 hour timeframe. It is important to inform staff as soon as you have passed your first void following the 24hour catheter. This is to enable the midwife to scan your bladder to ensure you have managed to empty your bladder effectively.

You may find that initially you are unable to tell when your bladder is full. This is usually a temporary problem but if this is happening then it is recommended that you try to go to the toilet between every 2-4 hours. This will prevent your bladder getting too full and reduce your risk of symptoms of urgency and leakage.

What happens if I need a 7-day catheter OR I am unable to empty my bladder effectively following a 24-hour catheter?

If you have been advised that you require a catheter for 7 days then you will be discharged home with this when you are clinically well enough.

You will receive a pack containing a spare leg bag and enough overnight bags for you to attach to the leg bag each night to facilitate rest. You should also be given a catheter stand to go home with along with a 'going home with a catheter' leaflet and catheter passport. One of the urogynaecology midwives will contact you to discuss your outpatient appointment to return to the Urogynaecology Department to have the catheter removed. The Urogynaecology Department 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 and they will discuss the best form of management for you and your bladder.

During that appointment we will remove the catheter and allow you some time to hydrate. You will then have a test on your bladder called a 'flow and residual.' This will involve passing urine on a special commode and receiving a bladder scan after that void to assess if you have emptied effectively.

You should expect that appointment to last for around 2 hours and you are welcome to bring your baby along if required.

In most cases, urinary 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 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

References / sources of evidence

Bladder and bowel Community, 2021. After a Baby. (opens in a new tab)

NHS, 2020. Urinary catheter. (opens in a new tab)

For more information:

www.bladderandbowelfoundation.org

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