Implementing a Postpartum Bladder Management Protocol

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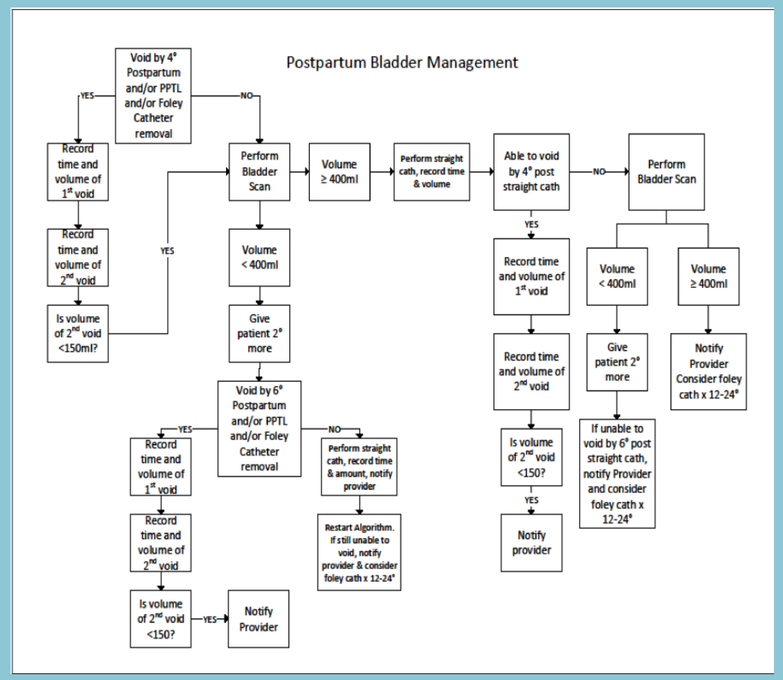
Background: Due to the physiologic changes of pregnancy, postpartum patients are at risk for urinary retention and over-distention of the bladder. Additionally, there certain risk factors that place patients at higher risk for urinary retention, such as operative vaginal delivery or a prolonged second stage of labor. Postpartum patients are often unable to sense urinary retention or bladder distention until the problem has advanced significantly. Therefore, it is critical that nurses caring for women in the postpartum period are able to identify and manage urinary retention early, to prevent potential bladder injury and long-term bladder dysfunction. Standardized policies and procedures can aid nurses in providing better postpartum bladder care.

Aim: Create a sustainable protocol for identification and management of urinary retention in the postpartum period to prevent over distention of the bladder and potential injury.

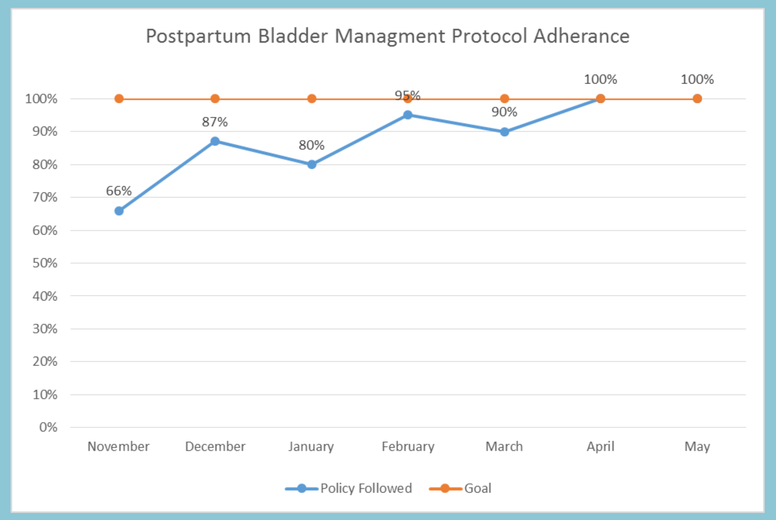
Problem Identification: Our team recognized that the division lacked a standard for postpartum bladder care and encouraged the development of a protocol to guide staff.

Methods:

1. The OB Medical Director and Perinatal Clinical Nurse Specialist completed a literature review and developed an evidenced-based protocol and algorithm for postpartum bladder management, which was approved by stakeholders.
2. Unit education on the new protocol was provided to nurses via CBT
3. An implementation task force of Mother Baby nurses was formed to perform monthly chart audits and peer-to-peer follow-up on algorithm misses.



Monthly Chart Audit Results



Results: Monthly chart audits began with implementation of the protocol. Consistent compliance with the protocol steadily increased from 66% to 100%, over 7 months. The Women's and Children's Division has sustained a 100% adherence rate for the last 5 months. Following sustained adherence, the task force decreased the monthly audits to quarterly. In August, our first quarterly audit, we met our goal of 100% adherence.

Limitations: The lack of a labor and delivery nurse on the task force led to difficulties understanding unit workflow differences. Additionally, receiving feedback from fellow labor and delivery staff members rather than from Mother/Baby may have been more impactful.

Next Steps: Through this work we have identified that the prevention of postpartum bladder complications often begins in the intrapartum period. Currently, the Labor and Delivery unit is working on implementation of best practices for intrapartum bladder management.

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