



# POSTPARTUM URINARY RETENTION



Condition that develops when an individual cannot void spontaneously or fully empty their bladder during the postpartum period. 3 main types:

1. Overt retention is associated with an inability to void.
2. Covert retention is associated with incomplete bladder emptying.
3. Persistent urinary retention continues beyond the third postpartum day and can persist for several weeks in rare cases.

## Complications

- Irreversible damage to bladder function
- Pain
- Urinary incontinence
- Urinary tract infection and catheter-related complications
- Hydronephrosis (fluid accumulating around the kidney)
- Kidney failure caused by renal obstruction

## Clinical features

- Inability to urinate
- Urgent need to urinate
- Weak or interrupted urinary stream
- Feeling of incomplete bladder emptying
- Abdominal discomfort or distention

## Risk factors

- Mode and duration of labor (prolonged labor or difficult delivery)
- Post-void residual bladder volume
- Episiotomy/vaginal tears
- Instrumental delivery (forceps or vacuum extraction)
- Catheterization during labor
- Birth weight and multiparity
- Use of epidural anesthesia during labor
- Postpartum hemorrhage

## Education

1. Teach client the importance of a bladder routine (voiding every 2–3 hours).
2. Teach to recognize signs of bladder fullness.
3. Educate on proper foley catheter care, if applicable. Instruct on proper perineal hygiene to prevent infections and promote healing of any trauma.
4. Educate clients on the importance of drinking fluids even when they're not thirsty.
5. Teach signs of bladder dysfunction and when to call their doctor.
6. Educate clients about when to seek medical assistance if unable to void adequately or experiencing signs of infection.

## Interventions

- Provide the client with routine voiding measures including privacy, normal voiding positions, or the sound of running water.
- Encourage/provide appropriate perineal cleansing and pain management.
- Perform bladder scan as needed. Catheterize client when indicated.
- Encourage the client to urinate when the urge is felt or void every 2 to 4 hours.
- Encourage oral fluids. Offer warm sitz baths to promote relaxation of pelvic floor muscles.
- Monitor intake and output closely.