

Caring for your Bladder During and after Delivery

There are many things that can affect your bladder in pregnancy, labor, and after delivery. Many patients (between 5% to 37%) experience some issues with their bladder after delivery (postpartum period). This information can help you take care of your bladder during this time.

How does pregnancy and delivery affect my bladder?

- Hormones such as progesterone cause frequent urges to urinate.
- Pregnancy causes reduced muscle tone in the bladder starting in the third month. The bladder gradually stretches, and grows, as the pregnancy progresses.
- The bladder continues to lose muscle tone in the early postpartum period.
- There can be some temporary nerve issues after delivery, which decrease your sensation (the feeling that you need to urinate).
- Temporary swelling after delivery can also affect your urination.
- If urine remains in the bladder after urinating, it can cause stretching of the bladder. It can also cause damage to the muscles of the bladder. This can lead to permanent bladder injury.

What are the risk factors?

The following conditions increase the risk for having bladder problems after delivery:

- Being a first time mother
- Having a history of bladder problems
- Having prolonged labor, and especially a prolonged pushing period (more than 1-2 hours).

- Use of forceps or vacuum during delivery
- Having lacerations or episiotomy from delivery
- Receiving Epidural or spinal anesthesia during delivery

Bladder problems may occur after vaginal or cesarean deliveries. All women are at risk

What do I need to watch for while I am in the hospital??

The following signs and symptoms may indicate a bladder problem:

- Trouble starting to urinate, especially after delivery.
- Feeling like your bladder is not empty after urinating.
- Dribbling, or leaking urine after urination.
- Needing to urinate often, but only urinating small amounts.
- Needing to strain to start a stream of urine.
- Needing to go often through the night.
- Feeling of fullness in your lower abdomen.
- The fundus (top part of your uterus) might be pushed higher than it was.

Your nurse will teach you how to check this.

If you feel any of the above symptoms, or if you suspect that you might have a problem with your bladder, let your nurse know.

What can I do to avoid problems?

- Try to urinate at least every 2 to 3 hours.
- If you cannot urinate, tell your nurse. Ask her to assess your bladder.
- If you have more than 100 ml of urine in your bladder when the nurse uses the bladder scanner (ultrasound), she should put a catheter (small tube) into your bladder to drain the urine out. The catheter can be removed after draining the urine.
 - If you need this done more than twice, you may need to have a catheter placed for longer. This is usually for 12-24 hours.

- Urinate in the collection pan in the toilet. This helps us know how much you are urinating. The nurse will tell you when you no longer need to measure.

What if I can't urinate?

- Try running the water in the sink. Sometimes the sound of water helps.
- Use your plastic pericare bottle to rinse your perineum (the area between the anus and the opening of the vagina) with warm water.
- Try placing your hands in cold water.
- Walk around in your room, and in the hallway, often.
- Sometimes oil of peppermint works. You can put a few drops on a cotton ball and sniff it, or you can put it in the toilet water,
- If you had a dense epidural—or “heavy” block, you may not have a sensation to urinate for 6-12 hours. You should ask for a catheter if you don't have any sensation to urinate.
- If you have swelling, you can use ice packs to help decrease it. Put ice packs against the swollen area (with a layer of cloth between) for 20 minutes, several times per day.
 - Do not sit upright a lot if you have a lot of swelling. Make frequent position changes, so swelling does not increase.

What if I am not urinating normally before I go home?

- You can continue to following these guidelines when you go home.
- You may need to perform **Intermittent Self Catheterizations** (also called “self-cath”). If this is the case, we will give you instructions on how to use small in-and-out catheters to drain your bladder at set times throughout the day. This usually needs to be about every four hours. Please note the following if you need to perform self-cath:
 - Do not let your bladder get too full (no more than 600-800 ml).

- Remember to wash your hands well before and after doing your self-cath.
- You can use a small hand mirror to help you find the urethra (small opening where the urine flows from).
- Keep a record of when you did the self-cath. If you are taking pain medications, you may forget the time of the last one.
- You will have a follow-up visit with your provider in a few days to see how you are doing.
- Occasionally, patients will need to go home with a catheter that stays in. This is so the bladder can rest.
 - Remember to wash your hands well before and after touching the catheter
- You will have a follow-up visit with your provider soon, to see how you are doing.
- If you have problems or questions when you get home call your health care provider's office during office hours. If your provider's office is not open, you can also call OB Triage 734-764-8134.

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Gail Blakely, RN, Clinical Care Coordinator
Reviewers: Ruti Volk MSI, AHIP

Patient Education by [University of Michigan Health System](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License](#). Last Revised June 1, 2015