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**Bladder training and
catheter care for
postnatal women**



Patient information

Catheter care for postnatal women



Excellent patient care, together

Why bladder training is important after birth

After you've had a baby, your bladder may not feel or work quite the same for a short time - especially if you've had a catheter during or after labour, a caesarean, an epidural, or swelling and stitches after birth. Bladder training helps your bladder return to normal function by re-establishing its ability to fill, stretch, and empty completely.

Personal hygiene

Wash the area with plain water where your catheter enters your body as part of your daily hygiene regime. Avoid applying creams, antiseptics or talcum powder around this area. Bathing or showering with a catheter in place will not cause any harm.

If you get any discharge from the catheter entry point to your body, clean this area more often and contact maternity triage. If the discharge persists or smells or if you feel unwell (flu-like symptoms, fever or shivers), notice fresh red blood in your urine, then you also need to contact maternity triage.

What should I drink and how much?

You should drink at least 1.5 to litres per day (approximately eight to nine cups or two to three pints) and up to three litres if breastfeeding. Ideally drink when thirsty, rather than trying to drink more than usual. Restrict your caffeine, citrusy drinks, hot chocolate, fizzy drink intake as these can irritate your bladder. Reduce your fluid intake 2 hours before bed. If the colour of your urine is a light-yellow colour, then you are drinking enough. You should avoid constipation by eating a diet rich in fibres.

The 5–7 Day Bladder Training Plan:

Day 1–2: Start gently

- Empty your bladder every 2-3 hours during the day, even if you don't feel the urge.
- Using a Flip-Flo valve, keep it closed and open to empty.
- Drink 1.5–2 litres of water per day (unless told otherwise).
- If you get a feeling to pass urine before three hours you may empty the catheter earlier.
- Note down how often you pass urine

Day 3: Increase bladder capacity

- Aim to empty the catheter every 3-4 hours or earlier if the feeling to pass urine is felt before this.
- Continue to keep your Flip-Flo valve closed between drains.
- Empty before bed, and once overnight if needed.

Day 4–7: Maintain normal bladder pattern

- Empty the catheter only when you have the feeling to pass urine. However, if you don't have this feeling by six hours, you must empty the catheter.
- Keep drinking fluids evenly throughout the day.

Night-time

During the day, to help you move more easily, you can use a leg-bag under your clothes. Make sure it is well-supported with the straps provided. At night-time you will need to attach a night bag to the Flip-Flow valve, to prevent having to empty the bag overnight. Remember to open the valve.

What should I do if my catheter is not draining or it is leaking?

Urine leakage can be normal. This is caused by bladder spasm due to irritation of the bladder by the catheter. If your catheter appears to not be draining:

- Check the drainage bag is below the level of the bladder, particularly when sitting in a low chair
- Make sure that the tubing is not twisted or restricted by tight clothing
- Make sure that the tubing is not pulled tight or stretched as this may restrict urine flow
- Check that the drainage bag is connected correctly
- Make sure that the straps, which secure the leg bag to your leg, are positioned behind the leg bag tube
- Urine will not drain if the bag is full. Empty the bag when it is two thirds full.
- Constipation can prevent your catheter from draining
- Change your position and walk around if possible
- Urine will not be produced if you are not drinking enough, so make sure you are following the advice above

What is the Trial with Out Catheter (TWOC) process?

When we remove your catheter, we will give you measuring bowls to pee into. This is so we can measure how much urine you are passing. You will need to pee twice within six hours of having your catheter removed. You must measure your urine every time you go to the toilet and show your midwife or healthcare assistant until the TWOC process is completed.

After you have passed urine twice, we need to find out if your bladder is emptying effectively. The midwife will pass an in/out catheter within ten minutes of the second urine sample to see if any urine remains in the bladder. If less than 150ml of urine drains, you have successfully completed your TWOC. This process is important.

If you can't empty your bladder completely, this increases your risk of long-term bladder damage, including recurrent urine and kidney infections, incomplete bladder emptying and urinary incontinence. If more than 150ml of urine drains, or you have been unable to pee at all for six hours, we recommend that a full catheter is reinserted and that you try the TWOC again the next morning. We may put a different plan in place depending on the volume of urine that remains in your bladder. You will discuss this with your midwife and medical team.

Helpful hints for emptying your bladder

- Your bladder empties best when you are sitting, have your knees above your hip level. If the toilet seat is high, please use a step or a stool and lean forward. Elbows leaning on your thighs and try to relax by breathing with your tummy. Try to avoid hovering.
- When you have finished peeing, lean forward slightly and pee again, or stand up, move around a bit and sit down again. This will help to make sure you empty your bladder completely (also called double voiding).
- Try having a warm shower or listen to running taps to help you pee.
- Ask your midwife for pain relief if needed, as pain can affect your ability to pee.

Urge-control and pelvic floor tips

When you feel a sudden urge, pause and tighten your pelvic floor muscles for 5–10 seconds, then relax and wait for the urge to ease before walking to the toilet.

Do pelvic floor exercises: Aim to do 10 long squeezes, holding each for 10 seconds. Then relax the muscles for 10 Seconds, then do 10 short squeezes.

Using a Flip-Flo Valve

Keep the valve closed to allow your bladder to fill. Open every 3-4 hours to empty. Do not leave it closed longer than 4-6 hours unless your nurse says otherwise. If you feel pain or fullness, open immediately. Contact your nurse if urine does not drain or the valve leaks.

Contact your healthcare team if you:

- Cannot pass urine within 6 hours of catheter removal
- Have pain, burning, or blood in your urine
- Pass very small amounts or have cloudy/smelly urine
- Feel feverish or unwell

Attending GACU

- Attend at the pre-arranged date and time.
- You will be advised not to overdrink and to return to the GACU when you feel the need to urinate or within 2-4 hours. Keep Note of any fluids you drink.
- You will be asked to void and have a discussion with GACU nurses about how your feeling without the catheter.

Maternity Triage

If any complications or concerns arise, please call

Maternity Triage: 01923217343

Do tell your Midwife or Nurse if you:

- have pain in your lower abdomen
- find it hard to start peeing
- feel like you have a full bladder and cannot empty it fully
- feel pain, stinging or burning sensation when peeing
- A loss of sensation on wiping when you pass urine and/or open your bowels

DO NOTs

- Don't drink too much too quickly as this will make you less likely to pee. You should not drink more than 500mls during the 3-hour TWOC process. You should limit your fluid intake to 1.5 litres in the 24 hours following the removal of the catheter.
- Don't wait until you feel that your bladder is full before going to the toilet. We suggest you try to pee every 3 hours.

How to contact us

Maternity Triage

[Watford General Hospital](#)

Vicarage Road

Watford

Hertfordshire WD18 0HB

Tel: 01923 217343

Hospital switchboard: 01923 244366

Gynae Ambulatory Care Unit (GACU)

[Watford General Hospital](#)

Vicarage Road

Watford

Hertfordshire WD18 0HB

Tel: 01923218405 (ext: 8405)

Hospital switchboard: 01923 244366

PALS

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