**Quality Improvement Abstract**

The following information will be used on the Academy website and in the graduation materials. It will also form the basis of the information for online voting in the ‘Best Project’ category.

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| **Quality Improvement Title** | Improving Postnatal Bladder Care |
| **Quality Improvement Presenter(s)** | Kate Mitchell, Advanced Urogynaecology Practitioner (Physiotherapist)  I have worked in the field of Women’s Health for over 10 years. When I moved from Women’s Health Physiotherapy into the Advanced Practitioner post in Gynaecology I recognised the need to support midwives on the ward with postnatal bladder care and I was in a position to make a difference. |
| **Quality Improvement Team** | Urogynaecology Team, Gynaecology Outpatients, Women’s Centre, GRH |
| **Abstract**  Maximum of 300 words total. Please write in plain English. | |
| ***Background & Problem:***  *Describe the department where the work was done, the team involved and the patient group that is the focus of your work. Outline briefly the specific problem that you aimed to improve, what baseline data you collected and whether you completed a library evidence search.* | Bladder care is an important aspect of management in the postpartum period. Postpartum voiding dysfunction occurs in a significant number of women, which can potentially cause permanent damage to the detrusor muscle and long-term complications when left undetected or untreated (O&G&MW news, 2011).  Currently once midwives are qualified they have very little to no training on postnatal bladder care within the Trust. The Urogynaecology Department would frequently be asked for advice and guidance and the postnatal bladder care pathway was often very confusing for midwives as well as hard to interpret without any guidance or training.  It was also found that documentation of postnatal bladder voids were often missed or not written down.  · |
| ***SMART Aim:***  What were you trying to improve, by how much and by when? | For midwives to follow postnatal bladder pathway/policy and improve documentation in notes to 90%  For every midwife to attend bladder care training as part of mandatory training within 1 year. |
| ***Method:***  *Describe the process undertaken including stakeholder engagement, and the tools used to test and implement changes and measure improvement.* | Audit of patient notes prior to intervention and post intervention on the documentation of voids in notes for post-natal bladder care.  Implementation of postnatal bladder care training on midwives’ mandatory training day. |
| ***Results:***  *Analysis of your data - what was the impact, describe the benefits. Did the changes result in improvement?* | The changes do appear to have made a benefit in improving documentation of postnatal bladder care and confidence of midwives treating these ladies postnatally. |
| ***Lessons Learnt:***  *What lessons were learnt, what could others learn from your work? What are the opportunities for scale up and spread?* | Having a presence on the ward to help and support staff has been invaluable. Staff knowing you are there as a support to them helps with engagement and ongoing learning. |
| ***Next steps:***  *What are you next steps as part of your project?* | Continuation of Postnatal Bladder Care to Midwives on mandatory training.  Review of midwives confidence and knowledge scores.  1-2 yearly notes Audit on documentation of postnatal bladder care.  Bladder Care “Champion” midwives to be present on wards to offer additional support and to be trained further in teaching of intermittent self catherisation (ISC). |

Please ensure that you have not exceeded the 300 word limit for your abstract, check for errors and then submit via email to [ghn-tr.gsqia@nhs.net](mailto:ghn-tr.gsqia@nhs.net)