Oral Defense Announcement
University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree
Doctor of Nursing Practice with an emphasis in Women’s Health Nurse Practitioner

Megan Hedgcorth

B.S. in Nursing, May, 2017, Central Methodist University
A.S. in Nursing, May, 2011, Mineral Area College

Bladder Management Post Epidural Anesthesia: Impact on the Second Stage of Labor

Date: July 8, 2021
Time: 4:10pm to 4:45pm
Place: Remote

Abstract

Problem
Currently, no national practice guidelines or organizations suggest the use of continuous bladder catheterization during labor for women receiving epidural anesthesia (DeSevo & Semeraro, 2010). Despite there being no national practice guidelines supporting the use of continuous bladder catheterization, many labor and delivery units still utilize this method for bladder drainage following epidural anesthesia in labor.

Methods
This quality improvement project implemented a new bladder catheterization nursing practice that encouraged independent voiding or intermittent catheterization rather than continuous bladder catheterization following epidural anesthesia for laboring women. The primary outcome measure was the length of the second stage of labor for women receiving intermittent catheterization compared to continuous catheterization. The secondary outcome measure was mode of delivery (vaginal or cesarean section).

Results
Data was collected via retrospective and prospective review of electronic medical records. Analysis of the data was completed using differential and inferential statistics, as well as chi-square test for categorical variables and ANOVA for continuous variables within the software Statistical Package for the Social Sciences (SPSS). The pre-implementation group sample size was 83 women, and the post-implementation sample size was 50 women. The Pearson Chi-Square test comparing the post implementation of the new method of bladder management vs. the mode of delivery approached significance at p=.060 but was ultimately found not be statistically significant. The method of delivery in relationship to the length of the second stage of labor was significant at p=.000.

Implications for Practice
As a result of this evidence-based quality improvement project, a new bladder management protocol was successfully implemented. While the findings of this project were unable to fully statistically substantiate current literature supporting the use of intermittent bladder catheterization for women receiving epidural anesthesia in labor, clinically significant findings included a decrease in routine use of indwelling bladder catheterization. Further research and monitoring of this practice change is needed to determine its impact on this labor and delivery unit.

Defense of Dissertation Committee
Dr. Alicia Hutchings, PhD, RN, CNE, Chairperson
Dr. Julie Bertram, PhD, RN
Meredith Meyer, MSN