# BRAVO study: Bladderscan validation study for asymptomatic postpartum urinary retention

Published: 03-02-2012 Last updated: 30-04-2024

The reliability of the Bladderscan in the postpartum period and the prevalence of asymptomatic postpartum urinary retention.

Ethical review Approved WMO

**Status** Pending

**Health condition type** Pregnancy, labour, delivery and postpartum conditions

**Study type** Observational invasive

## **Summary**

#### ID

NL-OMON37324

Source

ToetsingOnline

**Brief title**BRAVO study

#### **Condition**

• Pregnancy, labour, delivery and postpartum conditions

#### Synonym

Asymptomatic postpartum urinary retention; inadequate voiding after delivery

## **Research involving**

Human

## **Sponsors and support**

**Primary sponsor:** Catharina-ziekenhuis

Source(s) of monetary or material Support: Ministerie van OC&W

#### Intervention

**Keyword:** asymptomatic, Bladderscan, postpartum, urinary retention

## **Outcome measures**

#### **Primary outcome**

Reliability of the Bladderscan

### **Secondary outcome**

- 1. Prevalence of asymptomatic postpartum urinary retention
- 2. Risk profile for asymptomatic postpartum urinary retention

# **Study description**

## **Background summary**

Asymptomatic postpartum urinary retention, i.e. the inability to adequately empty the bladder after delivery, is a frequent condition. At this moment, the measurement of post void residual volume (PVRV) is not part of standard postpartum care.

The Bladderscan is a frequently used apparatus to measure the PVRV; small studies show it's reliability in the puerperium. Howeverd, these studies are very small and are underpowered.

This study will measure the reliability of the Bladderscan in the postpartum period; when the Bladderscan shows adequate reliability, it can become part of standard postpartum care.

## **Study objective**

The reliability of the Bladderscan in the postpartum period and the prevalence of asymptomatic postpartum urinary retention.

## Study design

An observational prospective study in an unselected cohort.

### Study burden and risks

After vaginal delivery and spontaneous micturition, the PVRV will be measured

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by Bladderscan and checked by catheterisation.

Bladderscanning is a short and non-invasive practice; although catheterisation is a invasive procedure, it is common practice on the delivery rooms and will create minimal burden for the patients. In addition, catheterisation will garantee complete emptying of the bladder.

## **Contacts**

#### **Public**

Catharina-ziekenhuis

Michelangelolaan 2 Eindhoven 5623 EJ NL

**Scientific** 

Catharina-ziekenhuis

Michelangelolaan 2 Eindhoven 5623 EJ NL

## **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

## Inclusion criteria

Women >= 18 years after vaginal delivery

## **Exclusion criteria**

women < 18 years after cesarean section

# Study design

## **Design**

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

## Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 15-02-2012

Enrollment: 1000

Type: Anticipated

## Medical products/devices used

Generic name: Catheter

Registration: Yes - CE intended use

## **Ethics review**

Approved WMO

Date: 03-02-2012

Application type: First submission

Review commission: MEC-U: Medical Research Ethics Committees United

(Nieuwegein)

Approved WMO

Date: 27-12-2012

Application type: Amendment

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Review commission: MEC-U: Medical Research Ethics Committees United

(Nieuwegein)

# **Study registrations**

# Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register ID

CCMO NL38262.060.11