

Prevention of Obstetric Fistula

An Overview

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- Every minute around the world a woman dies in pregnancy or childbirth.
- Millions of other experience debilitating childbearing injuries.
- The most devastating is obstetric fistula

Source: WHO 2005

Objectives of this overview are

- To identify from literature what preventive measures are being used for prevention of obstetric fistula and give recommendations in the social/cultural context, health system context, and in the medical/clinical context to eradicate obstetric fistula.
- To publish it in a research Journal with aims to disseminate information regarding core strategies for its prevention.
- **The target audience includes:**
 - Public Health Specialists
 - Obstetricians & Gynecologists
 - Junior Doctors
 - Non Governmental Organizations (Active in Healthcare Sector)
 - Private Health Care Providers
 - Policy Makers in Government Health Departments



What is Obstetric Fistula?

- Obstetric fistula usually occurs when a young, poor woman has an obstructed labour and cannot get a Caesarean section when needed.
- The obstruction can occur because the woman's pelvis is too small, the baby's head is too big, or the baby is badly positioned.
- The woman can be in labour for five days or more without medical help.
- The baby usually dies.
- If the mother survives, she is left with extensive tissue damage to her birth canal that renders her incontinent.

Source: UNFPA Campaign to End Fistula: “What is Fistula?”

Obstetric fistula info service

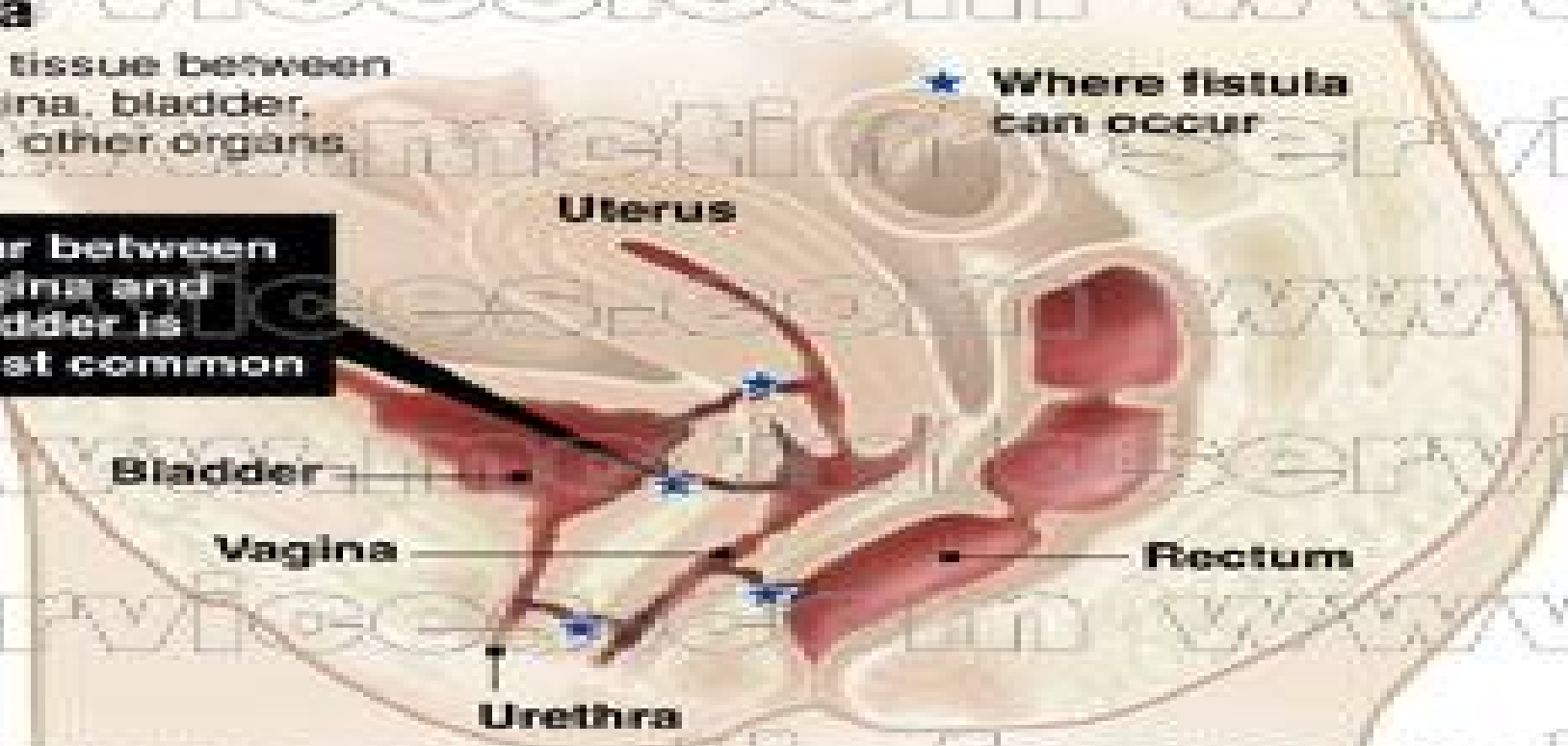
About 2 million women in developing countries suffer from this treatable childbirth injury that causes painful, chronic incontinence.

Fistula

Hole in tissue between the vagina, bladder, rectum, other organs

★ Where fistula can occur

Tear between vagina and bladder is most common



How it happens

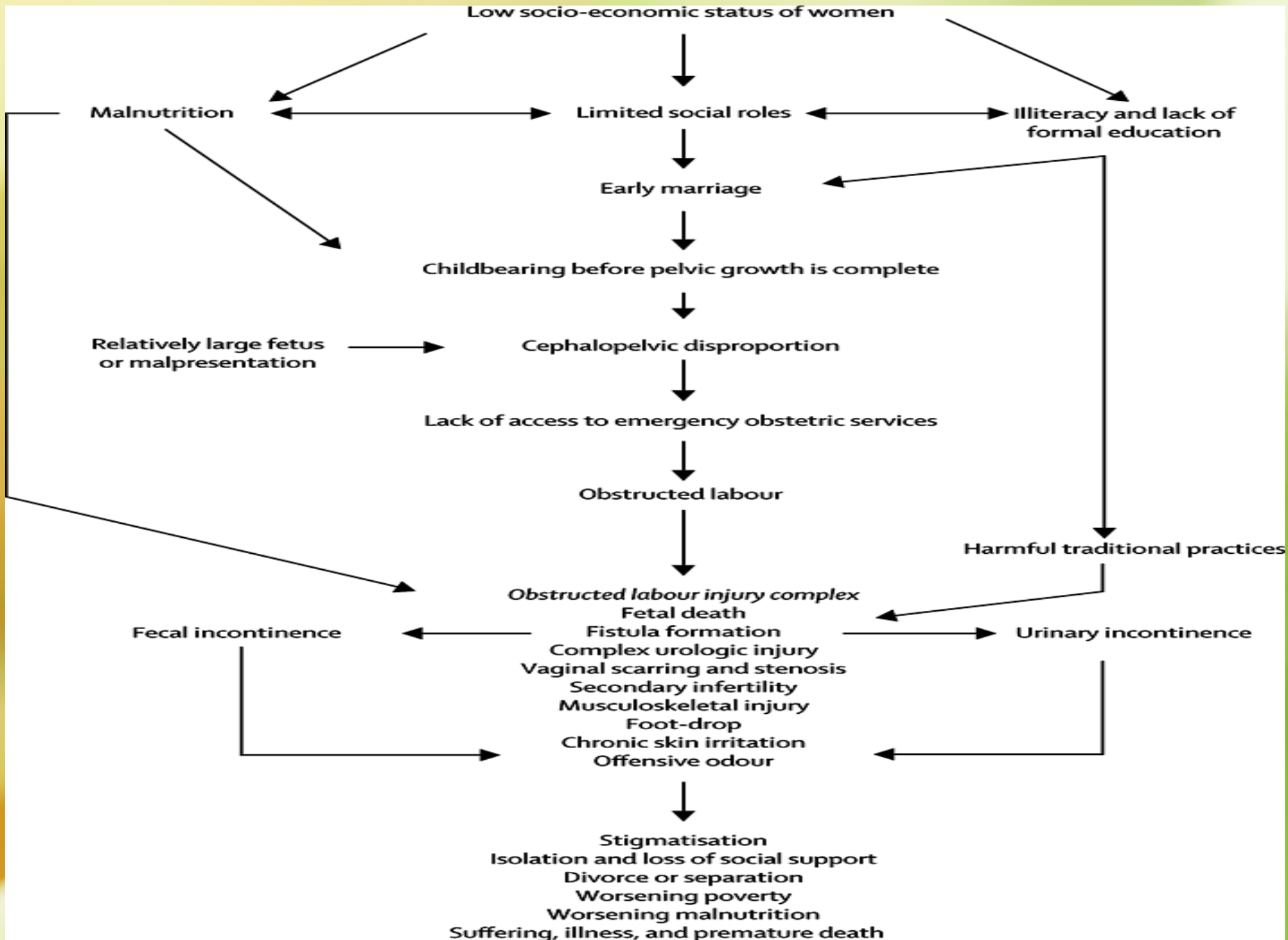
- In prolonged labor without medical care, baby's head puts pressure on mother's pelvis
- Blood supply to bladder, rectum cut off; tissue dies leaving hole

Treatment

Reconstructive surgery; costs about \$300

Where it happens

Africa, Asia, Arab regions; 50,000-100,000 cases annually



What are the physical signs / symptoms of Fistula?

- Constant uncontrollable leaking of urine and/or stool
- Frequent bladder infections
- Painful genital ulcerations from the constant wetness
- Infertility-amenorrhea, uterine damage
- Foul odor
- Often associated with nerve damage to legs - common peroneal nerve



- **Women in the 21st century should not be suffering of some thing which was eradicated in the 19th century. The only reason they are being ostracized is lack of medical attention.**

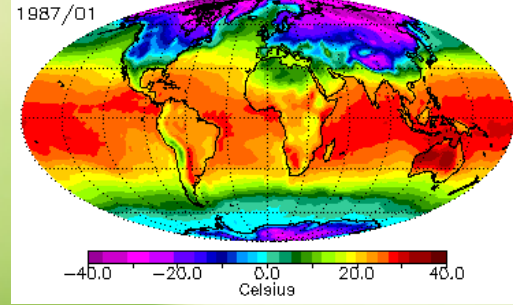
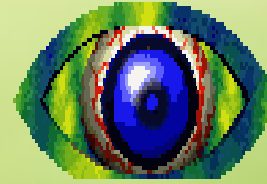


How wide spread is the problem?

- Questions regarding the incidence and prevalence of obstetric fistulas have never been included on the standardized demographic and health surveys (DHS) that are carried out to evaluate population characteristics and overall health status in developing countries. Virtually no population-based surveys have been carried out in countries where there appears to be a high incidence and high prevalence of obstetric fistulas.

SOURCE:Urinary Incontinence in the Developing World: The Obstetric Fistula
L. L. WALL (USA)2003

How wide spread is the problem?



- **International Scenario:**

- WHO estimates there are currently more than **2 Million** women living with fistula. Nigeria alone has **1 million** patients.
- **50,000-100,000 new cases** occur every year, mostly in Sub Saharan Africa and South Asia.
- This is likely to be **underestimated** as women affected usually remain hidden.

Source: Cron J. Lessons from the developing world: obstructed labor and the vesico-vaginal fistula. MedGenMed. 2003 Aug 14;5(3):24. [[PubMed](#)]



Pakistani Scenario

- Fifty two percent of the women in Pakistan alone give birth without skilled help, i.e., either by a relative or some one else and two percent deliver alone.*
- In 2006, about 70 per cent of women in Pakistan delivered their babies at home.**
- This exposes them to an extremely high risk of developing post delivery complications including obstetric fistula.

*SOURCE: Demographic and health surveys, selected countries various years. Macro International, Calverton, M.D 2005.

**Report on the Proceedings of the 2nd Asia and Pacific regional workshop on strengthening fistula elimination in the context of maternal health. 19-21 April, 2006.



Pakistani Scenario (Continued)

- Approximately 5,000 to 8,000 cases occur each year in Pakistan alone.
- The campaign launched in Pakistan by UNFPA in 2006 aims to surgically repair and rehabilitate hundreds of women suffering from fistula by establishing four regional fistula treatment centers in Karachi, Multan, Islamabad and Peshawar.

SOURCE: Report on the Proceedings of the 2nd Asia and Pacific regional workshop on strengthening fistula elimination in the context of maternal health. 19-21 April, 2006.

How can we prevent it?

- In the Cultural or Social Context
- In the Health System Context
- In the Medical Clinical Context

The Cultural or Social Context

Sensitization of the women at the village level is very important. Other preventive measures include the following:

- **To improve the status of women and girls and work for poverty alleviation through microcredit programs.**
- **Provide improved nutrition to combat malnutrition.**
- **Ensure universal formal education for girls.**
- **Educate all opinion leaders in the families, communities and at the national level to avoid early marriage and early maternity.**
- **Educate regarding abandoning of harmful traditional practices such as FGM (But this not common problem in South Asia).**
- **To link fistula with gender and equity issues.**
- **Availability of social rehabilitation services.**

Health System Context



As “Women with Fistula are living indicators of failed maternal health systems”. Therefore following preventive measures should be taken:

- Availability of **emergency obstetric care services** like cesarean section in case of obstructed labour.
- Availability of **improved transportation in rural areas**.
- **Accessible and affordable family planning services** at the door step.
- Dissemination of **information regarding** the availability of **fistula treatment services**.
- Development of **sufficient trained personnel**.
- Development and **dissemination of communication materials regarding awareness of preventive measures**.

The Medical/Clinical Context

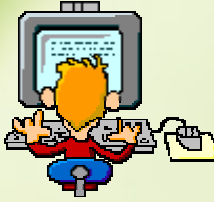


- Provision of **standardized antenatal care services**.
- **Regular supervised antenatal visits**.
- Counseling regarding **delivery by a trained health professional** who has a linkage with a health facility **which has services available for emergency obstetric care**.
- **Improvement of labour management techniques**: such as use of **partogram**; **post delivery catheterization** in case of prolonged obstructed labour; availability of **prompt surgical care at the health care facility** by **skilled personal for performing cesarean section**.
- **Availability of fistula repair facilities** and access to **specialist care** when required.



Truly preventing and eradicating fistula requires a commitment that spreads from the local (village) level to national governments to international community in order to provide and organize funding, resources and political support to create programs to combat this menace.

Conclusion of Preventive Measures



**Improve services for prevention and treatment of obstetric fistula
by**

- **Increased access for women to emergency obstetrical care and Increased attendance of skilled personnel at delivery.**
- **Improve data base concerning the predisposing causes, prevalence and severity of obstetric fistula disability.**
- **Public awareness and improve advocacy and policy support for improved access to safe delivery and care for obstetric complications.**
- **Community training with involvement of men.**
- **Repair physical damage through medical/Surgical intervention and emotional damage through counseling.**

My Special Thanks

- TO GFMER TEAM
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- ALL THE COURSE PARTICIPANTS



THANK YOU!!

