



Obstetric Fistula

Characteristics of women with obstetric fistula in the rural hospitals in West Pokot, Kenya.

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What is Fistula?

Fistula is a hole that is formed between the bladder and the vagina, or the rectum and the vagina, after a woman suffers from prolonged or obstructed labor. This labor may last for days without relief.
Fistula affects women who survive obstructed

labor - 'Near miss death'

Most of the time the baby is stillborn-72% (5year descriptive study 1999-2003).

What are the physical symptoms of Fistula?

Incontinence or constant uncontrollable leaking of urine and/or stool. ***** Frequent bladder infections * Painful genital ulcerations from the constant wetness-ammoniacal dermatitis ***** Infertility-amenorrhea, uterine damage **#** Foul odor Solution Activity Sector Activ common perineal nerve

What are the social consequences of Fistula?

* Isolation
* Divorce or abandonment
* Ridicule and shame
* Inability to start a family
* Risk of violence

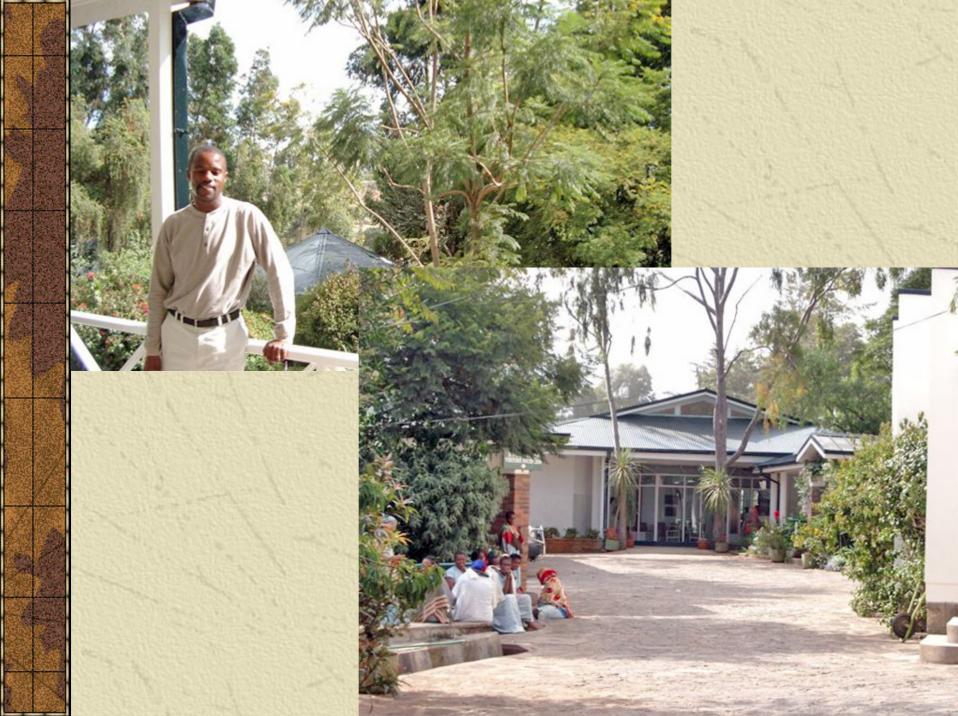


Lack of opportunities for workProne to illness-urinary tract (stones)

How widespread is the problem? **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 S/S Africa and South Asia * This is likely to be an **underestimate** as women affected usually remain hidden. Prevalence rate in West Pokot - 1 per 1000 women, elsewhere 1-3.5

The Cultural/Social Context

The lower status of women and girls. Poverty ***** Malnutrition ***** Lack of education [★] 60% no formal education ***** Early marriage and early maternity (Each year 19 million pregnancies under 20 yrs - 65% below 20y, 55% primiparae) **#** Harmful traditional practices such as FGM



The Medical/Clinical Context

***** Malnutrition: Leads to many complications of pregnancy: anemia, infection, sepsis. **Causes stunting,** a smaller stature and small pelvis, or pelvic deformities that may not permit natural, vaginal delivery. ***** Lack of access to Emergency Obstetric Care ***** "Women with Fistula are living indicators of failed maternal health systems"

Implications on Prevention * Encouraging later marriage and birth in laws, policies, and programs-law in Kenya for free compulsory primary education, marriage after 18y ***** Family planning ***** Education of harmful practices-FGM ***** Improved nutrition for girls and adolescents ***** Access to Emergency **Obstetric** Care especially Cesarean Section

Access to Family Planning

Provision of information and voluntary family planning services will help to reduce unwanted / too early pregnancies and to offer education and livelihood opportunities for married adolescent girls.

Most pregnancy complications cannot be predicted nor prevented, but they can be treated. Access to facilities able to perform cesarean-sections, and follow up with urine drainage through a catheter is essential.

Policy Changes

 Raising the age of marriage. Providing free or subsidized family planning and maternity care. Providing for subsidized or free cesarean sections when necessary
 Providing resources for fistula repairs
 Setting up of Fistula Centres



Treatment

Repair is possible-87% (85-95%)success at first attempt in West Pokot
Requires a trained and skilled surgeon and competent nursing staff
Costs approximately \$350-450





Community level intervention

* Promote transportation schemes, especially community funded, for women who need repair-support groups

* Rotating funds for medical interventions for women in need, maintained by a respected member of the community.





The Vision

Establish a Fistula Center in each hospital where the prevalence is high - in Africa ***** Prevention : early marriage and early pregnancy, access to obstetric care **Healing** : fistula repair and rehabilitation ***** Literacy classes, skills development ***** Reintegration into families and communities *#* Link Fistula with Gender, Equity.

Needs Assessments & National Plans of Action

- 🛎 Ethiopia Addis Ababa Fistula Hospital
- **Kenya** AMREF/Sentinelles/GFMER/S.M.B
- Benin GFMER/UNFPA/WHO
- Tanzania Women's Dignity Project
- Uganda, Zambia, Malawi, Mozambique, Nigeria, Chad, Mali, Niger, and Benin - EngenderHealth
- 🗮 Ethiopia, Ghana, Rwanda AMDD
- Senegal, Eritrea, Togo, Cameroon UNFPA/WHO
- 🗮 Yemen, Sudan, Djibouti, Somalia UNFPA
- 🛎 Bangladesh, Pakistan, Nepal, India UNFPA