

CHILDBIRTH

Vaginal fistulas

MAJOR MILESTONE REACHED IN GLOBAL MATERNAL HEALTH. 10,000 WOMEN WITH FISTULA RECEIVE LIFE-CHANGING SURGERY

Washington DC, 25 March 2009. The United States Agency for International Development (USAID) and EngenderHealth announced today that 10,000 women have received surgery for fistula with United States support since 2005. Fistula, a devastating vaginal injury affecting millions of women in developing countries, can be surgically repaired, but most with the condition lack access to a skilled surgeon or health center, making treatment out of reach.

"Today, the United States has achieved a major milestone in improving global maternal health-giving 10,000 women hope for a better life. None of this would have been possible without the dedication of the local medical teams, government officials, international partners, and the support of the American people," said Gloria Steele, acting assistant administrator in USAID's Bureau for Global Health. "But our work is just beginning."

Four years ago, USAID launched a global effort to both treat and prevent fistula. To date, through initiatives such as the Fistula Care project, and in collaboration with local governments, regional health-care organizations and faith-based organizations, medical teams in 12 countries and 25 health facilities across Africa and Asia have been trained to provide surgery for fistula, which can be repaired in up to 90% of women.



Nigerian Muslim wedding in Atlanta.



When I was in Nairobi visiting Kenyatta National Hospital, actually about 2 hours before I was driven through the Kibera slums to the Kenya Medical Research Institute where I was arrested for photographing a Kenyan flag and the Director of Security, I photographed a big banner in front of Kenyatta National Hospital proclaiming treatment for women with vaginal fistulas (next page).

As the survivor of 3 vaginal births and 1 cesarian birth, I can tell you that on a Saturday morning in March I danced at the wedding from 11:30pm until 6am to non-stop African drums celebrating the wedding of the daughter of a prominent Nigerian Muslim in Atlanta (pictures at left).

Dancing, running, walking, participating in life. These things are not possible when the smooth muscle in your guts and birth canal have been ripped in childbirth.

The first press release from USAID is a success story. The second press release from UNFPA explains the problem defined in 2005.

MJoTA Publisher

Fistula is an injury caused by prolonged, obstructed labor that can occur when the head of the baby cannot pass safely through the mother's birth canal. The baby often dies and the mother is left with an abnormal opening in the birth canal and chronic incontinence. If left untreated, fistula can lead to skin ulcerations and infections, kidney disease, social isolation, and even death.

Fistula is almost entirely preventable. Making voluntary family planning available to all could reduce maternal disability and death by at least 20%. Complementing that with skilled attendance at all births and improving access to emergency obstetric care and caesarian section could make fistula as rare as it is in the industrialized world. USAID and its partners include strong prevention efforts in their programs, engaging all levels of society - raising awareness of fistula and its underlying causes that include early pregnancy, poverty, and a lack of girls' education and women's empowerment.

USAID's Fistula care project is managed by EngenderHealth and its partners IntraHealth, CARE, Meridian Group International, Adventist Development and Relief Agency, and Society for Women and AIDS in Africa. In addition to increasing the number of trained surgeons and leading prevention efforts, Fistula Care project sites offer counseling and support to help women reintegrate into communities that may have shunned them.

Edited press release from USAID

www.fistulacare.org
www.usaid.gov

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FROM UNITED NATIONS POPULATION FUND IN 2005: EXPERTS IN AFRICA MEET TO DEVELOP TRAINING GUIDELINES FOR FISTULA TREATMENT

27 April 2005. NIAMEY, Niger —Improved training for medical workers providing fistula treatment would help end the needless suffering of thousands of African women with obstetric fistula, experts meeting in Niger agreed on Friday.

Assembled from across the African continent, Niger government officials, members of international agencies, medical professionals, non-governmental organizations and representatives from UNFPA, the United Nations Population Fund, gathered to map out a set of training standards for fistula surgeons, nurses and counsellors in a 2-day meeting.

"Prevention is the key to ending obstetric fistula. However, when fistula injuries do occur, women must have access to appropriate medical treatment," said Dr France Donnay, Chief of the Reproductive Health Branch at UNFPA. "We must ensure that physicians and other health care providers treating fistula patients have the quality training they need to help relieve these women from their suffering."

Obstetric fistula is a devastating childbearing injury that occurs when a woman endures obstructed labour – often for several days – without the necessary emergency medical intervention, typically a Caesarean section. In nearly all cases, her baby dies, and she is left with chronic incontinence.

Women suffering from fistula are often abandoned by their husbands or ostracized from their communities. Reconstructive surgery can repair their injuries in most cases. Unfortunately, many women with fistula are either unaware that treatment is available, or they cannot afford it.

It is critical that providers receive quality training to treat the backlog of fistula patients, experts attending the Niamey meeting agreed. Hospital staff should be trained as a team to manage fistula cases. Simple cases should be handled at district hospitals, while more complicated cases should be referred to specialized regional hospitals. Furthermore, medical students should be encouraged to assist in fistula repair centres to gain the required surgical expertise, said delegates.

But physicians cannot solve the problem alone. Governments need to develop national strategies to combat fistula, and health centres handling fistula cases must have the necessary equipment and funding to provide essential care, experts agreed.

"We are committed to ending the suffering of

women living with fistula," said Marlene Francois Lays, UNFPA Representative in Niger, who opened the meeting. "Together, we, the Representatives of African Governments, health professionals and UNFPA, will work together to help deliver treatment to the women who need it and prevent future cases from occurring."

Once their physical injuries are repaired, patients need appropriate counselling so that they can reintegrate into society and prevent future injuries from occurring. Delegates discussed counselling needs and guidelines to ensure that all repaired women seek skilled care during their next pregnancy and receive information on fistula prevention and family planning. Counselling is also needed at the grass-roots level for the women and their communities. Religious leaders and elected officials can be instrumental in getting the necessary messages out to the community, experts agreed.

The World Health Organization estimates that more than 2 million women are living with fistula in developing countries; these numbers are increased by 50,000 to 100,000 each year. These figures are based on the number of women seeking treatment, and are likely to be gross underestimates. In areas with high maternal mortality, fistula may occur at a rate of 2 to 3 cases per 1,000 pregnancies.

The Niamey meeting is part of the *Campaign to End Fistula* led by UNFPA and its partners. The global effort was launched in 2003 and now is under way in more than 30 countries in sub-Saharan Africa, South Asia and the Arab region.

UNFPA is the world's largest multilateral source of population assistance. Making motherhood safer for all women is at the heart of the Fund's mandate.

Edited press release from United Nations Population Fund (UNFPA)

Sign in front of Kenyatta National Hospital (KNH) in Nairobi, Kenya.

