



Obstetric Fistula

Karen J. Beattie, Project Director, Fistula Care

Silent Suffering: Maternal Morbidities in Developing Countries

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Why should we care about obstetric fistula?

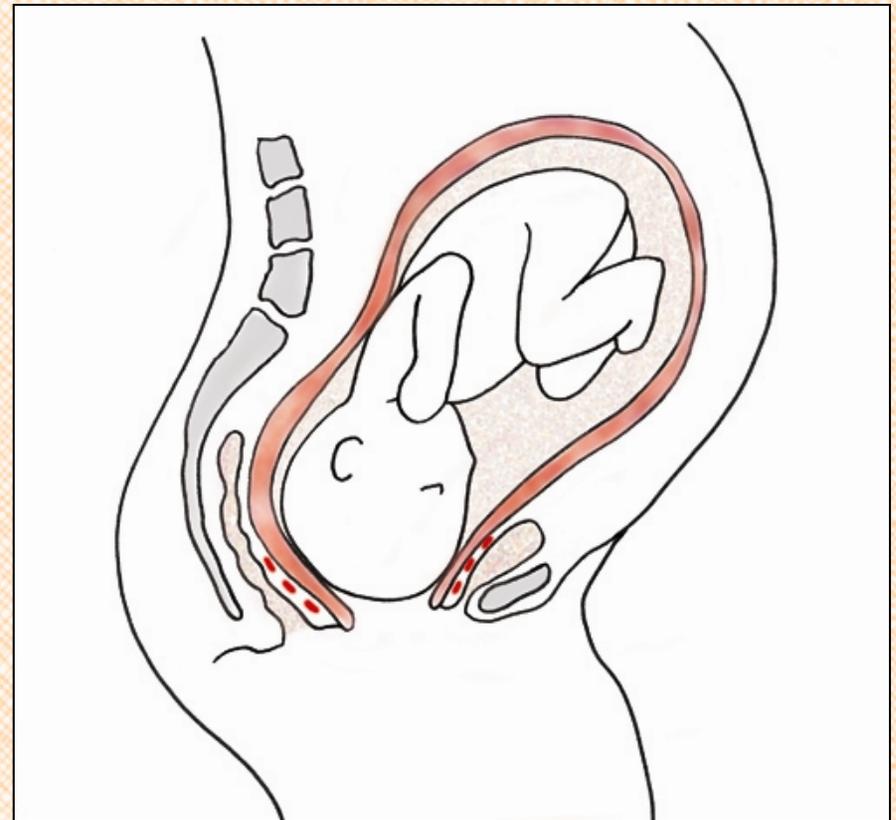


Limited government resources in many low-income countries severely compromise the effectiveness and efficiency of the health sector and, coupled with overall poverty, undermine people's capacity to achieve positive outcomes.

(M. Bangser)

Epidemiology of vaginal fistula

- Definition
- Causes
 - Obstructed labor
 - Sexual violence
 - Iatrogenic



Data on Obstetric Fistula

Prevalence:

- Obstetric fistula is correlated with areas with high rates of illiteracy (WHO, 1996)
- Most frequently cited number = 2 million cases each year.
- Global Burden of Disease estimate = 654,000 cases in sub-Saharan Africa (Stanton et al 2007)
- Nigeria DHS 2008 – prevalence – 0.4% of women have currently or in the past experienced



Consequences of vaginal fistula

- Physical consequences
 - Chronic leakage of urine or feces
 - Urine dermatitis
 - Amenorrhea
 - Vaginal scarring and tissue loss
 - Infertility
 - Bladder stones
 - Decreased bladder size or damage to the bladder neck
 - Infection
 - Footdrop
 - Fever
 - Urinary tract infections
- Social/ psychological consequences
 - Stigma, abandonment, isolation
 - Depression
 - Anemia
 - Malnourishment
 - Infertility



Research Findings

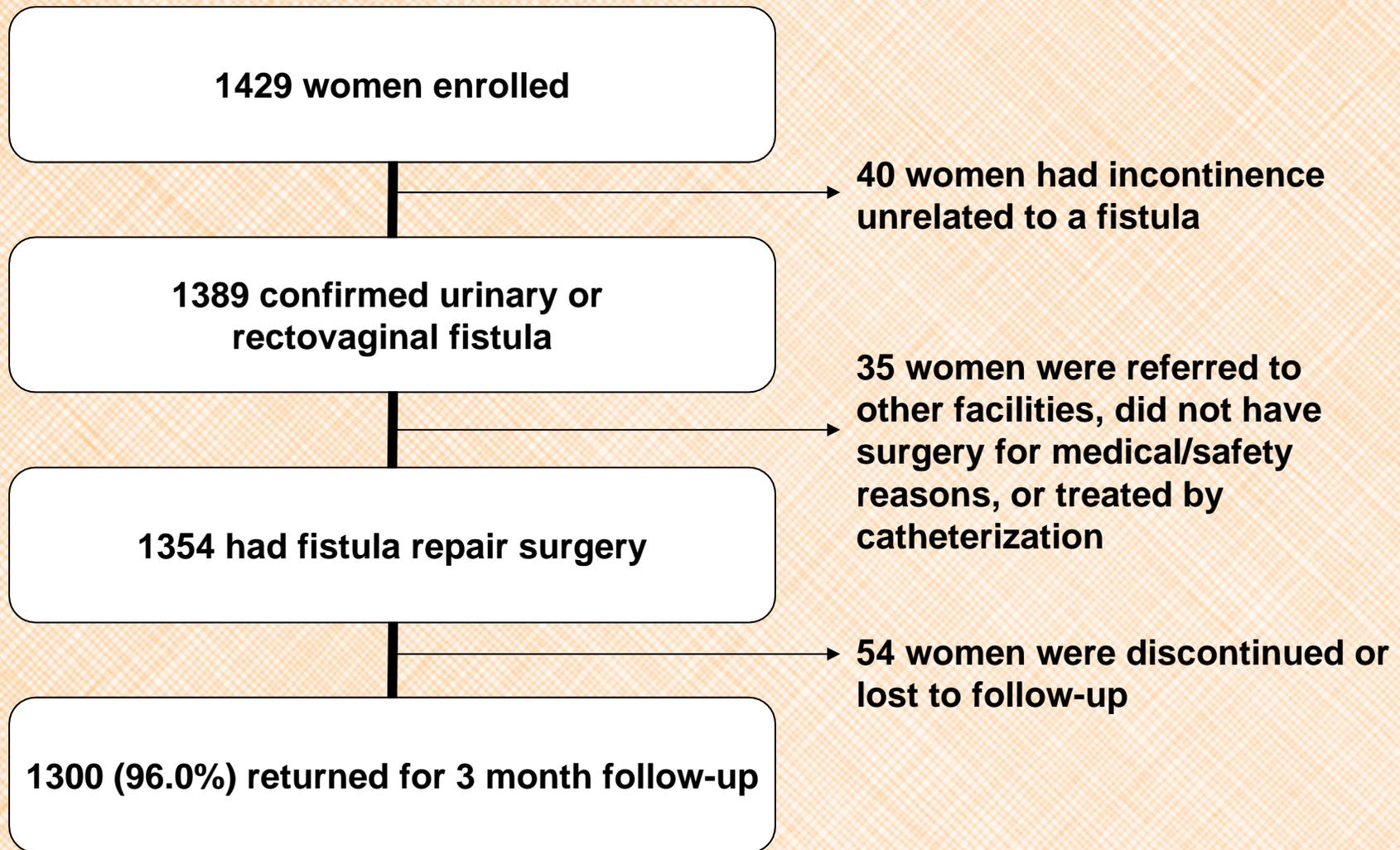
Risk and Resilience: Obstetric Fistula in Tanzania (2006)

- Qualitative and participatory study
- 61 women with fistula; 42 family members; 68 community members; 23 health providers
- Median age at time of fistula was 23; fewer than half the women were younger than 19 when the fistula occurred.
- 50% of women were in their second or higher pregnancy

Sharing the Burden: Ugandan Women Speak About Obstetric Fistula (2007)

- Same methodology as the Tanzanian study
- 76 women with fistula; 63 family members; 120 community members; 21 providers and 54 traditional birth attendants.
- Slightly less than half the women were 20 years or older at the time of the fistula; fewer than half were on their 2nd or higher pregnancy.

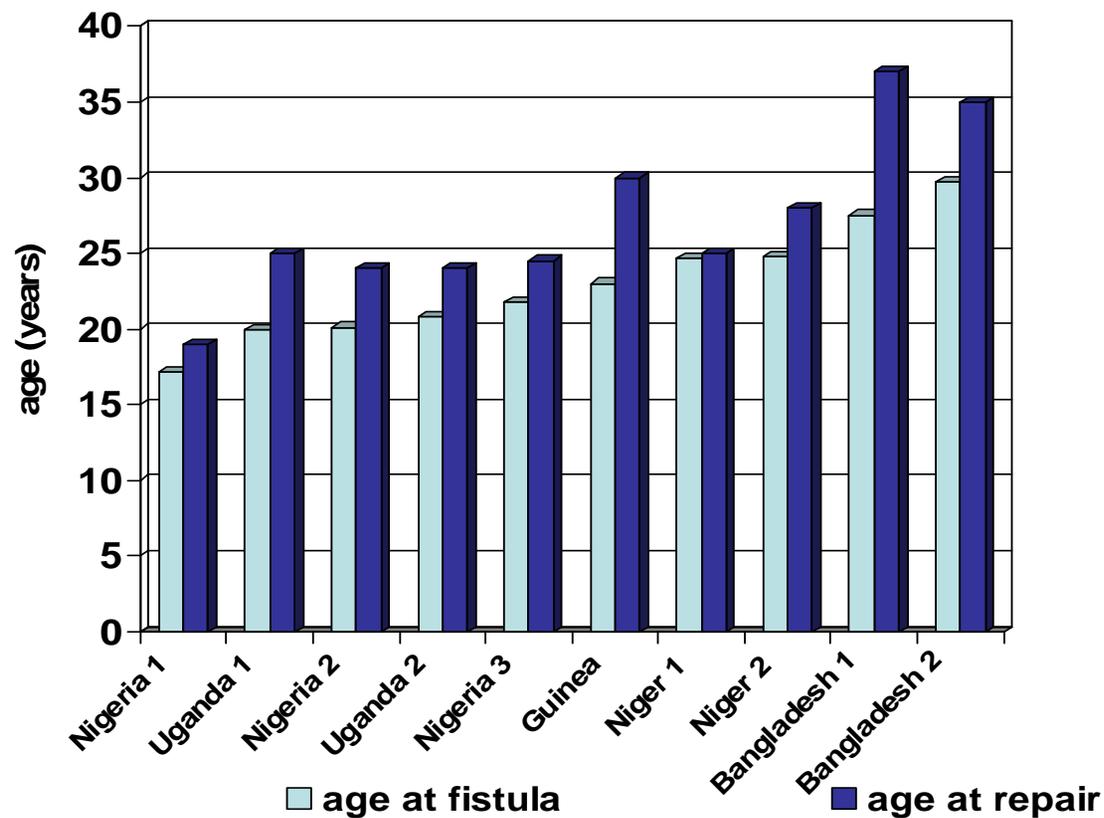
Determinants of Post-Operative Outcomes in Fistula Repair Surgery: Descriptive Results



Selected Baseline Characteristics of Women Undergoing Fistula Surgery: Median (IQR)

Age (years) at first marriage (n=1239)	15.0 (14.0-18.0)
Age (years) at fistula occurrence (n=963)	20.3 (17.3-26.8)
Age (years) at repair (n=1347)	25.0 (20.0-35.0)
Parity at repair (n=1306)	2.0 (1.0-5.0)
Had prior repair surgery, n(%) (n=1351)	310 (23.0)
-Number of previous repairs (n=302)	1.0 (1.0-2.0)
Duration (months) of urinary fistula (n=963)	12.0 (4.0-36.5)
Duration (months) of RVF (n=25)	5.0 (3.0-26.0)

Median Age at Fistula Occurrence and Repair Among Women Undergoing Fistula Surgery, By Site



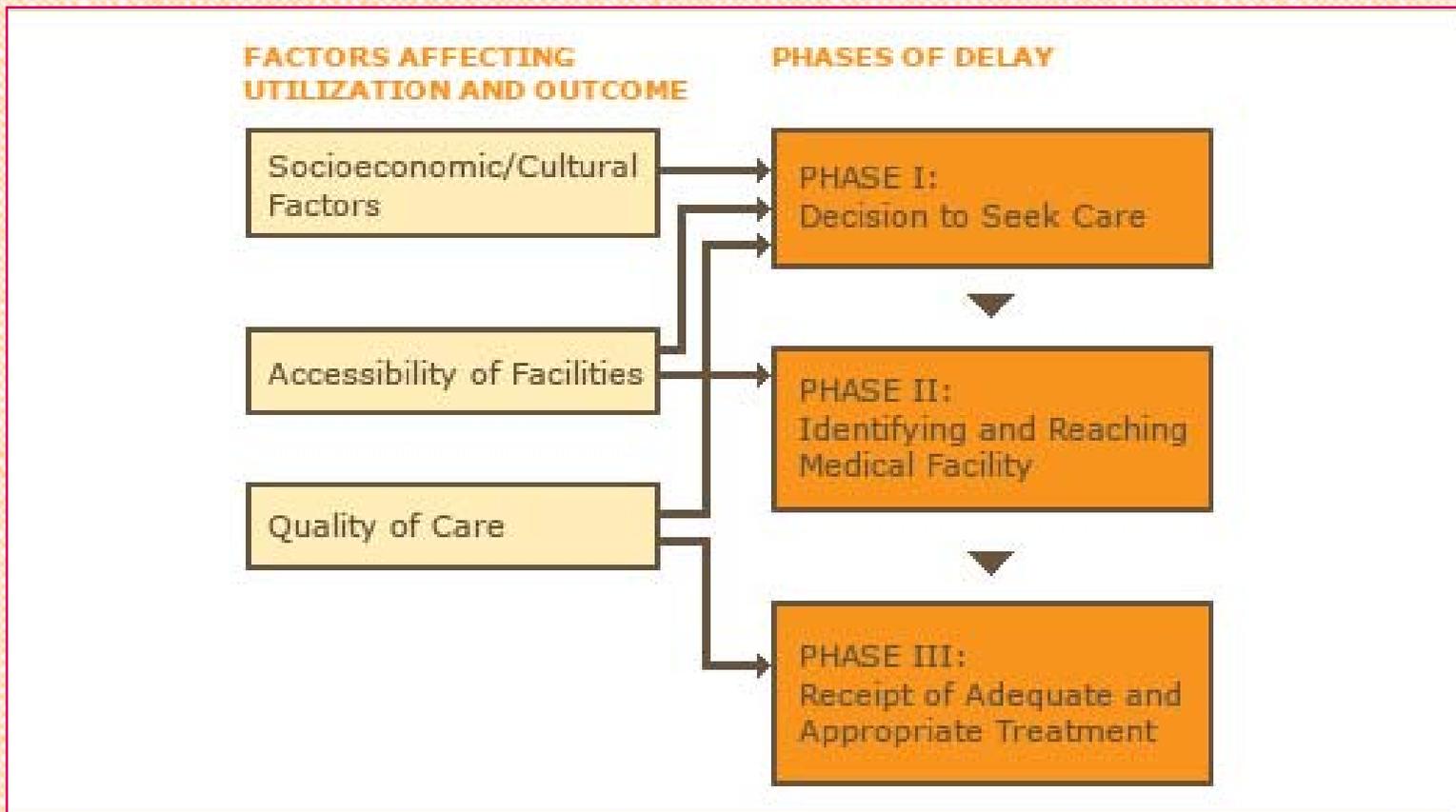
Selected Baseline Characteristics among Women Undergoing Fistula Surgery. n (%)

Marital status (n=1334)	Married/living as if married	887 (66.5)
	Divorced/separated	355 (26.6)
	Widowed	69 (5.2)
	Single	23 (1.7)
Education (n=1351)	Less than primary	744(55.1)
	Completed primary	239 (17.7)
	Completed secondary	34 (2.5)
	Higher than secondary	6 (0.4)
	Religious	299 (22.1)
	Other	29 (2.2)
Residence (n=1339)	Rural	1149 (85.8)
	Semi-urban (town on our form)	113 (8.4)
	Urban (city on our form)	77 (5.8)

Living Situation at Baseline Among Women Undergoing Fistula Surgery. n(%)

Participant lived with at enrollment (n=1322) (multiple options possible)	Husband	598 (48.3)
	Mother and/or father	460 (37.1)
	Young children	327 (26.4)
	Other relatives	203 (16.4)
	Adult children	150 (12.1)
	In-laws	74 (6.0)
	Friends	65 (5.3)
	Lived alone	51 (4.0)
	Other	20 (1.6)
Utilities and commodities at residence (n=1324) (multiple options possible)	Radio	881 (69.2)
	Mobile phone	457 (36.0)
	Piped water	288 (22.7)
	Electricity	256 (20.1)
	TV	199 (15.7)
	Refrigerator	49 (3.9)
	Flush toilet	46 (3.6)
	Land line phone	24 (1.9)

What are the causes and phases of OF?



What do we need to do?

- **FOCUS ON PREVENTION**
 - This is the best way to address obstetric fistula
- Family planning – to delay early births and support reproductive intentions
- Correct and consistent use of the partograph – to identify and take action when complications occur
- Immediate catheterization for women after prolonged or obstructed labor – to prevent fistula and/or treat small fresh fistula
- Increase access to emergency obstetric care and improve the quality of cesarean section performance

Treatment of vaginal fistula

- The majority (80-95%) of fistula can be closed surgically
 - Some women will remain with residual incontinence and further research is required to determine the specific causes in this population of women
 - A small number of women may have persistent fistula-related pelvic floor disorders which require alternative solutions
- Increasingly, the field is moving to standardization of care:
 - Counseling and informed consent for pre and post-operative care and support
 - Nursing Care for fistula patients
 - Global Competency-Based Fistula Surgery Training Manual issued in July 2011
 - Standardized indicators compendium for prevention, treatment and reintegration
 - Outreach guidance and cost analysis tool
 - Service delivery and training monitoring tools
 - Community screening protocols

What do we need to do?

- Strengthen or build the capacity to provide treatment services
- Levels of care
 - Prevention at the community and facility level
 - Case identification; diagnosis and referral for surgery to the appropriate level of care
 - Access to repair for “simple” fistula
 - Access to repair for “complex” fistula; training, coaching and mentoring
 - Access to repair for women with “persistent fistula-related pelvic floor disorders”

Reintegration

Thank you

