

*Prevention and Recognition of Obstetric Fistula Training Package*

Orientation to Safe Motherhood and  
Obstetric Fistula for the community





# Welcome!

- Opening and introductions
- Goals and Learning Objectives
- Orientation schedule
- Participant materials (brochure, handouts)



# Goals

- Orient community members to key information about safe motherhood and obstetric fistula.
- Build the capacity of community members to identify, support, and refer to health facilities women who may have obstetric fistula



# Participant learning objectives

By the end of the training, the participants will be able to:

- Provide basic health education to communities about safe motherhood, the importance of antenatal care and skilled attendance at birth, as well as fistula prevention, causes, risk factors, symptoms, and repair.
- Identify and support women who may have obstetric fistula
- Provide support to women following repair during reintegration into communities



*Prevention and Recognition of Obstetric Fistula Training Package*

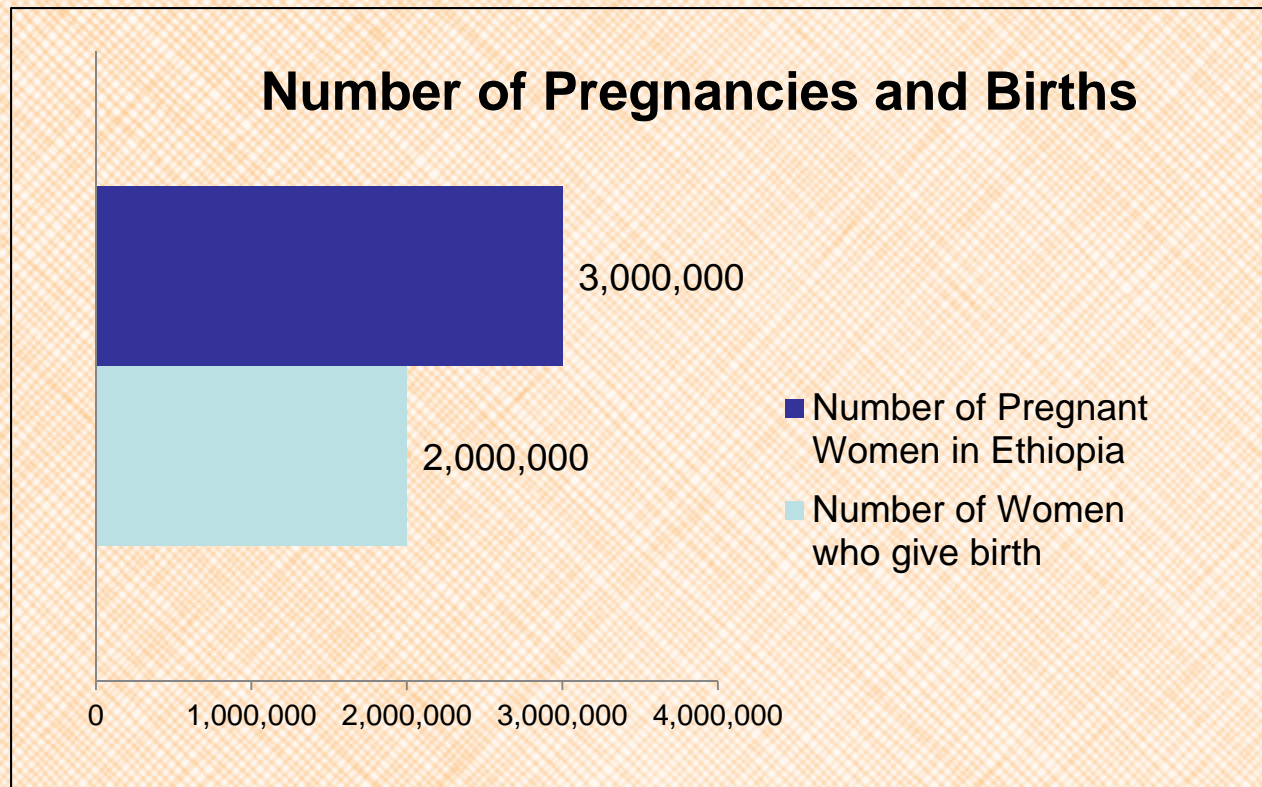
Part 1:  
Overview of Safe Motherhood





# Ethiopia

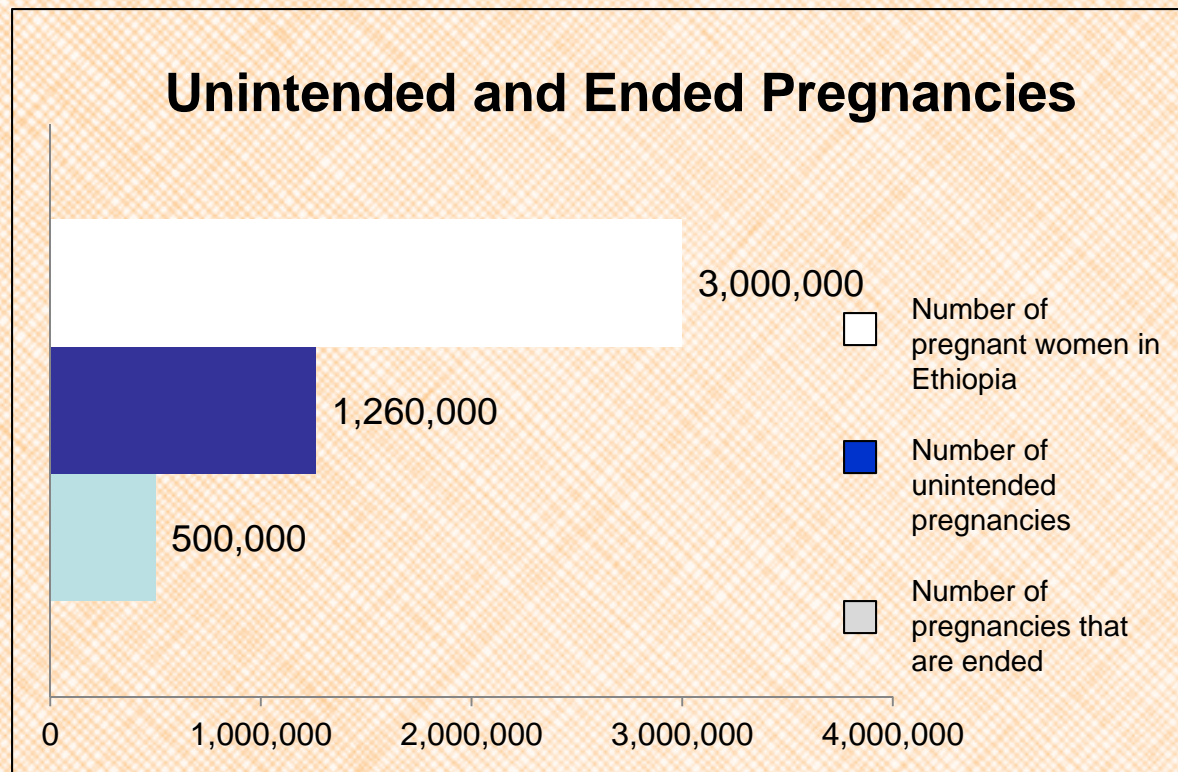
On average, 3 million women in Ethiopia are pregnant each year and 2 million give birth





# Ethiopia

42% of pregnancies are unintended and more than half a million pregnancies are ended

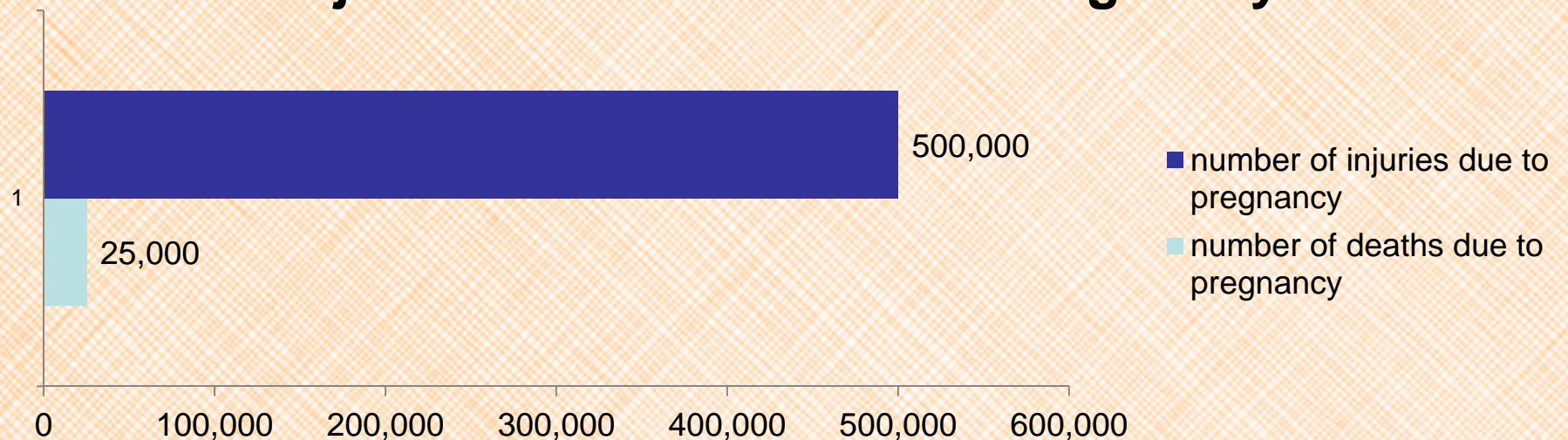




# Ethiopia

More than 25,000 mothers die related to pregnancy each year and up to 500,000 may have short term and/or long term illnesses or injuries

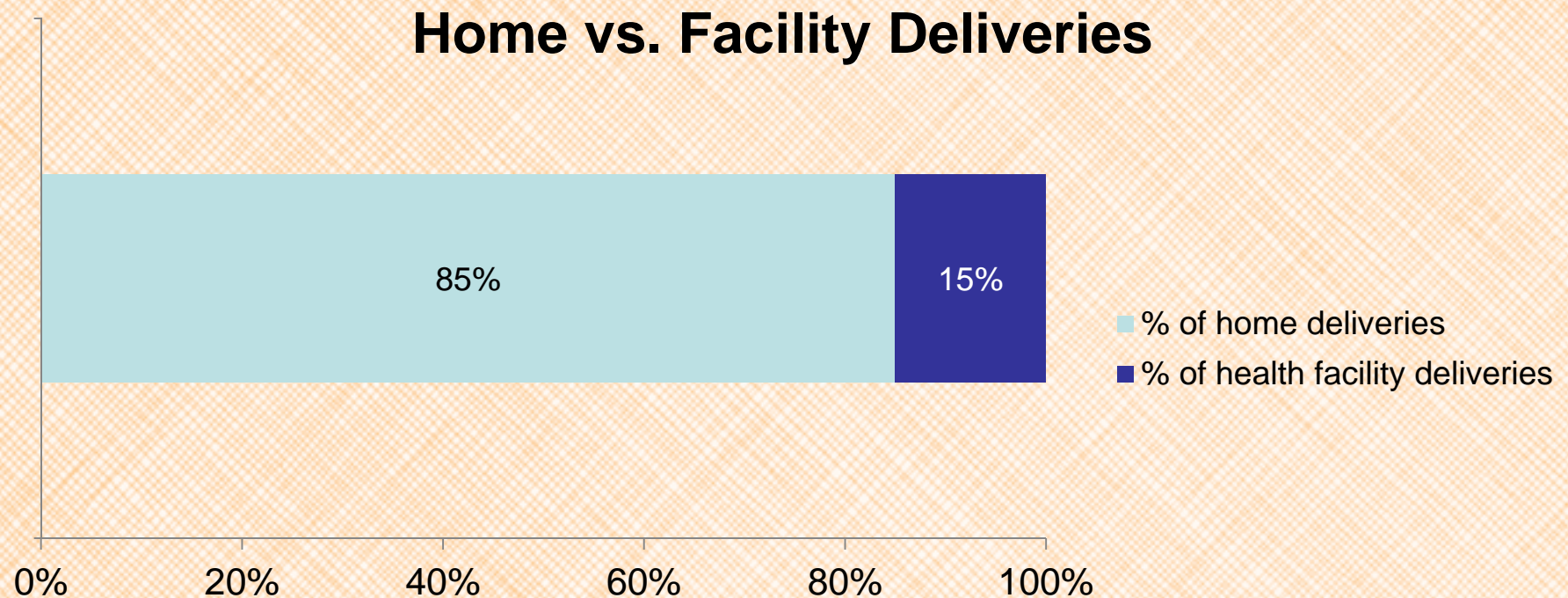
## Injuries and Deaths due to Pregnancy





# Ethiopia

Only 15% of women delivered at a health facility (85% home deliveries)

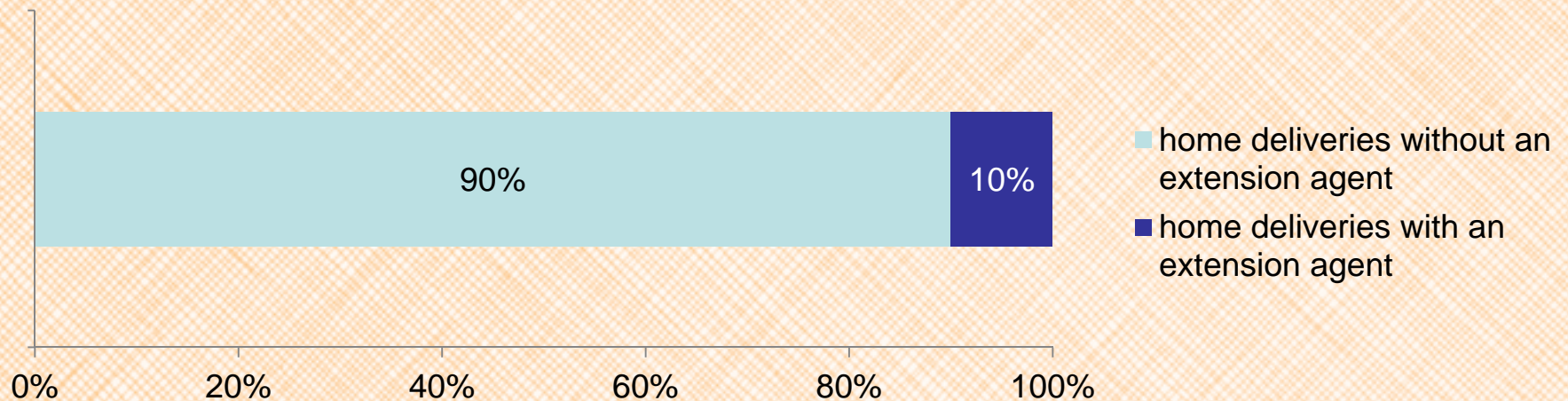




# Ethiopia

Approximately 10% of deliveries are attended by health extension workers (HEW)

## Home Deliveries With vs. Without Extension Agent





# Common causes of death during pregnancy and birth

- Bleeding
- Infection
- High blood pressure in pregnancy (may be accompanied by seizures )
- Obstructed labor
- Unsafe abortion
- Complications during surgery
- Violence related to pregnancy
  - domestic violence, murder, suicide
- Diseases that can get worse during pregnancy – severe anemia, tuberculosis, heart or kidney disease, HIV/AIDS



# WHY Do Women Die? The Three Delay Model

1. Delay in decision to seek care
2. Delay in reaching care
3. Delay in receiving care



# WHY Do Women Die? The Three Delay Model

## 1. Delay in decision to seek care

- Lack of education and understanding of symptoms, warning signs of problems in pregnancy
- Cultural acceptance of risk of death during childbirth
- Low status of women
- Socio-cultural barriers to seeking care – lack of control of household decision making and access to family finances, gender bias, poverty



# WHY Do Women Die? The Three Delay Model

## 2. Delay in reaching care

- Geographic barriers
- Lack of available/appropriate transport and finances

## 3. Delay in receiving care

- Lack of equipped health care facilities to meet needs of the population
- Limited supplies and trained personnel at health facilities
- Poor quality of care or discrimination in provision of care
- Disruption in health care services due to civil unrest, politics and other wider social factors



# Strategies to address delays

## **DELAY ONE: DECISION MAKING**

- Empowering and educating women and their families

## **DELAY TWO: REACHING CARE**

- Strengthening outreach and community-based care
- Developing community supported transport and emergency finances
- Building health facilities closer to homes of women with limited resources (rural and underserved areas)
- Developing effective referral systems



# Strategies to address delays

## **DELAY THREE: RECEIVING CARE**

- Improving quality and availability of emergency obstetric care
- Promoting commitment to affordable high quality maternal health services for all women
- Strengthening monitoring and evaluation information for continual improvement of health care services and workers



# Benefits of antenatal care

- To provide health education
- To provide care which can prevent and treat complications of pregnancy
- To encourage skilled attendance at delivery
- To discuss emergency transport and funds in the case of an emergency and to identify the nearest site of Emergency Obstetric Care
- To provide a link between women and the health care system



## A minimum of four ANC visits

- First visit: As soon as a woman knows she is pregnant
- Second visit: 20-28 weeks
- Third visit: 34-36 weeks
- Fourth visit: before expected date of delivery or when the pregnant woman feels she needs to consult health worker



# What happens during ANC visits?

- Measurement of weight and height and assessment of nutritional status of the woman
- Detection of problems which may complicate pregnancy
- Checking blood pressure and watching for signs of high blood pressure
- Tetanus vaccine



# What happens during ANC visits?

- Prevention and treatment of anemia
  - Iron/folate tablets and worm medication in areas where worms are common.
- Promotion of active management of the third stage of labor for the prevention of postpartum hemorrhage
- Prevention of malaria in pregnancy
  - Prevention and treatment for malaria in pregnancy and routine use of bednets



# What happens during ANC visits?

- Recognition and treatment of sexually transmitted infections (STIs)
- “Opt out” counseling and testing for HIV and education and clinical services for the prevention of maternal to child transmission (PMTCT)
- Confirmation of the position of the baby by 36 weeks of pregnancy
- Checking for protein in the urine if there is high blood pressure or other problems in the third trimester
- Birth Preparedness and Complication Readiness



# Skilled birth attendant (SBA)

- Includes doctors, nurses, midwives, and other health workers who:
  - Can diagnose and manage complications during pregnancy and childbirth,
  - Can assist in normal deliveries, and
  - Are linked to a referral system for further care when necessary
- **Skilled attendance at birth reduces the chance that a woman will die at delivery**



# Safe and healthy pregnancy and birth

- Most women (85%) have healthy and safe pregnancies and birth
- **EVERY** woman should have antenatal care and should deliver with a skilled birth attendant



# Birth preparedness: preparing for normal birth

- Skilled attendant at every birth
- Deciding on place of delivery
- Availability of essential clean items for mother and baby at the time of birth



## Complication readiness: preparing for complications

- Recognition of warning signs of complications in pregnancy or childbirth
- Designated decision maker(s)
- Access to emergency funds
- Rapid referral and transport to Emergency Obstetric Care site



# Key warning signs of complications in pregnancy or after birth

- Swelling of hands and face
- Pale conjunctiva, tongue, palms and nail beds
- Persistent vomiting
- Jaundice
- Bleeding from the vagina
- Severe headache, blurred vision, seizures, loss of consciousness
- Rupture of membranes or foul smelling discharge
- Lower abdominal pain
- Decreased or no fetal movement
- Fever



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Part II:  
Obstetric Fistula





# What is an obstetric fistula?

- A fistula is defined as an abnormal opening between two areas of the body
- An obstetric fistula MOST often develops during labor and birth when the infant's head cannot pass through the mother's pelvic bones, usually because:
  - Woman's pelvis is too small or poorly developed
  - Infant is too big or is not in the right position



# Anatomy of obstetric fistula

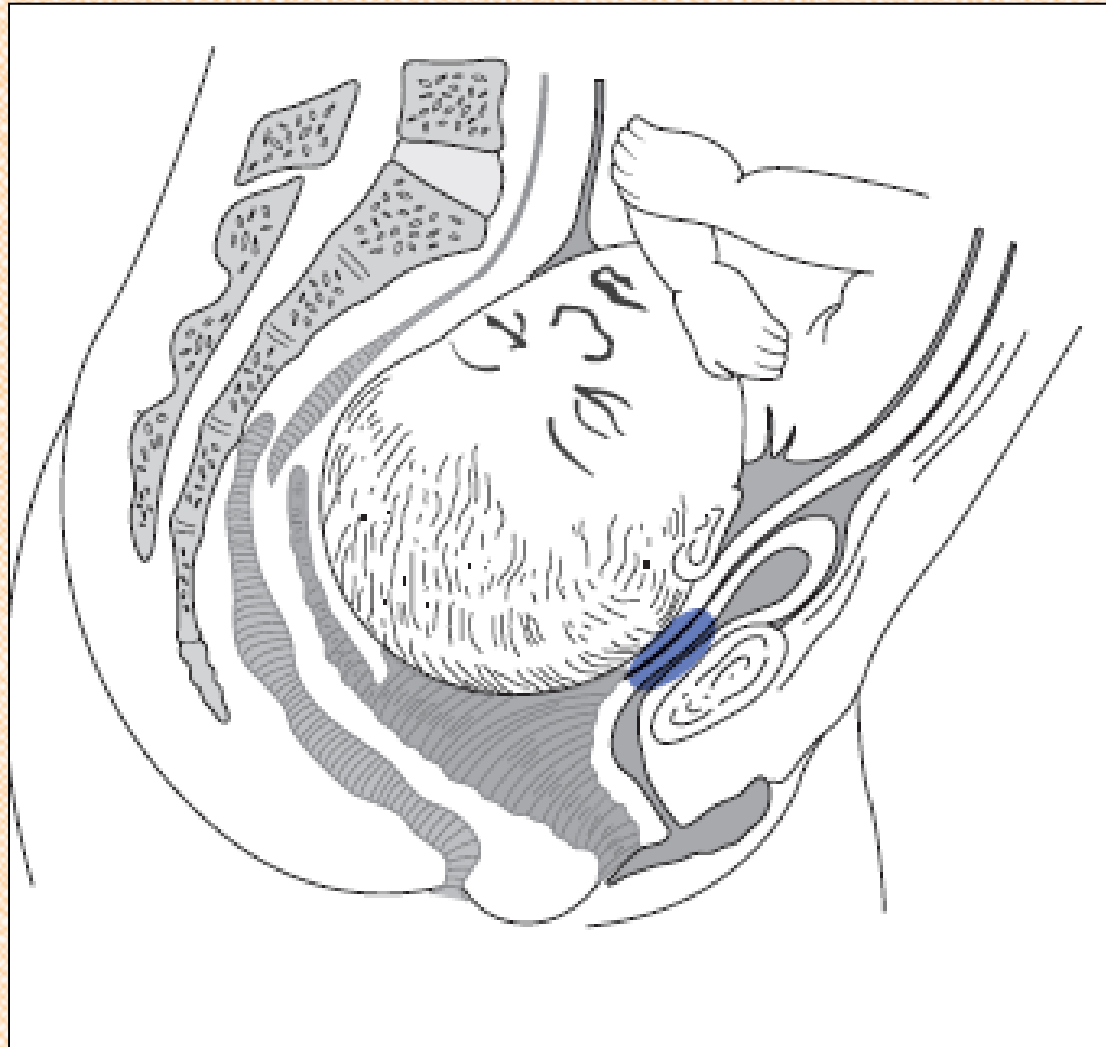


Figure from: Hancock, B and A Browning. Practical Obstetric Fistula Surgery. The Royal Society of Medicine Press Ltd. London: 2009. Used by permission.



## Other causes of obstetric fistula

- Occasionally, women also develop fistulas from other causes, including:
  - Cancer or treatment from cancer
  - Injury during other surgery
  - Trauma during sexual relations
  - Female genital mutilation



# Why does a fistula occur?

- The **MOST important reason** for the development of obstetric fistula is **prolonged or obstructed labor**
- If a woman with obstructed labor doesn't seek or receive timely emergency obstetric care, she may develop an obstetric fistula
- On average (AAFH statistics), women who developed obstetric fistula were in labor 3.8 days
- The **BEST way to address obstetric fistula is to prevent obstructed labor by providing safe and timely emergency obstetric care**

*“The sun should not rise or set twice on a woman in labor” –  
old African proverb*



# Societal issues

- Poverty and lack of education about women's health, including family planning, nutrition and safe maternity care
- Status of women
- Harmful traditional practices including female genital mutilation
- Sexual violence



# Signs of obstetric fistula

- **LEAKING URINE AND/OR STOOL**
- Chronic kidney infections, kidney damage and stones in the kidney or bladder
- Vaginal scarring and pain during sexual relations
- Lack of menstrual periods, infertility and infections in the tubes and ovaries
- Chronic Infection in the pubic bones
- Foot drop
- Chronic skin irritation
- Malnutrition
- Depression



# Fistulas and stillbirth

- Fistulas do not cause stillbirths, but if a woman has a labor that is difficult and long enough to result in an obstetric fistula, it is unlikely that her infant will survive the delivery
- It is estimated that in 95% of cases, if a woman developed a fistula during childbirth her baby was not born alive



# Primary prevention

- Adolescent and maternal nutrition
- Education and empowerment for women
- Delaying marriage and child bearing



## Secondary prevention

- Birth preparedness and complication readiness
- Skilled attendance at every birth
- Monitoring of every labor with the partograph for early recognition of obstructed labor
- Access to quality emergency obstetric care
- Community awareness raising and education about prevention and treatment of obstetric fistula



# Preventing obstructed labor

- During antenatal care, confirming the baby's position by 36 weeks as HEAD DOWN and referring all women whose babies are not HEAD DOWN to an Emergency Obstetric Care site
- Recognizing and referring women who are at increased risk of obstructed labor:
  - Women who are pregnant very young
  - Women who have had female genital mutilation
  - Women who previously had a prolonged or obstructed labor or caesarian section



# Tertiary prevention

- Early recognition of developing or developed fistula in women who have had an obstructed labor or genital trauma
- Standard protocol at health centers for management of women who have survived prolonged/obstructed labor to prevent further damage



# Diagnosis of obstetric fistula

- Obstetric fistula can usually be diagnosed when a woman leaks urine by 1-2 weeks after birth or after surgery
- Some obstetric fistulas may be obvious as soon as 24-48 hours after delivery
- Most women will leak urine continuously but if the fistula is small it may only leak sometimes
- Some women will also leak stool



# Location of obstetric fistulas

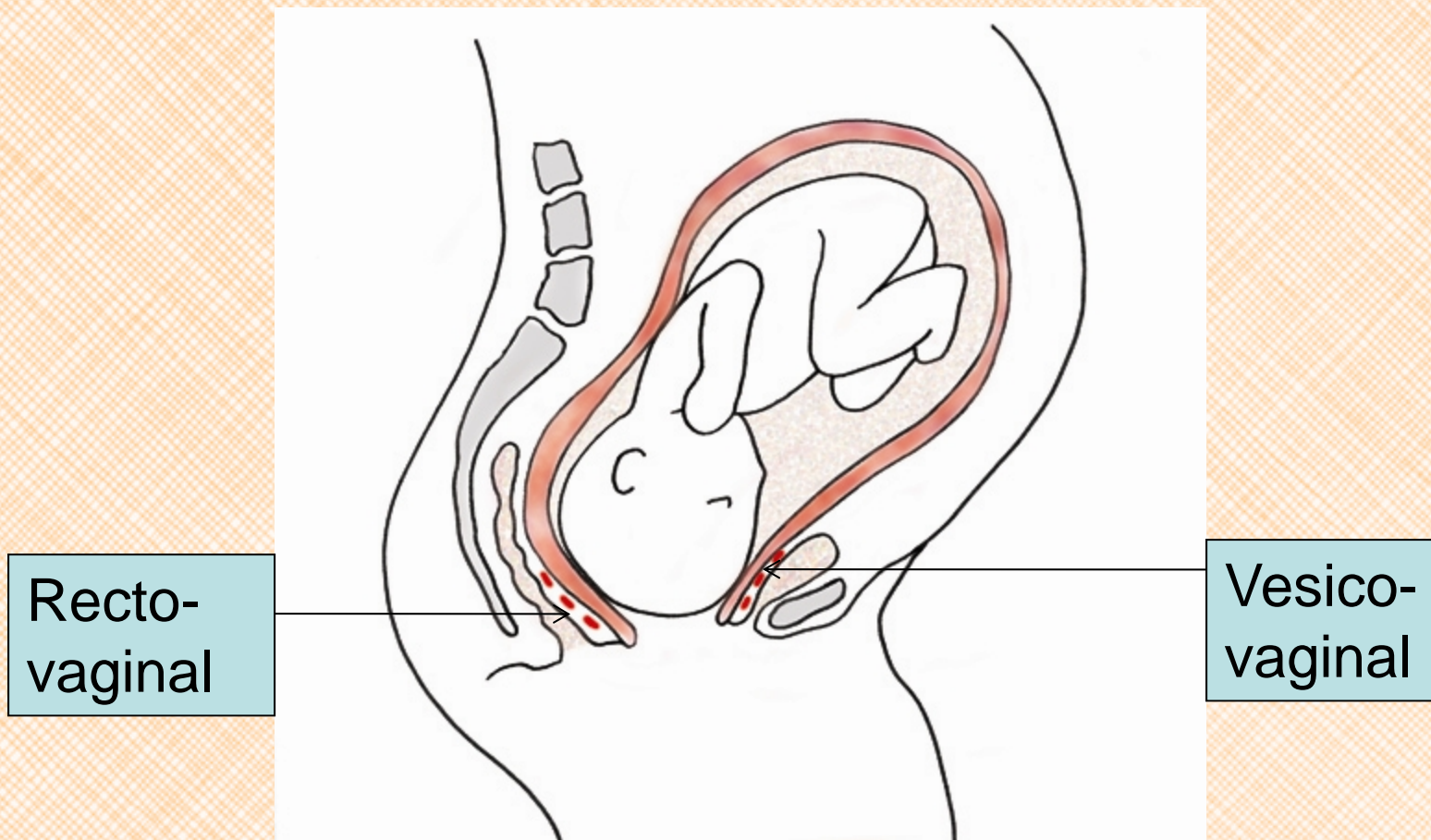


Figure adapted from Fistula Care



# Early detection and treatment

- For all pregnant women who have had prolonged/obstructed labor
  - Educate on the symptoms of fistula and
  - Encourage to seek care if symptoms develop



# Pre-repair care

- Most women with obstetric fistulas will have had them for months or years and will have many other associated problems
- Women need to be as healthy as possible before surgery to have the best chance at successful repair
- For women with chronic obstetric fistula, immediate referral for surgery is recommended after pre-repair care is complete
- For acute cases of obstetric fistula (leaking urine immediately postpartum) the standard procedure currently at Hamlin Hospitals is to wait for three months before referring for surgical repair



# Counseling women with obstetric fistulas about repair

- Most fistulas can be repaired with surgery, especially if:
  - They are small
  - They are not associated with other health problems
  - They have not been present for a long time AND
  - This is the first attempt at repair
- Women need to know that the surgery is not always successful
- Even if the fistula is closed, some women will still leak urine (15-20%) and have to urinate frequently because of a smaller bladder
- Counseling on possible failures of fistula surgery should be provided prior to referral and reintegration.



# Referral process

- After referral from the pre-repair unit, most women will stay at the fistula hospital for two weeks.
- After hospital discharge women will spend 2-3 more days at the PRU before going home
- The cost of transportation to/from the fistula hospital is covered by the project. It is not necessary for family to accompany the patient to the hospital
- The cost of surgical repair is covered by funding through the fistula hospital



# Post-repair counseling

- Family planning:
  - Women should abstain from genital sexual relations for three months after repair
  - Pregnancy should be delayed for at least one year
  - A range of FP methods are available to help couples if they wish to delay or limit childbearing
- Many women will need to do pelvic muscle exercises to regain strength in their bladder and pelvis
- Delivery of next child:
  - Should be at a hospital with emergency obstetric care
  - In most cases, cesarean birth is recommended. Obstetric fistulas may reopen during a vaginal birth



# Return to community

When a fistula client returns to her community, whether she joins her husband's home or not, she will need:

- A sense of belonging (to feel loved and supported)
- Support for reintegration into her family and community (using existing community support structures)
- To feel comfortable sharing her life with friends and family
- To feel respected and to maintain or redevelop her dignity
- To have access to any follow-up care needed, including family planning, reproductive health services and emergency obstetric care for her next birth



# Material and socio-economic support

Women recovering from obstetric fistula repair may also need:

- Nutritious food and clean water
- Personal hygiene products (soap, cosmetics, sanitary pads or clean cloths to contain incontinence)
- Financial support for her and her children
- Clean clothes and shoes
- A clean protected environment
- Access to educational opportunities and income generating skills development



# Community Messages

- Obstetric fistula can be prevented
  - Educate girls and keep them in school
  - Eradicate harmful traditional practices such as female genital mutilation
  - Delay marriage and first birth until at least 18 years of age
  - Promote family planning to space births and limit the total number of births
  - Assure access to a skilled birth attendant at every delivery and emergency obstetric care when needed
- Most women who develop obstetric fistula can be cured with surgical repair



# Promote reproductive rights

- Promote and support the rights of girls and women and gender equality
- Protect girls and women from sexual violence



# Develop infrastructure

- Rapid referral, emergency funds and transport
- Emergency obstetric care for all women
- Medical and surgical capabilities for the repair of obstetric fistula



# Prevent the direct causes of obstetric fistula

- Create community awareness about skilled attendance at all births and emergency obstetric care
- Prevent prolonged and obstructed labor
- Provide timely care for women who have had prolonged and obstructed labor



# The role of families

- Feed and educate girls as equally as boys
- Avoid early marriage arrangements and encourage delay of pregnancy until at least 18 years of age
- Give equal decision-making power to girls and women for family resources and decisions about reproduction and family size
- Put aside money for emergencies
- Work with neighbors and community when access to health services is needed



# The role of communities

- Organize transport and emergency funds for medical emergencies, especially for pregnant women
- Support the more needy families in the community and educate one another about complications in pregnancy and childbirth
- Work with organizations and the government to build roads or other infrastructure that are needed in emergencies
- Advocate from the government for quality emergency obstetric services
- Accept and support women with obstetric fistula before and after repair



# The role of health extension workers (HEWs)

- Provide health education to families on core topics: family planning, antenatal care, institutional delivery, postnatal care, HIV and PMTCT
- Refer women to health centers for antenatal care and follow-up with information about birth preparedness, complication readiness and warning signs of problems in pregnancy and childbirth
- Assist in normal deliveries when a woman cannot get to the health facility
- Identify obstetric fistula at the community level, counsel the woman and refer for care



# The role of health workers at Health Centers and Pre-repair Units

- Support the health center by working with other staff to provide high quality care
- Provide health education to patients and the community
- Provide quality care to pregnant women and their families, including safe basic emergency obstetric care and the use of a partograph for every delivery
- Provide timely referral when comprehensive emergency obstetric care is needed
- Arrange transport and an accompanying person for safe referral
- Provide follow-up care for women who have had fistula surgery



# The role of health workers at the District Hospital

- ALL of the roles as at health centers PLUS:
- Organization of surgical services including blood bank or mobilizing blood donors
- Written feedback to the health centers about referrals and follow-up
- Supportive supervision of health workers at health centers