

Midwifery Led Prevention and Management of Obstetric Fistula

*Pandora Hardtman RN,CNM,DNP
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SURGICAL TREATMENT OF FISTULA

PROS

- May be curative
- Supported by Physician surgeons
- Relative awareness in medical and nurse/midwifery communities

CONS

- Expensive
- Access to trained surgeon
- Case backlogs
- May not work

Hawa Halima



- *“The stories live on with and told through us”*

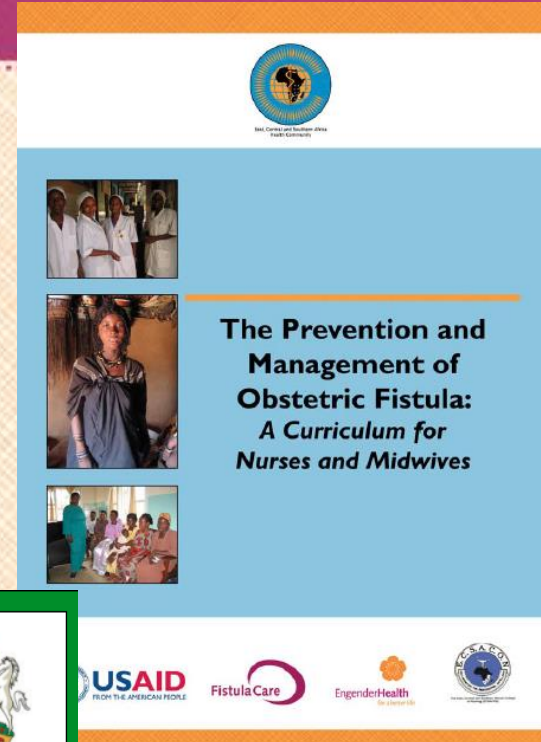
QUICK CASE STUDY



Non Surgical Management of Fistula

Urethral catheter treatment

- Highly cost effective
- Function in Prevention and early conservative management
- Builds upon already existing skill set of Nurses and Midwives
- Easy to implement with reinforcement of already developed tools



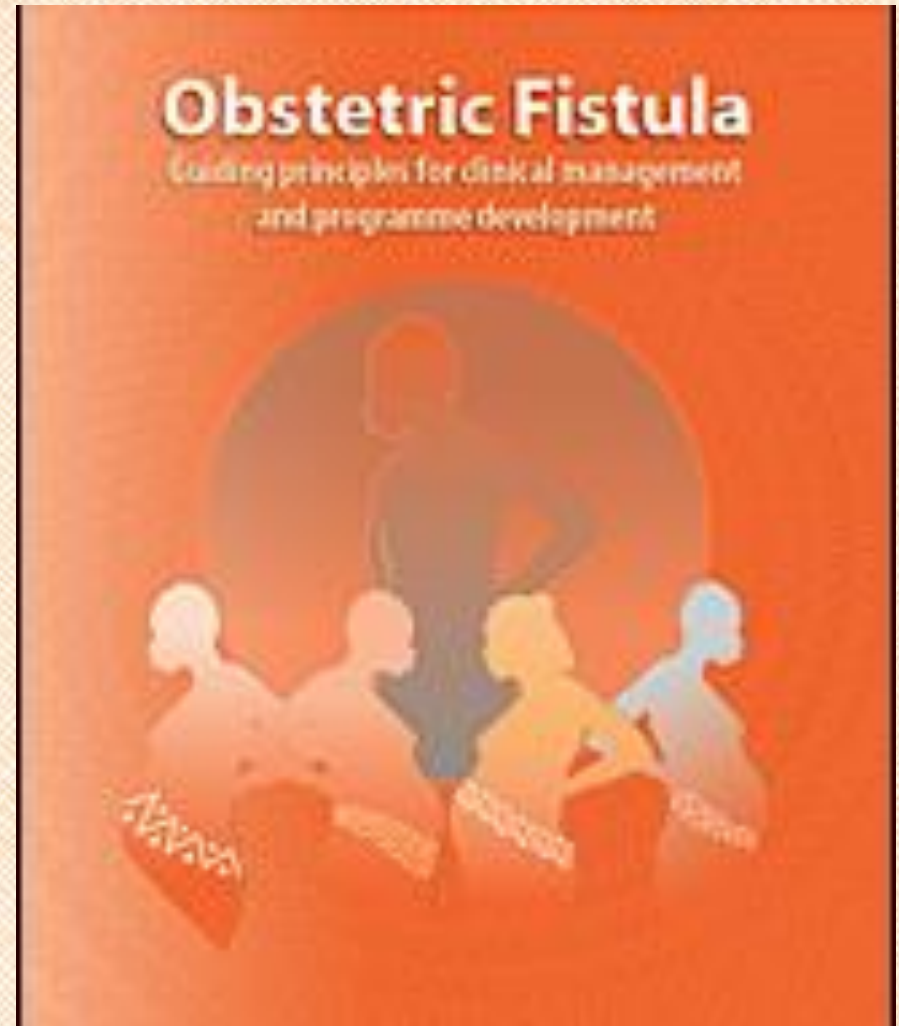
GUIDELINES ON URETHRAL CATHETERIZATION FOR PREVENTION AND MANAGEMENT OF OBSTETRIC FISTULA IN NIGERIA

FEDERAL MINISTRY OF HEALTH
ABUJA, NIGERIA

MARCH 2016

Obstetric Fistula: Guiding Principles for Clinical Management and Programme Development

“to prevent fistula formation or to encourage very small fistulas to close spontaneously, all women who have survived prolonged or obstructed labour, with or without a caesarean section, should be treated by routine urethral catheterization for around 14 days, with a high-fluid-intake regime”

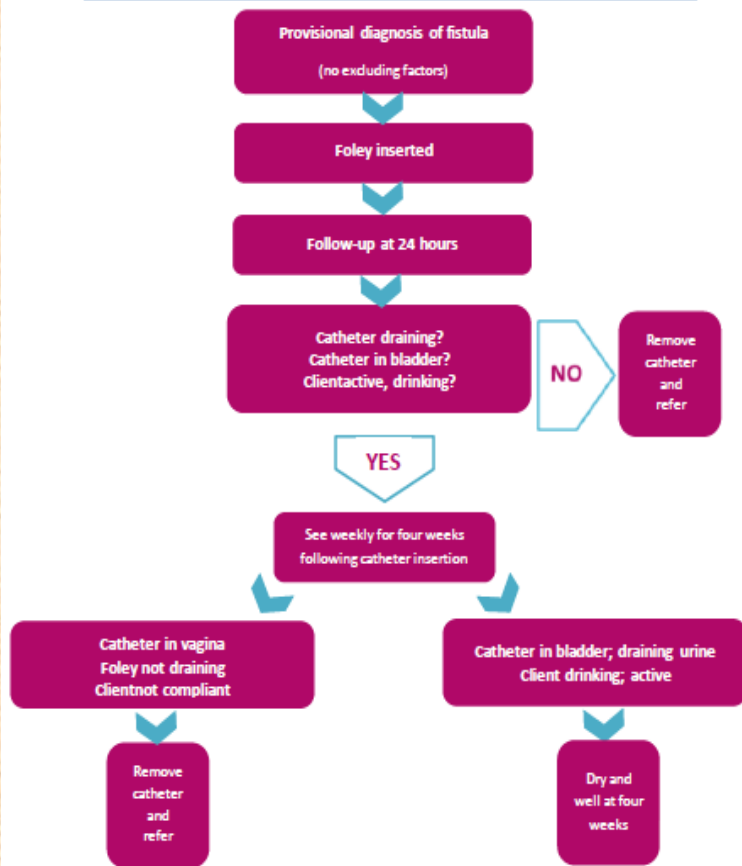


GUIDELINES ON URETHRAL CATHETERIZATION TO PREVENT OBSTETRIC FISTULA -REALITY CHECK

1. **Partograph** use for every labor patient
2. Encourage spontaneous **void every 2-4 hrs without routine catheterization**
3. Women should be catheterized if the **partograph “action Line”** is crossed or when the duration of labour exceeds 18 hours.
4. All women diagnosed with prolonged or obstructed labour should be catheterized prior to assisted vaginal delivery or caesarean section for a period of 14 days, + put on **a high-fluid-intake** regime to prevent fistula formation.
5. All women who survived prolonged obstructed labour should **immediately on presentation** be managed with a regime of urethral catheterization for a 14 days plus a high-fluid-intake regime, to prevent fistula formation or to encourage spontaneous closure of very small fistulae. inpatient or outpatient with the catheter in situ,

Conservative Treatment/Management of Suspected Cases

Figure 1. Flow chart: Conservative treatment of obstetric fistula by urinary catheterization



Midwifery Based Impact

- No labs
- No clinical tests
- No antibiotics

Midwifery Specific Clinical Issues Impacting Implementation

- Do I need an order?
- Independent practice
- Prescriptive Authority
- Standing Orders
- Charting
- Water
- Supplies



On the Ground-Change & Adaptation

- Review of protocols and standing orders to identify contextualized challenges
- Co-development of specific protocol for RN/RM initiated catheter treatment without an MD order
- Advocacy for large scale implementation ECSCA curriculum as standard in-service/pre-service offering



