Midwifery Led Prevention and Management of Obstetric Fistula

Pandora Hardtman RN,CNM,DNP
International Confederation of Midwives Toronto 2017
Tuesday June 20
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”
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
“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”
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

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 ECSA curriculum as standard in-service/pre-service offering