Module 10:
The Roles of Families, Community and the Health Care System in Prevention and Care for Women with Obstetric Fistula

Prevention and Recognition of Obstetric Fistula Training Package
The Obstetric Fistula Pathway

- Low socio-economic status of women
- Limited social roles
- Illiteracy and lack of formal education
- Early marriage
- Childbearing before pelvic growth is complete
- Cephalopelvic disproportion
- Lack of access to emergency obstetric services
- Obstructed labour
- Harmful traditional practices
- Relatively large fetus or malpresentation

- Fetal death
- Fistula formation
- Complex urologic injury
- Vaginal scarring and stenosis
- Secondary infertility
- Musculoskeletal injury
- Foot-drop
- Chronic skin irritation
- Offensive odour

- Stigmatisation
- Isolation and loss of social support
- Divorce or separation
- Worsening poverty
- Worsening malnutrition
- Suffering, illness, and premature death

Source: The Lancet 2006; 368: 1201-1209
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
  – Promote voluntary 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
- Particularly in situations of conflict or humanitarian emergency, girls and women need protection 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 and emergency obstetric care
- Prevent prolonged and obstructed labor
- Provide timely care for women who have had prolonged and obstructed labor

_The sun should not rise or set twice on a woman in labor_” – African proverb
The role of families

- Feed and educate girls as equally as boys
- Avoid early marriage arrangements and encourage delay of pregnancy once married
- Give equal decision-making power to girls and women for family resources and decisions about reproduction and family size
- Put aside money for emergencies
- Collaborate 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 high 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
The Obstetric Fistula Pathway

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- Malnutrition
- Limited social roles
- Illiteracy and lack of formal education
- Early marriage
- Childbearing before pelvic growth is complete
- Cephalopelvic disproportion
- Lack of access to emergency obstetric services
- Obstructed labour
- Relatively large fetus or malpresentation
- Obstructed labour injury complex
- Fetal death
- Fistula formation
- Complex urologic injury
- Vaginal scarring and stenosis
- Secondary infertility
- Musculoskeletal injury
- Foot-drop
- Chronic skin irritation
- Offensive odour
- Fecal incontinence
- Urinary incontinence
- Stigmatisation
- Isolation and loss of social support
- Divorce or separation
- Worsening poverty
- Worsening malnutrition
- Suffering, illness, and premature death

Source: The Lancet 2006; 368: 1201-1209