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
Part 1:
Overview of Safe Motherhood
On average, 3 million women in Ethiopia are pregnant each year and 2 million give birth.
42% of pregnancies are unintended and more than half a million pregnancies are ended.

**Unintended and Ended Pregnancies**

- Number of pregnant women in Ethiopia: 3,000,000
- Number of unintended pregnancies: 1,260,000
- Number of pregnancies that are ended: 500,000
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.
Only 15% of women delivered at a health facility (85% home deliveries)
Approximately 10% of deliveries are attended by health extension workers (HEW)
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
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

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