

Full Length Research Paper

Women living with obstetric fistula and nurses' role in preventive measures

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Obstetric fistula is a devastating and preventable tragedy that primarily affects young, poor women who lack the means to access quality maternal care. Women living with fistula are constantly wet from the leaking of urine and often experience genital ulceration, infections and a humiliating odor. About 20% of women with fistula also develop unilateral or bilateral foot drop that limits their day-to-day activities. They are typically shunned by their partners, families and communities because they are considered unclean, and many live in nearly complete isolation. Without financial support, many women with fistula are forced to beg for their living, and they are especially vulnerable to malnutrition and violence.

Key words: Women, living with, obstretic fistula, preventive measure.

INTRODUCTION

Globally, about 3.5 million women are living with genitourinary fistula, which is a miserable condition. The World Health Organization estimates that more than 2 million women live with obstetric fistula and up to 100,000 new cases occur each year. However, these figures may be severe underestimates and almost all of whom reside exclusively in Africa, South and South East Asia and the Arab region. However, the accuracy of this estimate is unknown, given that there are almost no reliable data on the magnitude of obstetric fistula at the country level. In addition to these 2 million women living with untreated obstetric fistula, 50,000 to 100,000 new cases occur each year (Semere and Nour, 2008). The general public and the world medical community remain largely unaware of this problem (UNFPA, 2002; Lewis, 2006). Sixty million women in developing world give birth each year without skilled help. In Nepal, only 19% of delivery is conducted by skilled birth attendant.

Most obstetric fistulas could be avoided if women could delay childbearing until after adolescence, if skilled attendants (Padubidri and Anand, 2005) could monitor all labors, and if women could have timely access to good emergency obstetric care. Moreover, most women who develop fistulas could be treated surgically to have the damage repaired.

Obstetric fistula was very common throughout the entire world but virtually disappeared within Europe and North America due to improvements in obstetrical care.

To this day, the prevalence of obstetrical fistula is much lower in places that discourage early marriage, encourage and provide education for women, and grant women access to family planning and skilled medical teams to assist during childbirth. This condition is still very prevalent in the developing world, especially in parts of Africa and much of South Asia (Bangladesh, Afghanistan, Pakistan, and Nepal).

OBSTRUCTED LABOR AS AN IMPORTANT MATERNAL HEALTH ISSUE

Obstructed labor - the immediate cause of obstetric fistula - is one of the leading causes of maternal illness and death in Sub-Saharan Africa and South Asia Worldwide. Obstructed labor occurs in an estimated 5% of pregnancies and accounts for an estimated 8% of maternal deaths. Worldwide, each year, more than half a million women (529,000 estimated in 2000) die from preventable pregnancy-related causes. An estimated 99% of such deaths occur in developing countries.

Causes

Obstetric causes

- i. Obstructed and prolong labor due to contracted pelvis

and malpresentations of fetus. The bladder neck and the vagina are compressed between the pubic bone and the fetal head for the long period undergo ischemic necrosis. About 5 to 7 days later, when the necrosed area sloughed off, a fistula is formed.

- ii. Ruptured uterus can involve the bladder and if it is not recognized in time, it forms fistula
- iii. destructive instrument during operation can form fistula
- iv. Caesarean section can injure the bladder
- v. the use of high forceps during assisted delivery can cause fistula

Gynecological causes

- i. Abdominal hysterectomy can inflict bladder injury
- ii. Surgery of cervix and cancer cervix
- iii. Radiotherapy causes bladder fistula few months to 2 years due to ischemic vascular necrosis
- iv. Fall from height and object, tuberculosis of genital tract, rape, rifle injury, female genital mutilation, etc.

If the fistula is between the vagina and bladder (vesico-vaginal, or VVF), urine leaks from the vagina; if the fistula is between the vagina and rectum (recto vaginal, or RVF), feces leak. The great majority of fistulas are vesico-vaginal.

Risk factors

- i. Primary risk factors are early and/or closely-spaced pregnancies and lack of access to emergency obstetric care
- ii. Early marriage, domestic violence, female genital mutilation, malnutrition which is linked to under-development of the female body, and lack of education/illiteracy also put women at great risk for developing obstetric fistula
- iii. Countries that suffer from poverty, civil and political unrest or conflict, and other dangerous public health issues such as malaria, HIV/AIDS, and tuberculosis often suffer from a severe burden and breakdown within the healthcare system.
- iv. Adolescent women are particularly susceptible to obstructed labor, because their pelvises are not yet fully developed
- v. Women who suffer from malnutrition could also be at particular risk because the body's growth may have been stunted in child

Figure 1 presents a schema of these factors.

Symptoms and signs

The disorders typically include incontinence, severe

infections and ulcerations of the vaginal tract, and often paralysis caused by nerve damage. Sufferers from this disorder are usually also subject to severe social stigma due to odor, perceptions of uncleanness, a mistaken assumption of venereal disease, and in some cases, the inability to have children.

Diagnosis

- i. Methylene blue test: dilute methylene blue is instilled into the bladder, and two cotton swabs are placed in the vagina. In bladder fistula, the swab gets stained blue, but in the ureteric fistula, the swab is soaked with unstained urine.
- ii. Check with metal catheter
- iii. Cystoscopy
- iv. Ultrasound
- v. Intravenous pyelography (IVP)

NURSES ROLE IN PREVENTION AND MANAGEMENT OF FISTULA WITH COMPREHENSIVE APPROACH

An effective approach to avoiding obstetric fistula must address the needs both for prevention and for treatment; especially where access to good obstetric services is limited. The problem of fistula is likely to endure until maternal health services reach the poorest and most vulnerable members of society. Before all women can receive adequate maternal care, a country's health infrastructure often must improve substantially. Three elements form the core of a comprehensive approach to addressing obstetric fistula are presented thus:

1. Delaying pregnancies: Encouraging later marriage and delayed childbearing can help reduce the incidence of adolescent pregnancies and their risks.
2. Improving access to obstetric care, including emergency care: Nurses should advocate that improved access to obstetric care is the most important step that can be taken to prevent fistula, in particular, avoiding the following three stages of delay is essential:

- i) delay in deciding to seek care
- ii) delay in reaching a health care facility; and
- iii) delay in receiving sufficient care at the facility.

3. Providing surgical repair and counseling for women with fistula: Create awareness about more specialized fistula repair centers, expanding the capacity of existing hospitals to provide repairs, establishing hostels for fistula patients, and training surgical and nursing staff are important components in successful fistula repair. Pre- and post-operative counseling and other reintegration services, such as literacy classes and job skills training, also provide valuable help for the fistula patient.

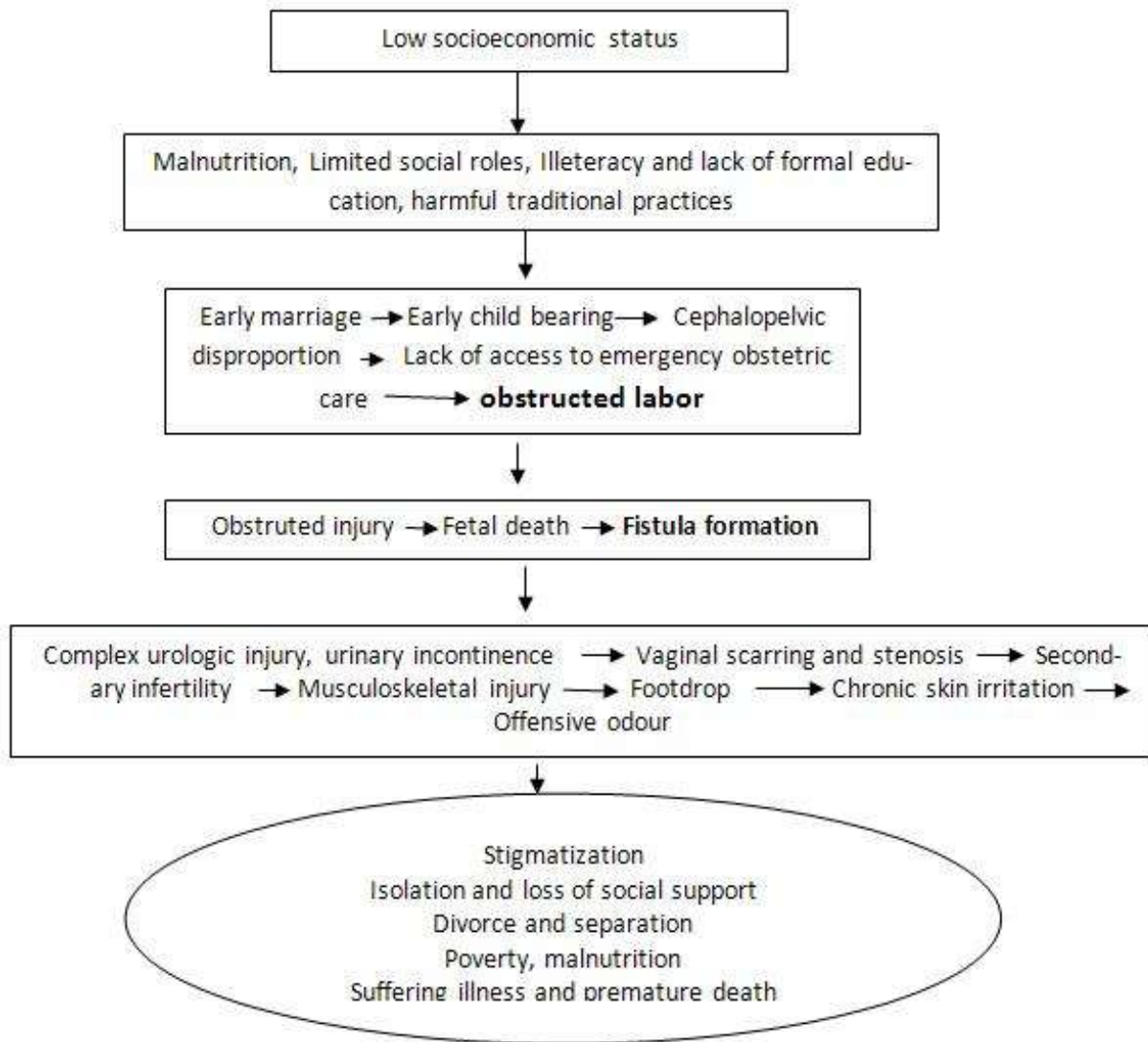


Figure 1. Obstetric fistula pathway" (Lewis, 2006).

PREVENTIVE MANAGEMENT IN VARIOUS CONTEXTS

The cultural or social context

Sensitization of the women at the village level is very important. Other preventive measures include the following:

- i. To improve the status of women and girls and work for poverty alleviation through micro credit programs.
- ii. Provide improved nutrition to combat malnutrition.
- iii. Ensure universal formal education for girls.
- iv. Educate all opinion leaders in the families, communities and at the national level to avoid early marriage and early maternity.
- v. Educate on abandoning harmful traditional practices such as FGM (but this not a common problem in South

Asia).

- vi. Link fistula with gender and equity issues.
- vii. Availability of social rehabilitation services.

Health system context

As women with fistula are living indicators of failed maternal health systems, the following preventive measures should be taken:

- i. Availability of emergency obstetric care services like cesarean section in case of obstructed labor.
- ii. Availability of improved transportation in rural areas.
- iii. Accessible and affordable family planning services at the door step.
- iv. Dissemination of information regarding the availability of fistula treatment services.

- v. Development of sufficient trained personnel.
- vi. Development and dissemination of communication materials regarding awareness of preventive measures.
- vii. Provision of resources for fistula repair.

The medical/clinical context

- i. Provision of standardized antenatal care services with special emphasis on regular antenatal visits and counseling regarding delivery by a trained health professional who has a linkage with a health facility which has services available for emergency obstetric care.
- ii. Improvement of labour management techniques such as use of partogram that assists midwives and doctors to plot the progress of labor and take appropriate action at the appropriate time; post delivery catheterization in case of obstructed labour; availability of skilled personal and infrastructure for performing cesarean section when required can serve as preventive measures.
- iii. Availability of fistula repair facilities and access to specialist care when required.

Conclusion

Obstetric fistula remains “one of the most neglected issues in international reproductive health”. Effective programs that include family planning, prenatal care, safe labor and delivery practices, and postpartum care are an important start. Also needed are interventions that focus on improving access to maternal health care, emergency obstetric care, and increased rates of cesarean delivery when indicated. Outreach programs should increase awareness of this condition and establish reliable means

of transportation to medical facilities. Other programs should focus on increasing the minimum age of marriage, which is, more than 20 years, keeping girls in school, and improving their overall nutritional status.

To end the negligence and to meet the 5th number of millennium developmental goals requires commitment and action from policy-makers, governments, civil society, women activists' health worker and the international health community. The more opinion leaders recognize the scope of obstetric fistula and understand the severity of its medical and social consequences, the more likely that a consensus will develop to take action.

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