WHEN CHILDBIRTH HARMS:

OBSTETRIC FISTULA

Updated with technical feedback December 2012

Introduction

Obstetric fistula is a preventable and in most cases, treatable childbirth injury that leaves women incontinent, ashamed and often isolated from their communities. It occurs when a woman or girl suffers prolonged, obstructed labour without timely access to an emergency Caesarean section. A debilitating condition that has left—and continues to leave—hundreds of thousands of women suffering in solitude and shame, obstetric fistula is undeniably one of the most telling examples of inequitable access to maternal health care and, until recently, one of the most hidden and neglected conditions.

CONTINUED

What is Obstetric Fistula?

Obstetric fistula is a childbirth injury that has been largely neglected, despite the devastating impact it has on the lives of affected girls and women. It is usually caused by prolonged, obstructed labour, without timely medical intervention—typically an emergency Caesarean section.

During unassisted, prolonged, obstructed labour, the sustained pressure of the baby's head on the mother's pelvic bone damages soft tissues, creating a hole—or fistula—between the vagina and the bladder and/or rectum. The pressure deprives blood flow to the tissue, leading to necrosis. Eventually, the dead tissue comes away, leaving a fistula, which causes a constant leaking of urine and/or feces through the vagina.

The Current Situation

About 800 women die from pregnancy or childbirth-related complications around the world every day. For every woman who dies of maternal related causes, it is estimated that at least 20 women experience a maternal morbidity, one of the most severe forms of which is obstetric fistula.

Generally accepted estimates suggest that 2-3.5 million women live with obstetric fistula in the developing world, and between 50,000 and 100,000 new cases develop each year. All but eliminated from the developed world, obstetric fistula continues to affect the poorest of the poor: women and girls living in some of the most resource-starved remote regions in the world.

Obstetric fistula symptoms generally manifest in the early post-partum period. However, other, equally severe symptoms such as psychological trauma, deteriorating health, increasing poverty, and social stigmatization by family and friends can and often do occur.

Obstetric fistula can be prevented and in most cases treated. Reconstructive surgery with a trained, expert fistula surgeon can repair the injury, with success rates as high as 90 percent for less complex cases. The average cost of fistula treatment—including surgery, post-operative care and rehabilitation support—is $300 per patient.

2 to 3.5 MILLION
WOMEN LIVE WITH OBSTETRIC FISTULA IN THE DEVELOPING WORLD

CONTINUED

Causes and Consequences

Inequity in health-care access is an underlying cause of maternal morbidity in general. Fistula tends to affect the most marginalized members of society: young, poor, illiterate women living in remote areas. Contributing factors for obstetric fistula include poverty, malnutrition, inadequate health systems, detrimental traditional practices, and lack of skilled attendants, limited access to emergency Caesareans, unequal gender relations, and the contributing factors of an often poor economic situation. It is important to note however, that fistula can affect all women, not only adolescents.

For adolescents, pregnancy and childbirth are especially dangerous since they are not physically mature, which increases the risk of obstructed labor. Preventing adolescent pregnancies, by enabling wider access to information and services and stopping child marriages, would decrease the risk of pregnancy-related morbidity within this highly vulnerable group.

The consequences of obstetric fistula are life shattering. Tragically, the prolonged obstructed labour which caused the fistula almost invariably also leads to the baby being stillborn, while the woman is left with chronic leakage of urine and, at times, feces. Unable to stay dry, she is often abandoned by her husband and family and shunned by her community. Without treatment, her prospects for work and family life are grim.

What Must Be Done?

The key to ending obstetric fistula is to prevent it from happening in the first place. Interventions to protect women's health are well-known, highly effective and readily available for a reasonable cost. Maternal morbidity could be reduced substantially if every woman had access to high-quality sexual and reproductive health services, especially family planning, antenatal care, skilled attendance at birth including trained midwives, high-quality surgical emergency obstetric interventions, and newborn care.

In the long run, prevention also requires tackling underlying social and economic inequities through initiatives aimed at educating and empowering women and girls, enhancing their life opportunities and delaying marriage and childbirth.

CONTINUED

Although reducing maternal death and injury has been high on the international development agenda for the last two decades, scaling up results has proven difficult. In order to decrease maternal mortality and morbidity, it is vital to strengthen political and financial commitment worldwide, transform plans and policies into action and ensure that all national policies and budgets incorporate fistula/maternal morbidity.

It is also important to support qualitative and quantitative research to expand the evidence base and vastly increase human resources and funding for fistula, including developing a sustainable financing scheme. Moreover, it is crucial to increase the number of skilled birth attendants and ensure their appropriate geographical distribution, as well as provide equitable, accessible basic obstetric care at the community level, comprehensive emergency obstetric care at the referral level, and treatment for adolescent girls and women living with fistula.

What is UNFPA Doing?

Preventing and treating obstetric fistula is a priority issue for UNFPA as part of its commitment to sexual and reproductive health. UNFPA is currently leading the global Campaign to End Fistula in over 50 countries, with the support of more than 80 international agencies and hundreds of other organizations working locally. The Campaign's overall goal is to make the condition as rare in Africa, Asia, the Arab States and Caribbean regions as it is in North America and Europe.

The majority of the 50+ countries involved in the Campaign to End Fistula are located in Africa and South Asia—regions characterized by the highest annual incidence of obstructed labour worldwide and insufficient progress with regards to MDG5.

What Are The Results?

Since the Campaign to End Fistula was launched, at least 38 countries have completed a situation analysis concerning fistula prevention and treatment.

Over 30 countries have integrated fistula into relevant national policies and plans. Many countries have shown increased national engagement on the issue—with governmental funding and support provided to enable programmatic efforts.

Campaign efforts focus on three strategic areas:

- Preventing fistula from occurring;
- Treating women and girls who are affected;
- Social reintegration and rehabilitation—renewing the hopes and dreams of those who suffer from the condition. This includes bringing fistula to the attention of policy-makers and communities, thereby reducing the stigma associated with the condition, and helping women who have undergone treatment to return to full and productive lives.

CONTINUED

The majority of Campaign countries are now in full implementation phase (along with the three phased Campaign process of needs assessment, national strategy and implementation)—a shift that illustrates the amount of momentum and demand gathering at country level.

Thousands of health personnel, including doctors, nurses, midwives and paramedical staff, have received training in fistula management and care, thereby increasing national capacity to address the issue.

More than 27,000 women have received fistula treatment and care with direct support from UNFPA and the Campaign to End Fistula partners.

In response to an external evaluation of the Campaign in 2009-10, UNFPA developed an Orientation Note for obstetric fistula in 2011 that builds on previous work and provides a vision for the future. This includes a focus on national programming and sustainability; a gradual programmatic shift from fistula camps/campaigns to ongoing and integrated holistic fistula services in strategically selected hospitals; and strategies to ensure the survival of the woman and child as well as to prevent a new fistula from occurring in the subsequent pregnancies of women who have received fistula surgery.

More than 18 Campaign countries are working with fistula survivors to sensitize communities, provide peer support and advocate for improved maternal and newborn health at both the community and national levels. The work of fistula survivors has expanded both in the number of countries working in this area and the level of engagement of the survivors, particularly as fistula prevention and safe motherhood advocates.

Together with Campaign partners Direct Relief International and Fistula Foundation, UNFPA helped initiate the largest and most comprehensive map of available services for women living with obstetric fistula. The Global Fistula Care Map was launched in early 2012, highlighting over 150 health facilities providing fistula repair surgeries in 40 countries across Sub-Saharan Africa, Asia and the Arab States. The map is a major step forward in understanding the landscape of worldwide treatment capacity and service gaps for obstetric fistula; it will also help streamline the allocation of

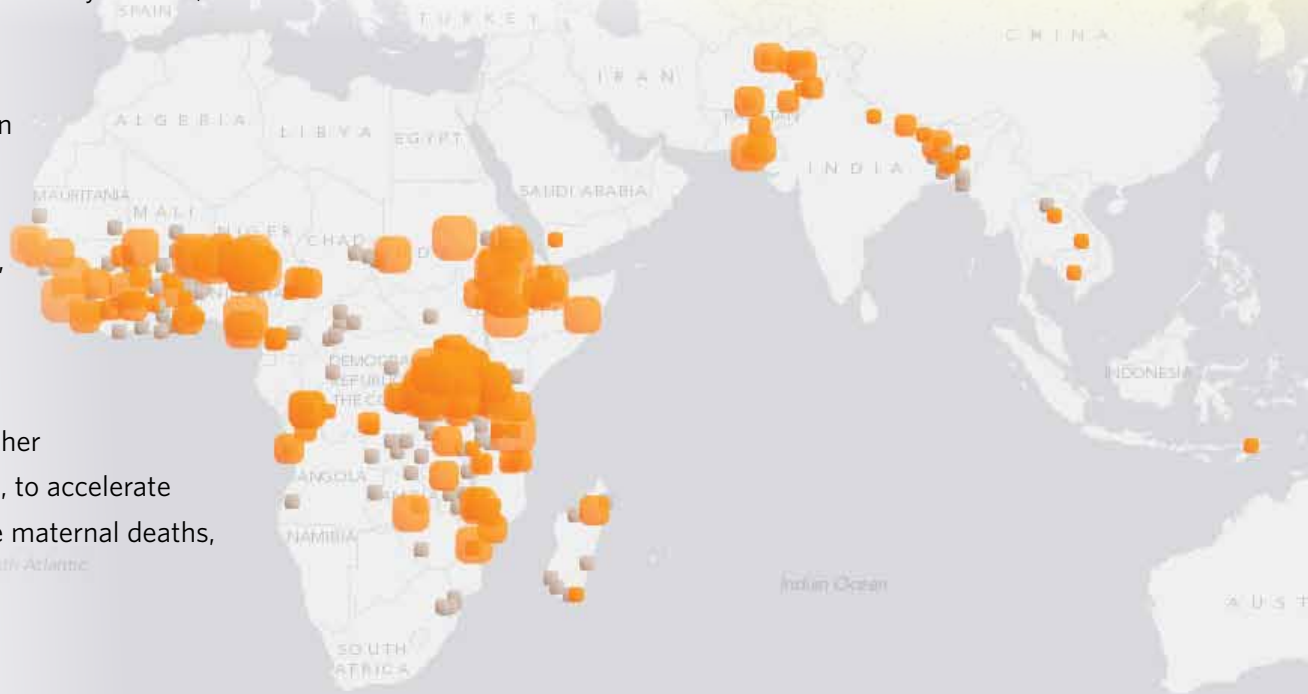
OVER 30 COUNTRIES HAVE INTEGRATED FISTULA INTO RELEVANT NATIONAL POLICIES AND PLANS

CONTINUED

resources. The map will be expanded and continuously updated with information provided by experts and practitioners from around the globe about fistula repair and rehabilitation services, but it shows that current capacity is still far below the enormous need for fistula treatment.

In collaboration with key partners, the Campaign to End Fistula has developed programs and guidance to support countries in their work to address fistula. This infrastructure includes the internationally standardized obstetric fistula competency-based training manual, the outreach guidance for planning and executing an outreach treatment campaign, and a costing tool to assess real costs of pre, post and operative care. Advocacy and awareness raising strategies have been targeted at a variety of audiences in both developed and developing countries, including policy makers, health professionals, media, and the public in general, also contributing to resource mobilization for fistula programmes, both within and outside of UNFPA.

While progress has been made in addressing and preventing this devastating condition, significantly more must be done in order to treat the approximately 3.5 million women and girls still living with fistula, as well as the almost 100,000 who develop it every year. In recognition of this reproductive and maternal health plight, The General Assembly's Social, Humanitarian and Cultural Committee has adopted a new resolution on "Supporting Efforts to End Obstetric Fistula." The Resolution, presented by the African Union (AU), was adopted in 2012 with the support of 168 co-sponsors from all regions. It officially recognizes May 23rd as International Day to End Obstetric Fistula, marking the 10th anniversary of the Campaign to End Fistula, and calls upon Member States to support the activities carried out by UNFPA and partners in the global Campaign to End Fistula. It also calls for further support in countries with high maternal mortality rates, to accelerate progress towards the achievement of MDG5, to reduce maternal deaths, and to eliminate obstetric fistula.



For more information on UNFPA's work, please visit www.unfpa.org.

To learn more about the Campaign to End Fistula please visit www.endfistula.org