PREVENTION OF OBSTETRIC FISTULA

BACKGROUND
Obstetric fistula, a complication of obstructed and/or prolonged labour, is a public-health problem which disproportionately affects women who are most vulnerable due to poverty, limited education possibilities and lack of access to family planning and reproductive health services. It is one of the most neglected morbidities of childbirth, even though it has the greatest adverse impact on women, families and society.

Obstetric fistula has severe medical, psychosocial and economic consequences. Women who experience this preventable condition suffer constant urinary and fecal incontinence which often leads to skin infections, kidney disorders and even death if left untreated. The baby may be stillborn due to obstructed and/or prolonged labour, and socially the woman may be excluded or abandoned by her husband and/or family due to the incontinence; this in turn leads to financial deprivation.

It is estimated that more than 2 million women live with untreated obstetric fistula throughout the world. Countries where it is most common are essentially those of Africa, South Asia and the Middle East, in West Africa the incidence is estimated at 4 cases per 1,000 births. The incidence is estimated at 50,000 - 100,000 new cases per year. However, treatment capacity is limited to approximately 6,000 to 7,000 women per year.

Research has shown that skilled midwifery care at birth, including appropriate emergency obstetric care, is pivotal to the elimination of obstetric fistula. Long term solutions include ensuring that women and their communities have access to effective health facilities, sufficient human resources for maternity care and access to family planning services. Preventing and managing obstetric fistula will contribute to improved maternal health, the fifth Millennium Development Goal. Various organizations are working to prevent and treat obstetric fistula,
such as the UNFPA Global Campaign to end Fistula and the FIGO Fistula Initiative.

POSITION

Obstetric fistula can be combated at national, regional and global level only with the full involvement of midwives who:

- Provide skilled midwifery care, particularly prenatal, perinatal and postnatal care
  - Provide health education, explaining the risk factors for obstetric fistula.
  - Promote the use of health and maternity services by women, their families and communities
  - Provide extended reproductive health services such as family planning

RECOMMENDATIONS

Member Associations are urged to:

- Advocate for healthcare systems which provide accessible, quality maternal health care, including family planning, skilled care at birth, basic and comprehensive emergency obstetric care, and affordable treatment of obstetric fistula.
- Ensure that midwifery education includes modules aimed at prevention and clinical screening for obstetric fistula.
- Contribute to the design of advocacy tools on behalf of political authorities, opinion leaders and elected representatives.
- Contribute to the development and dissemination of policies, protocols of practice which prevent obstetric fistula.
- Contribute to education of communities and families regarding prevention of obstetric fistula.

RELATED ICM DOCUMENTATION

ICM Position Statement. 2011 Heritage and culture in childbearing.
ICM. 2010. Essential Competencies for Basic Midwifery Practice.

RELATED OTHER DOCUMENTATION


UNFPA. Website http://www.endfistula.org

WHO. 2010. 10 Facts on Obstetric Fistula

WHO. 2006. Obstetric Fistula: Guiding principles for clinical management and programme development
http://whqlibdoc.who.int/publications/2006/9241593679_eng.pdf

Adopted at Durban International Council meeting, 2011

Due for review, 2017