THE GLOBAL PROBLEM OF OBSTETRIC FISTULA

Obstetric fistula is the most devastating and serious of all childbirth injuries. It has been labeled the “most frightful affliction of humankind.” Fistula is preventable when timely emergency obstetric care is available to women experiencing obstructed labor.

Most Americans don’t know about obstetric fistula. Perhaps this is because it was nearly eliminated in the United States more than 100 years ago thanks to emergency cesarean section surgery.

Obstetric fistula is a serious problem in the world’s poorest countries, where most mothers give birth without any medical help. In these cases, if a woman’s labor becomes obstructed, she will endure days of painful, prolonged labor. The two great causes of obstructive labor are a small pelvis or a malposition of the baby inside the mother’s uterus.

In poor countries, women often marry at a young age. At the time of a young woman’s first birth, her body may not be fully formed and an obstetric fistula injury is more likely to happen because her pelvis is too small.

During labor contractions, the baby’s head is constantly pushing against the mother’s pelvic bone — causing tissue to die due to lack of blood flow to this area. All of that pushing creates a hole, or in medical terms a “fistula,” between the birth passage and an internal organ such as the bladder or rectum. A woman cannot hold her urine, and sometimes bowel content as well. A woman’s injuries can also often include nerve damage to her lower extremities because she has remained in a squatting position while enduring painful labor contractions for days.

Her baby is unlikely to survive. If she survives, a woman’s body is literally broken by childbirth. Uncontrollably leaking bodily wastes, she will most likely be rejected by her husband because of her inability to bear more children and her foul smell. She will also be shunned by her community and forced to live an isolated existence. Oftentimes, her community believes her condition is the result of being cursed or having sinned. And what is worse — she believes it, too. Women with fistula suffer profound psychological trauma resulting from their utter loss of status and dignity.

Further, because the birth rate in developing countries is often high, women who already have several children are also developing obstetric fistula injuries — in addition to women who become pregnant at a young age. In these cases, not only does the woman suffer, but her children do, too, for they cannot help but be affected by the rejection, poverty and misery of their mother.
THE NUMBERS ARE STAGGERING

For the poorest of the poor, complications from pregnancy and childbirth are among the leading causes of death and disability for women of reproductive age. And the World Health Organization describes obstetric fistula as "the single most dramatic aftermath of neglected childbirth." In many developing countries, where adequate medical care may not be available or affordable, it is common for women never to receive corrective fistula surgery simply because they were too poor to afford medical help, or had no means of traveling to a hospital, located so far away.

The best estimates show that as many as 500,000 women worldwide are currently suffering with fistulas. This number keeps growing bigger. Each year approximately 30,000 - 50,000 women develop this childbirth injury. The international capacity to treat fistula patients has been estimated at about 16,000 women annually — less than half the amount of new cases each year. Surgeons would describe this as an enormous backlog of untreated patients.

There is clearly an overwhelming need for treating far more women.

TREATMENT OF OBSTETRIC FISTULA

The good news is that fistula is treatable. Repair surgeries performed by trained surgeons have a high success rate. And for every one of those women successfully treated, a life will be freed from intense and pointless suffering.
With her fistula repaired a woman can return to a normal life. She can be freed from her physical and psychological torment. She may be able to give birth again if she chooses. She can be productive. And because she is no longer affected by the rejection, poverty and misery caused by this heartbreaking childbirth injury, her children and her entire family benefits, too. Given that fistula sufferers are often young, all of these benefits may be experienced over many years.

**ONE PATIENT’S SURGICAL COSTS**

While $450 isn't enough for one night's stay in most hospitals in the United States, it is enough to provide one woman with restorative surgery and postoperative care.

The approximate average cost per patient is $450 US dollars. This includes surgery, postoperative care and physical rehabilitation that requires a patient to remain in the hospital for two to three weeks on average. This price estimate is based on average costs reported to Fistula Foundation by our grantees across nineteen developing countries in Africa and South Asia. Costs and hospitalization can, however, be greater for more complicated surgeries such as treating dual vaginal and rectal fistulas.

Fistula repair surgery requires more training than some other corrective surgeries because the majority of cases are complex. In some hospitals, it has even been reported that 80% of the women treated had a complex fistula. Surprising, but true. This is because prolonged, obstructed labor causes unique complications for each patient.

And the longer a patient waits before she is treated, a surgeon’s job becomes even more difficult. Scarring is to blame. Scarring around a woman’s fistula wound is a major reason why fistula cases require surgeons with both training and experience. Each day our partner surgeons are treating women who have fistula injuries that have commonly gone untreated for several months or even for decades or more.

All of this complexity adds to the time and expense of repairing women’s fistula.

**MORE LOCAL, TRAINED FISTULA SURGEONS ARE NEEDED**

A major obstacle to providing fistula treatment throughout the world is the lack of suitably trained surgeons.

Not only does a fistula repair surgery require more training than some other corrective surgeries, but the global pool of trained fistula surgeons is much more limited. This is, in part, because obstetric fistula has long ceased to be a problem in the developed world. With vast improvements in maternal health care and, in particular, widespread access to caesarean section deliveries, obstructed labor in the developed world is
nowadays routinely taken care of before a fistula can develop. In the absence of women with fistulas, surgeons in the developed world rarely have any experience in treating the condition and so the number of qualified developed world fistula surgeons is very small. With the ratio of physicians per capita in the developing world often a fiftieth or a hundredth of the ratios in richer nations there is obviously also a lack of local fistula surgeons in Africa and Asia.

Training local health workers is a key solution. Not only does training local surgeons help overcome an immediate bottleneck to providing treatment, but it also can be a culturally appropriate and long-term, sustainable solution.

MORE WAYS TO INCREASE TREATMENT

Sometimes, though, the key to increasing treatment is not training, but the provision of equipped facilities. Sometimes it is informing fistula sufferers in the community of the existence and location of free fistula services and paying for their transport. Sometimes it is simply funding surgeon salaries and supplies.

But whatever the specific local bottlenecks to treatment are, the stakes and urgency in overcoming them are great.

HOW YOU CAN HELP

Thanks to donations from committed supporters like you, we can help these women. Fistula Foundation provides funding to the very best organizations helping in the places where the need for obstetric fistula surgery treatment is greatest. Since our founding in 2000, we have extended our reach from helping one site in Ethiopia to sites throughout nineteen countries across Africa and Southeast Asia.

In close collaboration with the pioneering individuals and organizations that are our local partners, we provide funding of targeted projects. Such projects in the past have: trained health workers; built, repaired and equipped treatment capacity; and spread the word in the local community about new fistula services. These projects have enabled many subsequent surgeries that would not otherwise have taken place.

Each year, thanks to donations from people like you, Fistula Foundation grows stronger and is helping more women in more places.

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