

New Developments and Best Practices

Authentic Narratives on Maternal Morbidities



Morbidity care funding

Platform: EQUITY
Interface: EFFICIENCIES
Output: SUSTAINABLE TRANSFORMATION



Mercy Sluips - Debra Bell

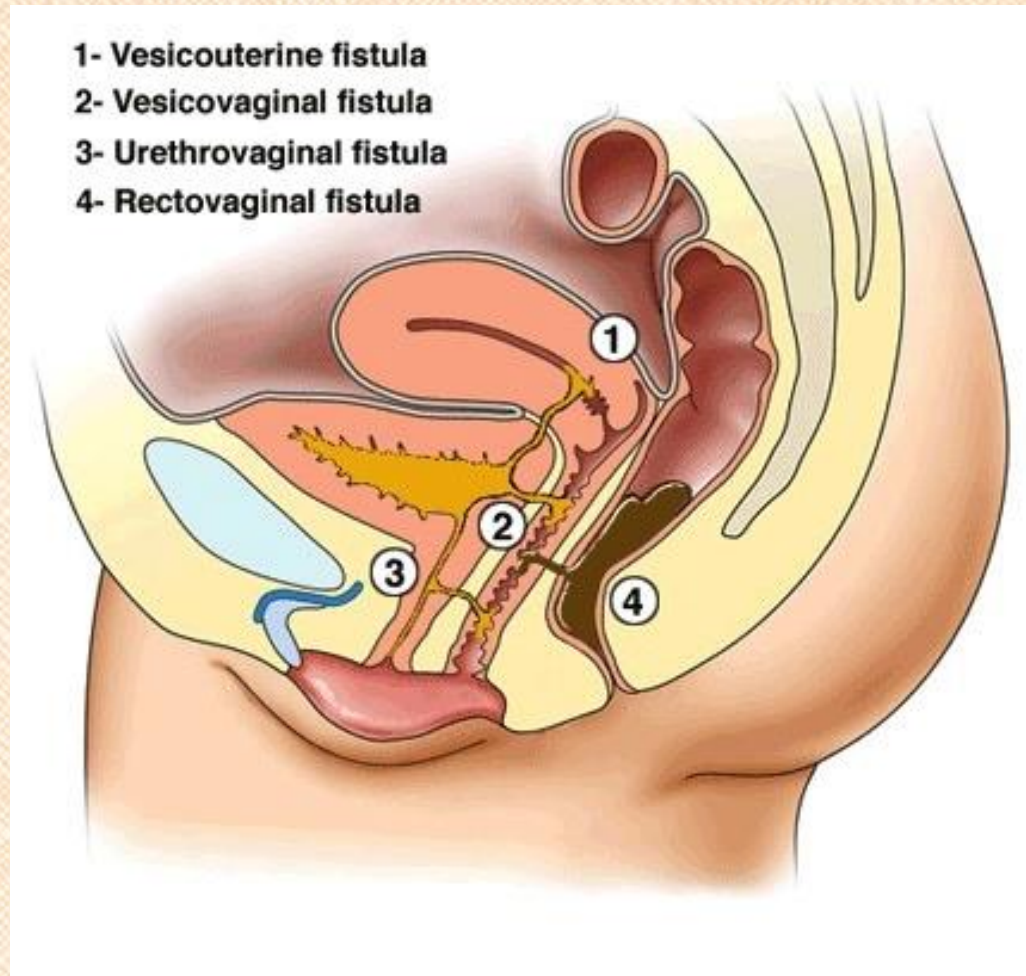
Maternal morbidity

Obstructed labor

- Death
- Disability →→→



Figure 3 : Obstructed labor from absolute cephalo-pelvic disproportion, from William Smellie's *Sett of Anatomical Tables with Explanations, and an Abridgment of the Practise of Midwifery*. London, 1754



Obstructed labor eradication

Obstructed labor eradication = more cesarean births

- Forme fruste:
 - “failure to progress” or “arrest of active phase”
- 35% primary cesarean births USA
- 1 in 10 of all US women pregnant for the first time delivered by Cesarean
- Optimal C/S rate for mortality reduction 15%

Iatrogenic fistula

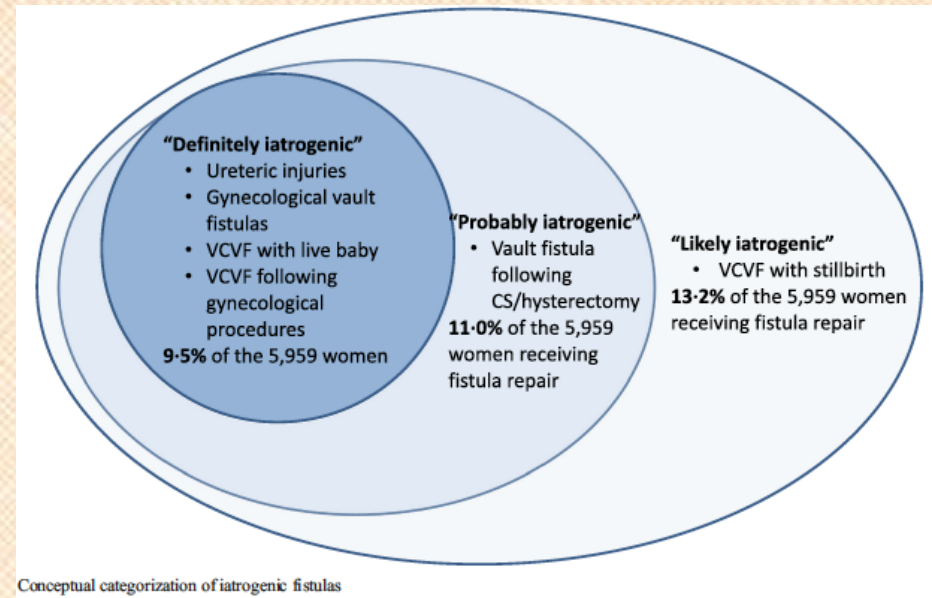
EngenderHealth

10-15% of caseload

Raassen 2014

13.2% of caseload

- 80% obstetric causes
 - *Cesarean delivery*
 - *Ruptured uterus*
- 20% gynecologic surgery



Fistula eradication

PREVENT NEW CASES

- Obstructed labor
- Trauma (accidents, rape)
- Iatrogenic (Ob, Gyn)
- Infection (schistosomiasis)
- Inflammatory disease
- Congenital defects
- Cancer

IDENTIFY, TREAT CURRENT CASES

FIND: Fistula vs Obstructed labor screening programs

TREAT: Silo vs Integrated Service Delivery

- Economies of Scale and Scope
- Equipment and supplies
- Skills training overlap

MONITOR: Programmatic M&E vs Clinical Registries

Symptoms and Diagnoses

Treatments and Outcomes



East, Central and Southern Africa
Health Community



The Prevention and Management of Obstetric Fistula: A Curriculum for Nurses and Midwives

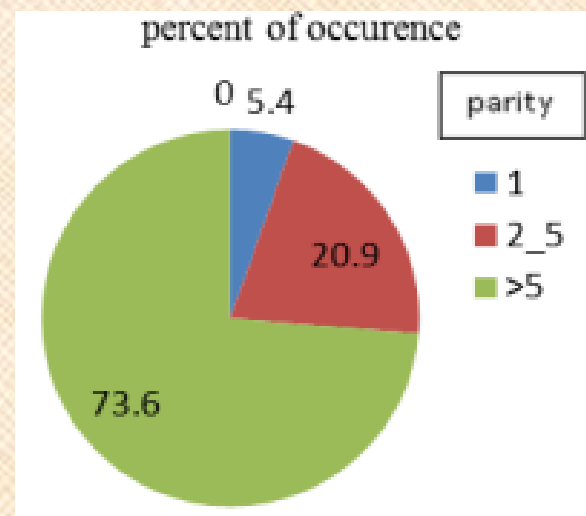
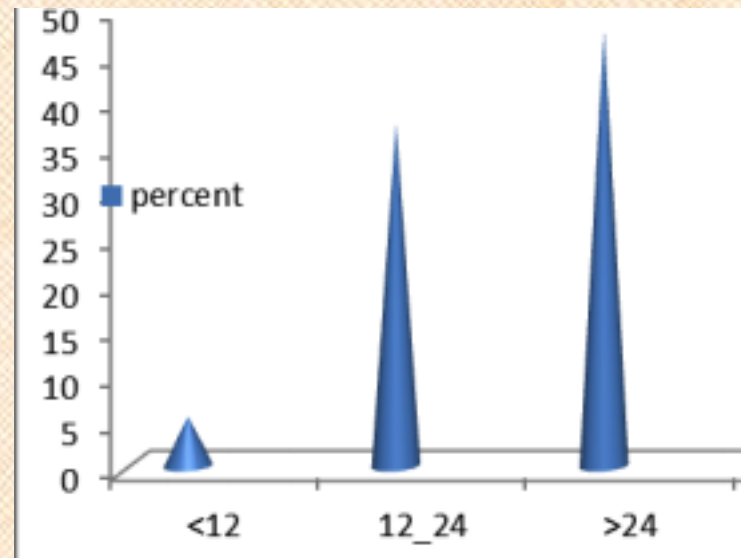
Obstructed Labor Screening Program



Cross-cutting risk factors and impact

- Obstructed labor over 48 hours
 - Fistula
- “Long labor” (within partograph limits)
 - Prolapse higher incidence/severity
- More than 5 children
 - Bimodal distribution obstetric fistula
 - Prolapse higher incidence/severity
- Depression
 - 97-100% fistula outpatients
 - 67% severe prolapse outpatients

“A holistic approach for women with severe pelvic floor disease”



We care for women's
quality of life...



MIFWOH

MAMM's Institute of Fistula and Women's Health

a non-profit venture to combat
disabilities due to Fistula and
women's problems

MAMMS Institute of Fistula and Women's Health is situated in Dhaka, Bangladesh. The institute has all the facilities of a hospital including a well equipped operation theater, residential medical officers, well trained residential nurses, training and seminar hall and necessary facilities to provide meals to the patients. Some of the best Gynecologists, Urologists, Anesthetists and Surgeons of Bangladesh provide free of cost treatment to poor patients in this hospital.

MIFWOH, at present provides surgical and non-surgical treatments and medications for:

- + Vesicovaginal fistula
- + Rectovaginal fistula
- + Pelvic organ prolapse
- + Vaginal stenosis
- + Vaginal septum
- + Urinary incontinence
- + Fecal incontinence
- + Perineal tear
- + Voiding difficulties
- + Urinary retention

Future Plans

Prevention of trauma during child birth:

- + Awareness building program and skilled obstetric care
- + Training on safe surgeries to prevent traumatic fistula and other surgical injuries.

Address other health issues of women

- + Cancer care-screening and treatment
- + Treatment of infertility and other gynecological problems in poor

Establish Well Women Clinic

Establish Menopause Clinic

Establish Women's Health Library

- Two year RCOG- based Urogynaecology Fellowship
- Founders: Senior Academic Fistula Surgeons
- The FIRST Urogynecology fellowship on the continent
- Fistula, Prolapse, Incontinence



Urogynaecology Curriculum

Curriculum for Subspecialty Training in Urogynaecology

Introduction

Module 1 General Urogynaecology Assessment

Module 2 Conservative Management of Urogynaecological Conditions

Module 3 Surgical Treatment

Module 4 Urology

Module 5 Colorectal

Module 6 Neurology





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Vision



Fistula Care *Plus* (FC+) is a five-year fistula repair and prevention project from the U.S. Agency for International Development (USAID) that builds on, enhances, and expands the work undertaken by the previous Fistula Care project (2007-2013), with attention to new areas of focus. With appropriate resources, awareness, knowledge and strong health systems for prevention, treatment and reintegration, fistula can become a rare event for future generations.



Ethiopia

UNFPA United Nations Population Fund

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NEWS

Tackling fallen uterus and its causes in rural Ethiopia

18 February 2015

Ethiopia



Population: 96.5 mil

Fertility rate	4.6
Maternal Mortality Ratio	420
Contraceptives prevalence rate	33
Population aged 10-24	35%

Youth secondary school enrollment:

♂ BOYS	♀ GIRLS
18%	11%



Surgeons at the Assosa Referral Hospital perform a uterine prolapse surgery. © UNFPA Ethiopia/Abraham Gelew

ASSOSA, Ethiopia – Santibe Kurben, 40, suffered for years from uterine prolapse – a condition in which the pelvic muscles been weakened, causing the uterus to

Cross-cutting narrative on maternal morbidities

Prevention

- Eradicate obstructed labor
- Focus: intrapartum factors
- Hypervigilance

obstetric fistula



iatrogenic fistula

Treatment

- Optimize efficiency : equity
- Integrated service delivery
 - Obstructed labor screening
 - Urogynecologic models that prioritize fistula patients
- Academic transformation
 - Training equity
 - Global surgical strategies

Determinants of fistula 2015

- Forced marriage/teen pregnancy
- Adequate childhood nutrition
- Complete secondary education
- Marry after age 18
- 1st childbirth after 18
- Family planning and antenatal care
- Participate in government
- Non-subsistence wage employment
- Eradicate GBV, eradicate FGC
- EmONC



Historic profile of MDG-era fistula determinants during period of fistula eradication

North America & Western Europe circa 1925:

- No public health program for nutrition
- Low life expectancy
- Illiteracy
- Child labor
- Marriage at menarche
- Early 1st childbirth
- Family planning
- Antenatal Care
- Gender Based Violence
- No rights: Property, Custody, Income control, Vote, Political office
- EmOC – general anesthesia just beginning



This is not the goal

This is the goal



“Best Practice”
Patient-centered, equitable resource optimization