Working Together to Stop Obstetric Fistula

A Village Health Worker Handbook

by Katharina Gref
What is Obstetric Fistula?

Obstetric fistula is a hole in a woman’s vagina that causes urine or feces to leak into her vagina, and from there, to leak out of her body. Fistula also causes pain, bad smell, and social rejection.

Fistula is often caused by too long labor when giving birth. When labor lasts an entire day, the baby can press too long on the wall of the vagina and make a hole between the vagina and the bladder causing urine to leak, or between the vagina and the rectum causing stool to leak. Usually the baby will die during birth and the woman will be left with leakage due to the fistula.

Fistula can be fixed with a surgery, done at many hospitals. Once the fistula has been fixed a woman can live a normal life. There are many ways to prevent fistula from happening.

Who Develops Obstetric Fistula?

Fistula happens most often to girls under the age of 16, and to women who are short (less than 150 cm or 5 feet tall) with small, narrow hips. Fistula happens most often when women are having their first baby, but can also happen when women have had many babies (more than 6). But fistula can happen to any woman of any size or age if her labor is too long.
**Labor is more likely to last too long and the baby is more likely to get stuck during delivery if:**

- the mother is young and her pelvis is not fully grown.
- the mother did not get enough food when she was growing up and her growth was stunted (she is very short or small).
- the mother’s pelvic bones are malformed or are very narrow.
- the mother has diabetes.
- the mother had difficulty delivering her last baby and this baby is larger.

If a mother has any of these characteristics, she should get medical advice and make an emergency plan in case there is a problem. She should probably plan to give birth close to a hospital.

**What Causes Fistula?**

Fistula is created when the head of the baby pushes down on the mother’s pelvis, stopping the flow of blood to the flesh inside the vagina. This pressure can kill the flesh and create a hole. If the fistula is between the vagina and the bladder, it causes urine to leak into the vagina and then out of the body. If the hole is between the vagina and the rectum, it causes leaking of feces. Sometimes fistulas are torn in both places and the woman leaks both urine and feces.

Fistula can also be caused by violent actions such as automobile accidents, rape, or torture.

A fistula happens when the baby’s head pushes down on the mother’s pelvis. This stops the flow of blood to the flesh, causing it to die, and creating the hole (fistula).
Fistula can also be caused by yankan gishiri, a type of female genital cutting (FGC) done in Nigeria where the wall of a woman’s vagina is cut with a sharp razor or knife. It is mistakenly believed that these cuts will widen the birth canal and also fix other reproductive and sexual problems, especially for women who have long labors. But this cutting does not work. Instead, it makes scar tissue in the vagina which can tear when the woman gives birth and cause fistula. It can also cause infections.

Other kinds of genital cutting, which occur in many countries, are also harmful to women. When cutting is followed by a practice called infibulation, in which the remaining genitals are sewn partially closed, blocked births leading to fistula or death are common.

Female genital cutting does not improve a woman’s health or speed labor. These practices should be ended because they are bad for women’s health.

### Myths about Fistula

There are many false beliefs about fistula.

**Fistula is not** punishment from the gods.

**Fistula is not** caused by a male baby if the mother does not love her husband.

**Fistula is not** caused by mistakes during delivery made by birth attendants, midwives, doctors, or nurses.

**Fistula does not** mean that a woman can no longer have children.

### Harm Caused by Fistula

The false beliefs about fistula can make women who have fistula targets of stigma, ridicule, hatred, and avoidance from the community. None of these behaviors will help women with fistula. Women with fistula should be helped by the community, because fistula can happen to any woman.

Women with fistula have a bad smell because of the leaking of urine or feces. People often avoid them because of the smell. Many women with fistula are victims of ridicule, bullying, hatred, and even violence.

Women with fistula often live outside of the community and feel rejected. This separation can cause sadness and depression. It can also cause impoverishment, since many women with fistula are divorced or abandoned because their husbands blame them for their condition.

Men and women must learn that fistula is not a woman’s fault and that it can be fixed with surgery. Husbands should be kind when their wives have fistula, should encourage them to have surgery to fix it, and should take care of them during recovery.

What women with fistula need is medical care to repair the fistula and support during recovery so they can live a normal life.
How Fistula is Fixed

Fistula can be fixed with a surgery that repairs and sews closed the hole in the vagina. During surgery, the woman is put under anaesthetic (put to sleep) so she does not feel any pain, and she wakes up after the surgery is finished.

Depending on how large the fistula is, more than one surgery may be necessary. The woman may need to stay in the hospital for 2 to 3 weeks so the doctors and nurses can make sure the fistula is healing.

Some programs hold educational classes or skills training workshops for women healing from fistula surgery. Women can learn reading, writing, and income-generating skills such as sewing, animal husbandry, and basket-weaving. This can help increase independence for women with fistula, especially if they have been divorced and left without income. This empowers women, helps them build bonds with other women with fistula, and allows them to better contribute to their community after they have recovered.

Many hospitals do fistula surgery for free, supported by sponsors and donors. Other hospitals ask patients to pay a fee.

What happens after the fistula operation?

After the fistula is fixed a woman can return to her normal life. In most cases, the surgery works and she will have no more leaking. Women who have had fistula repaired can usually have more children, but they must deliver them in a hospital. They will probably need a caesarean operation (C-section) to deliver the baby, because the repaired fistula has left behind scar tissue that could tear and cause another fistula.

How We Can Stop Obstetric Fistula

There are many ways to stop fistula from happening.

**Wait to get married.** Many girls are married at too young an age and this leads to becoming pregnant before they finish growing. A girl under the age of 16 may have a pelvis that is too small for a baby to fit through during birth. It is better physically to wait longer to have children, and that is why ending child marriage can prevent fistula. By opening up education to girls and encouraging them to stay in school, they can prepare for a better life instead of being married off early. Young women should not be married before they are fully grown and large enough to deliver babies safely.
**Improve nutrition for everyone**, especially girls. When there is not enough food, children’s bodies do not grow as they should. Often during scarcity, girls are given less to eat. Improving nutrition will help girls have healthy babies later when they are adults.

**Make family planning available.** Women and girls should be able to get family planning and birth control so they can avoid pregnancy before they are fully grown, when they do not feel healthy enough, or when they do not want to have children or become pregnant. Especially girls who are married young should have access to birth control at community clinics. Husbands and fathers should know that if girls wait until they are fully grown to get married and have children, they and their babies will be healthier.

**Get pre-natal care.** Meeting with your midwife or doctor several times during your pregnancy can help you stay healthy and know in advance if you have any particular problems that might lead to fistula developing during childbirth.

**Women of small stature.** It is important that if a woman is small (shorter than 150 cm or 5 feet tall) or has narrow hips, she should go to a hospital to give birth or at least be very close to a hospital in case she needs a caesarean birth (C-section). Giving birth in a hospital can be as safe, or safer, than birthing at home, and having a caesarean birth will not affect a woman’s fertility. A hospital with well-trained health workers can prevent fistula from labor that lasts too long.

**Make abortion safe and legal.** When abortion is illegal, girls who are too young, as well as girls and women who do not wish to be pregnant, are forced to get unsafe abortions from untrained people. A fistula can happen when a poorly trained person makes a hole in the bladder during a Dilation and Curettage (D&C) procedure, whether for an abortion or to remove a retained placenta.
Make a birth plan. All women, not just those concerned about fistula, can make a plan so they and their families know what to do when it is time for a woman to go into labor. Preventing too-long labor prevents other problems besides fistula, such as death of the mother or the baby being born with a disability.

You can begin to make a birth plan by answering these questions:

• Where will the birth take place? Where will you go if there is an emergency? Will you have to pay fees and how much?

• What supplies and medicines are needed? Who will provide them?

• Will you need transportation to the hospital or clinic? How much will it cost?

• Will you need permission to make the decision to go to the hospital? How can you make sure you can get this whenever labor starts?

• Who will take care of your other children, and your animals and crops, while you are in labor? While recovering after birth?

Know the signs of too-long labor or blocked labor. If a woman has been in labor for more than 8-12 hours, or is pushing for more than 1 hour, yet the baby is not coming, she should go to a hospital to deliver. If the woman does not get help to deliver, she could die or get a fistula, and the baby could die. If help is far away, make sure to include in your birth plan the hours you will need to travel, and therefore how early you have to leave if there are problems.
Stop female genital cutting (FGC or FGM). In some places, cutting practices are done on young women. This cutting does not speed labor or improve reproductive or sexual health. Instead, it causes serious emotional and physical problems, including fistula. Talk with midwives, birth attendants, and doctors about how genital cutting damages women’s health and should not be done. Help people learn about safe ways of giving birth.

As a village health worker, you should respect local traditions and culture because they have helped the people survive. However, it is also important to share your knowledge and let others know when traditional or modern practices cause more harm than good.

Help people help themselves. When people learn about how their bodies work and how they can improve their health, they are usually excited to put those ideas into practice and to share the information with others. If you educate people by using your skills and knowledge in a kind and helpful manner, you will motivate them to behave the same way. Speak with female and male leaders and support them. Help them talk about fistula with their families and friends. When people understand what causes fistula, how it can be prevented, and how it can be repaired, it will no longer harm women in the community.
This booklet was originally produced to help end fistula in Nigeria. You can improve this by gathering and sharing with us a list of hospitals and clinics in your country which help women with fistula and family planning.

Stop Obstetric Fistula in Nigeria

Many Nigerian hospitals do fistula surgery for free, thanks to funds from sponsors and donors. Other hospitals require patients to pay N7,000 - N15,000 (US$35 to $75).

The Fistula Foundation Nigeria in Kano works with hospitals to give free fistula surgery, transportation, and accommodation. They have education programs and rehabilitation for women while they are in the hospital after surgery.

Fistula Care Plus and EngenderHealth work with USAID to provide free fistula surgery at Nigerian hospitals.

Hospitals in Nigeria that Perform Fistula Surgery

Family Life Center Fistula Hospital, Mbribit, Itam, Awka Ibom State
Bauchi State Fistula Center (General Hospital Ningi), Bauchi, Bauchi State
Ogoja Fistula Center (Ogoja General Hospital), Ogoja, Cross River State
National Fistula Center, Abakaliki, Ebonyi State
Kazaure General Hospital, Kazaure, Jigawa State
Fistula Foundation Nigeria, Kano, Kano State
Laure Fistula Center (Murtala Mohammed Specialist Hospital), Kano, Kano State
Babbar Ruga Hospital (National Obstetric Fistula Center), Babbar Ruga, Katsina State
Nigeria National Fistula Program, Katsina, Katsina State
Birnin Kebbi Specialist Fistula Center, Birnin Kebbi, Kebbi State
Sobi Specialist Hospital, Ilorin, Kwara State
The University College Hospital (University of Ibadan), Ibadan, Oyo State
Evangel VVF Center, Jos, Plateau State
Maryam Abacha Women & Children’s Hospital, Sokoto, Sokoto State
Faridat Yakubu General Hospital, Zamfara, Zamfara State
Fistula Foundation Nigeria

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**Email:** fistula.nigeria@gmail.com

**Facebook:** https://www.facebook.com/pages/Fistula-Foundation-Nigeria/240948792871

National Obstetric Fistula Center

**Address:** 86 Abakaliki/Enugu Expressway, Abakaliki, Ebonyi State, Nigeria 480001

**Phone:** 08032615067

**Email:** nationalobstetricfistulacentre@yahoo.com

**Facebook:** https://www.facebook.com/noficabakaliki/timeline

Family Planning Services & Resources:

**Association for Reproductive and Family Health (ARFH)**

**Address:** P.O. Box 30259  
Secretariat, Ibadan  
Oyo State

**Phone:** (234-02) 810-2760  
**Fax:** (234-02) 810-1669
Resources for Village Health Workers

Books:

A Book for Midwives
by Susan Klein, Suellen Miller, and Fiona Thomson

Health Actions for Women
by Melissa Smith, Sarah Shannon, and Kathleen Vickery

Helping Health Workers Learn
by David Werner and Bill Bower

Where There Is No Doctor
by David Werner

Where Women Have No Doctor
by A. A. Burns, R. Lovich, J. Maxwell, and K. Shapiro

Available online at:
http://hesperian.org/books-and-resources/

Or by mail at:
Hesperian Health Guides
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