

What Measures Can be Undertaken to Eradicate Obstetric Fistula in Malawi?

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Policy Brief

Introduction

Obstetric fistula is an abnormal opening between the reproductive tract of a woman (usually the vagina and urinary tract and frequently the bladder) and rectum or both that develops after several hours of prolonged or obstructed labour. This is mostly due to delay in receiving appropriate care.

Pregnancy is a normal, health state which most women aspire to have at some stage in their lives yet this normal life affirming process carries with it serious risks of death and disability. In Malawi, studies show that up to 4.3 percent of maternal deaths are attributable to prolonged obstructed labour. If the mother survives, it is usually at the price of a dead baby and an obstetric fistula with its social consequences such as living in shame and isolation; often abandoned by their husbands and excluded by their communities.

Malawi continues to experience new obstetric fistula cases despite efforts made to make motherhood safe. Through safe motherhood initiative a great impact on health facility delivery has been realised; from 71 percent in 2010 to 88.9 percent in 2014. With such an improvement, there would be equally reduced complications like obstetric fistula among women during labour and delivery, but this is on the contrary. Even after the launch of the "End fistula campaign" in 2006, numbers of new cases presenting with and repaired of obstetric fistula in camps has continued to rise.

A review of records in six district hospitals of the country in 2006 showed that nearly two out of 1000 women have obstetric fistula in Malawi. There are other estimates that up to 20,000 women are living with fistula in Malawi.

Maternal morbidity such as that resulting from obstetric fistula signifies that Malawi still lags behind in the provision of high quality obstetric care during child birth which remains a sign of failure of the country's health system. Continued existence of obstetric fistula therefore remains an urgent issue that needs to be addressed.

Key Messages

- Occurrence of obstetric fistula is on the increase in Malawi despite the condition being preventable. Women with obstetric fistula continue to suffer silently in isolation and shame.
- Skilled attendants at every child birth and availability of emergency obstetric care in all health facilities are a prerequisite for the eradication of obstetric fistula in the country.
- A collaborative multi-sectoral approach in addressing causes and predisposing factors is key to prevention of obstetric fistula.

Methodology

This policy brief is based on a comprehensive review of existing literature. The literature reviewed included scientific papers, research reports and government policy documents.

Discussion of Policy Options

All the way from the 1987 Nairobi conference where the global Safe Motherhood Initiative was launched, Malawi has regarded issues of maternal and neonatal health as important. The government of Malawi through the Ministry of Health (MoH) and various development partners has implemented safe motherhood programmes throughout the country, emphasizing on skilled attendance at birth, embarking on Emergency Obstetric and Neonatal Care, and preventing teenage pregnancies. The 'End fistula Campaign' in Malawi that was launched in 2006 assisted in raising awareness of the condition to some communities and efforts were put on prevention, treatment of the condition as well as reintegration of repaired women into the society.

Currently, the MoH through the Reproductive Health Directorate established the obstetric fistula programme to ensure that fistula is prevented, treated and that repaired women are socially reintegrated into their communities. The obstetric fistula programme records show increasing

numbers of repaired women during camps over time (Figure 1). Numbers of repaired patients has increased from an average of 51 in 2007 to 219 in 2015.

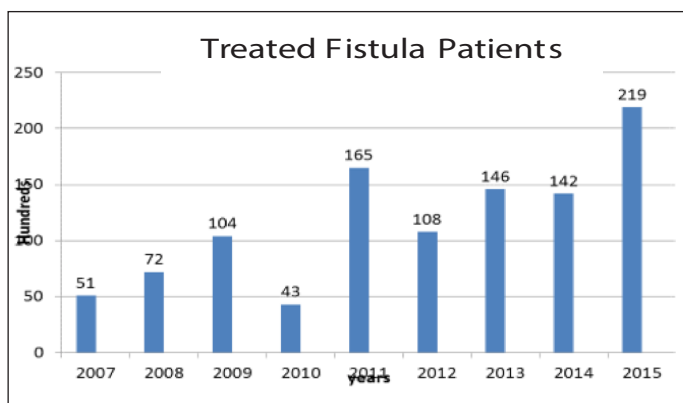


Figure 1: Trends in treated fistula patients over time.

In addressing transportation problems for maternity emergencies, Malawi has a number of strategies in place. The most reliable means of transport, the motor vehicle ambulances, are too few to meet the demand. Apart from the inadequacy, sustainability of this remains a challenge as the districts run short of fuel/funds to procure fuel to operate in all the health centres. A recent experience is when the motorcycle ambulances (E-Ranger), based at the health centre, were introduced in hard to reach areas. This seemed affordable since the motorcycle ambulance requires reasonable amount of fuel, but the strategy lacked sustainability in terms of maintenance. To date transporting, patients still remains a challenge across the country.

Measures applied elsewhere to eradicate Fistula

Genadry (2012) explains how overwhelming the task of eradicating obstetric fistula in the now 'developed world' was. All people in positions of responsibility had been tackling the issue with similar ineptitude as is being experienced now in developing countries. Since occurrence of obstetric fistula in women leans on complex interactions of social, biological and economic influences, support was required in all directions. Several factors relating to occurrence of obstetric fistula such as lack of functional emergency obstetric care, illiteracy, early marriage and child bearing, malnutrition and poverty were addressed.

Collaboration among all relevant sectors was one of the strategies that ensured a multi-pronged approach to resolve all the issues.

Preventing the occurrence of obstetric fistula seems to be the major strategy of overcoming the condition. The results of an analysis to examine the factors influencing obstetric fistula formation in low resource countries suggested the most effective short-term prevention strategies to include: the enhancement of labour surveillance and improving access to emergency obstetric care services. Furthermore, it was noted that competency of birth attendants in providing medical care for women both during and after obstructed labour was important.

“A review of records in six district hospitals in Malawi in 2006 showed that nearly two out of 1000 women have obstetric fistula.”

Long-term prevention measures include ensuring universal access to emergency obstetric care, improving access to family planning services, increased education for girls and women, economic empowerment of communities, and promoting gender equality. It was, however, noted in the analysis that, above all, successful eradication of obstetric fistula requires mobilization of sufficient political will, ensuring adequate resources and putting maternal health as a priority on the national political agenda.

A study conducted in 15 African and Asian countries to determine what is known about community involvement in prevention and treatment of obstetric fistula found that little is known about attempts to match the services provided with policy and programmatic interventions in the communities they serve. The study concluded that engaging the community may be a keystone in eradicating fistula in low resource settings, but what is important is to learn



how to engage communities. Later studies have shown that successful community engagement in the provision of maternal and newborn health services has shown reduced morbidity and mortality in India, Bangladesh and Nepal. Community engagement ensured community ownership and increased the capacity of the community to act independently in preventing maternal health complications.

“Efforts need to focus on addressing all the factors relating to the occurrence of fistula including lack of functional emergency obstetric care, illiteracy, early marriages and childbearing, malnutrition and poverty.”

Recommendations

- Enable the availability of skilled attendants at every birth. Where ‘skilled’ means someone trained and is proficient in monitoring the progress of labour, guided by the mechanism of labour, using the partograph (graphic representation of key events in labour that provides early warning of impending complications) and be able to identify prolonged/obstructed labour and take proper action to save both the mother and baby, while preventing obstetric fistula.
- Vigilance in addressing communication and referral problems in all health facilities with a maternity unit. Overcoming obstetric fistula relates to overcoming the ‘three delays’; delay in seeking care, delay in reaching care, and delay in receiving appropriate care. Women in labour should never delay to receive appropriate care at any point.
- Expand access to emergency obstetric and neonatal care services so that any woman in need receives these services. Malawi can only do this if it can ensure availability of adequate and competent skilled birth attendants, enough required drugs, and provision

of equipment and supplies in all facilities offering maternity services.

- Improve community participation in preventing fistula, treating and reintegrating victims into the society. The community is one very crucial stakeholder, often underutilized, in efforts to eradicate obstetric fistula. Empowering communities with knowledge of what obstetric fistula is, how it comes about, and ways of prevention would enable them to take an active role in ending fistula.
- Multi-sectoral approach in preventing the condition taking into account all factors believed to bring about the condition including poor communication and transportation.
- Having designated fistula repair centres with dedicated staff to handle all existing cases while efforts on prevention are being made by all stakeholders.



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