

**UNFPA**, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. **UNFPA** supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.



## WHEN PREGNANCY HARMS

**OBSTETRIC FISTULA IS A PREVENTABLE AND TREATABLE CHILDBEARING INJURY**, result of prolonged, obstructed labour. It leaves women incontinent, ashamed and often isolated from their communities. A debilitating condition that has left—and continues to leave—hundreds of thousands of women suffering in solitude and shame, obstetric fistula is perhaps one of the most telling examples of inequitable access to maternal health care and, until recently, one of the most hidden.

### THE CURRENT SITUATION

Over 300 million women worldwide suffer from complications of pregnancy and delivery. For every woman who dies of maternal related causes, at least 20 women experience a maternal morbidity, of which obstetric fistula is one of the most severe forms.

Generally accepted estimates are that at least two million women live with obstetric fistula in the developing world, and more than 50,000 new cases occur each year. All but eliminated from the developed world, obstetric fistula continues to affect the poorest of the poor: women and girls living in some of the most resource-starved regions in the world.

Caused by obstructed labour, obstetric fistula symptoms generally present themselves in the early post-partum period. However, medical, psychological, social and economic effects may become more severe with time and women often end up ostracized by their families and communities.

Obstetric fistula can be prevented and treated, and has virtually disappeared in developed countries. Reconstructive surgery can mend the injury, with success rates as high as 90 percent for less complex cases. The average cost of fistula treatment is \$300.

### CAUSES AND CONSEQUENCES

Inequity in health-care access is an underlying cause of maternal morbidity in general. Root causes of obstetric fistula include poverty, malnutrition, poor health systems, detrimental traditional practices, and unbalanced power and gender relations.

Fistula tends to affect the most marginalized members of society: young, poor, illiterate women living in remote areas.

For younger adolescents who are not physically mature, pregnancy and childbirth are especially dangerous since they can be correlated with obstructed labor. Preventing adolescent pregnancies, by increasing access to information and services and stopping child marriages, would decrease pregnancy-related morbidity within this highly vulnerable group.

The consequences of obstetric fistula are life shattering: the baby usually dies, and the woman is left with chronic incontinence. Unable to stay dry, she is often abandoned by her husband and family and ostracized by her community. Without treatment, her prospects for work and family life are greatly diminished.

### WHAT MUST BE DONE?

Measures needed to be taken to protect women's health are well-known, highly effective and readily available for reasonable cost.

Maternal morbidity could be reduced substantially if every woman had access to sexual and reproductive health services: family planning, antenatal care, skilled attendance at birth and emergency obstetric care.

The key to ending obstetric fistula is to prevent it from happening in the first place. Skilled attendance at birth, including swift surgical intervention—usually a C-section—if obstructed labour occurs, can prevent a fistula.

In the long run, prevention also entails tackling underlying social and economic inequities through initiatives aimed at empowering women and girls, enhancing their life opportunities and delaying marriage and childbirth.

Though reducing maternal injury has been high on the international development agenda for the last two decades, scaling up results has proven difficult. In order to decrease maternal morbidity, it is vital to transform plans and policies into action, support qualitative research, develop a sustainable financing scheme, train skilled birth attendants, and provide basic obstetric care at community level. Comprehensive emergency obstetric care should also be accessible in all facilities.

### DEFINITION OF OBSTETRIC FISTULA

Obstetric fistula is usually caused by prolonged, obstructed labour, without timely medical intervention — typically a cesarean section. During unassisted prolonged labour, the sustained pressure of the baby's head on the mother's pelvic bone damages soft tissues, creating a hole — or fistula — between the vagina and the bladder and/or rectum. The pressure deprives blood flow to the tissue, leading to necrosis. Eventually, the dead tissue sloughs off, damaging the original structure of the vagina. The result is a constant leaking of urine and/or faeces through the vagina.

### WHAT IS UNFPA DOING?

Preventing and treating obstetric fistula is a priority issue for UNFPA as part of its commitment to sexual and reproductive health. UNFPA is currently leading the global Campaign to End Fistula in 47 countries, with the support of a wide range of partners. The Campaign's overall goal is to make the condition as rare in Africa, Asia and the Arab States as it is in North America and Europe.

### Campaign efforts focus on three strategic areas:

- Preventing fistula from occurring;
- Treating women who are affected;
- Renewing the hopes and dreams of those who suffer from the condition. This includes bringing fistula to the attention of policy-makers and communities, thereby reducing the stigma associated with the condition, and helping women who have undergone treatment return to full and productive lives .

The majority of the 47 countries involved in the *Campaign to End Fistula* are located in Africa and South East Asia — regions characterized by the highest annual incidence of obstructed labour worldwide and only halting progress with regards to MDG5.

### WHAT ARE THE RESULTS?

Since the *Campaign to End Fistula* was launched at least 38 countries have completed a situation analysis concerning fistula prevention and treatment.

Over 28 countries have integrated fistula into relevant national policies and plans. Many countries have shown increased national engagement on the issue — with governmental funding and support provided for programmatic efforts.

The majority of Campaign countries are now in full implementation phase (along the three phased Campaign process of needs assessment, national strategy and implementation) — a shift that illustrates the momentum and demand gathering at country level.

Thousands of health personnel, including doctors, nurses, midwives and paramedical staff, have received training in fistula treatment and care thereby increasing national capacity to address the issue.

More than 16,000 women have received fistula treatment and care with support from UNFPA.

In collaboration with key partners, the campaign has developed tools and guidance to support countries in their work to address fistula. Such tools include, but are not limited to, the internationally standardized obstetric fistula competency-based training manual, the outreach guidance for planning and executing an outreach treatment campaign, a costing tool to assess real costs of pre, post and operative care, and others.

For more information on UNFPA's work - please visit [www.unfpa.org](http://www.unfpa.org) and [www.endfistula.org](http://www.endfistula.org).