



## Obstetric Fistulas: A Silent Cry

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### ABSTRACT

Obstetric fistulas, a devastating condition, tragically affect thousands of women worldwide. This article delves into the definition, classification, causes, and treatment of obstetric fistulas. By shedding light on this prevalent issue, we hope to amplify awareness and advocate for improved maternal healthcare globally.

**Keywords:** Obstetric fistulas, Vesicovaginal Fistulas (VVF), Rectovaginal Fistulas (RVF), Vesicouterine Fistulas (VUF), Hygiene

### INTRODUCTION

Obstetric fistulas, classified under urogenital fistulas, address a basic worry within the scope of maternal wellbeing. This crippling condition is as a result of lack of appropriate intervention during prolonged obstructed labor leading to a communication between the bladder and birth channel or rectum. Ladies burdened by this condition frequently experience the ill effects of ostracization, mental and physical anguish associated with incontinence (Mwini-Nyaledzigbor PP, et al., 2013).

The social and mental effect of obstetric fistulas can be significant, prompting a chain of adverse outcomes such as low self-esteem and suicidal ideations. Although obstetric fistulas are very much preventable, deficient medical services access and postponed obstetric intercession keep on sustaining this grievous cycle. Although obstetric fistulas are entirely preventable, inadequate healthcare access and delayed obstetric intervention continue to perpetuate this tragic cycle (Hurissa BF, et al., 2022).

### DESCRIPTION

Obstetric fistulas are defined as abnormal openings between the birth canal and nearby organs, primarily the bladder or rectum. These openings occur due to

pressure necrosis resulting from prolonged or obstructed labor. The resulting fistulas allow urine or feces to pass through involuntarily, causing significant physical and emotional consequences for affected women (Bulindi LB, et al., 2023).

### Classification

Obstetric fistulas can be primarily classified based on their location and complexity:

- **Vesicovaginal Fistulas (VVF):** These fistulas occur between the bladder and the birth canal. They are the most common type of obstetric fistulas, resulting in continuous urine leakage.
- **Rectovaginal Fistulas (RVF):** These fistulas occur between the rectum and the birth canal. They lead to the unintended passage of feces, resulting in significant hygiene and social challenges.
- **Vesicouterine Fistulas (VUF):** These rare fistulas develop between the bladder and the uterus.
- They often manifest as urinary incontinence during pregnancy or voiding dysfunction postpartum.

### Causes

The primary cause of obstetric fistulas is inadequate obstetric care during prolonged or obstructed labor.

Factors contributing to the development of fistulas include:

- Lack of access to skilled birth attendants or emergency obstetric care services.
- Insufficient healthcare infrastructure and resources in low-income regions.
- Delayed maternal healthcare seeking due to cultural, economic, or geographical barriers.
- Early marriage and adolescent pregnancies leading to smaller pelvis sizes.
- Fetal malposition, abnormal presentation, or large birth weight.
- Scar tissue formation from previous pelvic surgeries or female genital mutilation.
- Trauma during childbirth, for instance ischemia of the rectovaginal septum.

### Treatment

Addressing obstetric fistulas necessitates a comprehensive approach involving medical, surgical, and psychosocial interventions. The following treatment modalities have proven effective in restoring the physical and psychological well-being of affected women:

Surgical intervention is the main mode of treatment for obstetric fistulas. Reconstructive surgery on the other hand is performed to repair the connection thereby reinstating normal bodily functions. Quite a number of approaches are utilized in these surgeries, including fascia slings, vaginal pubococcygeal slings, and synthetic materials just to name a few. The success rate of the surgical intervention depends on factors such as patient head to toe systemic evaluation prior to the surgery, preoperative care which involves improving women's nutritional status and addressing any existing infections before surgery, and adequate tissue exposure during the procedure and the access to adept surgeons and appropriate facilities (Karega M, 2020). Rehabilitation is mandatory and part and parcel of the treatment for persons afflicted with obstetric fistulas. Beyond surgery, a comprehensive strategy is required to meet these women's medical, psychological, and social requirements (Chong E, 2004).

Lifestyle modification, catheterization, physical therapy, and psychiatric therapies are frequently included in rehabilitation programs. These measures aim at empowering women in regaining their emotional and physical health and reintegrating into their communities. It is crucial to facilitate access to assistance and resources needed to women with obstetric fistulas to overcome these challenges because they may be at risk of shame and isolation (Khisa W, et al., 2017).

### Prevention

For the safety of women, obstetric fistulas must be avoided. Access to prenatal care and trained delivery attendants is one of the most important preventative strategies. As pointed out earlier, obstructed labour is a major risk factor in fistula development therefore in order to avoid obstetric fistulas, it is crucial to offer women comprehensive sexual and reproductive health treatments and information. The incidence of fistulas brought on by incompetent deliveries can also be considerably decreased by educating and assisting qualified birth attendants. Preventing obstetric fistulas and increasing the general health of women can be accomplished by giving priority to prenatal care and trained birth attendants.

### CONCLUSION

Obstetric fistulas remain a pivotal aide-memoire of the tragic results that stem from inadequate maternal healthcare systems. It is only through awareness and understanding could we strive to address factors that facilitate fistula development and eradicating this obstetric menace. Improved access to effective and efficient obstetric care, global awareness and advocacy for women's reproductive health rights are the pillars of bringing about a reduction in the number of obstetric fistulas cases.

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