

Outreach Services to Treat Women Living with Obstetric

Fistula:

A Systematic Review

Pauline Pamela Pratt, MPA, MPH (c)¹

Rashida Muhammad, DrPH(c)¹

¹ George Washington University Milken Institute School of Public Health, Department of Prevention and Community Health



Public Health

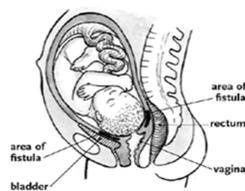
Introduction

What is Obstetric Fistula?

During unassisted prolonged labor, the sustained pressure of the baby's head on the mother's pelvic bone damages her soft tissues, creating a hole—or fistula—between the vagina and the bladder and/or rectum. The pressure prevents 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 feces through the vagina.

At least 2 million women live with fistula in developing countries, with 50,000 to 100,000 new cases occurring each year. These figures are based only on the number of women who seek treatment. Researchers also estimate about 20,000 fistulas are repaired each year.



From the statistics, it is evident that there is a gap in demand for services. However, women cannot demand for services if they are unaware of treatment options or the when the health system lacks adequate outreach services.

Objectives & Purpose

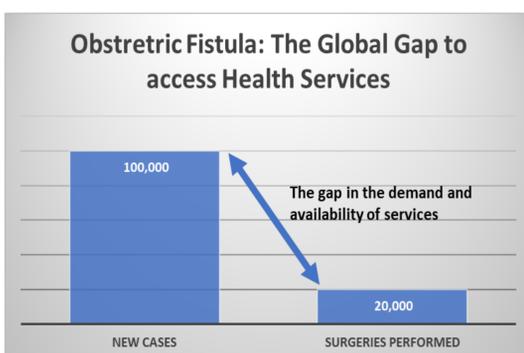
The objective of this systematic analysis is to assess outreach activities that identify women and girls who suffer from obstetric fistula. Outreach services includes providing information, increase awareness, access to health services and help find solutions to barriers that prevent women and girls from making decisions concerning their health. The goal is to show evidence how outreach activities can contribute towards closing the global gap between new cases and surgeries performed annually. The positive outcomes of outreach services can also be duplicated or scaled up in different regions to reduce the prevalence of this condition. The results will be a decrease in the length of time women and girls suffer from this condition so they can resume a normal productive life. Another benefit from this analysis is to be able to conduct needs assessments to provide a national or subnational incidence rate to strengthen intervention efforts.

Why is outreach services for women who suffer from obstetric fistula challenging?

Women and girls who suffer from this condition are among the most vulnerable population.

- They are often **rejected**, by their husbands and **isolated** from the community
- They **live in remote places** where it is difficult to reach by bus or car. Only reachable by boat or walking for miles.
- **They lack knowledge & awareness** of obstetric fistula.
- **A weak health systems** that is beyond their control
- Women, especially girls are **not empowered** to seek treatment

Figure 2: The # of new cases of obstetric fistula compared to the # of surgeries performed

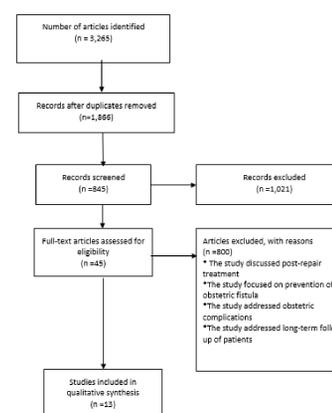


Methods

A literature review was conducted using the following databases; PubMed, Medline, Scopus, AJP and other relevant sources without a specific date range to include any research ever published. Only original empirical research published in English was included and was conducted in March 2018.

The key word search included; interventions for obstetric fistula, outreach strategies for obstetric fistula, obstetric fistula community mobilization, coordination of obstetric fistula services, radio messages and obstetric fistula, communication campaign for obstetric fistula, knowledge and awareness of obstetric fistula.

Figure 3: PRISMA flow chart



Results

Outreach is a type of service delivery, organizing activities focused on a population who alternatively would not have access to those services. A key component of an outreach plan is that providers are meeting those in need of services within the where the beneficiaries are located. The outreach services included in the analysis all address the triple gap contributing to the problem of a high prevalence of women and girls who suffer from obstetric fistula; coverage, access to health care and workforce planning. A few of the outreach activities included in this systematic analysis are needs assessment to better understand how to screen for the fistula. The thirteen studies focused on outreach and are categorized in five groups, community mobilization, screening, increase knowledge & awareness, communication campaign, and fistula camps. Studies that conduct screening do not directly provide access to health services but indirectly, identifying who and where obstetric fistula patients are located will support program designed to provide direct services. Each of the studies show the impact of outreach and how it contributes to reducing the gap.

Author	Year	Country	Type of Outreach	Aim	Findings
Baptiste, D.	2010	Nigeria	Communications Campaign	A Population Media Center aired a 70-episode research-based radio serial drama	90% of the population hearing at least one episode, and the series motivated 54% of clients to seek fistula services.
Ramsey, K.	2007	Nigeria	Increase knowledge and awareness	a 2-week mass obstetric fistula treatment project to reducing the backlog of untreated fistulas	A total of 569 women received treatment within 2 weeks.
Aniefiok J. Umoyiyo	2012	Nigeria	Screening	Hospital-based outreach programs with a volunteer medical team were used to repair selected cases of fistula	Fifty-two relatively simple obstetric fistulas were for repair.
Khisa, Anne M., et. al	2017	Kenya	Increase knowledge and awareness	Grounded theory methodology to analyze data from narratives of women during inpatient stay after fistula surgery	121 participants in the study. Participants delayed health seeking, living with fistula illness after an encounter with unresponsive hospitals
Kasamba N	2013	Uganda	Increase knowledge and awareness	A qualitative study to gain a deeper understanding of participants awareness of existence, causes, clinical presentation and preventive measures for obstetric fistula	Some respondents, had misconceptions about risk factors of obstetric fistula
M..Wegne	2007	African/ Asian countries	Community Mobilization	Community involvement in the prevention and treatment of obstetric fistulas	More understanding is needed to integrate community members into the schemes developed the care of women living with OFs.
Banke-Thomas et al.	2013	Burkina Faso	Increase knowledge and awareness	Knowledge of Obstetric Fistula Prevention amongst Young Women in Urban and Rural Burkina Faso: A Cross-Sectional Study	OF prevention programs needs to be adapted to local contexts, and multi-sectoral efforts need to be exerted to maximize use of other sectoral resources and platforms
Anders, S. et., al	2014	Niger	Community mobilization	To assess the impact of a pilot community-mobilization program on maternal and perinatal mortality and obstetric fistula in Niger	Community mobilization helped to prevent obstetric and birth-related deaths
L. Lewis Wall	2011	Global	Fistula Camps	To assess clinical services provided by medical volunteering to OF patients' doctors living abroad shortfalls of medical care.	Ethical Concerns Regarding Operations by Volunteer Surgeons on Vulnerable Patient Groups: The Case of Women with Obstetric Fistulas.
Karateke A	2010	Niger	Fistula Camps	Evaluation of the problems encountered during a voluntarily fistula campaign in a regional hospital of Niger (Africa)	A total of 62 women were examined and 11 had causes of incontinence other than obstetric fistula
Chen C	2017	Nepal	Screening	To validate a symptom-based fistula screening questionnaire and estimate obstetric fistula (OF) prevalence in rural Nepal.	The OF screening questionnaire demonstrated high sensitivity and specificity in this low-prevalence setting
Biadgilign S	2013	Ethiopia	Screening	The aim of this study is to describe the prevalence and factors associated with Obstetric Fistula in Ethiopia.	A total of 14,070 were included in the survey. Among women who ever gave birth (9,713), some 103-experienced obstetric fistula in their lifetime. It is estimated that in Ethiopia nearly 142,387 of obstetric fistula patients exist
Jokhio, A. H.	2014	Pakistan	Screening	To estimate the prevalence of obstetric fistula, its duration and impact on women's daily life	Among the 5064 women interviewed 20 women with obstetric fistula were identified, showing a prevalence of 0.39% of all women

Conclusion

The gap between the incidence of obstetric fistula cases and surgeries performed is attributable to a lack of both accessibility and availability of health services. Some studies have investigated the prevalence of women and girls who are suffering from this condition. While there may be a correlation between the concentration of maternal death and obstetric fistula, the location of women and girls with obstetric fistula still requires more analysis.

Several of the outreach interventions show positive results at the micro level. However, on a macro level, analyzing the impact of the interventions reveals interesting results. One example, is the outreach service which address the availability of health services at the fistula camps. While the camps aim to repair a significant number of fistulas, another study addresses the issues with the periodic effort. Patients require testing, surgery, monitoring and evaluating which can be a long process and the short-term volunteer doctors will leave a gap to provide a continuum of services.

Each of the outreach activities should be organized in tandem with other effective outreach services. For example, a communication campaign would have a greater impact if it is complemented with community mobilization.

The common theme in all of the studies is coordination. Coordination is paramount at every stage of all outreach service delivery models; among those in the front line, transportation providers, and health workers. Information should also be accurate and communication transparent.

Coordination is also required from identifying a patient and what information is provided to them to avoid further delays with treatment.

Research based interventions that address the gap is limited and further studies are necessary to systematically evaluate the effectiveness of implemented interventions to validate the outputs.

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Contact Information

Pauline Pamela Pratt

Email: pratt@gwu.edu

paulinepratt29@gmail.com

718-809-2412

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC