

Obstetric Fistula Landscape in Kenya

Dr. Weston Khisa reflects on obstetric fistula in Kenya

Back in 2004, the World Health Organization reported a view that the etiology of Obstetric fistula follows the global maternal morbidity and mortality landscape. The years have flown by yet that position has not changed: for decades! The burden of Obstetric Fistula continues to be concentrated in Africa where maternal morbidity and mortality is common place. In very rare occasions you may find a fistula occurring in developed nations; even then the fistula is often associated with malignancies, radiation and abdominal surgeries. When these events occur, the fistula is closed quickly such that the woman is not exposed to shame and ridicule associated with this debilitating condition. A far cry from what we see here in Africa where Obstetric Fistula is common place in the midst of limited specialized care and support for the women experiencing fistula. Few skilled hands in Africa continue to illuminate women's lives through reconstructive surgeries at no cost to the patient. We salute fistula teams in all the affected countries including Kenya, my home country.

Looking back at my formative years as a trainee fistula surgeon, my mentors told me to follow the principles of fistula surgery if I ever wanted to help the women living with fistula achieve continence. For seven years, I followed the guidelines to the letter, where I used my surgical experience and patient's clinical presentation in making surgical related decisions. Although I did not have a standardized way of documenting all profiles of the patients operated, I began to slowly observe a pattern where almost all patients returned post operatively to appreciate the positive changes in their lives. It then occurred to me that there may be other factors associated with fistula healing other than the documented: fibrosis and fistula type/location. In itself, the high success rate of my patients fueled my search for wider areas of service including training, mentorship and community involvement in fistula care and support.

Today, Obstetric Fistula is taking its rightful place at the archives of Kenya's history. At the same breath, we all know that every cloud has a silver lining, we constantly strive to rekindle women's lives through fistula surgery and community support. At a closer look, Obstetric Fistulas continue to occur albeit at a lesser degree compared to years gone by. For many years, the burden of obstetric fistula was not well documented. Estimates indicated that over three thousand women developed new fistulas each year in Kenya alone. Out of which only 7.5% women were operated at designated centres;

which were mainly at the capital city and some provincial hospitals. In our previous scientific writing, we did report that most women with a fistula diagnosis were young primigravidae, with low literacy levels and no income. The prevailing stigma especially at community level made it difficult for women to sustain jobs and their marriages; often partners were abusive pushing women to depressive illnesses.

The good news is that things have evolved a lot! Unlike yester years, fistula centres are now spread out far and wide from the cities to the country side; with young surgeons, nurses and paramedics getting engaged. This new development has helped in creating a block of young service providers whose mission is to rekindle Women's lives at no cost as seen in this file picture when Kenyan Obstetricians; Dr. Mutiso and Dr. Matasi trained as Fistula Surgeons.

In addition to capacity building drives, there has been a major paradigm shift within the Ministries of Health and other country departments in Kenya. For instance, in 2019, the Ministry of health, launched the very first Fistula Framework. This framework provides a blue print for prevention and care for women experiencing obstetric in the country. To actualize this framework, the government of Kenya put in place structures that allow free access to fistula surgery for women who need fistula care and support within our borders. This initiative has increased access to fistula care for many women who would never have stepped in any hospital because of fear, lack of service fee and commodities. The advent of free maternity care services in the country significantly increased access to skilled birth attendance. This translates to better care for women especially during child birth.

Even as we celebrate a new dawn, we also face a challenge with emerging fistula aetiologies. Currently, a new wave of iatrogenic fistulas has emerged, which is a deviation from the past when most providers would encounter obstetric fistulas related to home/vaginal deliveries. Fistula associated with cesarian section or hysterectomies are on the rise. Leaving providers with unanswered question like what happens next and do we share the same care protocols across the divide? To mitigate for these gaps, we need a serious mental shift and a holistic approach to manpower development.

Lastly, I am for the opinion that the best approach to fistula care and prevention rests with the African midwife! Advocacy for midwifery stand-alone training policy is long

overdue. This is because in Africa, Midwives are easily accessible from the community level to tertiary level. Besides, Midwives work in hard-to-reach areas, making it possible for them to deliver quality services to most women especially; before, during and after fistula develops. Therefore, investing in a highly skilled Midwife will increase access to both skilled birth attendance and fistula care in the region. Regular joint curriculum reviews for: Mentors, Clinicians, Midwives and other health professionals will help augment clinical supervision for young clinicians to help strengthen skills transfer. Such strategies will significantly contribute to delivery of quality maternal health services including fistula care and prevention in affected countries.

For Further Reading

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