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Prevention of Subsequent Obstetric Fistula: A Challenge and a Way Forward

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ABSTRACT

Successful pregnancy along with prevention of obstetric fistula in a subsequent pregnancy is possible if proper antenatal care and timely elective caesarean delivery are ensured.

Keywords: Fistula recurrence; obstetric fistula

INTRODUCTION

Obstetric fistula, a public health issue in developing countries, is a preventable tragedy that challenges a woman physically, socially, psychologically, and economically.[1] Majority of obstetric fistulas are associated with stillbirth.[2] These stigmatized and abandoned women are engraved with a deep sense of loss. Following successful repair, they want to fulfill their social roles by becoming pregnant (if their marital life is not disrupted) and compensate for the past traumatic experience.

There is an increasing concern for pregnancy and childbirth after obstetric fistula repair as it carries a high risk of pregnancy complications and adverse outcomes, most importantly fistula recurrence. Possible outcomes are term pregnancy with delivery, recurrence of fistula, maternal mortality, miscarriage, live birth, stillbirth, or neonatal death. However, there is a paucity of data on the same.[1]

Potential factors that could be linked with pregnancy are women's obstetric index, the status of marital life, resumption of sexual activity, desire for children, and fear of fistula recurrence.

In Scoping review done by Delamou et al. in sub-Saharan Africa, it was found that the overall proportion of pregnancies after OF repair was 17.4%.[3] Among the 459 deliveries whose mode of delivery was reported, 45.3% delivered by elective caesarean section (CS), 38.4% by emergency CS and 16.3% by vaginal delivery. There was an increased risk of stillbirth, recurrence of fistula, or even maternal death in vaginal delivery and emergency C-section compared to elective CS.

Post-surgical fistula recurrence is either due to surgical site breakdown or due to mismanaged obstructed labor in the subsequent pregnancy. After a prior bitter experience, nothing can be more tragic than a repeated infant loss. So, every effort should be made to prevent the same. Proper post-repair follow-up should be ensured. It is recommended to wait for at least six months to resume sexual activity in order to allow for complete healing.[4] Continuous antenatal care and place and mode of delivery depict the outcome. Timely competent elective CS should be done for a better maternal and neonatal outcome.

CONCLUSIONS

National plans and commitment should focus on making emergency obstetric and neonatal care services accessible, developing specialist fistula centers (for the tedious repair of broken fistulas), and empowering and socially reintegrating fistula patients. Easy transportation and free care should be ensured in deprived rural areas.

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