

The role of nurses in preventing obstetric fistula in women

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Abstract

Obstetric fistula is a tragic and treatable condition that predominantly affects young, underprivileged women who do not have the resources to receive high-quality maternity care. Women who have fistulas frequently develop vaginal ulcers, infections, and a degrading odour in addition to being continually moist from urine leakage. 20% of fistula-afflicted women also experience unilateral or bilateral foot drop, which restricts their daily activities.

Because they are viewed as dirty, they are often rejected by their partners, families, and communities, and many of them live in almost total seclusion. Without financial assistance, many fistula-afflicted women are forced to rely on beggars for their livelihood and are thus more susceptible to starvation and violence.

Keywords : women, obstetric fistula, living with, preventive measure

Introduction

Internationally, around 3.5 million ladies are living with genitourinary fistula, which is a hopeless condition. The World Wellbeing Association appraises that multiple million ladies live with obstetric fistula and up to 100,000 new cases happen every year. In any case, these figures might be extreme underrates and practically every one of whom dwell only in Africa, South and South East Asia and the Bedouin district. In any case, the precision of this gauge is obscure, considering that there are practically no dependable information on the extent of obstetric fistula at the nation level. In expansion to these 2 million ladies living with untreated obstetric fistula, 50,000 to 100,000 new cases happen each year (Semere and

Nour, 2008). The overall population and the world clinical local area remain generally ignorant about this issue (UNFPA, 2002; Lewis, 2006). Sixty million ladies in creating world conceive an offspring every year without talented assistance. In Nepal, just 19% of conveyance is directed by talented birth orderly.

Most obstetric fistulas could be stayed away from in the event that ladies would be able postpone childbearing until after puberty, if talented specialists (Padubidri and Anand, 2005) could screen all mworks, and in the event that ladies could have convenient admittance to great crisis obstetric consideration. In addition, most ladies who foster fistulas could be dealt with precisely to have the harm fixed.

Obstetric fistula was extremely normal all through the whole world however for all intents and purposes vanished inside Europe and North America because of upgrades in obstetrical consideration.

Right up to the present day, the commonness of obstetrical fistula is a lot lower in places that put early marriage down, energize and give schooling to ladies, and award ladies admittance to family arranging and gifted clinical groups to help during labor. This condition is still very common in the creating scene, particularly in pieces of Africa and a lot of South Asia (Bangladesh, Afghanistan, Pakistan, and Nepal)

THE IMPORTANCE OF OBSTRUCTED LABOR TO MATERNAL HEALTH

In Sub-Saharan Africa and South Asia, obstruction of labor—the direct cause of obstetric fistula—is one of the most common causes of maternal morbidity and mortality.

An estimated 5% of pregnancies experience obstructed labour, which is also thought to be the cause of 8% of maternal fatalities. Worldwide, preventable pregnancy-related factors account for the deaths of more than 500,000 women annually (529, 000 according to estimates from 2000). According to estimates, developing nations account for 99% of these deaths.

Obstetrical reasons

i. Labor was obstructed and prolonged because the foetus was misrepresented and the pelvis was constricted. Between the pubic bone and the foetal head, the bladder neck and vagina are crushed for a prolonged period of time, resulting in ischemia necrosis.

A fistula develops about 5 to 7 days later, when the necrosed area sloughed off.

ii. A ruptured uterus can affect the bladder, and if it is not

treated in a timely manner, it might result in a fistula.

- iii. A fistula can develop through the use of a damaging device.
- IV. A fistula can develop if high forceps are used during an aided delivery, and V. A Caesarean section can harm the bladder.

Gynecological reasons

- i. An abdominal hysterectomy may cause bladder damage
- ii. Cervical cancer surgery
- iii. Due to ischemic vascular necrosis
- IV. from falls from height and objects, TB of the genital tract, rape, rifle injuries, female genital mutilation, etc., radiotherapy results in bladder fistula within a few months to two years. Urine leaks from the vagina when the fistula is between the vagina and bladder (vesicovaginal, or VVF), while faeces leak when it is between the vagina and rectum (recto vaginal, or RVF). Vesicovaginal fistulas make up the vast majority of them.

risk aspects

Early and/or closely spaced pregnancies, as well as a lack of access to emergency obstetric care, are the main risk factors.

- ii. Women are also at high risk for having obstetric fistulas due to early marriage, domestic abuse, female genital mutilation, malnutrition, which is connected to underdevelopment of the female body, and lack of education/illiteracy.
- iii. The healthcare system is frequently burdened and broken in nations that experience extreme poverty, civil unrest, political turmoil, and other critical public health problems like malaria, HIV/AIDS, and tuberculosis.

Because their pelvises are still developing, teenage girls are especially prone to obstructed labour. Malnourished women may also be particularly at risk since their bodies' natural growth may have been hindered.

Side effects and signs

The issues regularly incorporate incontinence, extreme contaminations and ulcerations of the vaginal plot, and frequently loss of motion brought about by nerve harm. Victims from this jumble are normally additionally dependent upon serious social shame because of scent, view of messiness, a mixed up suspicion of venereal illness, and at times, the powerlessness to have youngsters.

Diagnosis

- I. Methylene blue test: weaken methylene blue is ingrained into the bladder, and two q-tips are put in the vagina. In bladder fistula, the swab gets stained blue, however in the ureteric fistula, the swab is doused with impeccable

pee.

- ii. Check with metal catheter
- iii. Cystoscopy
- iv. Ultrasound
- v. Intravenous pyelography (IVP)

Medical caretakers Job IN Counteraction AND The board OF FISTULA WITH Far reaching APPROACH

A viable way to deal with staying away from obstetric fistula must address the requirements both for counteraction and for treatment; particularly where admittance to great obstetric administrations is restricted. The issue of fistula is probably going to persevere until maternal wellbeing administrations come to the least fortunate and most weak citizenry. Before everything ladies can get sufficient maternal consideration, a country's wellbeing foundation frequently should improve significantly. Three components structure the center of an extensive way to deal with tending to obstetric fistula are

introduced hence

1. Deferring pregnancies: Empowering later marriage and deferred childbearing can assist with decreasing the rate of young adult pregnancies and their dangers.
2. Further developing admittance to obstetric consideration, including crisis care: Medical attendants ought to advocate that gotten to the next level admittance to obstetric consideration is the main step that can be taken to forestall fistula, specifically, staying away from the following three phases of postponement is fundamental:
 - I) postpone in choosing to look for care
 - ii) defer in arriving at a medical services office; and
 - iii) defer in getting adequate consideration at the office.
3. Giving careful fix and advising to ladies with fistula: Make mindfulness about more specific fistula fix focuses, extending the limit of existing clinics to give fixes, laying out lodgings for fistula patients, and preparing careful and nursing staff are significant parts in effective fistula fix. Preand post-employment directing and other reintegration administrations, for example, education classes and occupation abilities preparing, likewise give significant assistance to the fistula patient.

Prevention in a variety of contexts

the social or cultural environment

It is crucial to sensitise the women in the villages. Additional precautions comprise the following:

- i. To raise the status of women and girls and fight against poverty through microcredit initiatives.
- ii. To combat malnutrition, enhance nutrition.

- iii. Ensure that all girls receive formal education.
- iii. Inform all influential people in families, communities, and at the national level about the dangers of early pregnancy and marriage.
- v. Spread awareness about giving up harmful cultural practises like FGM (although this is not a widespread issue in South Asia).
- vi. Make a connection between gender equity and fistula.
- Social rehabilitation services are accessible, point number vii.

Context of the health system

The following preventive steps should be performed because women with fistulas are living proof of inadequate maternal health systems:

- i. The availability of caesarean sections and other emergency obstetric care in the event of labour obstruction.
- ii. Access to more efficient transportation in rural areas.
- iii. Affordable and readily available family planning services.
- iv. Information sharing on the services available for treating fistulas.
- v. Training enough people with the necessary skills.
- vi. Creation and distribution of informational materials to raise awareness of preventative measures.
- vii. Resources for fistula repair are provided.

Conclusion

“One of the most overlooked concerns in international reproductive health” is obstetric fistula. A good place to start is with efficient programmes that cover family planning, prenatal care, safe labour and delivery procedures, and postpartum care. Interventions that concentrate on expanding access to obstetric emergency care, enhancing maternal health care access, and boosting caesarean delivery rates when necessary are also required. Outreach initiatives should raise awareness of this disease and develop trustworthy solutions.

a means of getting to a hospital. Other initiatives should concentrate on keeping girls in school, raising the legal age of marriage, which is currently more than 20, and enhancing their overall nutritional health.

It takes dedication and action from policy-makers, governments, civil society, women activists' health workers, and the worldwide health community to eradicate neglect and achieve the fifth number of millennium developmental goals. greater recognition among opinion leaders The more people who are aware of the seriousness of obstetric fistula and its medical and societal repercussions, the more probable it is that a consensus will form to take action.

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