

## Women supporting women: Pioneering fistula services in Africa

Medical Missionaries of Mary work in fourteen countries worldwide and have US houses in Boston, New York and Chicago. For many years, working with a number of partners, MMMs have brought relief to thousands of women affected by fistulae in East and West Africa.

### The story

Imagine you are a girl of twelve or thirteen, ready to give birth to your first child. You have had no prenatal care and are undernourished because of the hard work involved in your household duties. The nearest health center, offering even basic care, is a day's journey away over a bad road, difficult to navigate, even when there is transport. Your family expects that you will deliver at home, with the help of an untrained attendant.

Now the labor pains begin, and after many hours, there is no sign of the child. Various remedies are tried but your pelvis is not fully developed because of your young age. The baby's head is stuck. Two or three days of agony go by. The baby has long since stopped moving. Finally you deliver a dead infant, much to your sorrow and the disappointment of your relatives. You have bled a great deal and there is a smell from infection, but you are fortunate; you survive.

Not long after, you discover that you cannot control your urine. The smell is offensive and your husband rejects you because you cannot bear more children. Your community shuns you. Now forced to live in isolation, you suffer terribly from your loss of dignity. With no education and no skills you are forced into sex work to survive.



*The Fistula Unit in Kitovu has brought healing to hundreds of women.*

### How can this happen?

You have a condition known as a vesico-vaginal fistula, or VVF. An obstetrical fistula is caused by the baby's head constantly pushing against the mother's pelvis during contractions. Tissue death results from lack of blood flow. After days of labor, a hole, or *fistula*, is created between the birth canal and organs such as the bladder or rectum (recto-vaginal fistula). A woman cannot control her urine, and sometimes her bowel contents. It mainly affects women in poor countries, who usually give birth without medical help. Equally horrifying is the fact that a fistula can also result from violent rape, which has become common in some war zones, where rape is used as a weapon against female civilians and their communities.

This preventable condition is estimated to affect about two million women in Asia and sub-Saharan Africa. It still exists because health care systems fail to provide adequate, accessible maternal health services. Many girls marry early and are often pregnant before their bodies are mature.

### Bringing relief

As Medical Missionaries of Mary we work to bring healing, especially to mothers and children. MMM Sisters have been pioneered services to help women affected by fistula.

Treatment, now available in an increasing number of countries, includes a repair operation. Women often save for years to pay for transport and surgery, but repairing the defect is only one aspect of healing. The woman needs to be re-integrated into her family and society. She has lost her baby, usually her first, and wants to get pregnant again. This means she will need full prenatal care and an elective Caesarean section. She needs a livelihood after treatment; otherwise she will again have to resort to begging and will be vulnerable to exploitation.



*A VVF repair operation in Itam*



*Sister Doctor Ann Ward chats with a young woman after a successful operation.*

In Nigeria, MMM Sister Doctor Ann Ward was already doing VVF surgery in the 1960s and saw an increasing number of women needing repair operations. She later established Nigeria's first VVF hospital in Itam. Other MMMs have continued this important work in Itam since Doctor Ann's retirement to Ireland. Sister Fidelia Adigo from Nigeria, nursing supervisor at Itam, coordinates regular repair surgery in camps, held four to six times per year with visiting surgeons. Many operations can be done within a short time. The staff encourage women to come for treatment, speaking in churches, villages, and local gatherings.

In Uganda, Sister Doctor Maura Lynch pioneered VVF repair surgery at Kitovu Hospital in Masaka, now a recognized centre for training in fistula care. She was recently recognized by the London Royal College of Obstetrics and Gynaecology (RCOG) for her services to women's health in Africa and is currently Director of the Obstetric Fistula Programme at the hospital.

### Handing on to others

Kitovu Hospital is now in the care of a local congregation, the Daughters of Mary. It hosts a training program for Ugandan doctors and for operating room nurses. Two MMM Sisters from Itam, Nigeria gained experience in Kitovu. Sister Doctor Florence Nalubega, of the Daughters of Mary, is training to take over from Doctor Maura. She specialized in obstetrics and gynaecology and is being sponsored by the RCOG for specialized training at the Fistula Hospital in Addis Ababa, Ethiopia. Established by Doctors Reg and Catherine Hamlin, it is recognized the world over for fistula services.



*Sister Maura welcomes women to Kitovu Hospital.*

### Dealing with the reality

Since May 2014, MMMs have held two VVF repair camps in Nigeria. While some women had to be referred for more complicated surgery, 76 women had VVF repairs; 3 had RVF repairs, and 3 had combined VVF/RVF repairs - in a total of 87 operations.

Just one example of the difference this made was that of a woman who developed a VVF in 1992, while only in her teens. She heard of the camp over the radio. She had a repair operation and her joy was inexpressible. It is humbling to see the women dance after successful operations.

### **Additional concerns**

Sister Fidelia Adigo described how staff dealt with an additional concern for the September 2014 camp.

“There was both anxiety and excitement about this camp. The dates for this year’s camps were agreed with the doctors, but Doctor Upuji, the only permanent VVF surgeon on site, had been sick for the first time in twenty years.

“Then in August came the mind-blowing news of Ebola virus in Nigeria. There was great concern about the welfare of staff and patients. At this stage twenty-five women had registered and they wanted to confirm the date. We kept reassuring them that they would be informed in good time. We wondered if we should postpone this camp instead of endangering lives. After all, VVF repair is not an emergency.



*Teamwork is essential for a successful outcome:  
VVF staff in Kitovu, Uganda.*

“As Medical Missionaries of Mary, whose charism is to follow Christ in his healing mission, to go to places where no one else wants to go, where human needs are greatest, we asked, ‘How do we navigate this challenge of Ebola?’

“MMM West Africa Area Leader, Sr. Ekaete Ekop, reminded us of our mission as MMMs. Fired with this zeal, we met with staff to ascertain their feelings regarding Ebola, and to carry them along. The Sisters organized a training workshop for staff on the Ebola virus, stressing signs and symptoms, modes of transmission and prevention. The management consulted with Doctor

Lengmang and Professor Adeoye, our main surgeons. They were not deterred. With the other staff members, they gave their consent for the camp, provided necessary precautions were put in place.

“We purchased infrared thermometers and provided protective aprons. Water containers for hand washing were in place. The management decided that there would be no radio or television announcements and to limit treatment to those in our area. There would be proper screening to ensure that the sick would be admitted.

“When we heard the sad news of the death of a doctor in Port Harcourt and the number of persons quarantined, followed by the federal government announcement that schools would not reopen because of Ebola, there were renewed fears. We kept our fingers crossed, hoping for the best.

“The cloud lifted when the date for school resumption was fixed. With great excitement, word was sent round by phone for the women to come for laboratory investigations and admission. The VVF surgeons arrived on schedule and work started in earnest. Thankfully there were no problems. We now rejoice with these women whose dignity has been restored through this camp. We thank our loving God for being with us in a very special way during this exercise.”

### **This should not be!**

The great tragedy is that repair services are necessary for these women. Fistula can be prevented. It has been largely eliminated in the developed world with improved maternity care. The last US hospital treating fistula patients closed in 1895. Obstetric fistula can largely be prevented by delaying the age of first pregnancy and providing access to basic obstetric care. Even more



*Education is an important part of VVF prevention:  
staff nurse with women in Nigeria*

important, the wider issue of the rights of women and girls in society must be addressed. Medical Missionaries of Mary in several countries include human rights awareness in their work.

Carol Breslin, MMM

This article appeared in the *Global Sisters Report* in the form of an interview in the Q & A section on 31 December 2014.