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Providing an obstetric fistula service

E.C. HAMLIN, M. MULETA and R.C. KENNEDY
Addis Ababa Fistula Hospital, Addis Ababa, Ethiopia

Introduction

Maternal mortality and morbidity in developing countries remain tragically high; the published rates are probably underestimated because statistics are taken from hospital-based records, to where the mother in labour is taken, but only as a last resort when all other avenues available to the rural community have been exhausted. The mothers arrive dehydrated, weak, frightened and in shock, mainly because they are from remote areas, have no transport, are poor and have no local health facility.

Hospital services are inadequate and where they do exist there is a lack of manpower, inadequate medical

or even free, whether the services are user-friendly with welcoming staff, if the patients are well-received despite their injuries.

The actual need

Determining the need for a fistula service is difficult; if there is a high maternal mortality then it can be presumed that there are many obstetric fistulae, but in populations where women are not of small stature, where girls do not marry young, or where there is a minimum of obstetric care, then there may not be a correlation with maternal death rates. However, low maternal mortality does not always mean low morbidity;