

HIFA call and response regarding fistula and task shifting May 2015 – www.mcai.org.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
Date: 23 May 2015 12:54:47 BST
To: "HIFA2015 - Healthcare Information For All" <HIFA2015@dgroups.org>
Subject: [hifa2015] Today is the International Day to End Fistula
Reply-To: "HIFA2015 - Healthcare Information For All" <HIFA2015@dgroups.org>

Dear HIFA colleagues,

Too many women are being left in obstructed labour for too long, resulting in maternal and/or newborn death. Those who survive are left, all too often, with vesico-vaginal fistula. Today 23 May is the International Day to End Fistula. It is a day to promote healthcare information to raise awareness among women, families and birth attendants about the dangers of prolonged labour, and the need to prepare for urgent referral if necessary. It is a day to raise global awareness of the importance of access to emergency obstetric care, including and especially caesarian section, for all women. Prevention is better than cure, but every woman with fistula should have access to corrective surgery. In the spirit of the world-famous fistula hospital in Ethiopia, excessive regulation and medical turf protection should, where appropriate, be replaced progressively by training of non-medical staff to conduct caesarians and/or fistula surgery. As we have heard previously on HIFA, 'Many professionals are paranoid and far too defensive of their niches, and its pure arrogance to assume less educated workers are incapable of being trained in well demarcated tasks previously undertaken by tertiary trained professionals.' <http://www.hifavoices.org/quotation/role-non-physician-surgeons-23-lets-give-task-shifting-chance-11-0>

I would like to invite comments from HIFA members on what is being done (or should be done) to provide the care women need to prevent and manage this debilitating and stigmatising complication of childbirth.

Best wishes,
Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa2015.org

RESPONSE FROM MCAI:

From: "David Southall, UK" <director@mcai.org.uk>
Date: 24 May 2015 08:51:03 BST
To: "HIFA2015 - Healthcare Information For All" <HIFA2015@dgroups.org>
Subject: [hifa2015] Today is the International Day to End Fistula (2)
Reply-To: "HIFA2015 - Healthcare Information For All" <HIFA2015@dgroups.org>

Today is the International Day to End Fistula (2)

We fully support the need for all pregnant women who develop obstructed labour to be able to access, without delay, emergency obstetric care. In February 2012, MCAI approached the Ministry of Health (MOH) and WHO in Liberia concerning a new approach to Task Shifting that involved the training of experienced midwives in advanced obstetrics, including surgery such as Caesarean section. The rationale was that in Liberia there was a major shortage of doctors, partly because of the armed conflict that had ravaged the country from 1999 to 2003, and also because of the loss of doctors trained in Liberia to well-resourced Western countries, in particular the USA and Great Britain [Prior to the Ebola epidemic, according to WHO, there was only 1 doctor per 100,000 of the population of Liberia (4.29 million). More than three quarters of doctors trained in Liberia were practicing in Western countries <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001513>]

Prior to the collaboration between MCAI and the MOH in Liberia, UNFPA has, since 2007, been supporting the MOH to reduce the high maternal and neonatal mortality and the management and prevention of obstetric fistula in the country. The MOH fistula program headed by a renowned Liberian obstetrician, Dr. John Mulbah, reached out on a quarterly basis to the 15 major hospitals in the country along with other fistula surgeons to perform surgery for survivors of fistula. Following this, a rehabilitation program is conducted for them and they are subsequently reintegrated into their communities. In addition, community-based health education interventions are conducted by community health volunteers on the causes of fistula and women are encouraged to deliver in health facilities with the support of skilled birth attendants. A media program is also in place on various community radio stations that educate people about how to prevent obstetric fistula.

A post-internship program was also established in which young doctors graduating from the College of Medicine at the University of Liberia undergo 6 months intensive training in basic emergency obstetric surgeries in readiness for post-internship placement in rural hospitals. One rural hospital now serves as the main facility for referral and management of all cases of obstetric fistula in the country.

The county health teams worked closely with trained traditional midwives to bring pregnant women who are near term to Maternal Waiting Homes which have been constructed by local communities near some clinics in the rural area. These women remain there until delivery and if there is a need for surgical intervention, are quickly referred by ambulances from the facility to the hospital.

The Ebola epidemic, from May 2014 to May 2015, also resulted in the death of some Liberian doctors. According to WHO, altogether 375 health workers in Liberia were infected and 189 lost their lives. This reduced even further the number of health workers able to undertake advanced obstetric procedures.

In October 2012, a formal partnership between MCAI, MOHSW and WHO was established with the aim of reducing the high maternal and neonatal mortality rates in Liberia. A crucial component of the ensuing strategy was undertaking a pilot project involving the training of the first two experienced midwives in advanced obstetrics. This training was undertaken in CB Dunbar Maternity Hospital in a rural area of Liberia (Bong County) by the hospital's Medical Director, Dr Obed Dolo, with international support from two senior obstetricians from MCAI (Dr. Johan Creemers and Dr. Alice Clack). The project was initially funded by

UKAID through the Tropical Health Education Trust (THET) and subsequently by MCAI.

Before this pilot project could go ahead, the MOHSW had already developed a policy for task shifting to mid-level health professionals (Nurse- Midwives, Midwives and Physician Assistants) and supported an approach to the Liberian Medical and Dental Council to regulate this pilot work by pre-registering the first two midwives. By the 3rd of September 2013 this request for pre-registration was agreed and the first two trainees were appointed.

In collaboration with Dr Dolo, MCAI produced a curriculum for the training in advanced obstetrics, which was agreed by our partners MOH and WHO and implemented from October 2013. During the 18 months from October 2013, the first two trainee obstetric clinicians from Bong County performed 386 major obstetric procedures, including 236 Caesarean sections. Other procedures included Manual Vacuum Aspiration for miscarriage treatment, management of many women with shock from massive obstetric haemorrhage from ante and post partum haemorrhage and ruptured ectopic pregnancy, fitting from eclampsia and repair of cervical and vaginal tears. The two trainee obstetric clinicians worked as part of the medical team on 48-72 hour shifts and supported the senior doctors and helped to train the interns. They also helped to ensure that the labour and delivery wards and operating theatres were well organised, effective and safe. They worked throughout the Ebola epidemic in the country. Their work, particularly overnight, helped to provide better sleep patterns for the doctors they worked with and generally created an efficient working environment that made all involved proud of what they were achieving.

There were no deaths in the patients that the trainee obstetric clinicians were involved in treating, which is significant given that many of these high risk patients were seriously ill. The trainee obstetric clinicians were involved in successfully resuscitating 72 babies who did not breathe at birth. The MOH and MCAI have started discussions to increase the numbers of recruits for the next round of training. The objective is to place these obstetric clinicians in rural hospitals where there are already senior physicians to support emergency obstetric interventions for underserved populations with limited access to obstetric services.

Task shifting works and is particularly important in emergency obstetrics and neonatology.

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Dr. Obed W. Dolo, MD, Medical Director, CB Dunbar Maternity Hospital, Specialist Obstetrician/Gynecologist & Trainer

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HIFA profile: David Southall is a retired Professor of Paediatrics and Honorary Medical Director of Maternal and Childhealth Advocacy International (MCAI) <http://www.mcai.org.uk> He is also on the board of the International Child Health Group email: director AT [mcai.org.uk](http://www.mcai.org.uk)