

Health Expert Calls for Expansion of Fistula Treatment, to Include Prolapse

Washington, DC: In an address that could have profound policy implications for women's health, a leading author and surgeon has made an impassioned plea for integrating the treatment of obstetric fistula and uterine prolapse, two devastating conditions that affect women in developing countries.



Dr. Lauri Romanzi at the Wilson Center

Speaking last Thursday at the [Wilson Center in Washington](#), Dr. Lauri Romanzi (left) said that while fistula is certainly a major challenge, agencies should also address other pelvic floor disorders such as prolapse (fallen womb) and incontinence.

The international community is so invested in fistula, said Dr. Romanzi, that women with prolapse have even been turned away from fistula surgical camps in Africa. Yet during a recent trip to Nepal she herself had operated on a woman with both conditions. "The patient was thrilled," she said. "The treatment of these things (prolapse and fistula) belong together."

Dr. Romanzi is a highly respected reconstructive pelvic surgeon and associate professor at New York University. She has assisted in hundreds of surgeries in Africa and Asia, most recently in Nepal, Afghanistan and Somaliland.

Thursday's event was sponsored jointly by the [Scholars' Global Health Initiative](#) at the Wilson Center, the [Maternal Health Task Force](#), and the [United Nations Population Fund \(UNFPA\)](#). It attracted distinguished panelists from UNFPA, the [Fistula Foundation](#), and [EngenderHealth](#).

The event also featured the three [Mahilako Swastha \("women's health"\) quilts](#) that were painted onto cloth by women with prolapse in Nepal and assembled by quilters in the US (right and below). The quilting project is coordinated by the [Women's Reproductive Rights Program \(WRRP\)](#) in Nepal and The Advocacy Project (AP) in Washington, with help from the [Washington Club of Zonta International](#). WRRP, a leading advocate for reproductive rights in Nepal, organized a major round-table on prolapse in Kathmandu last week.

Obstetric fistula occurs when a fetus gets stuck in labor, causing severe injury to the birth canal. This can lead to lifelong incontinence, pain and social ostracization. But fistula has also given birth to a pioneering global campaign which now supports programs in over 50 countries and attracts millions of dollars from agencies. In the process, it has succeeded in broadening reproductive health programming from maternal mortality to morbidities, which may ruin the quality of life for women but rarely kill.



This panel was painted for the Mahilako Swastha quilt by Niru Yadav, a prolapse survivor. It shows an untrained midwife forcing a delivery and causing prolapse.



The Advocacy Project team introduces the Nepal quilts at the Wilson Center event

Gillian Slinger, who coordinates the fistula campaign for UNFPA, praised this achievement at the Wilson Center event and said that about 14,000 fistula repairs are now carried out each year. But, she said, this falls short of the 50,000 to 100,000 new cases that occur annually. She also noted that prolapse is not so dangerous to a woman's health as fistula, and that fistula surgery is much more demanding than prolapse. Given the shortage of trained physicians in developing countries, some panelists saw this as an argument for staying focused on fistula and "preserving hard-won gains."

Dr. Romanzi countered that fistula and prolapse both produce poverty and marginalization and occur in the same regions of the world. While fistula may require sophisticated surgery, there is growing interest in training doctors to treat all pelvic floor disorders. Dr. Romanzi cited a promising new program on urogynecology at the Korle-Bu hospital in Accra, Ghana. "This is needed everywhere in the world," she said.

UNFPA and other agencies must now weigh the arguments, and decide how to move forward at a time when resources have shrunk and the political climate in the US is increasingly hostile to reproductive rights. But there may also be openings. For example, the US Senate has responded to the arguments of advocates, including the WRRP, and recommended funding for prolapse in Nepal in the 2012 and [2013 foreign aid](#) bills (page 40). This has bipartisan support.

Meanwhile, [Heather Webb](#), a graduate at New York University, is working as an AP Peace Fellow at the WRRP in Nepal, where she is focusing on early marriage - a deep-

rooted practice that puts pressure on young women and contributes to prolapse.

- [Follow](#) the blogs of AP Peace Fellow Heather Webb
- [View](#) profiles of prolapse survivors in Nepal
- [Read](#) Dr. Lauri Romanzi's blog
- [See](#) the Mahalako Swastha (Women's Health) quilts
- Email us at info@advocacynet.org to exhibit an advocacy quilt.