

Suffering in Silence

For most women, childbirth is a wonderful experience. But for others, it can end in tragedy, unbearable suffering and cruel rejection

I magine suffering excruciating labour pains for five days. During that time you lie on the floor, slipping in and out of consciousness, without any painkillers to ease the agony.

No matter how hard you push, you cannot give birth because your baby's head is stuck. You feel your baby's movements getting weaker. Tragically, it dies and your family is forced to take you to hospital with the dead child lodged between your legs.

But your suffering isn't over. Once the baby has been removed by Caesarean, there are other complications. Tearing injuries caused to the soft internal tissue cause you to be doubly incontinent and, unable to control your bodily functions, you soil your clothes and cause embarrassment to your family who consequently disown you.

This sounds like a nightmare. But for two million women in the developing world, where medical care is lacking and tribal customs frown on hospital births, it's become a reality.

This horrendous injury is called obstetric fistula, and this month sees the United Nations Population Fund (UNFPA) launch a global campaign to reduce the problem in third world countries. Celebrities such as Natalie Imbruglia and Pavarotti, who is

campaigning for fistula prevention during his upcoming concerts, are raising awareness.

REAL travelled to Uganda to see the extent of the crisis for ourselves. What we found was shocking evidence of women left to suffer because of lack of basic provisions and social stigma. There, more than 5,000 cases of obstetric fistula occur annually. We spoke to women with vesicovaginal fistula – finger-sized holes between the vagina and bladder – who

WOMEN ARE CUT OFF FROM THEIR COMMUNITIES BECAUSE THEY CANNOT CONTROL THEIR BOWELS

pad themselves with reams of cloth to prevent embarrassing leaks. Other women told us they had been cut off from their communities because they have a rectovaginal fistula after an obstructed labour and can no longer control their bowel movements.

Obstetric fistula rarely occurs in Britain because of medical interventions. But chronic incontinence injuries still happen, and women here have also been left doubly incontinent after a difficult labour.

Professor Robin Phillips, a colorectal surgeon at St Mark's Hospital in London says: 'There are a number

of reasons for a rectovaginal fistula. The injury can be caused by a fourth degree tear where a woman in childbirth ruptures her perineum. It can also happen through a forceps delivery or a mis-managed birth.' Dr Phillips deals with less than 20 cases a year.

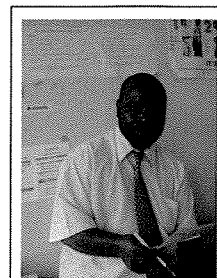
In Uganda, it's a different story. Dr Justus Barageine, a gynaecologist at Mulago Hospital in the country's capital Kampala, repaired more than 250 fistulas last year. We found him examining Auma Topista, a 25-year-old mother of one who's been passing blood in her urine after a traumatic stillbirth.

She sits on a bed covered with plastic sheeting. Her baby died inside her after a two-day labour.

'I pushed so hard,' recalls Auma, wiping away tears. 'Nobody was around to help me. The staff were too busy and they said I shouldn't worry because my baby wasn't ready to come out yet.'



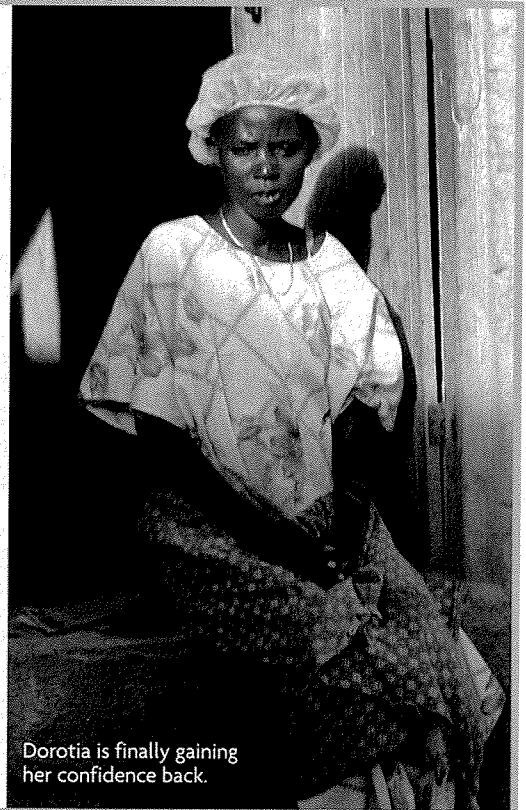
Auma Topista



Dr Justus Barageine

'I WAS PASSING BLOOD, URINE AND EXCREMENT'

As a 30-year-old widow, Dorotia Tukamuhabwa from Uganda has lived with rectovaginal fistula for seven years since her fourth child was stillborn. Her three older children – now 16, 12 and 10 – were taken away from her by family who forced her out of their village after the injury



Dorotia is finally gaining her confidence back.

'I have lived such a sad and lonely existence for seven years now. I have had to hide myself in my village hut and depend on the kindness of strangers for food.

The people in my home village, 28 miles away, told me to leave my home and children because my smell was offensive and my condition made them feel sick.

My aunt was my midwife during my fourth labour. She insisted I gave birth in the village because the elders had instructed her that was what should happen.

By the time they realised my child was stuck and dying, it was too late for us to save him.

I was delirious with pain when they eventually took me to a hospital 15 miles away on the third day of my labour. My baby died on the way to the hospital. I was heartbroken. He was so close to

making it, I could almost touch his head as he had come so far down the birth canal, but there was no one to help.

They pulled him out with forceps and ripped a hole in my rectum. I had already suffered a fistula between my bladder and uterus, and now I was passing urine, blood and excrement through my front. I felt suicidal. But I carried on and thankfully now, I have just been repaired. I have a colostomy bag under my clothes which is helping my bowels to heal at last.

The operation has given me the confidence to socialise with people again for the first time in years and to find cleaning work.

One day I hope to have enough money to go back to visit my children and let them know that their mother is better and has never stopped loving them.'

RECTOVAGINAL FISTULA CAN BE CAUSED BY A FOURTH DEGREE TEAR WHEN A WOMAN IN CHILDBIRTH RUPTURES HER PERINEUM

Auma has a hole in the lining separating her uterus and bladder, explains Dr Barageine. 'Instead of having a normal period, it is entering her bladder and mixing with her urine.'

Aisha Camara from the UNFPA in Uganda says: 'It's appalling that today, where we have access to modern medicine, women are still suffering from an injury that is preventable. The UNFPA provides support to hospitals in Uganda so they can work to reduce the number of cases. Every year, we hold fistula workshops and fly doctors into the country to carry out several days of intensive surgery and to train local doctors.'

It costs less than £200 to do reconstructive surgery. Sadly, many women are either unaware it's available or cannot afford it.

'This is a highly skilled operation which requires a lot of training,' says Dr Barageine. 'But the treatment is not just physical, it repairs a woman's self-esteem and allows her to become part of her community again after being treated as a social outcast.'

Here, we talk to three women about their own experiences – including a British mum's ordeal after the birth of her second daughter...

'I WAS SO ASHAMED I HID IN MY HOUSE'

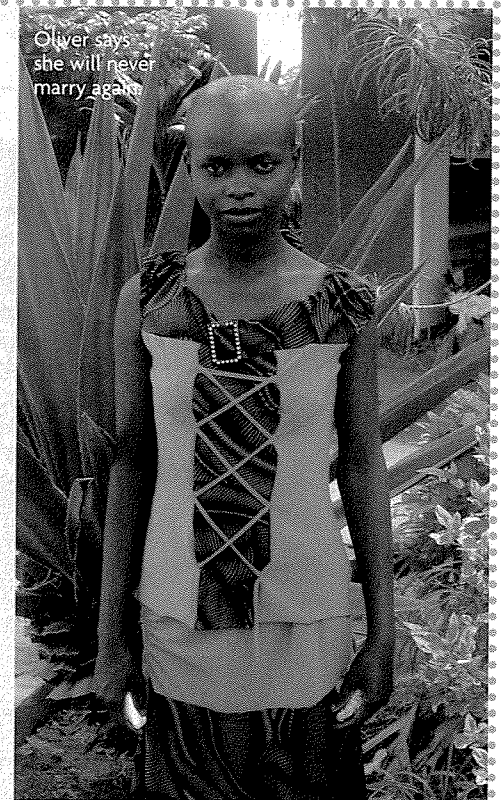
By the age of 16, Oliver Nabisere had married, got pregnant, suffered fistula and then divorced. She was left on her own in her Ugandan village. She has recently started school thanks to a British benefactor

'Sometimes I lie awake thinking about the child I should have held in my arms and loved like my mother loved me. But then I remember the terrible pain I went through trying to give birth and I know I never want to get pregnant again.

My baby should have been born in February but it died when it got stuck. I could feel it struggling to live as it lay wedged between my legs. On the third day, it stopped moving but I had to wait another 24 hours before being given a Caesarean.

By the time I was taken to hospital, I was in such pain that I wished I could die, but I was told not to make a fuss as it was not the way to behave.

My labour lasted for four days and I developed a fistula between my uterus and my bladder. I was so embarrassed of my condition that I hid in my house. My 18-year-old husband left me because he was too ashamed to be seen with a woman who smelled and had urine and blood coming down her legs. My fistula was repaired in May this year but I still suffer from stress incontinence and have a catheter.



Oliver says she will never marry again

I get very angry and depressed over losing my baby and still feel traumatised by what happened to my body. Now I'm determined to never get married again and want to live an independent life which has nothing to do with tribal customs. With a good education I believe one day I can.' ➤

