

Wesleyan Mission of Zambia
Zimba Mission
P.O. Box 610143
Zimba, Zambia AFRICA
danjones72@yahoo.com

News
from
the
Field

Dan and Joan Jones
Medical Missionaries in Zambia



August 2010

Prayer Item: Improved health care services and facilities for women in Zambia who need emergency obstetric care during pregnancy.

Vesicovaginal Fistula (VVF)



Loveness Siamango is the first patient to have VVF repair surgery at ZMH.

This is the story of **Loveness Siamango**. She is a 25 year old woman from a village about 50 miles away from Zimba Mission Hospital (ZMH). She has been treated at ZMH this year for her obstetric complications. The saddest thing about her story is that her situation is not unique. Her story is the same story for many women in Zambia who have childbirth complications during their pregnancy.

Loveness had been pregnant 3 times before. But she does not have any children. For her first pregnancy, she gave birth to a stillborn infant at Choma Hospital. For her second pregnancy, she had a successful delivery at Choma Hospital. However, the child died at 1 year old. For her third pregnancy she gave birth to a stillborn infant at home in the village. She found out she was pregnant for the fourth time in July 2009.



Dr. Michael Breen is the gynecologist who performed the VVF surgery for Loveness.

On the morning of March 15, 2010 she began to feel the start of labor pains around 6:00 AM. She stayed at home hoping to be able to deliver in the village. However, 24 hours later there was still no delivery. Thinking there could be a problem, her family arranged for transportation to the local health clinic with an oxen cart. She left home in the oxen cart at 6:00 AM. 5 hours later, she arrived at Simalundu Rural Health Center (RHC) around 11:00 AM. The staff at the hospital center determined that she was having obstructed labor due **cephalopelvic disproportion (CPD)**. CPD basically means that the mother's pelvis is too small for the size of the baby. CPD makes it impossible for a vaginal delivery to take place. The decision was made to transfer her to the district hospital. However, the RHC does not have any vehicle to transfer emergency patients to the district hospital. So, the staff at the RHC contacted the district hospital to request them to come to the RHC and pick up the patient.

At 5:00 PM, the landcruiser from Kalomo District Hospital (KDH) arrived at the RHC. The patient was then taken to KDH where she evaluated. The fetal heart tones were still present at this time indicating that the baby was alive. But it was determined that there were signs of fetal distress and that she needed to have an emergency cesarean section. Unfortunately, KDH does not have an operating room. At 10:00 PM, the staff at KDH decided that she should be transferred to Zimba Mission Hospital to have an emergency cesarean section. By 11:00 PM, the landcruiser from KDH was ready to bring Loveness to ZMH.

Loveness finally arrived at Zimba Mission Hospital at 11:45 PM on March 16. She underwent an emergency cesarean section. The baby had an APGAR score of zero. The baby did not respond to resuscitation efforts. The diagnosis of a stillborn infant was made. It was third time for Loveness to have a stillborn baby. The long delay in her getting access to cesarean section was the main reason for her baby dying. From the time that the labor started, it took 43 hours for her to get the appropriate emergency obstetric care that she needed.

Loveness stayed in the hospital for 4 days before being discharged from the hospital. When she reached her home in the village, she discovered that she had another problem. This condition is called **vesicovaginal fistula (VVF) or obstetric fistula**. VVF almost never occurs in the U.S. where emergency obstetric care is readily available. VVF is found only in the resource limited countries where women lack access to hospitals where cesarean sections can be performed. Because of the prolonged, obstructed labor, a fistula or tract had developed between her bladder and the vagina. Because of the fistula, she began to leak urine uncontrollably into her vagina. VVF is quite debilitating for the patient because her underwear is constantly wet. They cannot sleep properly at night due to the leaking of urine. Women with VVF are often ostracized from their villages because of the odor from the urine. No one wants to associate with them.

Loveness had to put up with the constant drainage of urine for 3 months. On June 24, she was evaluated in the gynecology clinic at ZMH. **Dr. Michael Breen**, the visiting gynecologist, confirmed the diagnosis of VVF. She was admitted and booked for surgery the following day. The operation to repair the fistula took about 2 hours. Loveness remained in the female ward for 3 weeks. She had to keep a foley catheter in place to allow the bladder time to heal from the operation. On July 13, the foley catheter was removed. It was confirmed that the operation was successful. For the first time in 3 months, Loveness no longer leaked urine on herself anymore!!! On July 16, she proudly returned to her home village and was no longer stigmatized against.

Dr. Breen is an obstetrician/gynecologist originally from Ireland who has been working in Zambia since 2001. Over the past 10 years, he has performed over 800 VVF repair surgeries. Being the only one surgeon in the country dedicated to VVF repair surgery, Dr. Breen is in high demand. And until the maternal health care facilities are expanded and improved, the problem of VVF or obstetric fistula will continue to affect women in Zambia. The story of Loveness Siamango is destined to be repeated over and over again.