

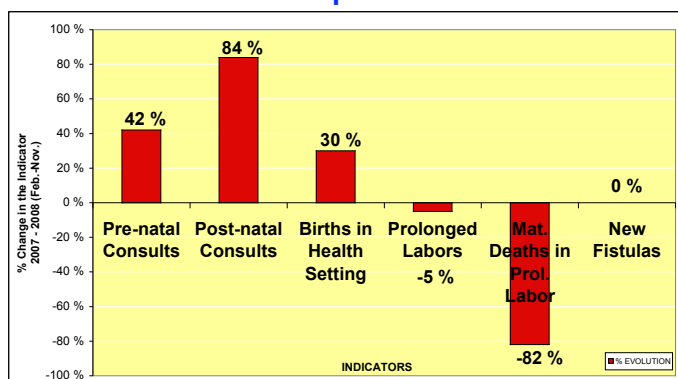
## World's First Rapid Obstetric Fistula Prevention Project

### The First 10 Months: Saving Lives, Handling Reality, Onward to the Next Level

This issue of the newsletter is fully dedicated to news about HDI's obstetric fistula prevention project in Bankilare, Niger. Work on Guinea Worm Eradication and Lymphatic Filariasis continues as before.

At least 82% fewer women died in obstructed labor, previously the commonest cause of maternal deaths in the project area. That's the result so far after checking each retrospectively reported birth-related death for 2007, before the project started, and in 2008. Nobody has died in obstructed labor in Bankilare since May. That means one of the two ambitious goals we set for the end of Year Two, a 75% reduction in obstructed labor deaths, was achieved within four months. And it is being sustained. Bleeding is now the commonest cause of birth-related death in the area. So, HDI's plan for 2009 includes an attempt to also reduce deaths from post partum bleeding, the world's other big killer of women in childbirth.

**Change in Health Center Numbers  
Feb. – Nov. 2008 Compared to Feb.-Nov. 2007**



THANKS, to all of HDI's friends and supporters! Much has already been achieved, after just 10 months of the world's first RAPID obstetric fistula prevention project.

Only one woman is reported to have gotten an obstetric fistula since May in this population of 100,000 nomads and subsistence farmers. The woman hid her ongoing labor for about 24 hours. People then waited another day before bringing her to the health center which summoned the midwife and ambulance. The baby had died, and the woman had developed a fistula. Very sad, and typical for how things used to be. Within days HDI transported her to the National Hospital for treatment before anyone could think of rejecting her, as often otherwise happens.

Three other women got obstetric fistulas before that, soon after the project's start in February. All three received surgery soon after they were identified.

So far we've tentatively reported more than 80% reduction in new fistula cases. This number was based on a village-by-village retrospective survey seeking baseline 2007 numbers. The total came to 25 cases, which we used for comparisons until now.

In late autumn, HDI's Resident Representative in Niger personally checked all of the survey's reports of fistula concerning 2007 and sought out each of these women as part of our quality-control effort. He confirmed four cases of fistula from '07. It turns out that 20 cases had occurred before 2007. Hospital records in Niamey are now also being checked, to get as complete a picture of fistula cases in '07 as possible. Dr. Alou also interviewed the family of each woman reported to have died in childbirth.

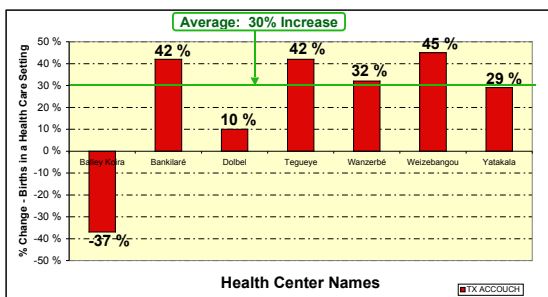
HDI's commitment to accuracy and transparency required us to independently verify reported numbers. This process has uncovered surprising news, some good and some bad. Niger is, after all, one of the world's poorest countries and has the highest rate of women who eventually die in childbirth (one woman in every seven).

First, we discovered that nurses were reporting numbers that were inconsistent with their medical records. In fact, uneducated, generally illiterate villagers were providing more reliable numbers than the educated health workers. Nurses also gave us and their superiors different numbers. And neither set of numbers matched what is registered in their health post medical records.

On December 15th Niger held the project's first National Program Review. Our findings were presented frankly. And things already seem to be improving as a result.

HDI's quality control of numbers showed two things:

1. The population understands what this is about.
2. Area health professionals need to catch up to their population, not the other way around.



In all but two health centers, births in a health care setting are up considerably compared with 2007, a good sign.

Part of the problem is the staffing situation: seven nurses, a lone midwife, and no doctor to serve 100,000 people. Nobody is there to deliver babies or do prenatal consultations when the nurse is away on a (frequent) vaccination campaign, for a meeting, or for any other reason.

Therefore, HDI plans to add modest, strategically placed support within the local health care system in 2009 - an additional midwife and three nurses - so the health care system does not collapse under the weight of more activity, so it can sustain the reduction in obstructed labor deaths, and achieve or surpass the targeted reduction in new fistula cases.

Bleeding, now the main cause of birth-related deaths. Though obstructed labor was the commonest cause of maternal death in 2007, HDI and the project have just about eliminated that problem. Bleeding (post partum hemorrhage) led to 35% of February-November birth-related deaths in 2008. Thus, bleeding is now the area's main cause of maternal deaths.

### Maternal Mortality Feb. - Nov. 2008 vs 2007

| Causes          | 2007 Nr.  | %           | 2008 Nr.  | %           |
|-----------------|-----------|-------------|-----------|-------------|
| Prolonged labor | 11        | 42%         | 2         | 7%          |
| Hemorrhage      | 6         | 23%         | 10        | 35%         |
| Eclampsia       | 0         | 0%          | 3         | 10%         |
| Infections      | 2         | 8%          | 2         | 7%          |
| Other           | 7         | 27%         | 12        | 41%         |
| <b>Total</b>    | <b>26</b> | <b>100%</b> | <b>29</b> | <b>100%</b> |

An inexpensive tablet (misoprostol) is a good alternative to injectable medicine given routinely to western women to prevent catastrophic bleeding once the baby is out. HDI seeks to introduce that medication in this *Rapid Maternal Mortality and Obstetric Fistula Prevention Project*. The medication must first be approved for such use in Niger, a process that takes time. We nevertheless hope to introduce bleeding prevention early in 2009, during the annual re-training of village volunteers.

HDI is collaborating with the NIH (National Institutes of Health in Washington DC) and a drug company, hoping to get the medicine in a rapid-absorption form.

New project leader in Niger

Readers of earlier newsletters will know that Dr. Alou Mainassara, who has considerable theoretical and practical management expertise, was recruited to launch this project when he returned to Niger after several years in America. Dr. Alou offered us a year of his time, and after 18 months in Niger he returned to the US. Thanks to Dr. Alou for all he did to make the project a success!

Dr. Zeidou Alassoum, Regional Director of Health in Niger's capital, Niamey, decided to join HDI on November 1st to continue Dr. Alou's work. He has extensive experience as medical chief and regional director of health in some of Niger's most remote parts. The fact that he was born and raised in "our area" is a wonderful added bonus. Welcome Dr. Zeidou!

The sun must NEVER rise twice over a woman giving birth! A woman must be evacuated before that happens.

People in Bankilare understand our messages! That's evident. As seen in the first graph, medical records show prenatal consultations up 42%, while health-setting births are up 30% in the project's first 10 months.

Most importantly, deaths from obstructed labor are down 82%, and there has been only one fistula case since May.

**Can this really work?** We have achieved our first goal of a 75% reduction in obstructed labor deaths and are still on track toward our other initial goal, a 50% reduction in new fistula cases.

CONCLUSION so far:

One goal down, one to go, and looking like we'll make it!

More information about HDI (Health & Development International) at [www.hdi-us.org](http://www.hdi-us.org).

#### Contact:

Ambassador Barbro Owens-Kirkpatrick, Chair, HDI Inc, 1101 Klish Way, Del Mar, CA 92014, Tel: +1-858-245-2410, or Dr. Anders R. Seim, HDI, Svestadvn. 27, 1458 Fjellstrand, Norway, Tel: +47-6691 0022, Fax: +47-6691 9416, email: [anders@hdi.no](mailto:anders@hdi.no)

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