Nowhere in the world does life confront death more starkly than on the African continent. According to the World Health Organization (WHO), more than half of the 536,000 women around the world who die during pregnancy and childbirth are in Africa. Experts at the WHO consider most of these deaths to be preventable. The deaths occur for two fundamental but related reasons — lack of access to basic obstetrical care and facilities and lack of adequate training among those providing care during labor and delivery. The young ages of many of these mothers, their own lack of education, and their impoverished lives compound their risks of injury and ultimately of death.

Mortality statistics do not reflect women who survive and live with the results of their physical and emotional obstetrical trauma. One such outcome is the incidence of a vaginal fistula — ie, an opening between the bladder and/or rectum. This can occur when the fetus will not fit through the mother’s birth canal and causes prolonged, obstructed labor lasting 5 days or more. If the woman lives through the ordeal, she can be left with an unnatural hole from which urine and/or feces continuously flow out of her body through the vagina. Living with the stench of bodily wastes, she loses all self-esteem, is abandoned by her husband and family, and ostracized from society. Often, she will commit suicide to end her life of hell and rejection.

Fortunately, such obstetrical occurrences are relatively few and far between in the US. However, connective tissues and ligaments frequently stretch, tear, and weaken in pregnancy and childbirth. Levator muscle strength typically is reduced. An episiotomy cut into the perineum, rarely of benefit in preventing pelvic injuries, can create vaginal “looseness” or bowel problems. Nerves often are damaged, especially in lengthy or difficult deliveries. Women having multiple vaginal deliveries are subject to repeated bodily stress, the full effects of which lie dormant for years and even decades.

Likely, most readers of this journal do not encounter women in labor and delivery in their daily work — ie, most of your patients are older and decades beyond these earlier experiences. However, you may be faced with the impact of childbirth manifesting as stress urinary incontinence, fecal incontinence, or pelvic organ prolapse. You can help diagnose the type of problem, provide older women ever-expanding options for management and treatment, and refer them to additional experts such as physical therapists or surgeons depending on their needs and preferences. The National Association For Continence’s (NAFC) website, www.nafc.org, is a useful resource for experts, management options, and identifying current medications.

You also can function as a public health educator to debunk the myths that people hold regarding childbirth-related continence problems so they will be recognized as medical conditions and not “fate.” For example, the NAFC has found in its nationwide surveys that one in three women is not aware the primary cause of stress urinary incontinence is childbirth. Respondents indicated (mistakenly) that having too much sex or drinking too much water puts them at risk for developing these symptoms. More than half (54%) of all women age 18 and older believe that urine leakage is just a normal part of aging. These beliefs and attitudes need fact-based updating. As a practitioner in the medical community, you are in a position to change these invalid notions.

As an astute member of the global community, you can learn more about obstetrical fistulas and how to contribute to a model fistula surgery and training center in Africa by visiting www.worldwidefistulafund.org. You can find out what the WHO is doing at www.who.int/making_pregnancy_safer/en/index.html with the goal of making motherhood safer. Your knowledge and experience can help mothers everywhere find solutions to their continence issues.

The impact of childbirth can manifest years later as stress urinary incontinence, fecal incontinence, or pelvic organ prolapse.