



MSF Diary (experience from the field) April 2010

"I think the surgeries and rehabilitation patients with vesicovaginal fistula was one of the greatest contributions MSF made to the people of Nigeria."



I worked at Jahun, a place in Jigawa state in Nigeria on my first assignment with MSF. This was my first work experience in Africa. Before MSF I have been working in India in different hospitals and with two different international medical NGOs in Afghanistan for most of my career. Jahun is a very small town in Jigawa state. MSF has an emergency obstetric care and VVF (Vesicovaginal Fistula) unit in the Ministry of Health hospital.

I worked as the Obstetrician and Gynecologist over here. Jahun being a very small place, life was very simple over here. But the work which we were doing in our maternity and VVF wards was great. In maternity we were involved in obstetric emergencies. Patients used to come from distant villages and also at a very later stage to us for help. Linguistic barriers made the history taking of patient very challenging and also they would hide some facts with fear. Patient could be in labor for few hours to few days like week also. And finally coming with bad complication like obstructed labor, dead fetus, retain placenta and rupture uterus. Eclampsia was very common here. All age group patients would present with eclampsia.

They had history of having convulsions several times before coming to hospital. Even girls of 15 years age also would present with same symptoms. The BP of 200/ 120mm was not uncommon. They usually responded well to our Magnesium sulfur protocols. It was good practice to put all important protocols for emergency treatment put on wall as posters as ready check and support for nursing and medical staff.

Anemia was another common condition. To see patient in ANC or PNC with Hb of 2.5 gms was not uncommon. Almost 80% patients had Hb lower than 7 gms. As per criteria of MSF 5gms% was out cut off for blood transfusion. Blood bank was very active and we had devoted staff to make blood available 24hours to us.

Post delivery patients also came with retained placenta and PPH. Everything at home is tried by Traditional Birth Attendants and then they land in hospital with all complications .APH is with placenta previa and abruption also very common. Due to TBA's patient used to come late and obstructed labor with twins and shoulder presentation or hand prolapse was common. We had good OT to take care of all emergencies.

The project also dealt with VVF (Vesicovaginal Fistula). For those who don't know what it means, (VVF) is a condition that affects women who have experienced prolonged obstructed labour. This usually occurs when women do not have access to maternity services or emergency obstetric care when labour does not progress normally. Damage is caused by the prolonged pressure of the baby's head against the soft tissues of the pelvic organs resulting in the formation of a hole between the bladder and the vagina. The consequence is that urine will continually pass from the bladder into the vagina and flow without control. VVF ward was a wonderful place to remember. When you enter you see women with catheters and urine collection bags but all smiling and greeting you, even singing and dancing outside our ward. The environment provided to them was so good and caring that they would forget their miseries and enjoy staying in group. It was previously in tents but later we shifted to new wards. I think the surgeries and rehabilitation of VVF patients was the greatest contribution of MSF to people of Nigeria.

I am happy I was instrumental in saving the lives of so many many women suffering with pregnancy complications and could contribute in a small way towards reducing maternal mortality.

Imtiaz Wadud, Capital/Supply Logistician: Mission in Loki, South Sudan, April 2010