



Birth injuries and stillbirth are a part of the often unseen and uncounted collateral damage of war. This is twenty-five-year-old Fatuma's story.

Fatuma is originally from a remote rural village in Northern Ethiopia, a war affected region facing devastating damages from the recent conflict. Traditionally, survival revolves around farming the family land for a subsistence level of living. Fatuma and her five siblings never attended school but spent their childhoods shepherding and helping their parents.

At 17, Fatuma was married to a caring man and led a happy married life - except for eight years of infertility. Last year, their eager prayers were answered as she conceived for the first time - exciting news for the entire family. Fatuma considered herself lucky to be nearby a newly constructed government maternity clinic.

As this pregnancy happened after years of trial and prayers, I didn't want anything to happen that would impact the delivery. Sometimes I even visited the nurses at the clinic earlier than my appointments. They told me that I had two babies in my womb and should come to the clinic as soon as I experienced signs of labour that they taught me.

Eagerly anticipating the birth of their babies and carefully following the nurses' advice, Fatuma and her husband waited. Things did not go to plan. With their area now under control of rebel fighters, the health professionals fled the clinic, and the remaining equipment and drugs were looted.

"I was deeply shocked. My case was critical because I had twins, and the nurses repeatedly warned me to deliver only at the clinic. There was no transportation even if we wanted to travel to nearby towns. No one moved around and were living like in home arrest. I was praying for a miracle to happen and deliver my babies safely. But that didn't happen."

Every woman has a right to a safe childbirth, but war is no respecter of persons. With no other options, Fatuma stayed home when her labour began in August last year. It did not go easy. After four painful days, her mother pulled out the emaciated stillborn twin babies and saved Fatuma's life.

Two days after the labour started, I became completely unconscious and unable to push anymore. My mother told me that half of the dead body of the first baby was out of my body; then I fell into a coma. It was only hours after the stillborn twins were out that I became conscious. When I woke up the first thing I asked for was my babies. It is too hard to

accept the loss of the babies that I waited for eight years. I wished my death was with them and fell under a deep sorrow and sadness.

Fatuma didn't urinate for two days after the delivery. When she finally did, it came in a flood while she was sleeping. Obstetric fistula was not a condition she had ever heard of before.

At first, I hoped I would recover with time. My mother would clean the bed sheets and clothing, but it was the same day in day out. I spent six months feeling shamed of myself. Everyone thought my case was very strange. Our area was still under siege, no light, no telephone, no transportation, nothing. Those months were the worst time in my life.

Finally, Fatuma was able to seek help at a

government hospital, where they referred her to the Hamlin Fistula Hospital at Bahir Dar. In February, the staff there welcomed Fatuma with their renowned love and affection. A week after her arrival she received surgery and was cured. The hospital is working hard to identify other women like Fatuma who were damaged by unattended deliveries during the conflict.

"Here at the hospital, I have been treated like a princess. I have received the best and quality services, tasty food, clean clothing, and a neat bed. Yet all these services are free. I can't thank you enough for bringing my life back. Much respect for those who started it and all of you working on its continuation." - Fatuma





There is a hidden epidemic of pelvic organ prolapse among women in rural Ethiopia.

Emama thinks she is about 60 years old. She is the proud mother of six grown children, all lucky to survive her unattended births in her remote North Ethiopian village. Life was relatively happy for Emama and her husband until the progressive trauma of her birth injuries became impossible to ignore. Pelvic Organ Prolapse, or uterine prolapse, caused her uterus and vagina to hang outside of her body.

"At first, I tried to hide it from everyone.

I felt ashamed to tell what happened to
anyone, even my husband. I separated beds
with him, trying to manage it myself.
The problem became my everyday worry
for the past 10 years."

Prolapse is a childbirth complication with similar traumatic effects to obstetric fistula for women in Ethiopia. The lack of awareness and stigma around this birth injury disproportionally affects remote rural women without access to health care. The undesirable outcome of this is that over 95% of women with pelvic organ prolapse have reached the advanced stages where the organs protrude outside of the body. Most of these women are younger than 50, a third of them still less than 40 years old.

Hamlin surgeons are experienced at treating childbirth injuries such as pelvic organ prolapse, continually developing their skills in specialist women's urogynaecology. After being identified through a patient identification campaign, Emama arrived at a Hamlin Fistula Hospital at Bahir Dar in January. Two weeks later she was cured through surgery.

"I am so amazed by the services you provide here. We are served with everything we want; we eat delicious food on time, drink coffee, and are treated like a respected guest, not as a patient. The staff are always there by our side to ensure we are happy and safe. This is the best place I have seen in my life. Thank you for letting me be cured and enabling a happy ending for the rest of my life," says Emama.

Imagine how different these two lives could have been without the grief of losing a child and the shame and isolation of birth injuries. The skills, care and compassion of a Hamlin Midwife in a community prevents needless suffering for women like Fatuma and Emama.

Help us put an end to birth injuries by placing more midwives in communities without maternity care in Ethiopia.



Study highlights importance of Hamlin's rural midwives

The importance of rural midwifery care

Although 5% of women globally will experience an obstructed labour, women who do not have access medical attention, may experience an obstetric fistula. According to a 2021 Ethiopian study*, rural women are 1.5 times more likely to experience fistula, with those women living a considerable distance from midwifery clinics 3.7 times more likely to experience fistula. Fistula is preventable. This is why increasing access to rural midwifery care is so important for remote communities.



Hamlin Midwives prevent fistula

The presence of Hamlin Midwives is desperately needed for rural women to deliver their babies safely. Of the 19,000+ babies delivered by Hamlin Midwives last year, not one woman experienced an obstetric fistula injury.

Almost 73% of fistula injuries are caused by an obstructed and prolonged labour. Hamlin Midwives play a critical role in timely referral to nearby hospitals for further medical attention and often a caesarean delivery.



The role of Hamlin Midwives

In addition to Hamlin Fistula Ethiopia's six regional fistula hospitals and outreach program, a large part of ensuring care reaches the most remote areas is through placement of Hamlin Midwives into rural communities.

Young women from rural communities are provided scholarships to the Hamlin College of Midwives to complete a four-year Bachelor of Science in Midwifery Degree. Upon graduation, they are deployed to their local communities where they provide professional maternal health care to women. So far, 218 Hamlin Midwives have graduated from the college and are transforming communities through eradicating maternal death and birth injuries.



Towards a safe future for every Ethiopian woman

The 2021 study confirmed the vulnerability of rural women to experiencing an obstetric fistula injury. The Team at Hamlin Fistula Ethiopia are committed to Dr Catherine Hamlin's vision for a midwife in every village of Ethiopia. We believe no woman should have to endure the agony of fistula. To achieve this vision Hamlin Fistula Ethiopia has increased its presence in remote areas of Ethiopia to 94 Hamlin-supported midwifery centres this year.

*Gedefaw, G., Wondmieneh, A., Getie, A., Bimeraw, M., Demis, A. (2021). Estimating the prevalence and risk factors of obstetric fistula in Ethiopia: Results from Demographic and Health Survey

Hamlin Fistula: A year in review











Treat Hamlin's hard working clinical team performed 2,584 surgeries for women with birth injuries from fistula and pelvic organ prolapse.



Rehabilitate 420 women received psychological and social support.



Equip We don't just treat women with fistula, we empower them to return to lives of dignity. In Hamlin's comprehensive reintegration program 1,253 women received numeracy and literacy training, 310 received vocational training, and 150 were reintegrated into their communities with a comprehensive support package.



Prevent Hamlin midwives provided safe childbirth for 18,606 women - and that was just in 40 of our midwifery centres.

25,458 mothers received Prevention of Mother to Child Transmission medication, to keep their unborn baby safe from HIV.

31 students were enrolled in Hamlin's three-year Master of Science in Clinical Midwifery program. 24 midwives graduated with a Bachelor of Science and were deployed to Hamlin supported midwifery centres.



My work and that of the hospitals is important, but it is more important to prevent fistula in the first instance and our midwives can achieve this. My dream is for there to be a midwife in every village of Ethiopia.

Dr Catherine Hamlin

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Hamlinsupported midwifery clinics

To give women in rural villages access to quality maternity care, local clinics need more trained midwives.



Hamlin Midwives staff 94 midwifery clinics in rural health centres across the country.

When a Hamlin Midwife arrives in a community, new cases of fistula and maternal death drop to almost zero in nearby villages.

We won't stop until we have provided a fistula-free and safe childbirth for every woman.

