**Mini-commentary:** ‘Continence, quality of life, and depression following surgical repair of obstetric vesicovaginal fistula: a cohort study’.

**Descriptive title**: Improving the physical, psychological and social ill-health of women affected by obstetric fistula.

Against the background of a renewed global focus on improving women’s health and well-being during and after pregnancy, Kopp et al have assessed 290 women at least one year after primary surgical repair for obstetric fistula in Malawi. Following surgery 19.3% of women reported urinary incontinence and 3.5% depressive symptoms. Women who had more severe types of fistula reported poorer quality of life after surgery. While most women reported improved health outcomes following surgical repair of vesicovaginal fistula, women with urinary incontinence reported a poorer quality of life, and Kopp et al recommend that health systems in low-resource settings need to be improved to better diagnose and manage women with ongoing morbidity after surgery.

It is significant that there is an increased awareness of obstetric fistula in affected communities; more women are seeking care; and as better quality surgical repair becomes more available, more women are reporting better health outcomes. However, Kopp et al also highlight that not all surgery is totally restorative and that some women report ongoing morbidity post-operatively. Obstetric fistula, and other types of maternal morbidity, not only affect a woman’s physical health but also her psychological and social well-being (Zafar 2015, McCauley 2018).

Over the past decade, there have been significant increases globally in the number of women who have skilled birth attendance at the time of birth (90% coverage in Malawi) which has resulted in more effective management of obstructed labour, the main cause of obstetric fistula, in many low resource settings. However, improving the future physical, psychological and social health of women at risk of obstetric fistula will only be possible if decision-makers at all levels also prioritise the availability, quality, and monitoring of comprehensive emergency obstetric care for women who have complications at the time of birth, including a timely caesarean section when this is needed. As Kopp et al highlight, no surgical intervention will fully restore functionality, and when considering obstetric fistula, prevention really is better than cure.

Furthermore, the current challenge in maternal health, is that although obstetric fistula is a devastating condition, it only accounts for a small fraction of maternal morbidity, with millions of women suffering both short- and long-term consequences of pregnancy and childbirth, the highest burden amongst women living in low resource settings (Zafar 2015, McCauley 2018). It is becoming clear that health and well-being is multifaceted and that women have physical, psychological and social co-morbidities that are often interlinked.

There is an ongoing need to ensure that both routine and emergency obstetric care is available and accessible for all women in all settings, not only to eliminate obstetric fistula, but to provide better quality of care for women, in a way that meets all their health needs.

**References**

Zafar S, Jean-Baptiste R, Rahman A, et al. Non-Life Threatening Maternal Morbidity: Cross sectional surveys from Malawi and Pakistan. PlosOne 2015; 10:e0138026

McCauley M, Madaj B, White SA, et al. Burden of physical, psychological and social ill-health during and after pregnancy among women in India, Pakistan, Malawi and Kenya. BMJ Global Health, 2018; 3:e000625.