May 23 is the officially designated "International Day to End Obstetric Fistula." Obstetric fistula is a devastating injury of childbirth that most people in industrialized countries have never heard of, but it remains an ongoing tragedy for millions of women in poor countries.

An obstetric fistula is a hole between the bladder and the vagina (or, sometimes, between the rectum and the vagina) which develops because obstructed labor has crushed the tissues that normally separate these structures. When a fetus is abnormally large or the mother's pelvis is too small—or perhaps just because the mother entered labor with the fetus in the wrong position—labor cannot progress normally. Soft tissues become trapped between the fetal head and its mother's pelvic bones. Eventually, the blood supply is compromised and the tissues die. Usually the fetus dies as well, unable to stand the relentless stress to which it has been subjected.

Life with an obstetric fistula is difficult, depressing and almost unimaginable to contemplate. The afflicted woman loses all urinary control—the urine simply runs out as soon as it enters the bladder. She is wet day and night. Sometimes she can hide the urine loss; sometimes she cannot. The psychological damage that a fistula does to her self-esteem and body image is enormous. She frequently has other problems as well—ulcers and skin breakdown, odor, social stigma and ostracism, loss of social life and religious participation.

Around 5% of all pregnant women will develop potentially obstructed labor, but in developed countries the progress of labor is carefully monitored by doctors and midwives. When a woman's labor does not progress normally, this is detected promptly and appropriate obstetric interventions take place. Often (but not always) this leads to cesarean delivery before the problem becomes too far advanced. In sub-Saharan Africa and south Asia; however, the quality of obstetric care is often poor. Many women labor at home with untrained midwives and when problems arise they cannot get the cesarean delivery they need. The result is high rates of maternal death and large numbers of birth-injured women, many of whom develop an obstetric fistula.

Fistulas will not heal without surgery. The Worldwide Fistula Fund (www.worldwidefistulafund.org) operates a fistula center in Danja, Niger, staffed by a well-trained and dedicated African surgeon, Dr. Itengre Ouedraogo. In 2013, 249 women received free surgery and rehabilitation there for obstetric fistulas and related complications. While this is only a "drop in the bucket" of the world fistula problem, the Danja Fistula Center transforms lives and shines as a beacon of hope in the world's poorest country. With your help, WFF can expand its work in Danja and support other fistula-related programs in Uganda and Ethiopia.

Let's work towards the time when we no longer need to have an "International Day to End Obstetric Fistula."

L. Lewis Wall, MD, DPhil, is Professor of Obstetrics and Gynecology (School of Medicine) and Professor of Anthropology (College of Arts and Sciences) at Washington University in St. Louis, MO, and the founder of Worldwide Fistula Fund. He has been awarded a Fulbright Scholarship to the College of Health Sciences at Mekelle University in northern Ethiopia.