Good nutrition for the girl child will also enable her achieve her full growth potential including an adequate pelvis that can accommodate a baby without getting obstructed.

Education of the girl child also plays a major role as it may prevent marriage during the teenage period. It is true that early marriage at a time the girl child has not finished growing (including the pelvis) makes such girls at risk of obstructed labour. However, the main cause of VVF is the absence of a skilled birth attendant. A skilled birth attendant recognizes the features of labour obstruction early and refers or performs a caesarean section promptly. Provision of adequate number of health facilities manned by skilled personnel is important especially in the rural areas. Lastly, general improvement in health education on VVF and its causes is important as well as the improvement of the socioeconomic condition of the populace.

Chapter 11

THE WOMAN WITH GENITAL PROLAPSE

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ANSWERS TO QUESTIONS ON PRACTICE CASES

1. Practice Case 1 is a case of pelvic organ prolapse and most likely a cystocoele. It is also referred to as anterior compartment/vaginal wall prolapse. Practice Case 2 is a case of third degree utero-vaginal prolapse also known as procidentia. This is the stage IV pelvic organ prolapse according to the POP-Q system.

2. The possible differential diagnoses in anterior compartment and apical prolapse include:
- Large urethral diverticulum
- Tumours of the urethra and bladder
- Haemangiomas
- Soft tumours of the vagina such as lipoma, leiomyoma, sarcomas.
- Bartholin's cyst or absscess
- Cervical tumours
- Endometrial polyps or pedunculated fibroids.

3. (i) Ordinal grading into first, second or third degree / severity of anterior or posterior wall prolapse as mild, moderate or severe. (ii) POPQ-System: pelvic organ prolapse quantification system according to the International Continence Society ICS using the hymenal remnant as the reference point.