Maternity care and support for women with Female Genital Mutilation/ Cutting.

United Kingdom | Ireland | Belgium | Switzerland

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Definitio

Female g /C) is

"all proce mplete removal o or other injury to th -medical

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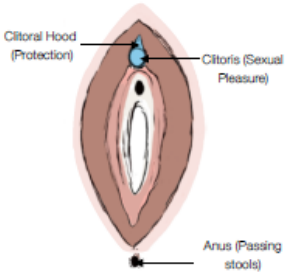
Potential health consequences of Female Genital Mutilation

Developing excellence in response to FGM and other harmful practices

Created by the National FGM Centre in collaboration with Juliet Albert (Specialist FGM Midwife, Sunflower Clinic)

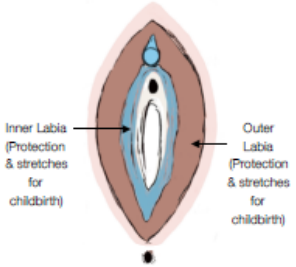
Type 1

Partial to total removal of the clitoral hood and/or clitoris



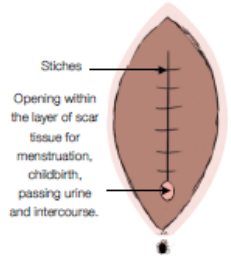
Type 2

Partial to total removal of the clitoris and inner labia and/or outer labia



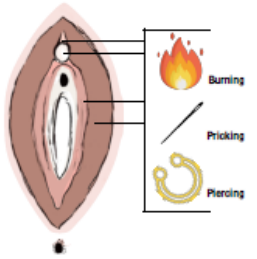
Type 3

Usually includes partial to total removal of the clitoris and inner labia and/or outer labia, with inner labia sewn/fused together leaving a small hole.



Type 4

Any other injury to the genitalia including piercing, scraping, burning, stretching and pricking.



Short Term

- Infections such as HIV, Hepatitis, Septicaemia and Tetanus.
- Pain - The clitoris contains numerous blood vessels and the most nerve endings in the female body.
- Broken limbs - If the girl was held down or restrained.
- Shock - both physical and emotional
- Excessive bleeding (haemorrhaging)
- Death

- Even a small prick, scrape, burn or piercing can damage the nerves of the genitals and cause infection.
- Stretching labia can be painful while being carried out and uncomfortable in the long term.

Long Term

- Pain during sexual intercourse due to scarring.
- It may feel tight in the clitoral area which can be very painful.
- Damage to urine hole, can cause incontinence and pain when passing urine.
- Loss of sensation which may affect sexual pleasure.

Type 1

- In childbirth women are more likely to suffer tears and bleeding as scar tissue may not stretch during labour.
- Prone to urinary and thrush infections.
- Anxiety/Depression/PTSD/ Flashbacks
- Cysts/Fistulas

Type 2
(can include type 1 complications)

- Sexual intercourse and cervical smears may be difficult and painful or impossible if the opening is very small.
- More likely to have pain and blood clots during menstruation
- Increased risk of pelvic inflammatory disease
- Possible infertility

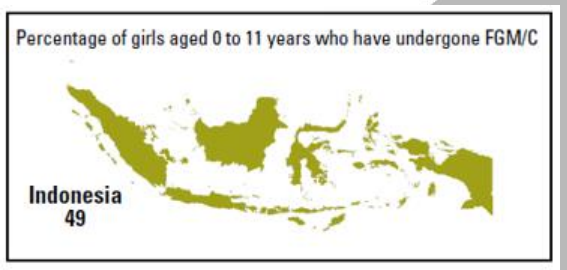
Type 3
(can include type 1 & 2 complications)

Remember

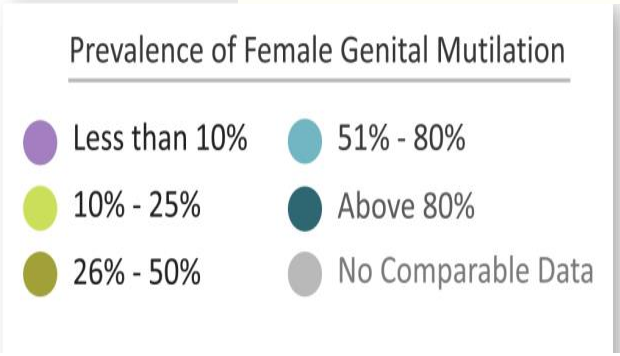
A small bleed or piercing of the genitalia, may not be visible many years later however the woman may remember being held down, bleeding and being in pain.

If FGM is carried out as a baby, the woman may not remember, and may not become aware until later in life. Some women may not experience any health consequences.

http://nationalfgmcentre.org.uk/wp-content/uploads/2019/02/FGM-and-Health-Consequences-Infographic-1.pdf



WHILE THE **EXACT NUMBER** OF GIRLS AND WOMEN
WORLDWIDE WHO HAVE UNDERGONE FGM/C **REMAINS UNKNOWN**,
AT LEAST **200** **MILLION** GIRLS AND WOMEN IN
30 COUNTRIES HAVE BEEN SUBJECTED TO THE PRACTICE



Source: UNICEF global databases, 2016, based on DHS, MICS and other nationally representative surveys, 2004-2015

Australian Statistics

Australian Institute of Health and Welfare estimate that 53,000 girls and women have had the procedure.

(AIHW, 2019).

Australian Government
Australian Institute of Health and Welfare
AIHW

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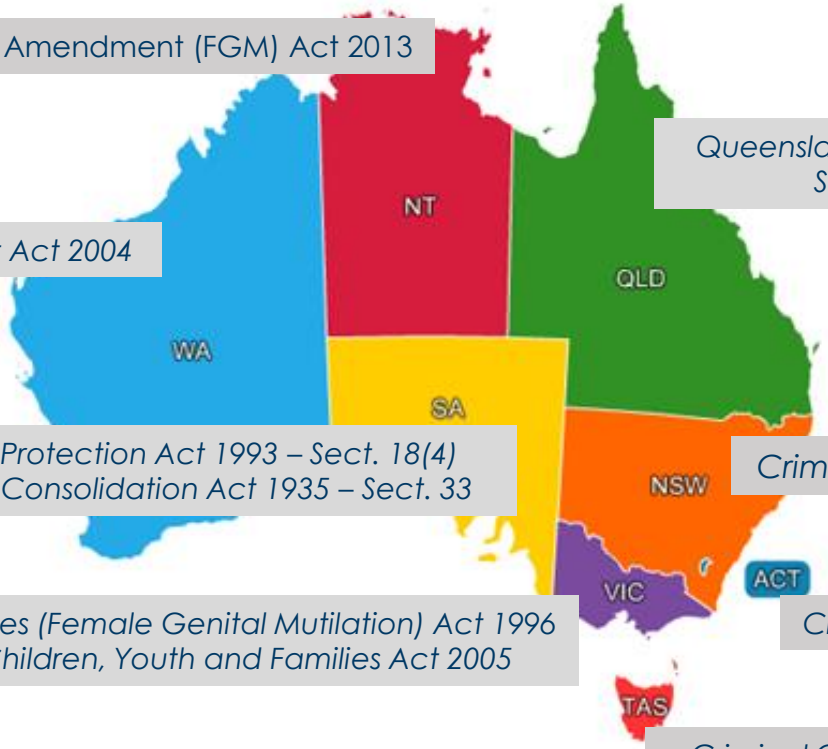
Australian Legislation

FGM/C is illegal in Australia

Criminal Code Amendment (FGM) Act 2013

Queensland Criminal Code 1899 - Sect 323A & 323B

Criminal Code Amendment Act 2004



Children's Protection Act 1993 – Sect. 18(4)
Criminal Law Consolidation Act 1935 – Sect. 33

Crimes Act 1900 – Sect 45

Crimes (Female Genital Mutilation) Act 1996
Children, Youth and Families Act 2005

Crimes Amendment Act (No. 3) 1995

Criminal Code Amendment Act 1995

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Churchill Fellowship

'Explore the care and support available to women with female genital mutilation/cutting (FGM/C) during pregnancy and childbirth'

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2018 Study Tour

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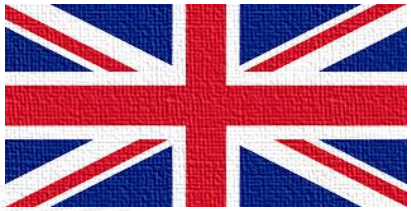

5 Countries
15 Clinics /Organisations
6 Weeks

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United Kingdom

England

- Chelsea and Westminster Hospital.
- Dr Comfort Momoh, MBE.
- The Whittington Hospital.
  (African well women's health clinic).
- Queen Charlotte's and Chelsea Hospital.
  (Sunflower clinic).
- Whipps Cross University Hospital.
  (Lotus clinics)
- National FGM Centre.

Wales

- Cardiff Royal Infirmary.
  (Women's Wellbeing Clinic).

Northern Ireland

- Queen's University Belfast.

Ireland

- Irish Family Planning Association.
- Coombe Women and Infants University Hospital.

Ireland

Population: 4.83 million
Healthcare system: Publicly and Privately funded

5,277

Estimated number of girls and women living in the Ireland who have had FGM/C

Currently there is no national database for collecting FGM/C statistics in Ireland

FGM/C has been illegal in Ireland since 2012

/ *Criminal Justice (Female Genital Mutilation) Act 2012*
/ Criminal offence to perform FGM/C in girls and women
/ Criminal offence to perform, seek or assist in FGM/C in Ireland. Extraterritoriality not included in the legislation, however, it is an offence to remove a girl from the country for the purpose of FGM/C

It is mandatory to report all cases of underage FGM/C including girls at risk under the *National Guidance for the Protection and Welfare of Children 2011*

Belgium

- GAMS Belgium.
- CeMAViE.

Belgium

Population: 11.4 million
Healthcare system: Publicly and Privately funded

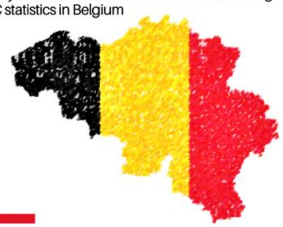
6,260

Estimated number of girls and women living in the Ireland who have had FGM/C

1,975

Estimated number of girls at risk

Currently there is no national database for collecting FGM/C statistics in Belgium



FGM/C has been illegal in Belgium since 2001

/ *Article 409 of the Penal Code*
/ Criminal offence to perform, seek or assist in FGM/C in girls and women in Belgium. This extends to person performing and aiding in the procedure overseas and taking a child out of the country for the purpose of FGM/C

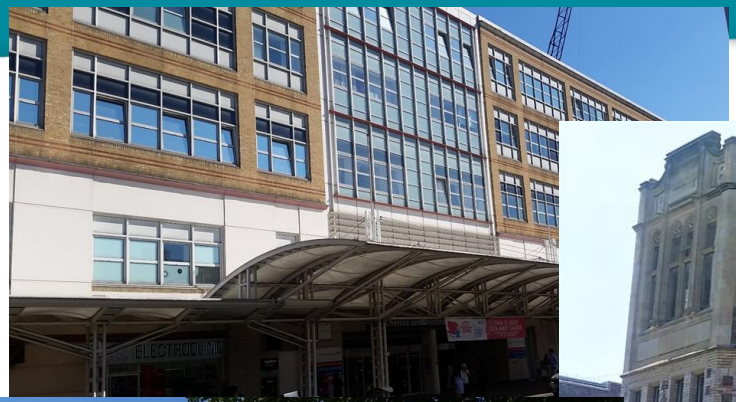
It is mandatory to report all cases of underage FGM/C including girls at risk under *Belgian Child Protection law*

Switzerland

- Caritas Switzerland.
  - Network against FGM/C Switzerland.
- The University Hospital of Geneva.
  - Dr Jasmine Abdulcardi.

Findings


Queen Charlotte's
& Chelsea Hospital


ELECTROCLINIC


Car Park
Pay Station


CARDIFF ROYAL INFIRMARY

	Part of Antenatal Services	Part of Gynaecological Unit	Stand-Alone Community Clinic	Maternity FGM/C Specialist Clinic	Walk-in Clinic
Location	Hospital	Hospital	Community	Hospital	Hospital & Community
Team leader	FGM/C specialist midwife	FGM/C specialist midwife or gynaecological consultant	FGM/C specialist midwife	FGM/C specialist midwife and obstetric consultant	Obstetric/ gynaecological consultant
Population covered by the service	Pregnant & non-pregnant women with FGM/C, booked & not booked at the hospital	Pregnant & non-pregnant women with FGM/C, booked & not booked at the hospital	All pregnant & non-pregnant women with FGM/C	Pregnant women with FGM/C booked to birth at the hospital. All low-risk pregnant women attend the clinic for all their antenatal care, postpartum follow up and FGM/C support	Pregnant & non-pregnant women with FGM/C, not booked at the hospital
Access	Referral not necessary Appointment	Referral needed Appointment	Referral not necessary Appointment	Referred by ANC Appointment	Referral not necessary Walk-in service
Services offered	Community health advocate, interpreters, social work, psychosexual counselling, obstetrics and gynaecology referral, physiotherapy, deinfibulation	Interpreters, Psychological and psychosexual counselling, physiotherapy, deinfibulation Clitoral reconstruction Sexual and reproductive health information Cervical screening	Community health advocate, interpreters, social work, psychosexual counselling, obstetrics and gynaecology referral, physiotherapy, deinfibulation Sexual and reproductive health information Cervical screening	Antenatal and postpartum care, interpreters, social work, psychosexual counselling, obstetrics and gynaecology, physiotherapy, deinfibulation	Community health advocate, interpreters, social work, psychosexual counselling, obstetrics and gynaecology, physiotherapy, deinfibulation Sexual and reproductive health information. Cervical screening
Follow up	Pregnant women return to their booked maternity service provider for continuation of care. Follow up in the postpartum period offered.	Pregnant women return to their booked maternity service provider for continuation of care. Follow up in the postpartum period offered.	Pregnant women return to their booked maternity service provider for continuation of care. Follow up in the postpartum period offered.	Pregnant women with low-risk pregnancies continue to be seen at the clinic for the duration of their pregnancy and postpartum care. High-risk pregnancies return to obstetric led care at the hospital	Pregnant women return to their booked maternity service provider for continuation of care. Follow up in the postpartum period offered.

Recommendations

1. Female genital mutilation/cutting laws must provide clear definitions of what FGM/C is, as guided by the WHO recommendations.
2. Mandatory FGM/C reporting practices and information sharing is essential for the protection of girls at risk.
3. A national mandatory FGM/C database allows for improvement of health services for girls and women affected by FGM/C.

4. FGM/C education must form part of mandatory training for all health professionals.
5. A comprehensive and effective FGM/C specialist service involves the collaboration of a multidisciplinary team including: FGM/C specialist nurse and or midwife, obstetric and gynaecological support, **community health advocates**, psychosexual and mental health services.
6. Community health advocates are essential for the provision of culturally appropriate services.

7. All women must be asked FGM/C status at their first antenatal booking visit regardless of their cultural background.
8. Standard management pathways of FGM/C cases across organisations.
9. Evidence based management of deinfibulation and clitoral reconstruction.
10. Community engagement and collaboration is essential for the success specialised FGM/C services and FGM/C prevention campaigns.

Notes for success

- Identify
  - First antenatal/ booking appointment
  - All women need to be asked regardless of their cultural background
  - Woman's country of birth or family background is the strongest risk factor for FGM/C

- Be sensitive
- Use traditional terms for FGM/C

Ask direct questions such as:

"Have you been cut down there?" *or*

"Have you had traditional cutting or been circumcised?" *or*

"I believe female genital cutting or circumcision is practised where you come from. Did this happen to you?"

Some women may feel more comfortable with a less direct approach with questions such as:

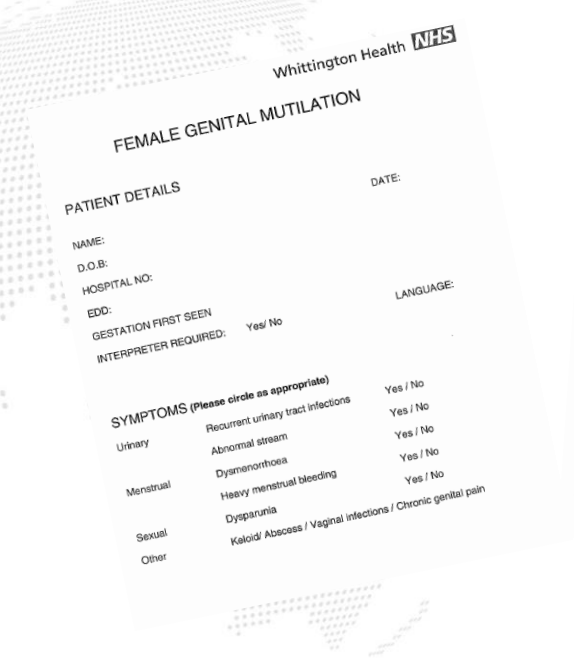
"Where you grew up is it customary for women to have genital cutting?"

"What about you – is this something you have experienced?" *or*

"Do they do traditional cutting where you come from? Did this happen to you?" *or*

"Is there anything special I need to be aware of? For example, any cultural or ritual practice or procedure that may have been performed on your genital area?".

- Document
  - FGM/C proforma
    - Management plan
    - Risk assessment findings
    - Referrals


Whittington Health NHS

FEMALE GENITAL MUTILATION

PATIENT DETAILS

DATE:

NAME:

D.O.B:

HOSPITAL NO:

EDD:

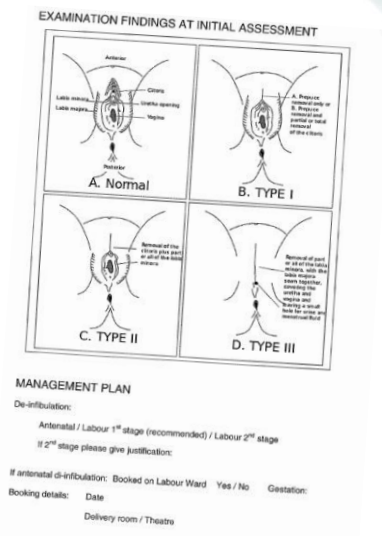
GESTATION FIRST SEEN

INTERPRETER REQUIRED: Yes/ No

LANGUAGE:

SYMPTOMS (Please circle as appropriate)

Urinary	Recurrent urinary tract infections	Yes / No
	Abnormal stream	Yes / No
Menstrual	Dysmenorrhoea	Yes / No
	Heavy menstrual bleeding	Yes / No
Sexual	Dyspareunia	
Other	Keloid/ Abscess / Vaginal infections / Chronic genital pain	


EXAMINATION FINDINGS AT INITIAL ASSESSMENT

A. Normal

B. TYPE I

C. TYPE II

D. TYPE III

MANAGEMENT PLAN

De-infibulation:

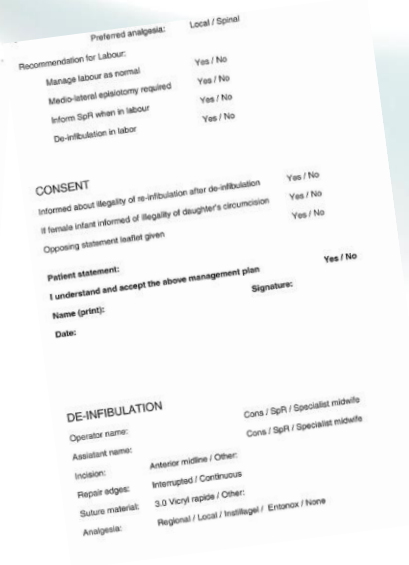
Antenatal / Labour 1st stage (recommended) / Labour 2nd stage

If 2nd stage please give justification:

If antenatal di-infibulation: Booked on Labour Ward Yes / No Gestation:

Booking details: Date

Delivery room / Theatre


Preferred analgesia: Local / Spinal

Recommendation for Labour:

Manage labour as normal	Yes / No
Medio-lateral episiotomy required	Yes / No
Inform SpR when in labour	Yes / No
De-infibulation in labor	Yes / No

CONSENT

Informed about illegality of re-infibulation after de-infibulation	Yes / No
If female infant informed of illegality of daughter's circumcision	Yes / No
Opposing statement leaflet given	Yes / No

Patient statement: Yes / No

I understand and accept the above management plan Signature:

Name (print):

Date:

DE-INFIBULATION

Operator name:	Cons / SpR / Specialist midwife
Assistant name:	Cons / SpR / Specialist midwife
Incision:	Anterior midline / Other:
Repair edges:	Interrupted / Continuous
Suture material:	3.0 Vicryl rapide / Other:
Analgesia:	Regional / Local / Instillegel / Entonox / None


TTO analgesia: Codydramol / Paracetamol / Non-adhesive dressing / Other:

POST NATAL FOLLOW UP:

Infant: Male / Female

Has patient been reported to Whittington FGM service: Yes / No

Postnatal appointment: Yes / No Date:

Psycology referral: Yes / No / NA

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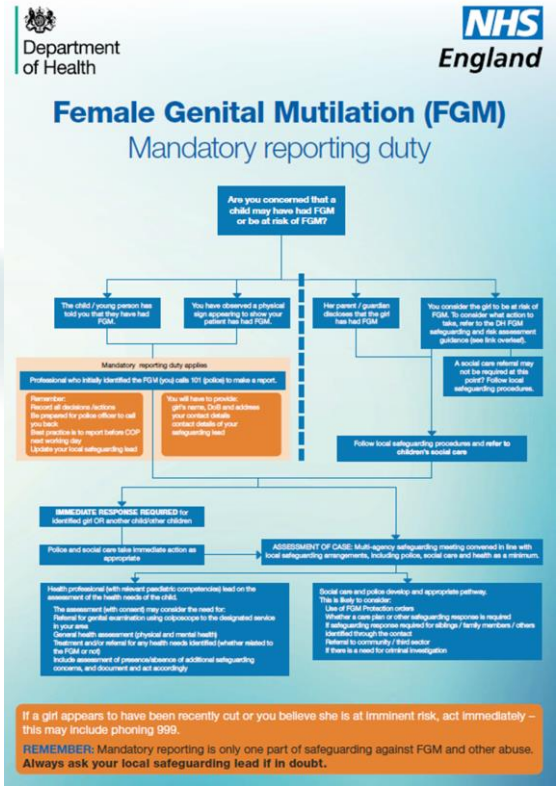
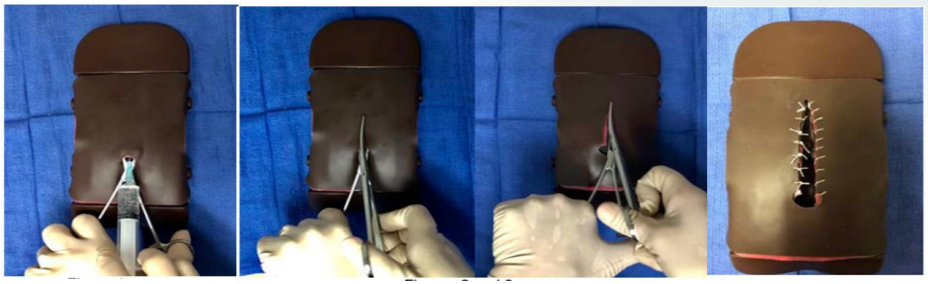
- Risk Assessment
  - What is the likelihood FGM/C to continue?
  - Other family members oppose or for the practice?
  - Risk to female infant?
  - Mandatory reporting
  - EMR alerts?
  - Information sharing - GP



Deinfibulation

Deinfibulation

- Antenatally
  - Recommended
  - After 20 weeks gestation
  - Local anaesthetic
  - Suture edges to prevent apposition
  - After the procedure
    - First void
    - Analgesia
    - Intercourse
  - Follow up



- Intrapartum
  - Most commonly chosen but not ideal
  - Present early
  - Epidural
  - Suture after birth
  - Post deinfibulation care
  - Follow up
- Deinfibulation ≠ ‘Reversal’

Holistic approach

- Midwife specialist
- Obstetric/ Gynaecological consultant
- Health advocates
- Social worker
- Psychologist/ Counsellor
- Psychosexual Counselling

Resources

- National FGM Centre.
- World Health Organization.
- How to talk about FGM: End FGM European Network
- FGM/C visual reference and learning tool (poster)

Links

- African Women's Clinic Royal Women's Hospital Melbourne https://www.thewomens.org.au/patients-visitors/clinics-and-services/gynaecology/female-genital-cutting
- Female Genital Mutilation: A visual reference and learning tool for health care professionals (video) https://www.youtube.com/watch?v=XRid7jlUzMY
- FGM resources: National FGM Centre http://nationalfgmcentre.org.uk/fgm/fgm-resources/
- FGM Assessment Tool http://nationalfgmcentre.org.uk/fgm-assessment-tool/

Questions?

"COURAGE IS THE FIRST OF ALL HUMAN QUALITIES BECAUSE IT GUARANTEES ALL OTHERS."

Winston S. Churchill

www.churchilltrust.com.au

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