



Pioneer Scheme Half-day Learning programme

Wednesday 15th January 2020

KNOWLEDGE EXCHANGE

FGM (Female Genital Mutilation)

With Hilary Alba, specialist midwife, and Dr Anna Black, GPwSI

1) What were the key learning points from this session?

- FGM comprises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.
- Most women will know FGM as **cutting** or **female circumcision**. These terms are more recognisable to women and so should be used when inquiring about health issues.
- There are 4 types <http://www.dofeve.org/types-of-fgm.html>
- **De-infibulation** (also referred to as defibulation or FGM reversal) is the surgical procedure to open up the closed vagina of FGM type 3.
Re-infibulation (or re-suturing) is the re-stitching of FGM type 3 to re-close the vagina after childbirth. This is **illegal in the UK** as constitutes FGM.
- FGM is mostly carried out on young girls between birth and 15 years of age. **Most commonly between age four and ten**. The age varies within different communities and is linked to the reasons for carrying it out in first place.
- Some women may not be aware they have had FGM.
- Other forms of abuse are higher in those who have experienced FGM.
- There are **both immediate and long-term health impacts from FGM**
 - **Immediate:** severe pain and shock, infection injury to adjacent tissues, sprains/dislocations/breaks from being restrained, haemorrhage and BBV.
 - **Long-term:** Urine retention, difficulties in menstruation, infections, cysts and neuromas, complications in pregnancy and childbirth, increased risk of fistulas, PTSD and sexual dysfunction.

- **FGM has been an offence in the UK since 1985** and the law was strengthened in 2005 (Prohibition of Female Genital Mutilation (Scotland) Act 2005).
- **Indications a girl may be at risk:**
 - One or more parent comes from ethnic group that traditionally practices FGM.
 - Mother has had FGM.
 - Older sister/cousins have had FGM.
 - Mother (and/or Father) request reinfibulation following surgery.
 - Parents express views which show that they value the practice.

2) What changes to practice might you consider?

- It is important to ask females about cutting (FGM) especially if they are from countries/communities where FGM is common (importance of using language they would understand).
- Ask if the woman has any health implications due to the cutting, both physical and mental. Let them know there is help available and refer them on to appropriate people if they would like this.
 - **Mr Hasan Ali** (Gynaecology QEUH) for deinfibulation
 - **Dr Tamsin Groom** (Sandyford) for anything non-surgical and smears/sexual dysfunction
 - **Hilary Alba** (midwife) if pregnant (runs a Friday clinic)
- When a patient has had FGM (type 3 in particular) it is worth referring to Sandyford for smear as it may be difficult and also traumatic for the patient.
- Be aware of children who may be at risk, follow child protection procedures.
- Make sure FGM is recorded in their records.

3) Any useful resources to share?

- NSPCC has a 24-hour helpline for anyone concerned about girls or women at risk of FGM 08990283550 or fgmhelp@nspcc.org.uk
- www.fgmaware.org (Sara's story is a 5 min film worth watching)
- www.fgmelearning.co.uk (free online learning module on FGM, developed by the home office in conjunction with virtual college N.B Information on legislation and child protection applies to England and Wales)
- www.fgmnationalgroup.org/contact_us.htm
- Rape crisis Glasgow, Ruby Project (support for BME women and girls over 13) helpline 08088000014 or info@rubyproject.co.uk
- Saheliya (specialist mental health services, well-being support and advocacy for BME women and girls over 12) 0141 552 6540 www.saheliya.co.uk