

Female genital mutilation (FGM)

This leaflet is designed for women that have undergone female genital mutilation (FGM) and provides information and support on what to expect during pregnancy to ensure the safety of you and your baby. It is illegal to practice in the UK or to facilitate its practice.

What is female genital mutilation (FGM)?

Female genital mutilation, (FGM), is the intentional alteration or injury to the female genital organs for non-medical reasons. This can be divided into four different types:

- **Type 1** – Removal of all or part of the clitoris (a small, sensitive and erectile part of the female genitals), sometimes also removing the skin fold (hood) around the clitoris.
- **Type 2** – Removal of the clitoris with part or all of the inner labia (lips), with or without cutting of the outer labia of the female genitals.
- **Type 3** – Narrowing of the vaginal opening through the creation of a covering seal by cutting and repositioning the inner and outer labia with or without removal of the clitoris.
- **Type 4** – all other harmful procedures for non-medical reasons, including pricking, piercing, incising, scraping and cauterising the genital area.

Which countries practice FGM?

FGM is a cultural practice carried out in areas of Africa, mainly the West, East and North East. Women and girls in Asia and the Middle East are also affected, with numbers thought to be at around 140 million worldwide, although it could be much more than this. Due to migration, FGM is now seen in countries all over the world, particularly the UK.

Why is FGM carried out?

There are various reasons why FGM is carried out but it is not due to belonging to a particular religion or race. The most common reasons given are as a preparation for adulthood, social and peer pressure, fear of social exclusion, to discourage sex outside marriage and to maintain family honour. The procedure is usually carried out on young girls and sometimes women.

What risks are involved?

FGM can have a lasting effect on the girl/woman when it is performed, which could affect her physically and mentally. The immediate physical effects can include severe bleeding, infection or even death. Longer term problems can occur with passing urine, periods,

cysts, pain or difficulty during vaginal examination or cervical smear, pain during sex and lack of pleasurable sensation, infertility, problems in childbirth and a higher rate of neonatal death. It can also have effects on a woman's emotional state, leading to depression.

FGM and the law

Girls and women who are British nationals or are residents of the UK are protected from FGM by the laws in the UK. ^(1, 2) The law states that:

- It is illegal to practice FGM in the UK;
- It is illegal to take girls abroad for FGM, even if is lawful in the receiving country;
- It is illegal to aid, abet, counsel or procure the carrying out of FGM abroad.
- It is also an offence for those with parental responsibility to fail to protect a girl from the risk of FGM. ⁽²⁾

Assisting with organising and/or carrying out of FGM on UK nationals or ANY UK resident carries a penalty of up to 14 years in prison and/or a fine.

Midwives and doctors have a legal responsibility towards children who may be at risk of FGM. ^(3,4)

The law in Britain states that every child has the right to enjoy a healthy and safe childhood. As you have undergone FGM; your children (daughters) are considered to be at risk and you will be referred to children's social care services for extra support. Please do not be alarmed by this. The support is put in place to ensure your children get the best opportunities from an early age.

If you are under 18 years of age we are required by law to report this to the Police, who have a dedicated team specialising in supporting women who have undergone FGM.

You are a woman who has undergone FGM and you come from a community which practises FGM therefore your daughter is considered to be at risk of FGM. To ensure she receives continuous protection throughout her childhood (up to 18 years of age) the fact that she is at risk of FGM will be kept on her medical record. This record will be kept on a system that will enable all healthcare professionals throughout the country to see that she is at risk of FGM.

Antenatal care ^(5, 6)

Your midwife will refer you to the antenatal clinic to be seen by an obstetrician (a doctor specialising in pregnancy and birth, who specialises in caring for women with FGM. She/he will talk to you about the FGM you have had and with your permission will carry out an examination. The examination is to assess if there will be any impact on the progression of your labour or giving birth. If there is not thought to be a problem, you will probably be referred back to GP or midwife care.

Depending on the severity of the FGM, the obstetrician may recommend defibulation. This means re-opening the area which has been narrowed to allow enough room for you to give birth to your baby and to prevent further damage. This is usually done before labour begins but if required this can be carried out during the early stages of labour. The

procedure is carried out by a doctor who is experienced in this procedure and who will use local or regional anaesthetic (you will be awake but won't experience any pain). The doctor will not perform another procedure to re-infibulate (close back) the area after your baby is born – this is also illegal in the UK.

Labour ^(5,6)

You will be encouraged and supported to give birth. You may feel that you need more support at times, especially during examinations. We want you to receive the care and support you need so please talk to your midwife about the help you feel you need.

Postnatal

The midwives will advise you on cleanliness after your baby is born, especially if you have had stitches.

What help can you get? ⁽⁷⁾

If you have had FGM you can get medical help and support from your GP or any other healthcare professional, even if you are not pregnant. You can also find details of specialist FGM clinics and services at www.nhs.uk/fgm.

If you are concerned about any girl who may be at risk of FGM:

- Tell the health professional treating you, or;
- Contact the *National Society for the Prevention of Cruelty to Children (NSPCC)*, Helpline 0800 028 3550, 24 hours a day. They can be contacted anonymously or email: fgmhelp@nspcc.org.uk. Or;
- Contact *Childline* www.childline.org.uk 0800 1111 (Freephone).

If you are worried that you may be pressured by your family or community to have FGM performed on your daughter, ask your GP, health visitor or any other healthcare professional for help.

Health Passport ⁽⁷⁾

You can ask for copies of 'A statement opposing Female Genital Mutilation'. This is a pocket sized printed statement, available in 11 languages which you can take with you when you go abroad. You can show it to your family. It makes clear that FGM is a serious criminal offence in the UK. This can be obtained from: www.gov.uk/government/publications/statement-opposing-female-genital-mutilation

Collecting and using information from patients with FGM ^(8,9)

In order to improve the care and support we provide to women and girls who have experienced FGM, as well as protecting those at risk, the Department of Health (DoH) is collecting information about FGM within the female population as treated for any condition by the NHS in England. This is a mandatory requirement for all NHS organisations. Therefore, your personal (name, date of birth, NHS number, and home address) and FGM

information will be reported to the DoH. This will help the government to understand the number of women and girls living with FGM in the UK and their medical requirements. However, your personal information will remain confidential within the UK government and will not be used for any other purpose.

We DO NOT have to seek your permission for reporting this information. However, IF you have any objection to your FGM information being used, please let us know or you can make enquiry to:

[www.hscic.gov.uk/media/14700/Preventing-the-use-of-yourinformation-for-health-andor-social-care-purposes-other-than-directcare/pdf/Preventing Use of Your Information Form.pdf](http://www.hscic.gov.uk/media/14700/Preventing-the-use-of-yourinformation-for-health-andor-social-care-purposes-other-than-directcare/pdf/Preventing%20Use%20of%20Your%20Information%20Form.pdf)

This will automatically remove your information from the data collection.

To find out more about what information we are collecting, why, and how we will use it or to object to your information being used in this way please go to

www.hscic.gov.uk/patientconf for further details.

If you would like more information about FGM, please go to www.nhs.uk/fgm

Further support and information

1. The Rose Centre

- Oxford Road Community Centre: Reading RG30 1AG
- FGM specialist advice
- Drop-ins every first Friday of the month between 09.30-12.30, for all women who are affected by FGM.

2. Women with vision: community support group, Jammie Koroma (Midwife at RBH) Tel no: 0773 7038 629.

3. Foundation for Women's Health Research & Development (FORWARD) - Specialist African Well Women Clinics

There are 14 specialist clinics in London that provide tailored care for women affected by FGM, and in some other cities across the UK. All the clinics have trained and culturally sensitive staff who can offer a range of healthcare services, including reversal surgery. Services are confidential and in many cases, can provide interpreters. For more information please visit www.forwarduk.org.uk/resources/support/well-woman-clinics or call 0208 960 4000.

4. Africans Unite Against Child Abuse (AFRUCA)

This charity was set up to support African children living in the UK. If you would like further information about how they can help you, please visit www.afruca.org or telephone on 0207 704 2261 (London) or 0161 953 4711 (Manchester).

5. Southall Black Sisters (SBS)

Southall Black Sisters is an organisation set up to provide support to minority ethnic women. They can be contacted by telephoning 0208 571 0800 or you can get further information from www.southallblacksisters.org.uk.

6. Metropolitan Police – Child Abuse Investigation Command / Project Azure (0207 161 2888).

7. National Society for the Prevention of Cruelty to Children (NSPCC).
8. Childline: www.childline.org.uk.

References

1. House of Commons (2003) Female Genital Mutilation Bill: A Bill to restate and amend the law relating to female genital mutilation; and for connected purposes. 11th Dec: House of Commons: London
2. Ministry of Justice, Home Office. Serious Crime Act 2015. Factsheet – female genital mutilation. [London]: Ministry of Justice; 2015
3. The Children’s act (1989) section 47 (1).
4. HM Government, Multi-Agency Practice Guidelines, Female genital Mutilation, April 2014 Ch 6. Pg 32-34.
5. Royal College of Obstetricians and Gynaecologists (2015) Green-top Guideline No. 53 – Female Genital Mutilation and its Management
6. Royal College of Midwives (2011) Female Genital Mutilation, Guidance for Midwives: www.rcm.org.uk
7. Female Genital Mutilation Risk and Safeguarding; Guidance for professionals, 2016
8. ‘Female Genital Mutilation Enhanced Dataset – Information Governance Statement’ 2015.
9. FGM Prevention Programme-DoH - Understanding the FGM Enhanced dataset – updated guidance and clarification to support implementation. Sept. 2015 FGM Prevention Programme: requirement for NHS staff (PDF, 319kb)

This document can be made available in other languages and formats upon request.

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