



Rebekah Teel 6-6-2022

Evaluation and management of (Female Genital Circumcision/Cutting/Mutilation)

1. Definition or Key Clinical Information:

Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. This practice is harmful and dangerous with immediate and long-term risks. It is illegal in the United States in any form. It is almost always done to minors and is a violation of human rights and the rights of children. It violates the rights to health, security, and physical integrity. It also violates the right to be free from torture and cruel, inhumane, or degrading treatment. In some cases, when the procedure results in death, it has violated the right to life. As a health care provider, I am obligated to report anyone who requests this procedure to be done, or if I suspect that a child may be in danger of having this procedure done to them.

2. Assessment

i. Risk Factors

- ❖ Females, infant through adolescent, occasionally adults
- ❖ Immigrant, or immigrant parents from certain countries in Africa, the Middle East, and Asia. (Most common in Somalia, Guinea, Djibouti, Sierra Leone, Mali, Eritrea, Egypt, and Sudan. Fairly common in Liberia, Mauritania, Ethiopia, Gambia, Burkina Faso, Kenya, Central African Republic, Senegal, Nigeria, Côte d'Ivoire, Chad, and Guinea-Bissau. Less common in Yemen, United Republic of Tanzania, Benin, Iraq, Togo, Ghana, Niger, Uganda, Cameroon)
- ❖ Discussion should happen with anyone from a country where this is practiced to determine if the client has been subjected to this procedure as an infant, child, adolescent, or adult. (Is it common in your home country for females to be cut "down there"? Do you know if you were "cut" as a baby or child?)

ii. Subjective Symptoms

- ❖ Sexual dysfunction
- ❖ Difficulty urinating, or urination takes several minutes
- ❖ Frequent UTI's or vaginal infections
- ❖ Difficulty with menstruation, menstrual blood gets "stuck"
- ❖ Reports that they "look different down there"
- ❖ Asks to be "opened" or de-infibulated for marriage or childbirth
- ❖ Asks to be "closed" or re-infibulated after giving birth

iii. Objective Signs

- ❖ Partial or total removal of clitoris or clitoral hood.
- ❖ Partial or total removal of the clitoris and the labia minora, with or without removal of the labia majora.
- ❖ Narrowing of the vaginal opening by cutting and sewing together the labia minora or labia majora with or without removal of the clitoris.
- ❖ Other cutting, scraping, cauterizing, stretching, or corroding of the vagina, clitoris, or labia
- ❖ Scar tissue or disfigurement

iv. Clinical Test Considerations

- ❖ Physical evaluation of the genital area

3. Management plan

i. Therapeutic measures to consider

- ❖ *Examine and determine the degree of genital cutting and properly document it in the chart* (minimize repeated examinations)
- ❖ Provide accurate information about their condition, as well as reproductive and sexual health
- ❖ De-infibulation may be necessary for sex or childbirth
- ❖ Reconstructive surgery may be an option in some cases

ii. Complementary measures to consider

- ❖ Determine what wording the client prefers to use regarding their condition and use this terminology
- ❖ Ensure a well-trained translator is available if necessary, and that confidentiality will be kept
- ❖ Provide privacy, limit extra people in the room
- ❖ Offer to discuss their feelings about what has been done to them, or offer a referral to a counselor

iii. Considerations for pregnancy, delivery, and lactation

- ❖ Client may have difficulty getting pregnant, de-infibulation may be necessary
- ❖ Delivery may be difficult, more painful, result in more physical and/or emotional trauma, or may need to be assisted by an episiotomy or de-infibulation before or during labor
- ❖ Severe lacerations may occur internally and/or externally during birth
- ❖ Lactation should not be impacted, except possibly by emotional trauma

iv. Client and family education

- ❖ It is important that the client and their family understand that this practice is illegal in the United States and anyone performing it, seeking someone to perform, or taking a child out of the country to have it done will be prosecuted by the law
- ❖ It is illegal for me or any other medical provider to perform genital cutting, infibulation, or re-infibulation
- ❖ Offer handout with pictures of varying degrees of FGM to help them understand what has been done to them if they do not already know
- ❖ After birth or de-infibulation, give education on how things may be different (urination, menstruation, sexual intercourse), what is normal and abnormal, signs of infection, instructions for keeping the area clean, and when to call the midwife

v. Follow-up

- ❖ Follow-up as needed at the request of the client

4. Indications for Consult, Collaboration or Referral

- ❖ Consult and collaborate with an OB if degree of infibulation requires surgery to undo
- ❖ Refer to OB if client desires cesarean section for birth
- ❖ Refer to OB if labial or vaginal tearing needs complicated suturing that is out of scope for midwife
- ❖ Refer to counselor if client desires counseling for emotional trauma
- ❖ Report any evidence or suspicion that a child has had FGM or may be in danger of FGM

5. References

Government of South Australia. (2018). South Australian perinatal practice guideline: Female genital mutilation.

Department for Health and Wellbeing. Retrieved

from https://www.sahealth.sa.gov.au/wps/wcm/connect/04961e804ee46be5bc81bdd150ce4f37/Female+Genital+Mutilation_PPG_v4.0_25.10.18.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-04961e804ee46be5bc81bdd150ce4f37-mxUc-tm

Perron, L., Senikas, V., Burnett, M., Davis, V., Aggarwal, A., Bernardin, J., ... & Rutherford, M. (2013). Female genital cutting. *Journal of Obstetrics and Gynaecology Canada*, 35(11), 1028-1045. Retrieved

from [https://www.jogc.com/article/S1701-2163\(15\)30792-1/fulltext](https://www.jogc.com/article/S1701-2163(15)30792-1/fulltext)

World Health Organization. (2022, Jan 21). Female genital mutilation. Retrieved

from <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>