FGM in primary care

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By the end you will know:

* Who to ask about FGM
* How to ask about FGM
* What to do next
What is FGM?

Female Genital Mutilation

* It is the process of altering, cutting or removing any part of a woman’s genitals

* It is done to natural and healthy genitals
Also known as...

- FGM
- Female circumcision
- Excision
- Cutting
- Sunna
- Tahoor
- Gudiniin
- Halayanas
- Bondo
- Infibulation
- Being closed
- Female circumcision
What has FGM got to do with us?
FGM
Moved to UK
Imms
Childhood illnesses
COCIP checks
Had 3 daughters
Implant fitted
No health care professionals have ever spoken to Hibo about her FGM

Why is this important?
Why should doctors ask about FGM?

1. Assess and treat medical problems
2. Support survivors
3. Protect children at risk
Why is general practice such a good place to do this?
Who should we ask about FGM?
Women from communities at risk
In which countries have over 70% of women have undergone FGM?

- Pakistan
- Sudan
- India
- Tanzania
- Nigeria
- Iraqi Kurdistan
- Saudi-Arabia
- Eritrea
- Mauritania
- Togo
- Kenya
- Egypt
- Mali
- Indonesia
- Burkina Faso
- Chad
- Ethiopia
- Yemen
- Guinea
- Somalia
- Senegal
- Sierra Leone
92 million FGM survivors in Africa

Over 70%

- Somalia  98%
- Guinea   96%
- Egypt    91%
- Djibouti >90%
- Eritrea  89%
- Mali     89%
- Sierra Leone  88%
- Sudan    88%
- Burkina Faso  76%
- Ethiopia  74%
FGM is performed in more than 28 countries in Africa, the Middle East, and South East Asia.
When do you ask about FGM?

How do you ask?
You’re seeing a new patient for a medication review

Jan - June = FGM survivor

July - Dec = No FGM

• Sensitively find out if your neighbour has undergone FGM

• Swap roles
Identifying FGM survivors

* Have you been cut/circumcised/closed?
* Have you ever had any operations or been cut on your vagina/ genitals/ down there/ down below?
* Has anything ever been done to you to change your appearance ‘down below’?
* Have you had female surgery?
Bringing it up

* Make it routine
* Share knowledge
* Explain relevance
Then what?

- Acknowledge
- Offer examination
- Referral
- Child protection
- Document
Then what?

- Acknowledge
- **Offer examination**
- Referral
- Child protection
- Document
Type 1 FGM

Removal of
Clitoris
and/or
hood of the
clitoris

Natural

Type 1 FGM
Type 2 FGM

Removal of

Clitoris
and/or
Inner lips
(labia minora)

Natural

Type 2 FGM
Type 3 FGM

Removal of

Clitoris

Inner lips (labia minora)

Outer Lips (labia majora)

Natural

Type 3 FGM
Type 3 FGM

Outer lips sewn together and heal as scar tissue

Seals over the opening of the urethra and part of vagina

Only a small opening is left for urine and menses to pass
Type 4 FGM

Includes many different practices:

* Pricking
* Cutting or scarring the vaginal opening
* Putting herbs and leaves into the vagina
* Stretching lips/labia
Then what?

- Acknowledge
- Offer examination
- **Referral**
- Child protection
- Document
Refer/signpost to FGM specialist services

* UCLH African Women’s clinic
  020 3447 9411
  020 3447 6598 (fax)
  yvonne.saruchera@uclh.nhs.uk

• UCLH Paediatric FGM clinic
  Run by Dr Hodes and Prof Creighton
  0203 447 7396
  UCLH.PaediatricSafeguarding@nhs.net
Support for survivors of FGM

The Dahlia Project

manorgardens

The Maya Centre
Counselling for women

NSPCC

FGM helpline 0800 028 3550
Then what?

- Acknowledge
- Offer examination
- Referral
- Child protection
- Document
Concerns about FGM in girl aged 0 – 18 years old

**Confirmation** girl has **definitely** had FGM

OR

**Concerns** girl **may have** had FGM in the **PAST**

**Concerns girl is at risk of having FGM in the FUTURE**

**Non-urgent**

e.g. concerns parents want daughter to undergo FGM in future

**Urgent**

e.g. suspicion family taking girl abroad to have FGM performed imminently

Refer to local Children’s Social Care
Inform local Police Child protection unit

Speak to local Police Child Protection unit urgently

Refer to 0-18 year olds FGM services

For health professionals including HV, school nurse

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1. Recording of FGM information
   * Newborn healthcare records
   * Mother healthcare records
   * Red book
   * Relevant to referrals
   * Sister records
2. Central submission to HSCIC
   a) Directly
   b) Existing clinical systems
   c) Local collection tools
Serious Crime Bill amendment March 2015

* Mandatory reporting of all under 18 year olds with FGM to the police

* Awaiting further guidance
No prosecutions in UK

- Over 100 prosecutions in France
  - FGM covered by child protection law
  - Girl does not have to give evidence

- Whittington doctor charged with performing FGM
  - Cleared of charges Feb 2015
UCH Multiagency Committee

Produced slides for professional training

Written letters to relevant agencies

Produced clinic letter template

Produced patient leaflet

Clarified and mapped pathways for referral
GP and sexual health services referral pathway for women with FGM

Identify and discuss
- Ask women from affected communities if they have undergone FGM
- Find out relevant details

Give information
- Offer examination to explain what has happened (use diagrams)
- Discuss possible harmful effects
- Give FGM leaflet / ‘passport’
- Offer follow-up as appropriate

Refer to specialist services
- Offer referral to:
  - Specialist NHS clinic for physical and psychological treatment
  - Specialist midwife clinic if pregnant
  - Community organisations for peer/psychological support

Child safeguarding
- Find out intention towards present or future daughters / female relatives
- Explain FGM is illegal
- Explain harmful effects of FGM
- If any concerns about of FGM or actual FGM refer to social care and police

Communication
- Document in notes
- SRH healthcare professionals: Discuss information sharing with GP

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| Identify and discuss | Ask ALL women at antenatal screening booking  
<table>
<thead>
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<th>Find out relevant details</th>
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| Give information     | Offer examination to explain what has happened (use diagrams)  
|                      | Discuss possible harmful effects  
|                      | Discuss deinfibulation if appropriate  
|                      | Give FGM leaflet / ‘passport’ |
| Refer to specialist services | Offer referral to:  
|                      | - Specialist midwife clinic for deinfibulation and psychological treatment  
|                      | - Community organisations for peer/psychological support |
| Child safeguarding   | Find out intention towards present or future daughters / female relatives  
|                      | Explain FGM is illegal  
|                      | Explain harmful effects of FGM  
|                      | If any concerns about of FGM or actual FGM refer to social care and police |
| Communication        | Document in maternity notes and maternal discharge summary  
|                      | Document in baby’s red book page 6 and baby discharge summary |

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FGM in primary care

* General practice is so well placed to support FGM survivors and identify girls at risk

* Asking women about FGM:
  * Identifies relevant clinical information
  * Allows you to support survivors
  * Identifies girls at risk
  * Deepens trusting professional relationships