Q&A on the revised RCOG Green-top Guideline on the management of FGM

What is the purpose of the guideline?
The RCOG guideline draws on the latest scientific evidence and expert opinion to provide advice on the care of women with FGM. The guideline highlights the key role of clinicians in managing women with FGM: delivery of high quality clinical care, ensuring the law on FGM is clearly communicated and applied, identifying and reporting child safeguarding concerns, and supporting Department of Health initiatives on the recording of FGM for monitoring purposes.

Who is the guideline for?
The guideline is primarily intended for obstetricians and gynaecologists but it will also be relevant for other health professionals, including midwives and general practitioners.

What is female genital mutilation (FGM)?
FGM refers to ‘all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons’. (WHO definition)

There are 4 types of FGM, please see the WHO website for further information.

How common is FGM?
Estimates suggest that worldwide over 125 million women and girls have undergone FGM. It is a traditional cultural practice in 29 African countries. Outside Africa, FGM is also practised in Yemen, Iraqi Kurdistan and parts of Indonesia and Malaysia. Far smaller numbers have been recorded in India, Pakistan, Sri Lanka, the United Arab Emirates, Oman, Peru and Colombia.

In England and Wales provisional estimates suggest that 137,000 women and girls born in countries where FGM is traditionally practised, have undergone FGM, including 10,000 girls aged under 15 years. Whilst most will have had FGM performed prior to migration to the UK, there have been reports of young girls living in the UK being subjected to FGM, either at home or abroad.

What is the UK law on FGM?
The Female Genital Mutilation Act 2003 in England, Wales and Northern Ireland and the Prohibition of Female Genital Mutilation (Scotland) Act 2005 in Scotland both provide that:

1. FGM is illegal unless it is a surgical operation on a girl:
   (a) which is necessary for her physical or mental health; or
   (b) she is in any stage of labour, or has just given birth, for purposes connected with the labour or birth.
2. It is illegal to arrange, or assist in arranging for a UK national or UK resident to be taken overseas for the purpose of FGM.
3. It is an offence to fail to protect a girl from risk of FGM, including those who have parental responsibility.
4. If FGM is confirmed in a girl under 18 years of age (either on examination or because the patient or parent says it has been done), reporting to the police is mandatory and this must be within 1 month of confirmation.
What are the legal and regulatory responsibilities of healthcare professionals when caring for a patient with FGM?

Healthcare professionals must have a clear understanding of the law on FGM in the UK so that they can explain it to their patients and so that they understand the basis for reporting concerns to the police and/or social services.

Healthcare professionals must also be familiar with their responsibility to record cases of FGM. Recording must be in accordance with the requirements of the HSCIC FGM Enhanced Dataset, which was implemented to improve services for those with FGM.

What is the difference between recording and reporting cases of FGM?

Reporting means making a referral to the police or social services due to concerns about FGM. Guidance from the Department of Health is available.

The requirement to report depends on whether an adult or a child is affected. FGM is child abuse and any child with confirmed or suspected FGM, or a child considered to be at risk of FGM, must be reported, if necessary without the consent of the parents. Information should also be shared between maternity services with the GP and health visitor.

In order to capture data about numbers of women with FGM receiving care from the National Health Service in England, the Department of Health implemented an enhanced dataset, requiring all acute trusts, general practices and mental health trusts to record FGM data.

Healthcare professionals must record identified FGM in antenatal notes, screening returns and immunisation notes.

What are the complications associated with FGM?

FGM has serious immediate and long-term health consequences. Short-term complications include haemorrhage, infection and retention of urine. In the long-term, women with FGM are more likely to have urinary complications, menstrual problems, sexual difficulties (including lack of desire, painful sex and sometimes an inability to have sex) and severe psychological problems (flashbacks, anxiety and post-traumatic stress disorder). Pregnant women with FGM are more likely to experience complications of childbirth.

Is pregnancy safe for a woman with FGM?

Pregnancy is generally safe for women with FGM. However, they are at greater risk of haemorrhage, perineal tears and delivery by emergency caesarean section. Although studies from Africa have shown an increased risk of stillbirth and early neonatal death, these risks are not thought to apply to women living in the UK. Maternity care led by a consultant obstetrician is generally recommended, except for women who have had previous uncomplicated births, who may be suitable for midwifery led care in labour.

How should healthcare professionals provide care for a woman affected by FGM?

Healthcare professionals should ensure that, in consultations with women affected by FGM, the consultation and examination environment is safe and private, their approach is sensitive and non-
judgemental and professional interpreters are used where necessary. Family members should not be used as interpreters.

**What is de-infibulation?**

De-infibulation is a minor surgical procedure to divide the scar tissue sealing the vaginal opening in type 2 or 3 FGM. De-infibulation is recommended if the vaginal opening does not allow normal urinary and menstrual flow, vaginal examination, comfortable sexual intercourse or safe vaginal delivery.

Healthcare professionals should offer the procedure before pregnancy, ideally before first sexual intercourse.

**What is re-infibulation?**

Re-infibulation refers to the re-suturing (usually after childbirth) of the incised scar tissue in a woman with FGM type 2 or 3. Re-infibulation is illegal and it should not be performed under any circumstances.

**What is the RCOG’s view on clitoral reconstruction for a woman with FGM?**

Clitoral reconstruction should not be performed because current medical evidence suggests that such surgery may result in further damage to the clitoral nerves and blood vessels without conclusive evidence of benefit.

**What is the difference between FGM and female genital cosmetic surgery (FGCS)?**

FGCS refers to non-medically indicated cosmetic surgical procedures, which change the structure and appearance of the healthy external genitalia of women (or internally in the case of vaginal tightening). UK guidance on FGCS published by the RCOG and the British Society of Adolescent Gynaecology (BritSPAG) recommends that FGCS should not normally be carried out on those under 18.

FGCS may be prohibited unless it is necessary for the patient’s physical or mental health. All surgeons who undertake FGCS must ensure compliance with the FGM Acts.