From the Chief Medical Officer and the Director of Nursing

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To:
General Practitioners
Practice Nurses
Health Visitors
School Nurses

Dear Colleagues

FEMALE GENITAL MUTILATION (FGM)

Following recent media coverage, we are writing to ask all health care professionals to familiarise themselves with the actions they need to take where they have reason to believe that a girl has undergone, or is at risk of, Female Genital Mutilation (FGM).

FGM is illegal in England and is a form of child abuse. Recently the media has highlighted continued concerns that girls are still being mutilated.

UK Legislation

The law on FGM in England is clear. It is an offence for anyone in the UK to perform FGM. Under the Female Genital Mutilation Act 2003, a person is guilty of an offence if they excise, infibulate or otherwise mutilate the whole or any part of a girl's or woman's labia majora, labia minora or clitoris except for

clinically necessary surgical operations and operations carried out in connection with childbirth. It is also an offence to assist a girl to mutilate her own genitalia, or to take a girl outside the UK for the purpose of carrying out FGM. Responsibility for investigating whether FGM has been carried out rests with the police and should not be conducted by health professionals.

Prevalence

Whilst accurate data on the numbers affected by FGM in England is lacking, there are some communities in this country where FGM is comparatively common. FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia. It is estimated that over 20,000 girls under the age of 15 are at high risk of FGM in the UK and that around 66,000 women in the UK are living with the consequences, although its true extent is unknown. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

Guidelines

Multi-agency practice guidelines on FGM were issued by the Government last year[1]. These include guidelines for health professionals and set out both the short and the long term consequences for a girl's health and welfare. References are included to guidelines issued by individual colleges.

Symptoms of girls and women affected by FGM

Health care professionals have a significant role to play in preventing FGM. However, support and treatment for girls and women who have undergone

[1] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124551

FGM is also essential to ensure that any resulting health problems are addressed and to optimise treatment and management.

Since those who undergo FGM may present to a wide range of health professionals, all clinicians who may see girls or women who have been mutilated or cut should familiarise themselves with the kind of problems which may emerge. These problems, which are set out in the multi-agency guidelines, may include:

- severe pain and injury;
- chronic infections;
- difficulties with menstruation and passing urine;
- mental health and psychological problems;
- sexual problems and damage to the reproductive system, including infertility.

Clinical issues and procedures

Some women who have undergone FGM may seek help because they wish to undergo deinfibulation[2] before marrying, or because they are experiencing problems conceiving because of difficulties with penetration. Specialist NHS FGM clinics are available and these are listed in the multi-agency guidelines. Women who have undergone FGM will need particular attention from midwives and other members of the multidisciplinary team with experience in managing the condition during childbirth.

A question about FGM should be asked as part of the routine patient history for girls and women from FGM-practising communities (these are listed in the guidelines) and the answer should be recorded on the patient's records. It is important that Professionals do not let fear of being branded 'racist' or 'discriminatory' weaken the protection required by vulnerable girls and women.

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[2] Deinfibulation is the procedure to 'reopen' a vaginal opening

Safeguarding girls at risk of FGM

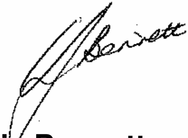
Health professionals should ensure that they are familiar with “safeguarding procedures” and know who to contact when they suspect that a child may be at risk of FGM[3]. They should be aware of the risk of girls being taken abroad for the purpose of FGM and be alert, for example, to parents from FGM-practising communities requesting vaccinations for an extended break overseas.

Where a woman is treated for FGM-related problems during pregnancy, the health professional treating her should set out and discuss the reasons why she should not be reinfibulated after the birth. Where a mother who has undergone FGM gives birth to a baby girl, health professionals should take the opportunity to explain the reasons why the child should not be mutilated. This should include discussions with other family members since the pressure to conform with this practice will frequently come from other members of the family. Where health professionals have significant concerns around the risk of FGM to the child, guidance should be sought urgently from Children’s Services.

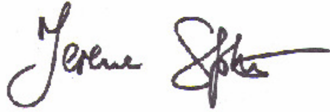
We hope that you will consider the issues raised in this letter and familiarise yourselves with the actions that should be taken under the existing guidelines. It is imperative that we work together to eliminate this illegal practice and protect current and future generations of girls and women.

Professor Dame Sally C Davies
CHIEF MEDICAL OFFICER
CHIEF SCIENTIFIC ADVISER

[3] https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010



Viv Bennett
DIRECTOR OF NURSING



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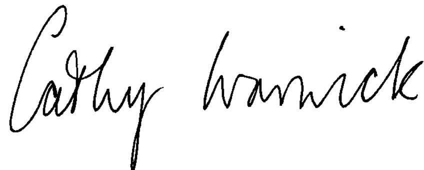

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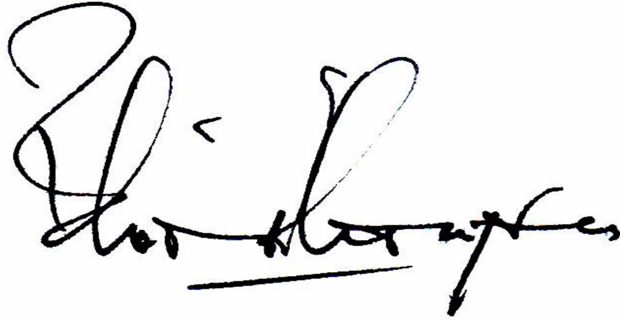

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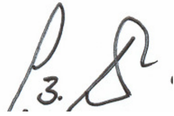

Dr Peter Carter, Chief Executive and General Secretary
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