FEMALE GENITAL MUTILATION/CUTTING
+ TALKING WITH FAMILIES
+ AN EDUCATIONAL RESOURCE
PURPOSE OF THIS RESOURCE

This resource has been prepared to support clinicians in their antenatal conversations with women affected by FGM/C and their families. It is designed to complement the NSW Kids and Families (GL 2014_016).

During routine history taking, clinicians should ask all women, using sensitive and culturally appropriate language, if they have experienced any form of FGM/C, piercing or injury to their genitalia. Early identification of FGM/C facilitates timely access to counselling and allows appropriate care to be initiated.

If the woman has experienced FGM/C, or if FGM/C is suspected, the clinician should explain that it may have implications for her pregnancy and birth. This resource will help clinicians in this discussion.

The language in this resource is designed to be woman-friendly with pictures that can be shared with women and their partners. Prompts are provided for clinicians to facilitate conversations with women and their families as they view the pictures. Words in italics are suggestions where the clinician may wish to individualise the discussion to the women’s unique needs.
To use this document, face the pictures to the woman and use the text side to prompt the discussions.

This resource has been structured into a number of sections so that the clinician can move straight to the section relevant to the woman. Once the woman’s unique needs are established, use the tabs below to start discussions at the appropriate section.

**SECTIONS**

- Types of FGM – FGMI
- Types of FGM – FGMII
- Types of FGM – FGMIII (and unclassified IV)
- De-infibulation procedure
- Caring for yourself after your baby is born
- Pelvic floor
- De-infibulation – benefits for men
- Family issues

**Warning:** Please be aware that the issues and the images presented in this document may be highly confronting to the women.
TYPES OF FGM

PICTURE 1
UNCUT WOMAN

PICTURE 2
TYPE 1 FGM
TYPES OF FGM

PICTURE 1
UNCut Woman (Uncircumcised)

This is how an uncircumcised woman looks.

(Possible issues you may want to discuss with the woman: point out the clitoris, urethra, labia and the vagina and the function of each)

PICTURE 2
Type I FGM

Some women who are circumcised/cut may have had part of the clitoris removed. This is called Type I FGM. It can cause scarring, neuroma and infections. This does not normally cause any physical problems during childbirth but there may be tearing.
TYPES OF FGM

PICTURE 3
TYPE II FGM — PARTS REMOVED

PICTURE 4
TYPE II FGM — AFTER HEALING HAS OCCURRED
TYPES OF FGM

PICTURE 3
TYPE II FGM

Some women who are cut may have had most of the clitoris removed, and some or all of the labia minora. This is called Type II FGM.

This may cause health problems, such as bladder infections and problems during childbirth, such as perineal tearing due to the tightening of the vaginal opening and scarring.

PICTURE 4
TYPE II FGM — AFTER HEALING HAS OCCURRED

In some situations, during childbirth some women may require a small incision (cut) in the scar to make the vaginal opening larger. If a cut is made (anterior episiotomy) it is not re-stitched together but may require stitches on the raw skin on each side so that there is no bleeding and heals well.

A cut may need to be made on the perineum during childbirth (ie. posterior episiotomy). (Use the diagram to point to the perineum and where a posterior episiotomy would be made.) Dissolvable stitches are used to repair this cut or any other tears that may have occurred.
TYPES OF FGM

PICTURE 5
TYPE III FGM

PICTURE 6
TYPE III FGM – AFTER HEALING HAS OCCURRED
TYPES OF FGM

PICTURE 5
TYPE III FGM

Some women who are circumcised may have had most or part of the clitoris, labia minora and labia majora (skin and tissue around the vagina) removed. The raw area is then stitched together, which makes the vaginal opening very small to allow for the flow of urine and menstrual flow.

PICTURE 6
TYPE III FGM — AFTER HEALING HAS OCCURRED

After healing, the vagina becomes a very small opening. Sometimes the opening of the vagina may almost appear closed. This is called infibulation or Type III FGM and may cause health problems, such as infections, painful periods, and may also cause sex to be painful or not occur.

As the clinician, explain to the woman: if you have this type of cut, it is not possible to give birth to your baby normally through the vagina because the opening is too small. It is safer for you and your baby to have a small procedure to open up the vagina during your pregnancy or during birth.

(De-infibulation is discussed later.)

NOT PICTURED
UNCLASSIFIED (TYPE IV)

Type IV FGM includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and use of caustic agents. These may lead to damage and narrowing of the vagina.
DE-INFIBULATION PROCEDURE

PICTURE 7
BEFORE
DE-INFIBULATION PROCEDURE

PICTURE 7
BEFORE

The clinician should talk to the woman about the following:

**When introducing the topic**
- The opening was closed or nearly closed after you were cut.
- We need to increase that opening a little so you can give birth to your baby. If you choose not to be deinfibulated, then you will need a caesarean section. Having a caesarean may affect how you give birth in the future and increase the risks in future pregnancies.
- Women can choose to have this done either during pregnancy between 20 and 28 weeks or at the birth of their baby. It is preferable and safer for childbirth to have this performed during pregnancy rather than at the time of birth. Otherwise the midwife and doctor are unable to examine you during labour. *(You may mention that the midwife or doctor trained in this procedure may not be available at the time of the birth.)*

**Why de-infibulation *(anterior episiotomy)* will help:**
The advantages for you of being opened up are:
- Sex will be less painful and more enjoyable once you have healed
- There will be fewer complications during birth for both mother and baby
- The midwife is able to assess the progress of your labour
- The baby will come out more easily. You are less likely to get infections of the bladder and reproductive tract.

*(Personalise any further advantages to the woman’s situation and any concerns she may have.)*
DE-INFIBULATION PROCEDURE

PICTURE 7
BEFORE

PICTURE 8
AFTER
DE-INFIBULATION PROCEDURE

PICTURE 7
BEFORE

Explain that Picture 7 is how the woman looks now. Then discuss the following in relation to Picture 8.

PICTURE 8
AFTER

This is how you will look after you have been opened up:

+ No further skin is removed
+ We are just making it easier for you to give birth
+ You might bleed a little and may require a few small dissolving stitches.

(If necessary add “In this country, it is against the law to close or re-stitch a woman who has undergone FGM/C again after the baby is born.”)

What will change for you:

+ It may hurt a little for a short time afterwards as you heal. We will give you tablets to relieve the pain, if they are needed.
+ It will feel different for you but this is to be expected.
+ When you pass urine, it will flow more quickly.
+ When you bleed each month, the blood will come out more easily.
+ There will be a normal discharge or fluid from the vagina afterwards, which is healthy and happens in all women who have not been cut.
+ There is no need to be opened up again for your next baby.
CARING FOR YOURSELF AFTER YOUR BABY IS BORN
CARING FOR YOURSELF AFTER YOUR BABY IS BORN

Discuss the following topics with the woman.

+ It is common for women to feel anxious about the changes that happen after they have been opened.
+ It might take time to get used to the difference in how your body feels.
+ Ask for medication to help with the pain after birth.
+ It is important to keep the opening clean and dry.
+ Shower daily and change your pads often.
+ The midwife will check your opening and the stitches to make sure it is healing well.
+ It is best to wait until healing has taken place before having sex. This will take about 4 to 6 weeks.

+ The midwife or hospital doctor will advise you about when to book a follow-up appointment with your family doctor or family child health centre. The usual recommendation is 2-6 weeks after baby’s birth.

+ They will also:
  + Do a health check of you and your baby
  + Talk about contraception choices
  + Recommend a Pap Smear test at around 6 weeks after the baby is born. (This test checks for pre-cancer changes of your cervix, which is the neck of the womb.)
YOUR PELVIC FLOOR
(The pelvic floor diagram has been included, as many women feel that their pelvic organs are unsupported after de-infibulation. It may be useful to describe how the pelvic floor functions.)
BENEFITS FOR MEN WHEN THE WOMAN IS DE-INFIBULATED
BENEFITS FOR MEN WHEN THE WOMAN IS DE-INFIBULATED

It is most helpful to discuss the following with the woman and her partner together:

- Sex can be painful for men when the vaginal opening is very tight, just the same as it is painful for women. Many men can also get sores and infections of the penis when trying to have sex with their wives. Men feel concerned that they are causing pain to their partner.

- Opening the woman can mean that sex is less painful and more enjoyable for both the woman and her partner.

- After the baby is born, you will not be closed again, as this is against the law in Australia.
FAMILY ISSUES
FAMILY ISSUES

These are some issues that should be discussed with other family members if they accompany the woman:

+ We have talked about the benefits of opening a woman after marriage or for childbirth. As we have already discussed, there are many benefits to both a woman and her husband for the woman to be open.

+ In this country, it is against the law for women to be closed again after childbirth without a medical reason.

+ It is also against the law in Australia to have a girl circumcised/cut. This includes having her circumcised/cut in Australia or overseas and then bringing her back here. It is important that young girls do not experience the same problems as other women who have been circumcised. You live in Australia now and have the knowledge and power to teach women, girls, men and boys from countries that practise female circumcision about the harm of cutting girls. You can teach them that they don’t need to do it anymore and there will be no disadvantages to girls and families, only benefits.

+ If you are planning to travel overseas, we recommend that you do not get infibulated again as you will have to be de-infibulated once more when you give birth to another child. Each time you are infibulated, more scarring and hardening will occur and this will cause more problems each time.

+ If you have any more questions, you can come back to our clinic at the hospital or visit your GP. You may also like to provide information on local services that may be available.
DO YOU HAVE ANY QUESTIONS?
DEDICATION

In memory of all the work she undertook in the field of female genital mutilation, this publication is dedicated to Shairon Fray. Shairon took on the position of Professional Health Educator with the NSW Education Program on Female Genital Mutilation in 2009. Her passionate research into the topic, her consultations with women from communities affected by female genital mutilation and with clinical health professionals culminated in a training program and package that saw her train hundreds of nurses, allied health workers, health service providers, counsellors, NSW Police and teachers.

ACKNOWLEDGMENTS

This resource has been developed by an Expert Advisory Group consisting of clinicians and consumers from across NSW with expertise in FGM/C. NSW Kids and Families is grateful for their contribution to this important resource that aims to improve the care provided to women affected by FGM/C during the pregnancy and birthing period.

The illustrations in this document are the work of Marcus Cremonese, Medical Illustrator.

USEFUL INFORMATION

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CONTINENCE FOUNDATION OF AUSTRALIA
National Continence Helpline 1800 33 00 66
The free Helpline provides advice, resources and referrals to local services, and can be accessed through the Translating and Interpreter Service on 131450.
Information in 27 languages is also available at continence.org.au
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