

Position statement: Female Genital Mutilation

The Royal College of Midwives position

The RCM opposes all forms of female genital mutilation (FGM) and calls upon the UK government and national bodies, including the NHS and social care sector, to adopt a holistic approach to tackling FGM. This approach combines education, community-based awareness-raising, strategies for male allyship, and the commissioning of services which support the health and wellbeing of survivors of FGM, as well as continuing to safeguard those at risk of FGM. The RCM is supportive of further research into the role of reconstructive surgery for women affected by FGM.

The RCM recommends

- Clear referral pathways for women who have undergone FGM including access to psychological therapy and specialist FGM services.
- A consistent approach in risk assessment which should be undertaken within a multi-agency and multi-professional context that includes midwives, safeguarding professionals, social workers, and education staff.
- FGM survivors should have access to deinfibulation, psychological support, sexual and reproductive health counselling, education and evidence-based information provided in an appropriate and relevant format.
- Specialist midwives should be adequately trained to carry out deinfibulation on women with Type 3 FGM during pregnancy or intrapartum. Specialist midwives may also lead services for adult non-pregnant women as part of their extended role to care for women throughout the reproductive health sphere.
- Maternity service providers should appoint a senior midwife (within Trust/Health Board or ICB, depending on the needs of the local population) with specialist expertise and responsibility for FGM care, to liaise with local or regional specialist obstetricians, multi-agency safeguarding teams and to support and educate other midwives.
- Specialist FGM midwives are provided with appropriate training and development and have working knowledge of the immediate and long-term health consequences, so that they can discuss FGM with sensitivity, and be able to diagnose the different types of FGM, in accordance with the WHO guidelines ¹
- All women who present for antenatal booking, irrespective of their ethnicity or country of origin, should be asked if they have been subjected to FGM or any type of surgery to their genitalia.
- Where a woman with known FGM gives birth to a girl, postnatal handover and documentation in the baby's records must be conducted in accordance with relevant local or national guidance.
- Maternity service policies and procedures should reflect the most up to date, evidence-based national guidance on mandatory reporting duty where this is applicable.

¹<https://www.who.int/publications/i/item/9789241549646> -

Background and context

FGM, also known as female circumcision, cutting or Sunna,^{2,3} refers to all procedures where the female genitalia is deliberately cut, partially or totally removed, injured or altered for non-medical or non-therapeutic reasons.^{2,3,4} It is a form of violence against women and girls (VAWG) and a violation of the human rights of girls and women.⁴ The practice is rooted in gender inequality and classified as child abuse by the UK Government,⁵ the United Nations (UN)⁶ and the World Health Organization (WHO).⁷

FGM has devastating and long-term physical and psychological consequences for survivors of this practice – not least during pregnancy and birth. FGM can result in persistent urinary and vaginal infections, persistent pain, depression and PTSD. Increased intrapartum risks and complications include: prolonged labour, difficulty in performing vaginal examination, fetal distress, episiotomy, instrumental birth, caesarean birth, haemorrhage and infection. FGM survivors also have a higher incidence of maternal and perinatal death.

Worldwide more than 230 million women and girls have undergone FGM (5% of the global female population), with a further three million undergoing FGM each year. Prevalence can be as high as 98% in some countries. Africa has the highest FGM prevalence at 144 million, 80 million in Asia, with the Middle East registering six million. The past eight years has seen an increase of 15% in FGM survivors worldwide or 30 million women and girls. It is estimated that 40% of FGM survivors live in fragile and conflict-affected countries, with high population growth.⁶ Migration has increased the number of girls and women living with or at risk of FGM in Europe, Australia and North America. Consequently, healthcare providers and midwives in these areas have to address the health and psychological care needs of this emerging diverse population.

In England and Wales, it has been estimated that more than 137,000 women and girls from FGM-practising countries have undergone FGM, including 10,000 girls under the age of 15; a further 60,000 girls under 15 have been identified as being potentially at risk of FGM each year.⁸ Furthermore, between 2015 and 2023, NHS Digital identified 85,575 FGM-related healthcare attendances by 33,620 women and girls to acute hospital providers, mental health providers and GP practices in England.^{9,10}

FGM is mostly carried out on girls under the age of five, though in some countries it can be up to the age of 15. A woman who was not cut in childhood can be subjected to FGM at the time of her marriage, her first pregnancy, or shortly after giving birth. The risk of girls being taken out of the UK to be cut is exacerbated by the secrecy relating to FGM within affected communities.

The law and the midwifery community

All four UK governments have passed laws and undertaken policy initiatives to end FGM. FGM is outlawed in England and Wales by the *Female Genital Mutilation Act 2003*,¹¹ in Scotland by the *Prohibition of Female Genital Mutilation Act 2005*,¹² and in Northern Ireland by the *Female Genital Mutilation Act 2003*¹¹ and the *Serious Crime Act 2015*.¹³ These make it a criminal offence to arrange, or assist in arranging, for a UK national or UK resident to be taken overseas for the purpose of FGM.

In England and Wales, midwives have a mandatory duty to report confirmed cases of FGM in girls aged under 18.¹⁴ The 2015 *Serious Crime Act*¹³ also introduced the offence of 'failing to protect a girl (under the age of 16) from the risk of FGM'. Under Section 5 of the *Criminal Law (Northern Ireland) Act 1967*¹⁵ it is an offence to fail to report a 'relevant offence' to the

police. This includes knowing or believing an offence has been committed, or having information which could lead to the apprehension of an offender. It covers offences against children, including offences related to FGM. In Scotland, there is no specific mandatory duty but midwives should comply with existing safeguarding responsibilities.

References

1. World Health Organisation (WHO). *WHO guidelines on the management of health complications from female genital mutilation*. Geneva: WHO; 2016. https://iris.who.int/bitstream/handle/10665/206437/9789241549646_eng.pdf?sequence=1 [Accessed 18 November 2024].
2. NHS. *Female genital mutilation*. [no date]. [Female genital mutilation \(FGM\) - NHS](#) [Accessed 25 November 2024].
3. NSPCC. *Female genital mutilation (FGM)*. 2024. [Female Genital Mutilation - Prevent & Protect | NSPCC](#) [Accessed 25 November 2024].
4. UNICEF. *What is female genital mutilation?* [no date]. <https://www.unicef.org/stories/what-you-need-know-about-female-genital-mutilation> [Accessed 15 November 2024]
5. HM Government. *A statement opposing female genital mutilation*. 2016. [Last updated 19 March 2021]. https://assets.publishing.service.gov.uk/media/5a81bacded915d74e33ffc62/2905975_FGM_Passport_v1_0A.PDF [Accessed 15 November 2024].
6. UNICEF. *Female genital mutilation (FGM)*. March 2024. [Female Genital Mutilation \(FGM\) Statistics - UNICEF Data](#) [Accessed 26 November 2024].
7. World Health Organisation (WHO). *Eliminating female genital mutilation: an interagency statement*. WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS. Geneva: WHO; 2008. [Eliminating female genital mutilation: an interagency statement](#) [Accessed 15 November 2024].
8. Office for Health Improvement and Disparities. *Female genital mutilation (FGM): migrant health guide*. 2014. [Last updated 13 September 2021]. <https://www.gov.uk/guidance/female-genital-mutilation-fgm-migrant-health-guide> [Accessed 26 November 2024].
9. NHS Digital. *Female genital mutilation, annual report - April 2023 to March 2024*. <https://www.gov.uk/government/statistics/female-genital-mutilation-annual-report-april-2023-to-march-2024> [Accessed 25 November 2024].
10. NHS Digital. *Female genital mutilation, quarterly report – April to June 2024*. <https://digital.nhs.uk/data-and-information/publications/statistical/female-genital-mutilation#latest-statistics> [Accessed 25 November 2024].
11. *Female Genital Mutilation Act 2003, c. 31*. <https://www.legislation.gov.uk/ukpga/2003/31/contents> [Accessed 18 November 2024].

12. *Prohibition of Female Genital Mutilation (Scotland) Act 2005* (asp 8).
<https://www.legislation.gov.uk/asp/2005/8/contents> [Accessed 18 November 2024].
13. *Serious Crime Act 2015*, c.9. <https://www.legislation.gov.uk/ukpga/2015/9/contents>
[Accessed 18 November 2024].
14. Home Office and Department for Education.
Mandatory reporting of female genital mutilation - procedural information. London: Home Office; 2015 [Last updated 22 January 2020].
<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information> [Accessed 18 November 2024].
15. *Criminal Law Act (Northern Ireland) 1967*.
<https://www.legislation.gov.uk/apni/1967/18/contents> [Accessed 18 November 2024].

Further reading

Balogun OO, Hirayama F, Wariki WMV, Koyanagi A, Mori R. Interventions for improving outcomes for pregnant women who have experienced genital cutting. *Cochrane Database of Systematic Reviews* 2013, Issue 2. Art. No.: CD009872. DOI: 10.1002/14651858.CD009872.pub2. [Accessed 26 November 2024].

FGM Prevention Programme, Department of Health.
Female genital mutilation risk and safeguarding: guidance for professionals. May 2016.
https://assets.publishing.service.gov.uk/media/5a8041f3ed915d74e622d655/FGM_safeguarding_report_A.pdf [Accessed 15 November 2024].

WHO study group on female genital mutilation and obstetric outcome. Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. *The Lancet* 2006;367(9525):1835-41

HM Government. *Multi-agency statutory guidance on female genital mutilation*. July 2020.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016817/6.7166_HO_FBIS_BN_O_Leaflet_A4_FINAL_080321_WEB.pdf [Accessed 15 November 2024].

Macfarlane A, Dorkenoo E. *Female Genital Mutilation in England and Wales. Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk. Interim report on provisional estimates*. London: City University London; 2014.
<https://tfl.ams3.cdn.digitaloceanspaces.com/media/documents/FGM-statistics-report-21-07-14-no-embargo.pdf> [Accessed 15 November 2024].

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Macfarlane A, Dorkenoo E. *Prevalence of female genital mutilation in England and Wales: national and local estimates*. London: City University London; 2015. https://tfl.ams3.cdn.digitaloceanspaces.com/media/documents/FGM-statistics-final-report-21-07-15-released-text_2Rra6iA.pdf [Accessed 15 November 2024].

NHS Digital. *SCC12026: Female genital mutilation enhanced dataset*. 2015. [Last updated 5 November 2018]. <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci2026-female-genital-mutilation-enhanced-dataset> [Accessed 15 November 2024].

NHS Digital. *Female Genital Mutilation Datasets*. 2024. <https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/female-genital-mutilation-datasets> [Accessed 27 January 2025]. UNICEF. *Female Genital Mutilation/Cutting: a statistical overview and exploration of the dynamics of change*. New York: UNICEF; 2013. <https://data.unicef.org/resources/fgm-statistical-overview-and-dynamics-of-change/> [Accessed 15 November 2024].

Royal College of Obstetricians and Gynaecologists. *Female genital mutilation and its management*. Green-top Guideline No. 53. July 2015. [gtg-53-fgm.pdf](http://www.rcog.org.uk/~/media/rcogmedia/pdfs/gtg53-fgm.pdf) [Accessed 15 November 2024].

NHS. *National FGM Support Clinics*. September 2022. [National FGM Support Clinics - NHS - NHS \(www.nhs.uk\)](https://www.nhs.uk/healthcare/national-fgm-support-clinics) [Accessed 15 November 2024].

NSPCC Learning. *Protecting children from female genital mutilation (FGM)*. December 2021. [Protecting children from female genital mutilation \(FGM\) | NSPCC Learning](https://www.nspcc.org.uk/learning/protecting-children-from-female-genital-mutilation-fgm/) [Accessed 15 November 2024].

Anon. *Multi-agency practice guidelines : Female genital mutilation*. [no date]. [Multi-Agency Practice Guidelines on Female Genital Mutilation \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/multi-agency-practice-guidelines-on-female-genital-mutilation) [Accessed 15 November 2024].

Home Office. *Female genital mutilation*. 2013. [Last updated 23 June 2023]. <https://www.gov.uk/government/collections/female-genital-mutilation> [Accessed 25 November 2024].

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