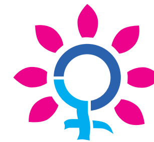
Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

FEMALE GENITAL CUTTING / MUTILATION FLIP CHART

TALKING WITH WOMEN | **AN EDUCATIONAL RESOURCE**



women & infants
research foundation

PURPOSE OF THIS RESOURCE

This resource has been prepared to support clinicians in their antenatal conversations with women affected by Female Genital Cutting/Mutilation (FGC/M).

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

If the woman has experienced FGC/M, or if FGC/M 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.

PURPOSE OF THIS RESOURCE

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 FGC/M – FGC/M Type I

++ Types of FGC/M – FGC/M Type II

++ Types of FGC/M – FGC/M Type III

++ Types of FGC/M – FGC/M Type IV

++ Symptoms you may have / experience

++ De-infibulation procedure and benefits

++ Caring for yourself after your baby is born

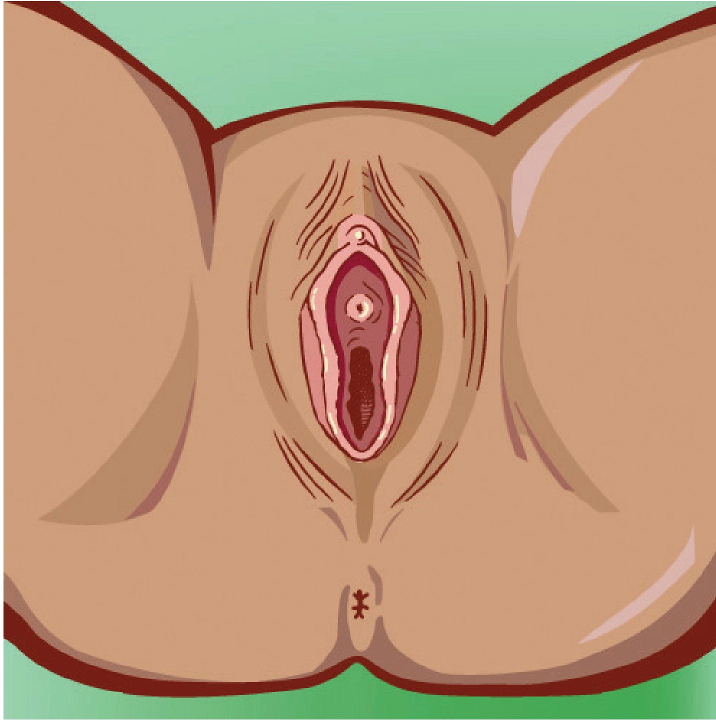
++ Family issues and wellbeing

++ Your mental health and wellbeing

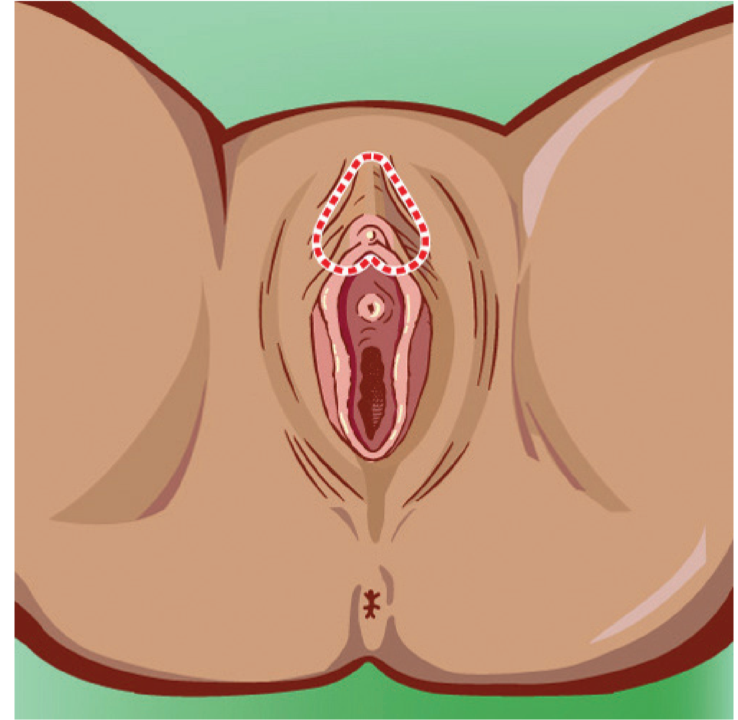
WARNING:
Please be aware that the issues and the images presented in this document may be highly confronting to the women.

TYPES OF FGC/M

PICTURE 1
UNCUT WOMAN



PICTURE 2
TYPE 1 FGC/M



TYPES OF FGC/M

WHAT IS FGC/M?

Female Genital Cutting/ Mutilation (FGC/M) comprises of "all procedures involving partial or total removal of the external genitalia or other injury to the female genital organs for cultural or any other non-medical reasons."
– World Health Organisation (WHO).

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 FGC/M

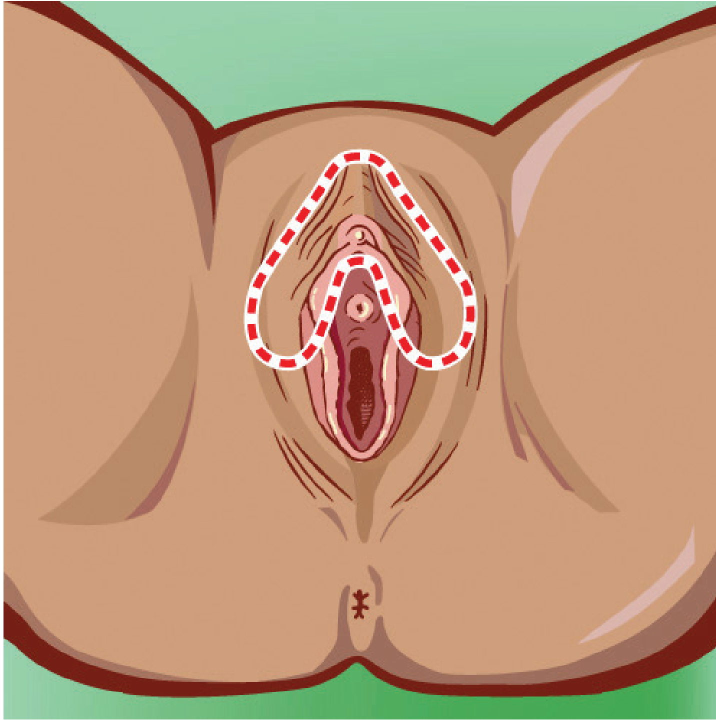
Some women who are circumcised/cut may have had part of the clitoris removed.

This is called Type I FGC/M. It can cause scarring, neuroma and infections.

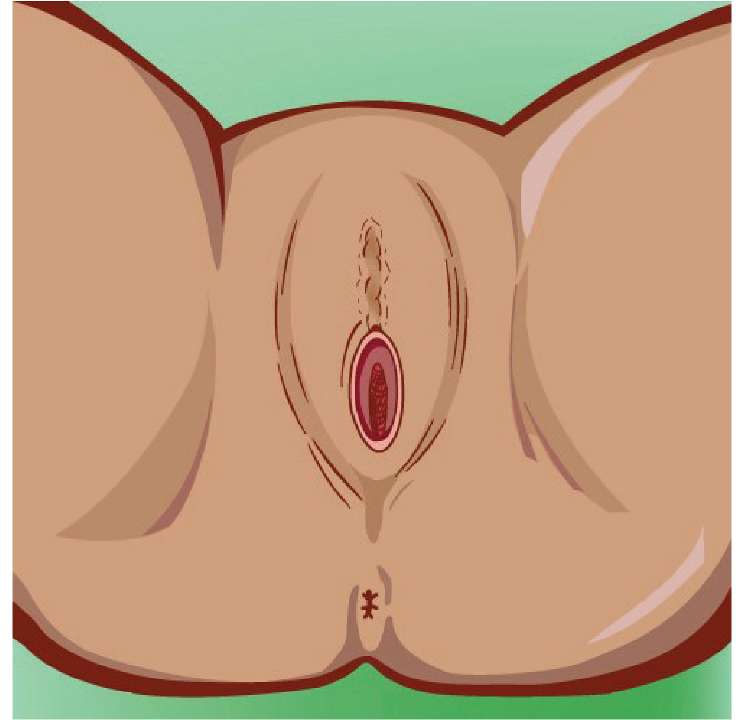
This does not normally cause any physical problems during childbirth but there may be tearing.

TYPES OF FGC/M

PICTURE 3
TYPE II FGC/M — PARTS REMOVED



PICTURE 4
TYPE II FGC/M — AFTER HEALING HAS OCCURRED



TYPES OF FGC/M

PICTURE 3

TYPE II FGC/M — PARTS REMOVED

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 FGC/M.

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 FGC/M — AFTER HEALING HAS OCCURRED

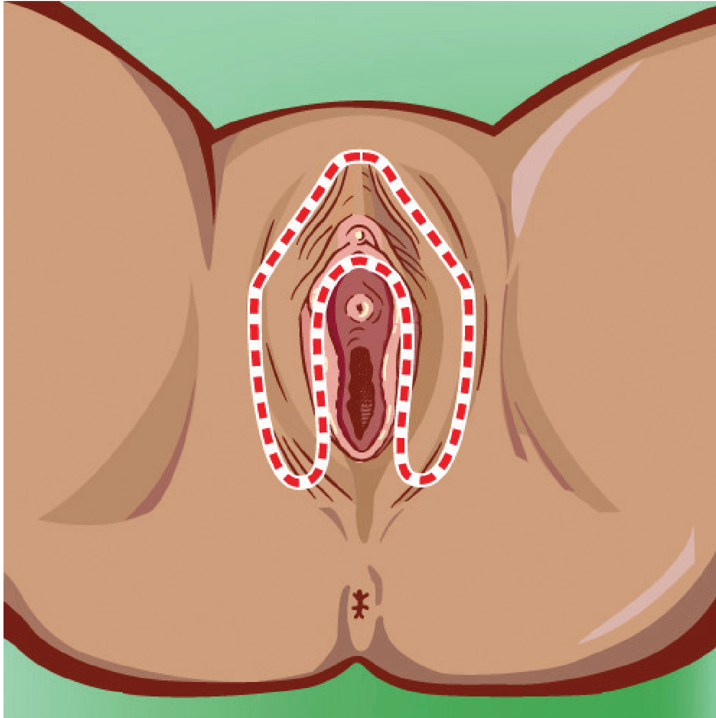
In some situations, during childbirth some women may require a small incision (cut) in the scar to make the vaginal opening larger. If a cut is made (anterior episiotomy) it is not re-stitched together but may require stitches on the raw skin on each side so that there is no bleeding and heals well.

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.)

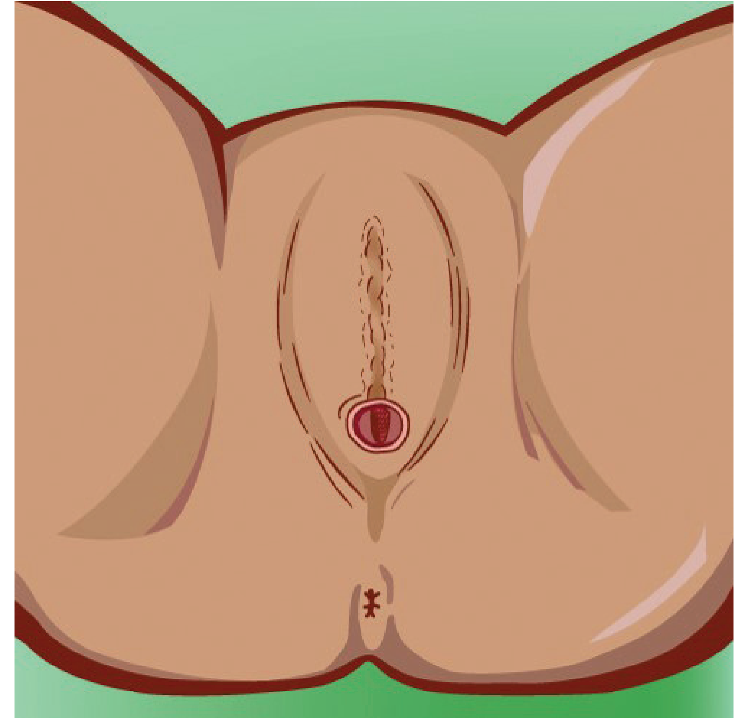
Dissolvable stitches are used to repair this cut or any other tears that may have occurred.

TYPES OF FGC/M

PICTURE 5
TYPE III FGC/M



PICTURE 6
TYPE III FGC/M – AFTER HEALING HAS OCCURRED



TYPES OF FGC/M

PICTURE 5

TYPE III FGC/M

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 FGC/M — 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 FGC/M and may cause health problems, such as infections, painful periods, and may also cause sex to be painful or not occur.

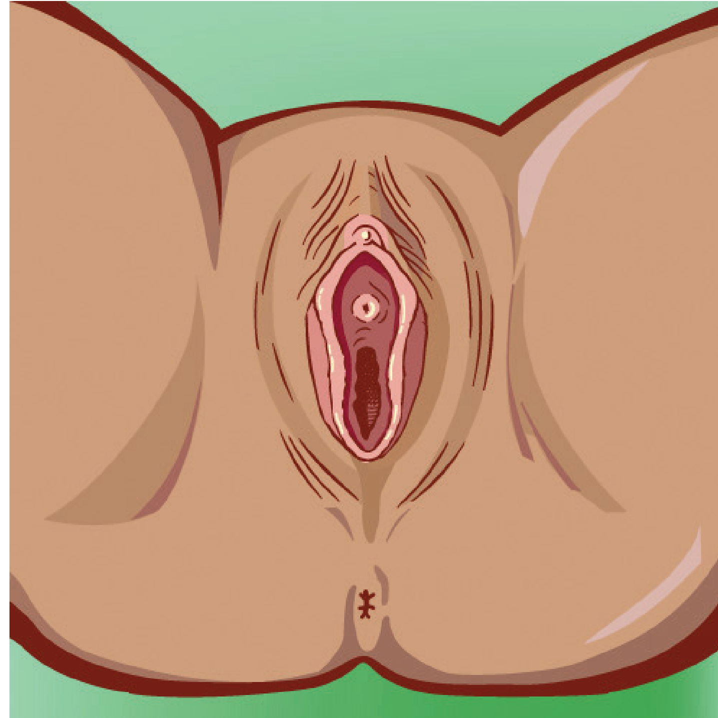
As the clinician, explain to the woman: if you have this type of cut, it is not possible to give birth to your baby normally through the vagina because the opening is too small. It is safer for you and your baby to have a small procedure to open up the vagina during your pregnancy or during birth.

(De-infibulation is discussed later.)

TYPES OF FGC/M

PICTURE 7

UNCLASSIFIED TYPE IV FGC/M



TYPES OF FGC/M

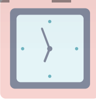
PICTURE 7
UNCLASSIFIED TYPE IV FGC/M

Type IV FGC/M includes all other harmful procedures to the female genitalia for non-medical purposes, this may include one or more of the following:

- Pricking, piercing or incising of the clitoris and/or labia
- Stretching of the clitoris and/or labia
- Cauterisation by burning of the clitoris and surrounding tissue
- Scraping of tissue surrounding the vaginal orifice or cutting of the vagina
- Introduction or insertion of corrosive substances or herbs into the vagina to cause bleeding for the purposes of tightening or narrowing it.

There may also be scars on the genital area. Sometimes these scars are subtle and may only be seen if a doctor is checking the area carefully.

Symptoms you may experience with Type IV FGC/M are dependent on what was performed as you may have no physical symptoms. Some women may experience pain or other problems such as difficulty passing period blood.



SYMPTOMS YOU MAY HAVE / EXPERIENCE

++ Difficulty passing urine such as:
  - Needing to go to the toilet often at night
  - A urine stream that keeps starting and stopping
  - Not being able to empty your bladder fully

++ Painful periods

++ Prolonged periods (periods that last longer than around 5 days)

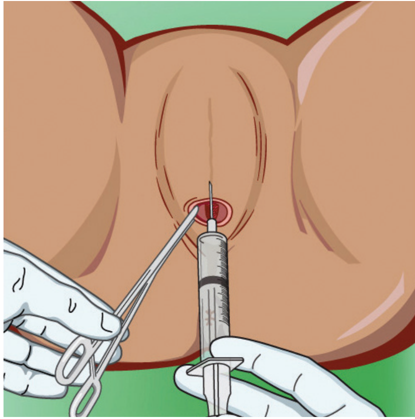
++ Scarring or cysts around the genital area

++ Difficulty with sex such as:
  - Pain with sex
  - Unable to have penetration

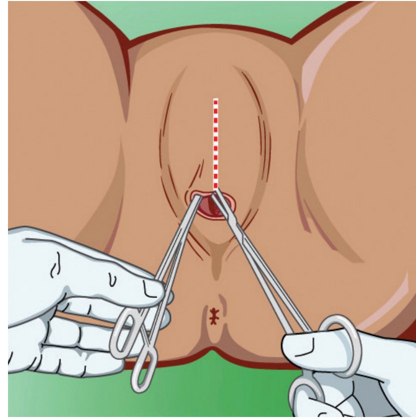
There is also a risk of contracting a blood borne virus from the equipment used to perform FGC/M. If you have not been tested for HIV, Hepatitis B and C, you may want to talk to your doctor about being screened.

DE-INFIBULATION PROCEDURE

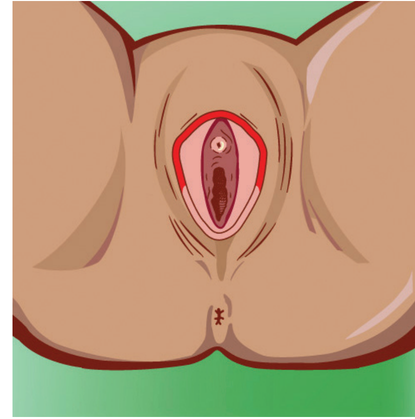
Steps of the Procedure



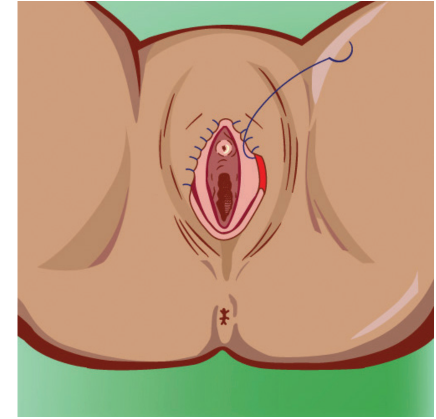
PICTURE 8



PICTURE 9



PICTURE 10



PICTURE 11

DE-INFIBULATION PROCEDURE

The clinician should talk to the woman about the following when introducing the topic:

++ This procedure can be offered to you in labour or as elective surgery

++ Depending on your personal circumstances and preferences, the procedure can be done with local anaesthetic, regional anaesthetic (awake) or general anaesthetic (asleep).

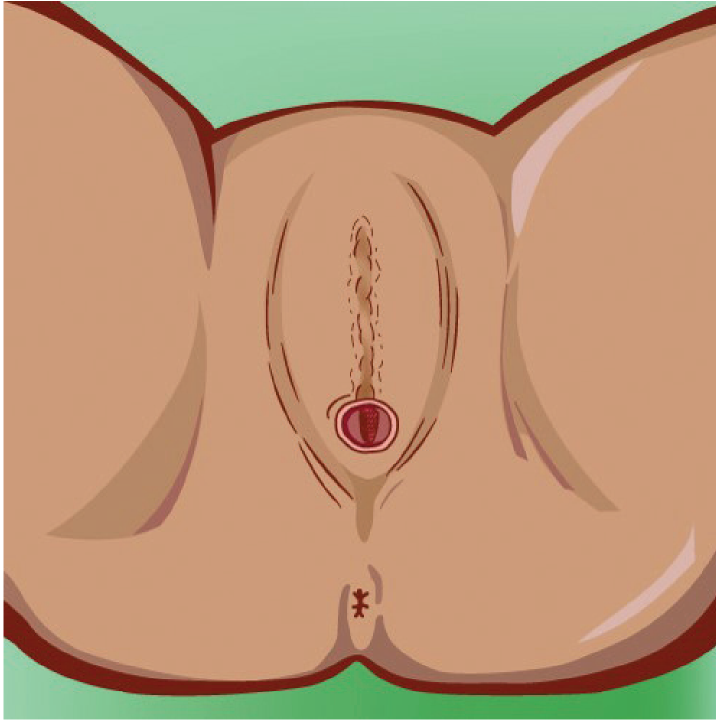
++ The opening was closed or nearly closed after you were cut.

++ We need to increase that opening a little so you can give birth to your baby. If you choose not to be de-infibulated, 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.

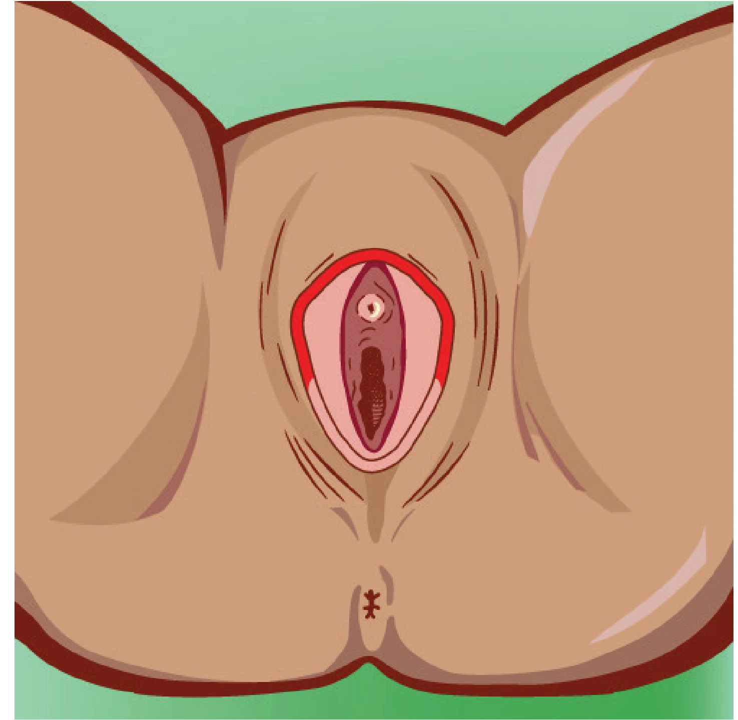
++ Women can choose to have this done either during pregnancy between 20 and 28 weeks or at the birth of their baby. It is preferable and safer for childbirth to have this performed during pregnancy rather than at the time of birth. Otherwise the midwife and doctor are unable to examine you during labour. *(You may mention that the midwife or doctor trained in this procedure may not be available at the time of the birth.)*

DE-INFIBULATION PROCEDURE

PICTURE 12
BEFORE



PICTURE 13
AFTER



DE-INFIBULATION PROCEDURE

PICTURE 12
BEFORE

Explain that Picture 12 is how the woman looks now. Then discuss the following in relation to Picture 13.

PICTURE 13
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.
- ++ In this country, it is against the law to close or re-stitch a woman who has undergone FGC/M 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.

DE-INFIBULATION - THE BENEFITS

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.

++ Your urine (wee) and period blood may pass more easily and comfortably after de-infibulation.

(Personalise any further advantages to the woman's situation and any concerns she may have.)

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 Cervical Screening Test (CST) 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.)

10A

FAMILY ISSUES AND WELLBEING

++ In this health service, we are concerned about everyone's health and safety so we ask about their relationships.

++ There is a high correlation between FGC/M and family and domestic violence. Many of the women, who access your service and have experienced FGC/M, may not be aware that they are experiencing domestic violence. This could also be due to normalisation of violence in their culture and not being familiar with the law in Western Australia. We recommend that all women are asked the following three questions. You may wish to use culturally sensitive language to suit the needs of your patient.

1. Do you ever feel afraid of somebody in your home, an ex-partner or a family member?
2. Has anyone in your family, household or from a previous relationship, ever threatened to hurt you?
3. Are you worried about any of these? -Your safety -The safety of your children -The safety of someone else in your family or household

If yes, would you like help with this? If you feel unsafe at home from your partner or your family, we can assist you.

In WA Health, please use FDV950 and FDV951 forms if required.

FAMILY ISSUES AND WELLBEING

- 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.
- It is important to know that in Australia, it is against the law to undergo female genital cutting/mutilation for non-medical reasons. Hence, women will not be able to request to have their genitalia closed again after childbirth.
- 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.
- 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.

Five ways to wellbeing

GIVE

Your time, your words, your presence

take NOTICE

Remember the simple things that give you joy

BE ACTIVE

Do what you can, enjoy what you do, move your mood

CONNECT

Talk & listen, be there, feel connected

KEEP LEARNING

Embrace new experiences, see opportunities, surprise yourself

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YOUR MENTAL HEALTH AND WELLBEING

++ Considering that women who have experienced FGC/M are a high risk group for trauma related mental health issues including Post Traumatic Stress Disorder (PTSD), depression and anxiety, a high number of our female patients would also be from a refugee/migrant background. Phoenix Australia recommends paying attention to the following points when assessing mental health and wellbeing in refugee and migrant women:

- Country of origin and date of arrival (this can tell you a lot about a woman's history and access to services)
- Visa status (are they on a temporary visa, partner visa or humanitarian visa? This plays a role on their mental health)
- Language and language barriers
- Cultural background
- Extent of exposure to violence and other traumatic events (e.g., child abuse, intimate partner violence, etc)
- Family functioning and social support
- Post-migration circumstances, including housing, employment, language barriers, social isolation, etc
- Legal-immigration situation regarding refugee determination of family sponsorship
- Physical health screening which includes:
  - Physical injuries or pain which are the result of torture/physical trauma
  - Somatisation of a physiological problem
  - Dental care
  - In women, reproductive health-related problems
  - Injuries due to family violence

++ It is highly recommended that you screen women for depression using the EPDS during pregnancy and postpartum, and using the K10 screening tool outside the perinatal period. Also screen for PTSD using the Primary care PTSD Screen for DSM-5 (PC-PTSD-5). Please refer to example images of both scales.

Phoenix Australia – Centre for Posttraumatic Mental Health: https://www.phoenixaustralia.org/

Government of **Western Australia**
Department of **Health**

Depression Score

Anxiety Subscale

Edinburgh Postnatal Depression Scale (EPDS)

Name: **Baby's Age:** **Date:**

As you have recently had a baby, we would like to know how you are feeling. Please underline the answer which comes closest to how you have felt in the past 7 days, not just how you feel today.

Here is an example already completed: **I have felt happy:**
Yes, all the time
Yes, most of the time
No, not very often
No, not at all

This would mean "I have felt happy most of the time in the past week."
Please complete the other questions in the same way

IN THE PAST 7 DAYS:

1. I have been able to laugh and see the funny side of things:
   - As much as I always could
   - Not quite as much now
   - Definitely not so much now
   - Not at all
2. I have looked forward with enjoyment to things:
   - As much as I always did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all
3. I have blamed myself unnecessarily when things went wrong:
   - Yes most of the time
   - Yes, some of the time
   - Not very often
   - No, never
4. I have been anxious or worried for no good reason:
   - No, not at all
   - Hardly ever
   - Yes sometimes
   - Yes, very often
5. I have felt scared or panicky for no very good reason:
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all
6. Things have been getting on top of me:
   - Yes, most of the time I haven't been able to cope at all
   - Yes, sometimes I haven't been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping:
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all
8. I have felt sad or miserable:
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all
9. I have been so unhappy that I have been crying:
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, not at all
10. The thought of harming myself has occurred to me:
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

Practitioners

The Edinburgh Postnatal Depression Scale (EDPS) form can be downloaded from: https://www.cope.org.au/health-professionals/clinical-tools-health-professionals/

Edinburgh Postnatal Depression Scale, developed by John Cox, Jeni Holden & Ruth Sagovsky (1987)

PHOENIX AUSTRALIA | Centre for Posttraumatic Mental Health

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

Name: Date:

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic.

For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide

Have you ever experienced this kind of event? YES NO

In the past month have you:

	YES	NO
1. Had nightmares about it or thought about it when you did not want to?		
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?		
3. Were constantly on guard, watchful or easily startled?		
4. Felt numb or detached from others, activities, or your surroundings?		
5. Felt guilty or unable to stop blaming yourself or others for the event or any problems the event may have caused?		

Practitioners

The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) form can be downloaded from: https://www.phoenixaustralia.org/wp-content/uploads/2020/01/PTSD-Screen-for-DSM-5.pdf

The K10 Screening Tool (not shown here) **can be downloaded from:** https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0015/212901/Kessler_10_and_scoring.pdf

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5), developed by Phoenix Australia – Centre for Posttraumatic Mental Health: https://www.phoenixaustralia.org/

DO YOU HAVE ANY QUESTIONS?

ACKNOWLEDGEMENTS

This resource would not have been possible without the permission granted from NSW Kids and Families. The contribution of The Women & Infants Research Foundation (WIRF) and the efforts of King Edward Memorial Hospital (KEMH) staff to fundraise for this resource in addition to the valuable time and expertise of specialist clinicians at Women and Newborn Health Service who have ensured that this resource is available to improve the care provided to women affected by FGC/M. Thank you to Phoenix Australia and WA Health (for the Edinburgh Postnatal Depression Scale, © Cox et al) for allowing us to use their resources.

WIRF is one of Australia's leading medical research institutes dedicated to improving the health of all women, mothers and their babies. Its pioneering research and programs focusing on the Prevention of Preterm Birth are complemented by its transformative work into Women's Cancers and Women's Mental Health.

WIRF is proud to be a part of the Advisory Team responsible for the development of this important resource that aims to increase awareness of FGC/M and facilitate support and care for women affected by FGC/M.

For any further information, please contact the State Coordinator for FGC/M on:

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Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

LINKS FOR FURTHER USEFUL INFORMATION

- National Education Toolkit for Female Genital Mutilation/Cutting Awareness: **https://netfa.com.au**
- Family and domestic violence Toolbox: **https://www.kemh.health.wa.gov.au/Our-services/Service-directory/Womens-Health-Strategy-and-Programs/Family-and-Domestic-Violence-Toolbox**
- Beyond Blue: **https://www.beyondblue.org.au/home**
- Phoenix Australia: **https://www.phoenixaustralia.org/?gclid=EAIaIQobChMIr5vJqLK_6gIVA1ZgCh3kAbUEAAYASAAEgK2CvD_BwE**
- FGC/M e-learning package: **https://nmhs.elearn.net.au/login/index.php**
- Female Genital Cutting/Mutilation – A guide for health professionals: **https://www.kemh.health.wa.gov.au/~/media/Files/Hospitals/WNHS/Our%20Services/State-wide%20Services/WHSP/FGC_M_A_guide_for_health_professionals_booklet.pdf**
- Gender Based Violence in the CaLD community: **https://www.kemh.health.wa.gov.au/Our-services/Service-directory/Womens-Health-Strategy-and-Programs/Gender-based-violence-in-the-CALD-community**
- A guide for health practitioners: Working with women from CaLD backgrounds who have experienced domestic violence: **https://www.kemh.health.wa.gov.au/~/media/Files/Hospitals/WNHS/Our%20Services/State-wide%20Services/WHSP/FDV_CALD_factsheet.pdf**