



POSITION STATEMENT

Female Circumcision

It is the position of The American College of Nurse- Midwives (ACNM) that female genital mutilation (FGM), also known as female circumcision or female genital cutting (FGC), is a gender-based human rights violation that threatens the basic rights of girls and women, including their rights to health, life, physical and sexual integrity, human dignity, self-determination, and freedom from torture, violence, and bodily harm.

ACNM affirms the following:

- FGM should not be performed by certified nurse-midwives (CNMs®) or certified midwives (CMs®).
- CNMs and CMs should be knowledgeable about the physical and emotional effects of FGM.
- CNMs and CMs should be culturally sensitive to the issues surrounding terminology and use female genital mutilation instead of female genital cutting in discussions with clients.
- CNMs and CMs should be able to provide clients with complete information regarding the issues related to reinfibulation.
- CNMs and CMs should advocate for the elimination of practices that are harmful to the health of girls and women worldwide, such as FGM.

Background

The World Health Organization (WHO) estimated that approximately 140 million women worldwide live with the consequences of FGM, with 3-4 million girls and women affected annually.¹ The practice of FGM occurs predominantly in Africa and Asia. As global migration continues, it is becoming more common for practitioners in the United States and other countries to care for women who have undergone this procedure. FGM is not mandated by any religion and is practiced on women from various socioeconomic positions.

The term “female genital mutilation” was adopted in 1990 at the 3rd Conference of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. In 1991, the WHO recommended that the United Nations (UN) adopt the term, and subsequently it has been widely used at the policy level on all UN documents and by the WHO. This term is used herein to emphasize the gravity of the act. Additionally, ACNM acknowledges and supports use of the term “cutting,” which is less negative and intended to reflect the importance of using non-judgmental terminology with practicing communities. However, both terms emphasize that the practice is a violation of the human rights of girls and women.²

In 1996, the US Federal Prohibition of Female Genital Mutilation Act of 1995 became law.³ Under this law, the practice of circumcision on any woman under the age of 18 was criminalized. The Illegal Immigration Reform and Immigrant Responsibility Act of 1996, Title 6, Subtitle D, Section 645 further enforces this law.⁴

Midwives should be aware of potential long term consequences associated with FGM, including increased risk for genitourinary problems, dyspareunia, hemorrhage, and obstructed labor.⁵ For identification purposes, FGM is differentiated into 4 main types:

1. Type 1 (clitoridectomy) involves the excision of the prepuce and partial or total removal of the clitoris.
2. Type 2 (excision) is partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
3. Type 3 (infibulation) is the most severe form of FGM. Type 3 involves a narrowing of the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris.
4. Type 4 may include any of the following harmful practices to the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping and cauterization.⁶

Reinfibulation refers to the re-suturing after birth or other gynecological procedures of the incised scar tissue resulting from infibulation. Reinfibulation has no benefits and is associated with complications for the woman and the newborn.⁷

ACNM recognizes FGM is deeply rooted in the cultures, traditions, beliefs and economies of the areas in which it is practiced and encourages its members to become fully informed about this practice. The position taken by the ACNM on FGM is aligned with the positions of other professional organizations such as the International Confederation of Midwives, International Council of Nursing, and the International Federation of Gynecologists and Obstetricians.⁸⁻¹⁰

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Source: Original Division of Standards and Practice

Approved: Board of Directors 2000

Revised by Division of Global Health, Approved Board of Directors September, 2012