AMERICAN COLLEGE of NURSE-MIDWIVES
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POSITION STATEMENT

Female Genital Mutilation/Cutting

Female genital mutilation/cutting (FGM/C) refers to any non-medical procedure that involves the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons.[1] Such procedures are a form of gender-based violence that threatens the rights of girls and women, including their rights to health, life, and self-determination and freedom from torture, violence, and bodily harm.

The American College of Nurse-Midwives (ACNM) affirms that certified nurse-midwives (CNMs) and certified midwives (CMs) should

- Be knowledgeable about the cultural context of FGM/C and options for clinical management, including how to address genitourinary, obstetric, sexual, and mental health complications.
- Ensure that care management tools are available in the care setting.
- Identify and use terminology consistent with the woman's preferences.
- Collaborate with colleagues and assist women to access multidisciplinary interventions, such as deinfibulation, when indicated.
- Be familiar with federal and relevant state laws related to FGM/C.
- Decline to perform FGM/C and advocate against all forms of FGM/C.

Background

Female genital mutilation/cutting affects approximately 200 million women and girls in 30 countries in Africa, the Middle East, and Asia.[2] Approximately 513,000 have immigrated from countries in which FGM/C is practiced or have been born in the United States to mothers from these countries.[3] As migration continues, CNMs/CMs in the United States and other countries of resettlement will care for affected women. The practice affects women and girls from diverse socioeconomic backgrounds and is not mandated by any religion. Midwives should be aware of how to assess women for exposure to FGM/C and how to manage potential short and long term consequences of the practice including genitourinary, obstetric, sexual, and mental health complications. Evidence-based guidelines for management of complications related to FGM/C are detailed by the World Health Organization.[4]

CNMs/CMs should be aware that outcomes for women affected by FGM/C are poor even after migration[5,6] and are associated with poor patient-provider communication and lack of trust.[7,8] Women affected by FGM/C reported being humiliated, disrespected, and shamed because of their status.[9,10] Given the sensitive nature of topic and the myriad of challenges immigrants to the United States may face, CNMs and CMs should work to establish trust-based relationships that foster respectful, transparent, evidence-based care.

It is critical for midwives to be familiar with federal and state laws related to FGM/C so that they can appropriately counsel women and meet mandatory reporting obligations. As of 1996, FGM/C of any person less than 18 years of age is a violation of U.S. federal law.[11] In addition, many state laws prohibit FGM/C, and the practice is illegal, regardless of age, in Minnesota, Rhode Island, and Tennessee. Federal and many state laws make exceptions for providers during labor and the immediate postpartum period. In states where FGM/C is not specifically prohibited, it can be prosecuted under other child abuse or assault and battery statutes. The federal ban on FGM/C was amended in 2012 to criminalize the transportation of girls for FGM/C. State statutes that address the conduct of a parent/guardian exist in California, Colorado, Delaware, Maryland, Missouri, New York, Oregon, and West Virginia.[12]

For consistent identification and documentation purposes, FGM/C is divided into four types:[13]

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)
- Type Ia: Removal of the clitoral hood or prepuce only
- Type Ib: Removal of the clitoris with the prepuce

Type II: Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora (excision)
- Type IIa: Removal of the labia minora only
- Type IIb: Partial or total removal of the clitoris and the labia minora
- Type IIc: Partial or total removal of the clitoris, the labia minora and majora

Type III: Narrowing of the vaginal orifice with the creation of a covering seal by cutting and positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
- Type IIIa: Removal and apposition of the labia minora
- Type IIIb: Removal and apposition of the labia majora

Type IV: Unclassified. All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, pulling, piercing, incising, scraping. and cauterization

CNMs/CMs should be prepared to respond to requests for procedures to manage FGM/C sequelae, such as deinfibulation and clitoral reconstruction. Deinfibulation should be offered to any infibulated woman for the purposes of preventing and treating complications.[4] Deinfibulation is associated with fewer cesarean births and lower risk of postpartum hemorrhage.[14] Ideal timing of deinfibulation varies and should be based on the guidelines outlined by the World Health Organization.[4] Reinfibulation is the partial or complete resuturing, after birth or other gynecologic procedures, of the incised scar tissue resulting from infibulation. Reinfibulation is considered a form of medicalized FGM/C and a violation of medical ethics. The risks of the procedure outweigh any perceived benefits.[4]

Clitoral reconstruction is a surgical procedure to expose the clitoral stump and create a neo-prepuce from vulvar skin.[15] While the procedure may improve sexual function, it is not recommended because of safety concerns and limited outcome data.[4] Evidence suggests that women can benefit from nonsurgical interventions to improve sexual function.[16-18] These include counseling; education on anatomy and sexual function; and physical, sexual, and related therapy.

ACNM encourages its members to become fully informed about this practice so that shared decision making can occur with affected families. The position of ACNM on FGM/C is aligned with the positions of other professional organizations, including the International Confederation of

Midwives, International Council of Nursing, and the International Federation of Gynecologists and Obstetricians.[19-22]

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Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB).

Source: Original Division of Standards and Practice
Approved: Board of Directors 2000
Revised by Division of Global Health, Approved Board of Directors September, 2012
Revised by Division of Global Health & Clinical Practice & Documents Section May 2017