

## Management of patients with Female Genital Mutilation (FGM)

Issue Date	Review Date	Version
26.04.19	26.04.22	2

### Purpose

The purpose of this Standard Operating Procedure is to provide all staff working within Plymouth Hospitals NHS Trust with guidelines to manage patients suspected of having or having Female Genital Mutilation (FGM)

### Who should read this document?

All staff working within:

- Maternity Services
- Emergency Department
- Genitourinary Medicine
- Gynaecology
- Paediatrics
- Any other area where female at risk patients may present

### Key Messages

FGM is illegal under the FGM Act 2003 and amendments brought through the Serious Crime Act 2015. It is a form of child abuse and violence against women.

FGM comprises all procedures involving partial or total removal of the external female genitalia This includes genital piercings and tattoos for non-medical reasons.

The Information Standards Board Female Genital Mutilation Enhanced Dataset (2016) requires all NHS organisations to record information about FGM within the patient population in healthcare records and confirms the local data sharing practices which must be adopted.

Any concerns, whether identified through using this guidance or through discussion with the patient and family, should be recorded within the patient's records by the healthcare professional who has obtained the information.

The 2003 Act (Now included in the Serious Crime Act 2015) requires regulated health in England and Wales to report known cases of FGM in under 18s which they identify in the course of their professional work to the police (the mandatory reporting duty). Healthcare professionals are not expected to investigate or make decisions upon whether a case of FGM was a crime or not. All cases should be dealt with under existing safeguarding frameworks, which for children under 18 who have undergone FGM would mean a referral to Children's Social Care and the police.

Staff need to inform the safeguarding team when a lady who has suffered FGM delivers a baby so that FGM-IS processes can be followed.

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

### Core accountabilities

<b>Owner</b>	Alison O'Neill named Nurse Safeguarding Children & Anne Smith Safeguarding Midwife
<b>Review</b>	Safeguarding Steering Group
<b>Ratification</b>	Safeguarding Steering Group Executive Lead Lenny Byrne Chief Nurse

<b>Dissemination (Raising Awareness)</b>	Alison O'Neill named Nurse Safeguarding Children & Anne Smith Safeguarding Midwife	
<b>Compliance</b>	Safeguarding Steering Group	
<b>Links to other policies and procedures</b>		
Safeguarding Adults, Children and Midwifery Policies Care Act 2015 Children's Act 1989/2004 Working Together to Safeguard Children 2018		
<b>Version History</b>		
<b>1</b>	31.03.17	Alison O'Neill Named Nurse Safeguarding Children (Head of Safeguarding) Anne Smith Safeguarding Midwife
<b>2</b>	26.04.19	Reviewed and updated

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents.  
Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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## Standard Operating Procedure (SOP)

### Management of patients with Female Genital Mutilation (FGM)

**1 Introduction**

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women. Amendments were brought through the Serious Crime Act 2015

The term FGM captures mutilation of a female’s labia majora, labia minora or clitoris and includes piercing and tattooing.

In April 2015, the Information Standards Board published Female Genital Mutilation Enhanced Dataset Information Standard<sup>8</sup> and supporting documentation. This standard requires all NHS organisations to record information about FGM within the patient population in healthcare records and confirms the local data sharing practices which must be adopted. This data must be reported to the Health and Social Care Information Centre on a monthly basis. SCCI2016 supersedes the FGM Prevalence Dataset (ISB 1610) which had been in use since April 2014.

Any concerns, whether identified through using this guidance or through discussion with the patient and family, should be recorded within the patient’s records by the healthcare professional who has obtained the information.

Regulated health in England and Wales must report known cases of FGM in under 18s which they identify in the course of their professional work to the police (the mandatory reporting duty). Healthcare professionals are not expected to investigate or make decisions upon whether a case of FGM was a crime or not. All cases should be dealt with under existing safeguarding frameworks, which for children under 18 who have undergone FGM would mean a referral to Children’s Social Care and the police.

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply.

Included within scope of duty:

- Girls under 18 who disclose they have had FGM
- When you see signs/symptoms appearing to show she has had FGM

Short and long term health implications for FGM		
Short-term:		
Severe pain	Urinary retention	Fracture or dislocation as a result of restraint

Wound infections, including tetanus and blood borne	Haemorrhage	Damage to other organs
Emotional and psychological shock	Injury to adjacent tissues	Death
Long-term:		
Chronic vaginal and pelvic infections	Difficulties with menstruation	Infibulation cysts, neuromas and keloid scar formation
Difficulties in passing urine and chronic urine infections	Renal impairment and possible renal failure	Complications in pregnancy and delay in the second stage of childbirth inc death
Damage to the reproductive system, including infertility	Obstetric fistula	Pain during sex and lack of pleasurable sensation
Psychological damage	Substance misuse and/or self-harm	Increased risk of HIV and other sexually transmitted infections

## 2 Definitions

Female Genital Mutilation (FGM) is a procedure where the female genital organs are injured or changed, but there is no medical reason for this. It can seriously harm the health of women and girls in the long term.

Female genital mutilation is classified into four major types. The World Health Organisation defines FGM as follows:

Type 1: Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Type 2: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).

Type 3: Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Free online training is available to all NHS staff to help improve your knowledge and awareness of FGM.

## 3 Regulatory Background

Female Genital Mutilation Act 2003 and amendments brought through the Serious Crime Act 2015. The Serious Crime Act 2015 strengthened the legislative framework around tackling FGM.

In 2016, the government launched statutory multi-agency guidance on FGM.<sup>4</sup> The guidance aims to provide information on FGM, to provide strategic guidance on FGM and to provide advice and support to front-line professionals.

No single agency can adequately meet the multiple needs of someone affected by FGM. This guidance encourages agencies to cooperate and work together to protect and support those at risk of, or who have undergone, FGM.

Working Together to Safeguard Children 2015 addresses legislative requirements and expectations and should be read and followed by a range of professionals including those working in health services. Whilst the guidance does not make specific provision for safeguarding activities relating to FGM, it sets out requirements around information sharing which are needed to effectively safeguard against FGM and all forms of child abuse.

## **4 Key Duties**

FGM standard requires all NHS organisations to record information about FGM within the patient population in healthcare records and confirms the local data sharing practices which must be adopted. This data must be reported to the Health and Social Care Information.

Practitioners must complete the Trust Female Genital Mutilation Proforma available on the Trust intranet. (see appendix 1)

Any concerns, whether identified through using this guidance or through discussion with the patient and family, should be recorded within the patient's records by the healthcare professional who has obtained the information.

Health agencies in England and Wales are required to report cases of FGM in under 18s which they identify to the police. Healthcare professionals are not expected to investigate or make decisions upon whether a case of FGM was a crime or not.

All cases should be dealt with under existing safeguarding frameworks, which for children under 18 who have undergone FGM would mean a referral to Children's Social Care and the police.

Complying with the duty does not breach any confidentiality requirement or other restriction on disclosure which might otherwise apply. This includes, girls under 18 who disclose they have had FGM and when signs/symptoms appear to show she has had FGM

Booking appointment (ideally by 10 weeks or at the next appropriate contact) must be asked if they have suffered FGM/cutting.

Following delivery for a lady who has previously suffered FGM the safeguarding midwifery team must be informed so that FGM-IS processes can be followed.

## **5 Procedure to Follow**

**Please see below for FGM practice algorithms/pathways for adults and children.**

Consider have you:

- Discussed FGM with the patient and their family.
- Completed an FGM Proforma. (NHS Enhanced Data Set)
- Recorded your actions and the outcome of the assessment on the patient's healthcare record.
- Followed your local safeguarding process and made a referral to children's social care, if appropriate.
- Reported a known case of FGM to a child under 18 to the police under the FGM mandatory reporting duty, if appropriate.
- Shared relevant information with other health professionals including the GP, health visitor, school nurse, your local safeguarding lead.
- Consider giving the patient an FGM information leaflet available to download in several languages [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk)
- Following delivery for a lady who has previously suffered FGM the safeguarding midwifery team must be informed so that FGM-IS processes can be followed.

Specific guidance for clinicians managing FGM patient's care is available from Female Genital Mutilation and its Management (Green-top Guideline No. 53) (RCOG)

### **The Dataset and Data Submission**

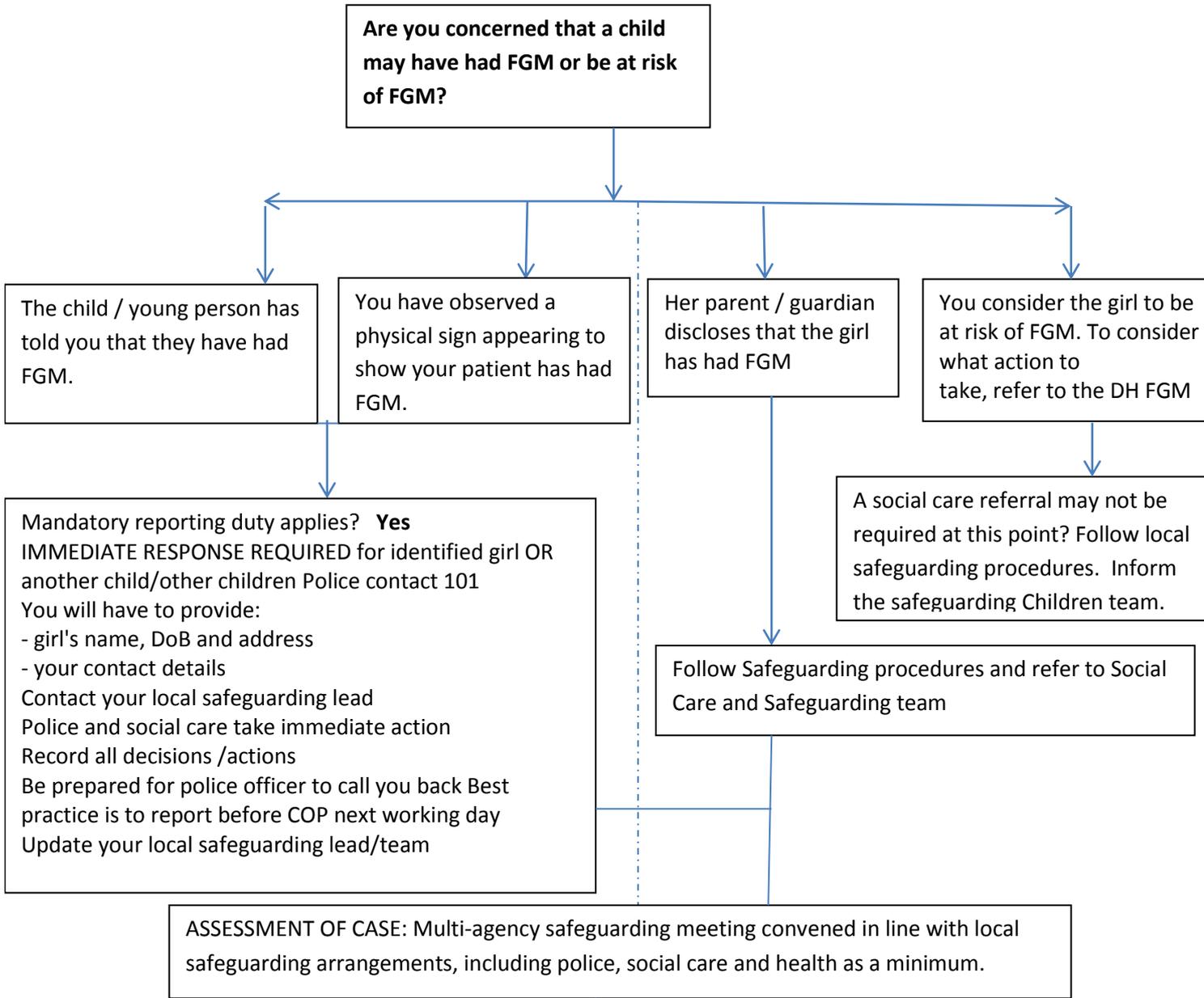
The full dataset contains 30 data items including: patient demographic data, specific FGM information, referral and treatment information.

The FGM Enhanced Dataset Information Standard (SCCI2026) instructs all clinicians to record in the clinical notes. Whenever, (not just the first time) FGM is identified, either through clinical examination or self-reported information data should be submitted to the FGM Enhanced Dataset. For all pregnant women with FGM a data set should be completed at booking.

If a woman or girl has already been identified and reported to the FGM Enhanced Dataset as having FGM, a new Attendance record and/or FGM Record will need to be created if:

- the woman or girl is having treatment relating to her FGM (Attendance Data)
- the woman gives birth (Attendance Data)
- there is a change in her FGM Type (FGM data)

**FGM Management and reporting in children**



**If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.**

**REMEMBER:** Mandatory reporting is only one part of safeguarding against FGM and other abuse.

**Always ask your local safeguarding lead if in doubt.**



# FGM Safeguarding Pathway

Presentation prompts clinician to suspect/consider FGM e.g. repeated UTI, vaginal infections, urinary incontinence, dyspareunia, dysmenorrhea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure (e.g., young girl from community known to practice FGM discloses she will soon undergo 'coming of age' ceremony).

**INTRODUCTORY QUESTIONS:** Do you, your partner or your parents come from a community where cutting or circumcision is practised? (It may be appropriate to use other terms or phrases)

No – no further action required

Yes

Do you believe patient has been cut?

No – but family history

Yes

Patient is under 18 or vulnerable adult

Patient is under 18

Patient is over 18

**If you suspect she may be at risk of FGM:**  
Use the **saferisk assessment guidance** to help decide what action to take:

- If child is at imminent risk of harm, initiate urgent safeguarding response.
- Consider if a child social care referral is needed, following your local processes.

Ring 101 to report basic details of the case to police under **Mandatory Reporting Duty**.  
**Police will initiate a multi-agency safeguarding response.**

Does she have any female children or siblings at risk of FGM?  
And/or do you consider her to be a vulnerable adult?  
Complete **saferisk assessment** and use guidance to decide whether a social care referral is required.

**FOR ALL PATIENTS who have HAD FGM**

1. Read code FGM status
2. Complete FGM **Enhanced dataset** noting all relevant codes.
3. Consider need to refer patient to FGM service to confirm FGM is present, FGM type and/or for deinfibulation.
  - a) If long term pain, consider referral to uro-gynae specialist clinic.
  - b) If mental health problems, consider referral to counselling/other.
  - c) If under 18 refer all for a paediatric appointment and physical examination, following your local processes.

Can you identify other female siblings or relatives at risk of FGM?

- Complete risk assessment if possible **OR**
- Share information with multi-agency partners to initiate safeguarding response.

**FOR ALL PATIENTS:**

1. Clearly document all discussion and actions with patient/family in patient's medical record.
2. Explain FGM is illegal in the UK.
3. Discuss the adverse health consequences of FGM.
4. Share safeguarding information with Health Visitor, School Nurse, Practice Nurse.

**Contact details**  
**Local safeguarding lead:**  
**Local FGM lead/clinic:**  
**NSPCC FGM Helpline:** 0800 028 3550  
**Detailed FGM risk and safeguarding guidance for professionals from the Department of Health is available [online](#)**

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.  
**REMEMBER:** Mandatory reporting is only one part of safeguarding against FGM and other abuse.  
*Always ask your local safeguarding lead if in doubt.*

## **6 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Safeguarding Steering Group and ratified by the Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated author. These must be ratified by the Chief Nurse and should be reported, retrospectively, to the Safeguarding Steering Group.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades that are directly affected by the proposed changes.

## **7 Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Nursing and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **8 Monitoring and Assurance**

- Compliance will be monitored by assessment of collated national data which will be continuously monitored by the Trust
- Safeguarding Team and Performance & Management Information Department
- Monthly review and annual reporting
- Issues will be reported to the Safeguarding Steering Group
- the Safeguarding Steering Group will devise an action plan and monitor progress if issues are identified
- Learning will be reported to the Safeguarding Steering Group and learning shared with professional groups as needed

**Key Relevant Legislation:**

- The Children's Act 1989/2004
- The Care Act 2015
- Serious Crime Act 2015

Relevant Department of Health regulations and guidelines:

- Working Together to Safeguard Children 2015
- FGM Safeguarding Pathway DOH 2017
- Multi-agency statutory guidance on female genital mutilation DOH 2016
- Multi-agency guidelines on FGM for those with statutory duties to safeguard children and vulnerable adults DOH 2016
- The Information Standards Board Female Genital Mutilation Enhanced Dataset The Health and Social Care Information Centre (NHS digital 2016)

**Regulatory agency (eg HSE, NPSA, NICE) regulations and guidelines:**

- FGM Safeguarding and Risk Assessment Quick guide for health professionals DOH 2017
- NICE Guidelines Quick reference guide Antenatal care DOH 2008
- A Statement opposing (Available in 12 languages) FGM DOH 2016
- FGM Safeguarding Pathway DOH 2017

**Professional group rules, regulations and guidelines:**

- Female Genital Mutilation and its Management (Green-top Guideline No. 53)  
<https://www.rcog.org.uk/>

Additional information on female genital mutilation cases  
<https://www.nmc.org.uk/standards/code/female-genital-mutilation-cases>

**FGM-IS information**

The video explaining how to view add and a remove a FGM-IS alert is now on the internet at <https://digital.nhs.uk/services/female-genital-mutilation-risk-indication-system-fgm-ri/implementation-process-for-nhs-healthcare-organisations>

# Appendix DATA collection form

# Appendix XX

Mandatory Items	Data Item	Data Entry	Drop Down List	Notes
<b>Contact Details</b>				
Yes	Care contact date			
	Name of clinician who completed form			
	Contact number			7780684768
	Treatment function area			
	Site of treatment			
<b>Patient Record</b>				
Yes	Organisation that provided care			
Yes	NHS Number			
Yes	Local patient identifier			Only required if NHS Number is not available
Yes	Forename of woman/ girl			
Yes	Surname of woman/ girl			
	Date of birth of woman/ girl			dd/mm/yyyy
Yes	Post code of usual address			
	Country of birth		Yes	If known or available
	Country of origin		Yes	If known or available
	Region of country of origin		Yes	If known or available
	GP registration code			Outline reason if GP registration not available, e.g. unknown, recently entered country
<b>Attendance Record</b>				
	Referral organisation type		Yes	e.g. GP, NHS organisation, local authority, school
	Referral organisation			Only required if referral organisation type is GP or NHS organisation
	Pregnancy status		Yes	Please select one of the following: - Yes/ No/ Unknown/ Not stated
Yes	How was the FGM identified?		Yes	Please select one of the following: - Self-report/ On examination/ Other clinician/ Other
	FGM family history		Yes	Please select one of the following: - Yes/ No/ Unknown/ Not Stated
	Number of daughters the woman has under 18?			If no daughters, then state
	Advised on the health implications of FGM?		Yes	Please select one of the following: - Yes/ No/ Unknown
	Advised on the illegalities of FGM?		Yes	Please select one of the following: - Yes/ No/ Unknown
	Were any daughters born at this attendance?		Yes	Please select one of the following: - Yes/ No
	Country of birth of baby's father		Yes	Only required if daughter is born at this attendance and if country details are available
	Country of origin of baby's father		Yes	Only required if daughter is born at this attendance and if country details are available
<b>FGM Record</b>				
Yes	FGM activity identified		Yes	Please select as appropriate - Definitions are below - FGM Type 1, 2, 3 or 4, Unknown - History of FGM Type 3 - Re-infibulation identified
	FGM Type 4 qualifier		Yes	Only required if Type 4 identified above and if possible to confirm - Pricking/ Piercing/ Scraping/ Incising/ Cauterisation
	Deinfibulation undertaken?		Yes	Please select as appropriate: - Yes - to facilitate delivery - Yes - to not facilitate a delivery - No
	Age range when FGM was undertaken?		Yes	Please select as appropriate: - Under 1 - 1 and under 5 - 5 and under 10 - 10 and under 15 - 15 and under 18 - Over 18 - Patient did not or would not say
	Country where FGM was undertaken?	United Kingdom (the)	Yes	If known or country details available