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Female Genital Mutilation (FGM) Pathway for CTM UHB Maternity Services (To be used alongside All Wales guideline for FGM)

Initiated By	Cwm Taf Morgannwg University Health Board Obstetrics and Gynaecology Directorate
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CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
1	June 2024	Elinore Macgillivray	CTM flowchart to sit with All Wales guidance

AUTHORSHIP, RESPONSIBILITY AND REVIEW

Author	Elinore Macgillivray	Ratification Date	June 2024
Job Title	Consultant Midwife	Review Date	June 2027

Disclaimer

When using this document please ensure that the version is the most up to date by checking the Obstetrics & Gynaecology Guidelines on WISDOM

PRINTED DOCUMENTS MUST NOT BE RELIED ON

Female Genital Mutilation (FGM) Pathway for Maternity Services

1. The All-Wales Clinical Female Genital Mutilation Pathway

This document is intended to be used in conjunction with The All-Wales Female Genital Mutilation Pathway, which can be accessed on WISDOM and the following link: [Genital Mutilation Clinical Pathway \(FGM\)](#). The All-Wales Pathway should be followed if any new case of FGM is either suspected or identified. The All Wales Pathway is intended to be used by all NHS Wales maternity service, who work with women and have exposure to FGM discussions, disclosures or suspicions. This could include nurses, midwives, school nurses, health visitors, general practitioners, sexual health nurses, paediatricians, doctors, consultants. N.B. **All** women should be asked at booking if they have been subjected to FGM.

2. Upon new suspected or confirmed case of FGM in CTM

If FGM is identified through examination or disclosure, the checklist in Appendices 1 & 3 of the All-Wales FGM Clinical Pathway should be printed, completed and filed in the Maternity notes. **It is the responsibility of the healthcare professional who has identified the FGM to complete these in full.** This will usually be the community midwife, but could be any healthcare professional who is the first to identify FGM. Appendix 4 should be completed by the examining healthcare professional, which will usually be the Consultant Obstetrician. A SIP 2 and C1 form should also be completed in all cases.

2.1. FGM Identified at the Initial Booking Appointment

- If FGM is disclosed at the booking appointment, appendices 1 & 3 of the All Wales FGM Clinical Pathway should be printed, completed in full and filed in the notes.
- Referral to the named FGM Consultant Obstetrician for their locality (as per section 3) should be made for assessment and care planning. This should take place before 20 weeks, but may be later in the case of late booking.
- Appendix 4 of the All Wales Female Genital Mutilation Clinical Pathway should be printed, completed in full and filed in the notes by the examining professional which would usually be the Consultant Obstetrician at the earliest opportunity.
- A care plan for labour and birth should be made by a Consultant Obstetrician by 36 weeks' gestation at the latest. Care planning will be supported by the Consultant Midwife.

2.2. FGM Identified During Pregnancy

- If FGM is identified late in pregnancy, an **urgent** referral should be made to the named FGM Consultant Obstetrician for their locality (as per section 3) and Consultant Midwife. Appendix 1 & 3 of the All Wales Female Genital Mutilation Clinical Pathway should be printed, completed in full and filed in the notes.

- Appendix 4 of the All Wales Female Genital Mutilation Clinical Pathway should be printed, completed in full and filed in the notes by the examining professional, which would usually be the Consultant Obstetrician.
- A care plan for labour and birth should be made by a Consultant Obstetrician by 36 weeks' gestation at the latest. Care planning will be supported by the Consultant Midwife.

2.3. FGM Identified During Labour

If FGM is identified in labour, the woman should be reviewed urgently by a senior obstetrician to make a plan for birth. Recommendations should be made regarding mode of birth and care of the FGM to support the woman's decision making. Appendix 1 & 4 of the All Wales Female Genital Mutilation Clinical Pathway should be printed, completed in full and filed in the notes.

3. Named FGM Consultant Obstetrician per Locality

Locality	FGM Consultant Obstetrician
Bridgend	Ms. Karin Bisseling
Merthyr	Ms. Vidya Govindapillaiambika
RCT	Mr Mohamed Khalifa

4. Support Services

Details of BAWSO should be provided to the woman to access support. These can be accessed at [New Services - BAWSO](#) or by calling their helpline on 0800 7318147.

In all cases of FGM, referral to Consultant Midwife Elinore Macgillivray should be made by emailing elinore.macgillivray@wales.nhs.uk. The optimal time for this is prior to 20 weeks' gestation, or as soon as possible in the case of late booking.

For any queries relating to the care of women with FGM, please contact Consultant Midwife elinore.macgillivray@wales.nhs.uk or Community FGM Champion Chelsea Kiely on chelsea.kiely@wales.nhs.uk

