Maternity Female Genital Mutilation (FGM) Guidance
(To be used alongside the All-Wales FGM Clinical Pathway)

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Summary of document:
Female genital mutilation (FGM is an internationally recognised human right violation and in most circumstances has serious and lifelong impacts on the health and wellbeing of women and girls. It is illegal in the UK and is child abuse. According to the latest estimate, there are 137,000 women and girls living with FGM in England and Wales. (House of Commons Committee report; Female Genital Mutilation Sept 2025). This document, in conjunction with the All Wales FGM clinical Pathway and Assessment tool, aims to address the need for identification and ensuring appropriate referral and management for women where FGM has occurred or there may be risk for the unborn female infant, and to provide some practical supportive advice for the healthcare professionals on speaking about FGM.

Scope:
This guideline is to support all Hywel Dda University Health Board (HDUHB) professionals working in either hospital or community settings, in the identification and management of care for pregnant women where FGM has occurred and where there is a risk of it being performed, including to an unborn female baby following her birth The guidance uses the term “woman” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people

who do not identify themselves as women, but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive, and sensitive to the needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

To be read in conjunction with:
607 - Sharing Information in Pregnancy Procedure (Safeguarding Children) -opens in a new tab

714. Management and Reporting of Female Genital Mutilation (for Health Professionals) Procedure -opens in a new tab

The All Wales Female Genital Mutilation Clinical Pathway and Assessment Tool (2024)FGM Clinical Pathway and Assessment Tool - FINAL 280824.docx- opens in a new tab

Hywel Dda Enhancing Communication: Guide to accessing Interpretation and Translation Services - opens in a new tab

Patient information: N/A

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01 – new guideline 29.1.2026

Keywords: Female Genital Mutilation

Glossary of terms
FGM – Female genital mutilation

SIP – sharing information in pregnancy

Contents

Aim

The aim of this document is to be used in alongside the All Wales Female Genital Mutilation Clinical Pathway to support all Hywel Dda University Health Board (HDUHB) professionals working in either hospital or community settings, in the identification and management of care for pregnant women where FGM has occurred and where there is a risk of it being performed, including to an unborn female baby following her birth.

Objectives

- The primary role for health professionals is to implement and comply with the All-Wales FGM Clinical Pathway, provide support and refer to support services if a woman has undergone FGM
- Refer to HDD Safeguarding Midwife and team to ensure referral for the woman is made to the appropriate agencies
- Informing The HDD Safeguarding Midwife/Team of all unborn infants (or known antenatally to be female) at risk of being subjected to FGM to ensure referral is made the Local Authority Children Services.
- Staff to feel more supported and prepared to have conversations with women, in a culturally sensitive manner, when asking whether they have FGM.

Introduction

This document is to support staff when providing care to pregnant women and is intended to be used in conjunction with The All-Wales Female Genital Mutilation Clinical Pathway and Assessment tool (2024), see Appendix A. or access via link below:
FGM Clinical Pathway and Assessment Tool - FINAL 280824.docx- opens in new tab

The All-Wales Pathway (appendix A) 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.

NOTE. **A question about FGM is therefore incorporated for ALL women at the routine patient booking when history is being taken. This question is addressed on the FGM Sticker (see appendix c) on page 9 of the All-Wales handheld record, including a prompt to activate the pathway if indicated.**

Having the conversation

Health professionals must be able to sensitively enquire about FGM. Asking the right questions in a simple, straightforward and sensitive way is key to establishing the understanding, information exchange and relationship needed to plan for the girl's/woman's wellbeing and the welfare and wellbeing of any daughters she may have, or girl children she may have access to.
See Appendix B for guidance and support for staff when talking about FGM.

Note: A female interpreter may be required. The interpreter should be appropriately trained in relation to FGM and **must not be a family member**.

Upon new, suspected or confirmed case of FGM in Hywel Dda, completion of documentation as per the All-Wales FGM Clinical Pathway.

If FGM is identified through examination or disclosure, the checklist in Appendices 1 & Appendix 3 within 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 form should also be completed in all cases.

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.

- A referral to the Antenatal Clinic 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.

FGM identified during pregnancy

- If FGM is identified late in pregnancy, an urgent referral should be made to the obstetric Consultant Antenatal Clinic and the Safeguarding Team informed.
- Appendices 1 & Appendix 3 of the All-Wales Female Genital Mutilation Clinical Pathway should be printed, completed in full and filed in the notes.

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.
- Appendices 1 & Appendix 4 of the All-Wales Female Genital Mutilation Clinical Pathway should be printed, completed in full and filed in the notes.

Named FGM Consultant Obstetrician

For any queries relating to the care of women with FGM please contact Dr Eman Elkattan (Consultant obstetrician).

Support Services

- Details of the accredited charity Black Association of Women Step Out (BAWSO) - New services which provides specialist support for women and children who have or who are at risk of being subjected to FGM should be provided to the woman to access support link: https://bawso.org.uk/en/services/ (opens in a new tab) or helpline on 0800 7318147.

Sharing information in Pregnancy (SIP) and Safeguarding

- Where FGM has been identified in pregnancy the first point of contact is Safeguarding Midwife/team.
- A HDUHB SIP2 form must be completed in line with the HDUHB Procedure 607 - Sharing Information in Pregnancy Procedure -opens in new tab.
- Safeguarding will make contact with Violence Prevention at Welsh Government in line with All Wales

Unborn child and other children

The Safeguarding Midwife and team will ensure that appropriate Social care referral for the unborn/ newborn is made if the baby is female. Where there are other female children in the family the Safeguarding team will include these siblings in the referral (see appendix 1, FGM Pregnancy, Paediatric and Children pathways, within the All-Wales Female Genital Mutilation Clinical Pathway).

Data Collection and Monitoring

All new cases of FGM are reported to Wales Violence Prevention Unit on a quarterly basis by the Corporate Safeguarding Team.

It is important that identification of FGM is documented, according to local safeguarding processes e.g. DATIX, to ensure that data collection for FGM is complete. This will support better understanding of FGM prevalence in Wales.

References

Female Genital Mutilation Act (2003).
Female Genital Mutilation Act 2003 -opens in new tab

UK Parliament. House of Commons committee report (12th September 2025)
Female genital mutilation -opens in a new tab

Her Majesty's Government (2016) Multi-agency Statutory Guidance on Female Genital Mutilation.
https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation -opens in a new tab

Mandatory Reporting of Female Genital Mutilation – procedural information Home Office 2015.(updated 2020)
https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information -opens in a new tab

Wales Safeguarding Procedures 2019.
https://www.safeguarding.wales -opens in a new tab

Royal College of Gynaecology (2015) Female Genital Mutilation and its Management.
gtg-53-fgm.pdf – opens in a new tab

Appendix A. The All-Wales Female Genital Mutilation Clinical Pathway

The All Wales Female Genital Mutilation Clinical Pathway and Assessment Tool

Authors:

Created Collaboratively by the NHS Wales Safeguarding Network

Date: 28th August 2024	**Version:** Final

Distribution:

- NHS Wales (Intranet)
- Public Health Wales (Intranet)

Review Date: August 2027

Purpose and Summary of Document:
The All Wales Female Genital Mutilation (FGM) Clinical Pathway and Assessment Tool provides guidance to professionals across NHS Wales on how to respond appropriately to concerns regarding FGM.

Work Plan reference: NHS Wales Safeguarding Network – Objective 3

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FGM Clinical Pathway and Assessment Tool Flowchart

This flowchart provides an easy to use process on a page that summarises the pathway for adults and children and includes the Mandatory Reporting requirements.

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1. Introduction

The All Wales Female Genital Mutilation (FGM) Clinical Pathway is a pathway developed by the NHS Wales Safeguarding Network. It provides professionals working within the 7 Health Boards and 3 NHS Trusts that form NHS Wales with the guidance to respond appropriately to concerns regarding FGM. It will be referred to as the FGM Clinical Pathway in the text.

2. Equality, Diversity and Inclusivity Statement

NHS Wales is committed to providing an FGM service that supports equality, diversity and inclusion and eliminates unlawful discrimination.

FGM disproportionately affects persons from Black and Minority Ethnic groups. The Home Office has identified that persons from certain communities are more at risk than others. These include persons from: Somalia, Eritrea, Kenya, Sierra Leone, Ethiopia, Sudan, Nigeria, Egypt, Yemen, Indonesia, Kurdistan (NSPCC, 2020). This list is not exhaustive and FGM does occur in other communities.

It is important that when discussing and supporting adult and child victims/ survivors of FGM, healthcare professionals act sensitively and do not stereotype or racially profile those involved. Discussions around FGM should not single out, blame or make sweeping generalisations about individuals or communities due to their ethnicity. Discussions must be trauma informed and not focused on a person's ethnicity as a reason for FGM. FGM is child abuse and victims/ survivors should be given support and care.

The term 'women' is used throughout this guidance to describe individuals whose sex at birth was assigned female, whether or not they identify as female/male/nonbinary. It is important to acknowledge that people who do not identify as women could be at risk of FGM, and the process of assessment should be inclusive and sensitive to the needs of all individuals regardless of their gender identity.

3. What is FGM?

FGM is when a females genitals are deliberately altered or removed for non-medical reasons. It is also known as female circumcision or cutting. FGM is a form of abuse, it is dangerous and a criminal offence in the UK (NSPCC, 2020).

There are 4 types of FGM; type 1- clitoridectomy, type 2- excision, and type 3- infibulation. Type 4 relates to other harmful procedures that can be done to the female genitals including; tattoos, incising, pricking, piercing, and cutting, scraping or burning the area (NSPCC, 2020) (see Appendix 3).

The Department of Health (DOH, 2019) states that a child, or an adult at risk, who has undergone genital piercing, should be considered to be a victim of FGM (type 4). If they cannot consent to genital piercing, due to their age or mental capacity, they should be safeguarded accordingly. However, an adult with capacity can have genital piercing or other genital changes providing they have consented to this. This would not be considered as FGM.

4. When Should the FGM Clinical Assessment Tool be Completed?

It must be completed, without exception where:

- A new disclosure of FGM is made
- FGM is suspected to have already taken place in a child
- There is suspicion that FGM may be planned in the future, for a child.

It is important to ensure that the assessment tool is used in a trauma informed way. Individuals who have experienced FGM are victims/survivors of abuse. They should not be exposed to repeat intimate examinations and assessments where possible. Referrals and offers of support should be made promptly to the right services to reduce the risk of repeat examination and re-traumatisation of the individual.

5. Roles and Responsibilities for the FGM Clinical Pathway and Assessment Tool

To reflect the differing competencies of the wide range professionals who work in NHS Wales there are 3 groups of professionals identified in the pathway, who will have different responsibilities.

All NHS Wales Professionals

- All NHS Wales Professionals should be aware of this Pathway, and should complete the FGM Clinical Assessment Tool which is included within the pathway.
- Duty to report referrals, based on Wales Safeguarding Procedures, and Mandatory Reporting requirements, should be made if appropriate.
- This could include nurses, midwives, school nurses, health visitors, general practitioners, sexual health nurses, consultants, paediatricians and other doctors. This list is not exhaustive.

Professionals Experienced in FGM Care

- This would include professionals who have frequent exposure, training, and knowledge of FGM and intimate examination.
- This could include Sexual Assault Referral Centre (SARC) specialists, women's wellbeing clinic (in Cardiff and the Vale), consultant paediatricians, obstetricians, gynaecologists, specialist midwives. This list is not exhaustive and there may be specific professionals within Health Boards and Trusts that can perform this due to their own specific competencies.
- Such experienced professionals should complete the FGM Clinical Pathway in its entirety including the examination documentation found in Appendix 4.
- They must ensure that discussions, safeguarding Duty to Report/ Child at Risk report forms, based on Wales Safeguarding Procedures, and Mandatory Reporting requirements, (see 7i) and follow ups are completed for the person and/ or family involved.

Safeguarding Specialists

- Safeguarding Specialists are those who have knowledge, training and expertise in safeguarding adults and children.

- This can include Heads of Safeguarding, Designated Safeguarding Leads (Midwives and Nurses), Named Safeguarding Midwives and Doctors/Nurses. This list is not exhaustive and there may be specific safeguarding experts within your organisation who can fulfil this role due to their own specific competencies.
- Safeguarding specialists must understand the FGM Clinical Pathway and Assessment Tool and be able to advise staff of the appropriate actions to be taken following concerns raised in relation to FGM. Appropriate discussions should take place surrounding referrals and next steps, and this advice should be supported by local and regional policies and guidance.

6. FGM Record Keeping, Data Collection and Duty to Report

When FGM has been disclosed, and the relevant documentation completed, it is important that it is held securely within the client hospital records, according to local Record Keeping/ Safeguarding policy.

It is important that victims/survivors of FGM are supported, and that appropriate Multi Agency Referral Forms/ At Risk Reports are completed, including the duty to report where indicated (Department of Health, 2015). Referrals to voluntary agencies or charities for additional support should also be discussed with the person, and completed with their consent. They should all be documented/ filed in the healthcare records.
It is important that identification of FGM is documented, so that data collection and audit can be completed to ensure we monitor the prevalence within Wales.

FGM data should be able to be accessed by the Health Boards Corporate Safeguarding Team and sent via email to the Wales Violence Prevention Unit quarterly by the Safeguarding Team. Health Boards will have their own arrangements to undertake this. An Information Sharing Agreement for this process is held locally within Health Boards.

7. Mandatory Reporting of FGM

(i) Serious Crime Act (2015) Legislative Requirements

The FGM mandatory reporting duty is a legal duty requirement in the Serious Crime Act (2015). The mandatory reporting duty requires regulated health and social care professionals in England and Wales, to report 'known' incidences of FGM, in children under the age of 18.

The legislation requires mandatory reporting to be made to the police where, in the course of their professional duties, a health professional has:

- Been informed by a child, under 18 years of age that an act of FGM has been carried out on them
- Observed physical signs, which appear to show that an act of FGM has been carried out on a child under 18 years of age, and have no reason to believe that the act was necessary for the persons physical or mental health, or for purposes connected with labour or birth
- Not mandated in the Serious Crime Act legislation, but held in Royal College of Gynaecologist (2015) guidance on FGM, it is also advised that reporting to the police and social care should be considered when 'FGM is not confirmed but the parent says it has been done'.

The duty does not apply in relation to at risk or suspected FGM where the individual is over 18. In this instance, you should follow Wales Safeguarding Procedures (2019) alongside this FGM Clinical Pathway and Assessment Tool.

(ii) How to Mandatory Report FGM

Immediate Risk

- **If there is an immediate danger to the child, call the police on 999. A telephone call should be made to the local authority where the child resides to inform them of the concerns, followed up with a written report within 24 hours.**

No Immediate Risk

- Inform the police via 101 that you have a concern about a child being a victim of FGM and that you are fulfilling the Mandatory Reporting Duty. Obtain and document the Crime Reference Number.
- Be aware that the Police are expected to initiate a multi-agency safeguarding response from your report.
- Inform the person that you will also complete a duty to report to the child Local Authority.
- Complete a Child at Risk Report to the Local Authority where the child resides in accordance with Wales Safeguarding Procedures (2019). Share the Crime Reference Number with the Local Authority. **It is the responsibility of the professional submitting the duty to report to follow up the outcome. If the person reporting is not able to do this, it should be handed over to an appropriate professional/manager to follow up.**
    - Include relevant professionals such as; GP's, school nurses and/ or health visitors.
    - Inform the Health Boards Corporate Safeguarding Team of the case and your actions.
    - Consider other children who may be at risk/or have experienced FGM within the wider family network.

8. Checklist for Children and Young People

When you are concerned that a child under the age of 18 years of age has had FGM, you must:

- Follow and complete the FGM Paediatric Pathway in Appendix 1
- **Do not** carry out a genital examination until the Local Authority is informed and a Child Protection Medical has been agreed. If there is an immediate health risk to the child e.g. haemorrhage, or the child is presenting for a medical procedure e.g. sexual health screening an FGM assessment may take place where the practitioners is able to do this and document their findings. Immediate paediatric assessment should always be considered in emergency cases and you should follow local procedures for emergency referral, to the appropriate professionals
- Inform your Health Board Safeguarding Team.
- Fulfil Mandatory Reporting duty (see section 7ii) and call the police via 999 or 101 according to potential risk to child
- Ensure Wales Safeguarding Procedures (2019) are followed and necessary referrals are made to the Local Authority, including telephone contact.
- Ensure that details regarding other children and adults at risk in the family or have had FGM are gathered and shared with the police and Local Authority
- Record all decisions and actions in the health care notes

Always seek support from the Health Boards Safeguarding Team if you are unsure.

9. Checklist for Adults

When you are concerned that an adult over the age of 18 years of has had FGM you must:

- Follow and complete the FGM Pregnancy or Adult Pathway in Appendix 1
- **Do not** carry out a genital examination unless this is already part of your role. If you are not experienced in dealing with FGM (section 5), referral for assessment to an appropriate professional can be made, e.g. obstetrician or gynaecologist. If the woman presents to health services with suspected complications of FGM, such as bleeding, then the treatment and management of this should be prioritised.
- Women should only be assessed once. For example: If a women discloses FGM to her community midwife, referrals should be made to the women's wellbeing clinic/or obstetric lead for assessment of the type of FGM and to complete the clinical pathway.
- Consider the vulnerabilities of the adult- are they an Adult at Risk? Do they have the capacity to make decisions for themselves? If so consider if you have a Duty to Report
- Ensure that details regarding other children, and adults at risk e.g. learning difficulties, mental health are collected, who also may be at risk of FGM.
- Complete a Duty to Report form if there is any possible risk to a child: where a woman has had FGM, all female infants/children would be classified as at risk and require a Child Protection referral to be completed
- Discuss FGM, your concerns and the necessary next steps with the client sensitively and in a culturally acceptable manner, where is possible

- Ensure the Wales Safeguarding Procedures (2019) are followed and inform your local Safeguarding Team about the woman/family
- Record all decisions and actions in health care notes
- Signpost and refer the woman to services that offer support and advice.

10. Concerns about FGM in children

There are occasions where FGM may be suspected by a professional but it is not possible to be certain that this occurred. This may include a child;

- Having difficulty walking, standing or sitting
- Spending longer in the bathroom or toilet
- Talking about a special occasion or ceremony where they 'become a woman/ adult' or being 'prepared for marriage'
- Taking long holiday overseas or visiting a family abroad during the summer holidays
- Having unexpected or long absence from school or college
- Acting differently after an absence from school or college
- Running away – or planning to run away - from home in response to planned holidays/ celebrations.
  (NSPCC, 2020).

If you suspect that FGM has occurred this can still be reported to the police and Local Authority following the FGM Paediatric Pathway (Appendix 1), making clear that these are suspicions and detailing why you have such suspicions e.g. parental behaviour/ language, child's behaviour. **Do not** attempt to carry out a genital examination. A formal diagnosis will be sought as part of the subsequent multi-agency response.

Wherever possible, a sensitive conversation between you as the referrer and the child (if age appropriate) and the parents should take place. However, do not discuss referrals/reports if you think that this could lead to a risk of serious harm to anybody. Contact your local Safeguarding Team for advice if you are unsure.

11. Next Steps and Follow Up

Where an at risk report has been made to the local authority regarding FGM you should expect a response within 7 working days and followed up if not received. The Local Authority, Health and Police will consider where necessary:

- Use of FGM Protection Orders
- A care plan or other safeguarding response
- A safeguarding response for anybody else related to the case, including other family members
- Referral to community or third sector organisations that specialise in FGM support

- The need for a criminal investigation

For additional support, it is important to consider the holistic wellbeing of the woman or child involved. This can include referrals to services such as:

- The women's wellbeing clinic in Cardiff and Vale- a specialist unit for pregnant women who disclose FGM can be used as a resource for advice and support to other health boards in Wales.
- BAWSO provides advice, services and support to black minority ethnic communities and individuals in Wales who are affected by abuse, violence and exploitation.
- Mental health services
- Gynaecologist/urologist/paediatrician for treatment
- Community services such as General Practitioners, School Nurses, Health Visitors and Midwives

12. Reference List and Further Reading

Department of Health (2017). FGM safeguarding and risk assessment: quick guide for health professionals. Accessed at: FGM Professional Guidance Forms (publishing.service.gov.uk) on the 26/06/2024.

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Appendix 1.FGM Pregnancy , Paediatric and Adult Pathways

13. Appendix 1 – FGM Pregnancy, Paediatric and Adult Pathways

FGM PREGNANCY PATHWAY	FGM PAEDIATRIC PATHWAY <18 years old	FGM ADULT PATHWAY >18 years old
1. Routine enquiry re FGM at booking appointment ☐ 2. If FGM has occurred refer to relevant FGM practitioner ☐ 3. FGM type should be identified and de-infibulation offered if required ☐ 4. Referral to support services is offered ☐ 5. Discussion around FGM and the legislation in the UK regarding female children ☐ 6. Assessment of risk to any female children or wider family members using DOH (2017) FGM Professional Guidance Forms (publishing.service.gov.uk) ☐ 7. **Referrals/reports to be made for the** unborn baby**, children, and/or adults at risk if appropriate. Please use relevant local authority referral forms to complete the report and share appropriately** ☐ 8. Inform parents that the confirmation of FGM will be shared with other professionals e.g. GP and Health Visitor ☐ 9. Agree care plan and ensure support referrals and signposting are **completed (see Appendix 2)** ☐ 10. Inform Safeguarding Team for data collection and referral purposes ☐ 11. **Ensure that log of disclosure and referrals/report is created on local system for data collection** ☐	1. Initial identification/disclosure of FGM (actual or suspected risk) ☐ 2. Follow Mandatory Reporting Guidance (section 7) ☐ 3. Refer to Police and Social Services under the duty to report process of the Wales Safeguarding Procedures (2019) ☐ 4. Referral to experienced professional e.g. SARC, paediatrician for examination ☐ 5. Care plan to consider FGM re-opening, psychological or other support if required ☐ 6. Inform GP, Health Visitor and School Nursing as appropriate ☐ 7. Agree care plan and ensure support referrals and signposting are completed (see Appendix 2) ☐ 8. Ensure that log of disclosure and referrals/report is created on local system for data collection ☐	1. Identification/Disclosure of FGM (this may have occurred in childhood or may be an adult at risk) ☐ 2. Plan for examination and assessment of FGM type (with consent & by experienced FGM professional) ☐ 3. Discuss other support options if the person does not want de-infibulation ☐ 4. Discussion around FGM and the legislation in the UK regarding female children ☐ 5. Assessment of risk to any female children or wider family members using DOH (2017) FGM Professional Guidance Forms (publishing.service.gov.uk) ☐ 6. Referrals/reports to be made for the unborn baby, children, and/or adults at risk if appropriate. Please use relevant local authority referral forms to complete the report and share appropriately ☐ 7. Inform adult that identification/disclosure of FGM will be shared with GP and other professionals if they have children ☐ 8. Agree care plan and ensure support referrals and signposting are completed (see Appendix 2) ☐ 9. Ensure that log of disclosure and referrals/report is created on local system for data collection ☐
** Remember to complete documentation in Appendix 3 and complete and upload associated risk assessments and At Risk Reports **		

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Appendix 2. Useful Numbers

14. Appendix 2 – Useful Numbers

Welsh Victim Support Helplines

NSPCC FGM Helpline:
8am-8pm Monday – Friday
9am-6pm – Weekends
0800 028 3550
Email: help@nspcc.org.uk

BAWSO 24 hr Helpline:
0800 731 8147

Professional Support

- Welsh Government website: Female genital mutilation | GOV.WALES
- See reference list for additional resources.

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Appendix 3. Initial Assessment

15. Appendix 3 – Initial Assessment

CHILD / ADULT DETAILS	
Name	
Hospital / ID no	
NHS number	
Address	
Date of Birth	
EDD of Unborn (if applicable)	
Nationality	
Country of Birth	

COMPLETING CLINICIANS DETAILS	
Name	
Role / Designation	
Base	
Work e-mail	
Work phone number	
Bleep number	

INFIBULATION HISTORY Examples of questions to be asked in a sensitive non-judgmental manner		
Have you had the cut?	Yes	No
Do you know if you are open or closed?	Open	Closed
Have you experienced FGM or female circumcision? For terminology in other language please see: National FGM Centre (2020). FGM Terminology for Website.pages (nationalfgmcentre.org.uk)	Yes	No

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Legislation & safeguarding reports discussed (Include date of any referral/reports)

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Appendix 4. FGM Examination

16. Appendix 4 – FGM Examination

FGM Examination

This page should only be completed by a trained & qualified health professional that is experienced in identifying the type of FGM.

(If no experienced health professional is available to identify the type of FGM, please refer to your local Safeguarding Team who will support you in finding an experienced professional)

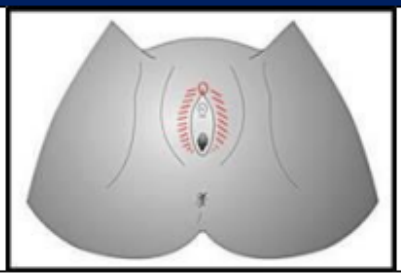
Date of Examination: .....

Time: .....

Name & Designation of Examiner: .....

Venue of Examination: .....

How has consent been obtained? .....

TYPE 1: Prepuce removal only or partial or total removal of the clitoris	**TYPE 2:** Removal of the clitoris plus part or all of the labia minora
	
Comments	**Comments**
Clinical Management Plan	**Clinical Management Plan**

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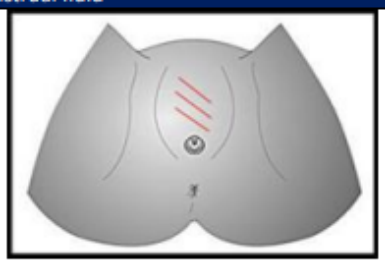
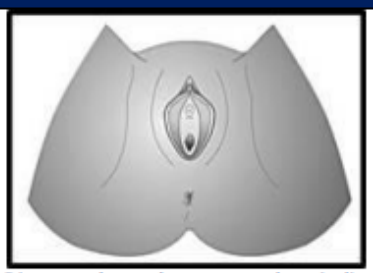
TYPE 3: Removal of part or all of the labia minora with the labia majora either being sewn together covering the urethra and vagina leaving only a small opening for urine and menstrual fluid	**TYPE 4:** All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, cauterisation & labia pulling
	 Diagram above shows normal genitalia (If a client reports they have an FGM history but no visible scarring is noted on exam, this should be recorded as type 4. As type 4 cannot be ruled out and includes all other procedures)
Comments	**Comments**
Clinical Management Plan **Is De-infibulation required? -** Yes No (If yes, Date & Where?)……	**Clinical Management Plan**

Action Plan/Continuation Sheet:

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Appendix B. Guidance for staff when talking about FGM.

1. Generic Advice when there are safeguarding concerns in a woman.

Health professionals must be able to sensitively respond when there are any safeguarding concerns. Try to speak to the person about what you have noticed or what she has disclosed, being as open and honest as possible. Give the person the opportunity to talk and listen carefully to what they tell you, offering to seek help if that is appropriate.

Some people may want to talk but may be worried about how you might react, so it is important to stay calm if they begin telling you that they have been abused or have FGM. Some people may ask you to promise not to tell anyone else. Whether you are a practitioner, friend or relative, you should always be honest and never make false promises sometimes the abuse/ FGM might affect more than one person, and you will have a responsibility to other people too.

You must remember that the person is an adult and should never be treated like a child; even if they appear confused and disoriented (she can still react to what you are saying and how you say it). Try not to take over or be over-protective and remember that you should not lead someone into saying something.

Try to balance the need of the person to be heard with the need to ensure you do not prejudice future action, such as a police or disciplinary investigation. If, or when, it is appropriate, try to explain simply who might be able to help e.g. health or social care professionals (such as a safeguarding Midwife/team or GP), police, home carers, care-home employees, volunteers and advocates, etc.

In some circumstances it may be appropriate to perhaps offer to approach one of these on the person's behalf. Ask what they want you to do.

Remember that in some minority communities there is great stigma associated with abuse or FGM by family members, and it is not always true that the person would prefer to talk to someone from their own community. This may in fact be the last thing that they want, so never seek to use a family friend, neighbour or similar as an interpreter instead seek such services from an organisation unknown to the person.

2. Specific guidance in talking about FGM

Consulting with patients who have suffered FGM, or may be at risk of FGM, is a demanding part of a clinician's work. It may not be required very often but good communication is essential when consulting with these patients. Good communication skills are useful in any consultation

In healthcare setting some FGM survivors have reported being ashamed or humiliated by healthcare professionals who lack awareness of cultural sensitivities. Asking the right questions in a simple, straightforward and sensitive way is key to establishing the understanding, information exchange and relationship needed to plan for the girl/woman's wellbeing and the welfare and wellbeing of any daughters she may have, or girl children she may have access to. If the girl/woman is from a community which traditionally practices FGM, information gathering should be approached sensitively. A question about FGM should be incorporated when the routine patient history is being taken.

A female interpreter may be required. The interpreter should be appropriately trained in relation to FGM and **must not be a family member.**

The term 'mutilation' is used professionally and internationally to convey the severity of the practice and the effects of FGM. However, it might be a distressing term to use in a consultation as it may be offensive to a woman from a practising community who does not view FGM in that way. A suitable form of words should be used. Different terminology will be culturally appropriate to the different cultures as it can also be known as female circumcision or cutting, and by other terms, such as Sunna, gudniin, halalays, tahur, megrez and khitan, among others.

You can access the link below for more information regarding other terminology for FGM used by women:

National FGM Centre (uk) - Traditional Terms for Female Genital Mutilation for different Countries
FGM Terminology for Website.pages - opens in a new tab

FGM is a complex and sensitive issue that requires professionals to approach the subject carefully. A health professional may make an initial approach by asking a woman whether she has undergone FGM saying: 'I'm aware that in some communities' women undergo some traditional operation in their genital area. Have you had FGM or have you been cut?' To ask about infibulation health professionals can use the question: 'are you closed or open?' This may lead to the woman providing the terminology appropriate to her language/culture.

When talking about FGM, professionals should:

- ensure that a female professional is available to speak to if the girl or woman would prefer this.
- make no assumptions and give the individual time to talk and be willing to listen.
- create an opportunity for the individual to disclose, seeing the individual on their own in private.
- be sensitive to the intimate nature of the subject.
- be sensitive to the fact that the individual may be loyal to their parents.
- be non-judgemental (pointing out the illegality and health risks of the practice but not blaming the girl or woman).
- get accurate information about the urgency of the situation if the individual is at risk of being subjected to the procedure.
- take detailed notes and record FGM in the patient's healthcare record, as well as details of any conversations.
- use simple language and ask straight forward questions such as:
    - "Have you been closed?"
    - "Were you circumcised?"
    - "Have you been cut down there?"
- be direct, as indirect questions can be confusing and may only serve to compound any underlying embarrassment or discomfort that you or the patient may have.

If any confusion remains, ask leading questions such as:

- "Do you experience any pains or difficulties during intercourse?"
    - "Do you have any problems passing urine?"
    - "How long does it take to pass urine?
    - "Do you have any pelvic pain or menstrual difficulties?"
    - "Have you had any difficulties in childbirth?"
- give the message that the individual can come back to you at another time if they wish.
- give a very clear explanation that FGM is illegal and that the law can be used to help the family avoid FGM if/when they have daughters.
- offer support for example counselling, NHS FGM specialist clinics or literature such as "Statement Opposing FGM"

If a woman or child is accompanied by a partner or parent/relative/guardian respectively, the health and social care professional must be vigilant and aware of the signs of coercion and control. Should you have any concerns, seek advice and support from the Safeguarding Midwife/team.