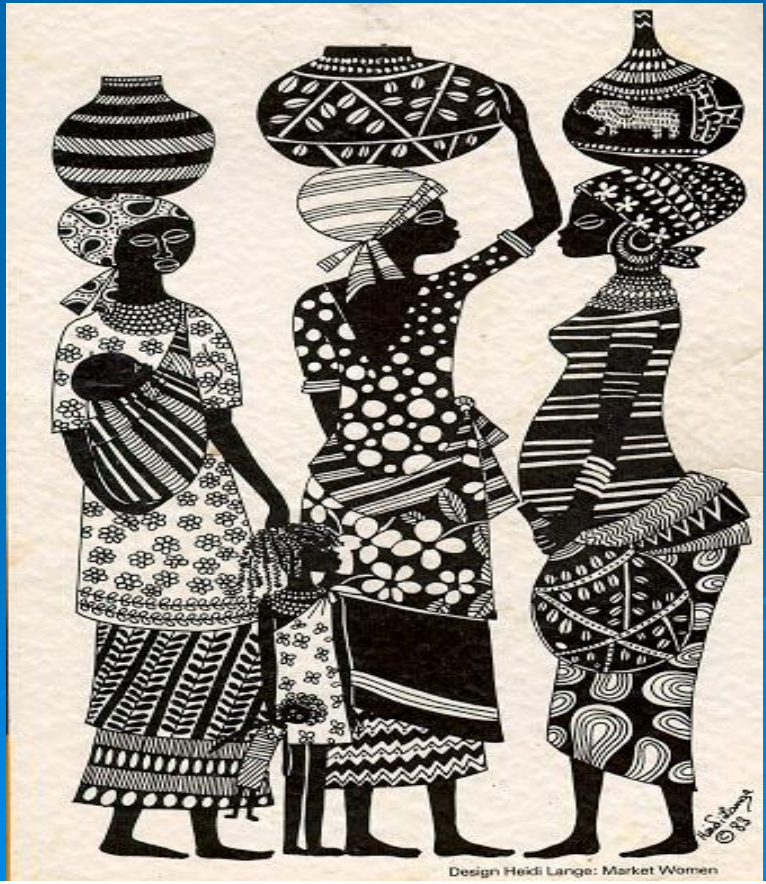
The Acton African Well Woman Clinic
A local service for women with Female Genital Mutilation



Definition

"Any procedure involving partial or total removal of the external female genitalia and/or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons"

WHO, 2000

Classifications of FGM

Type 1

Excision of prepuce, partial or total removal of clitoris

Type 2

Excision of clitoris plus part or all of labia minora

Type 3

Excision of part or all external genitalia and stitching /narrowing of the vaginal opening (Infibulation)

Type 4

Unclassified

- **<u>Long Term health consequences</u>**
- Bleeding/ haemorrhage
- Problems passing urine
- Recurrent urine infections
- Abscesses due to infected cysts/thorns
- Difficulties menstruating
- Infertility
- Chronic PID
- Sexual dysfunction
- Problems in childbirth

Problems in childbirth

- Often not identified antenatally
- In labour difficulty with vaginal examinations & fetal monitoring; lack of dilation of the birth canal; possible obstructed labour; psychological trauma (i.e. flashbacks); birth attendant maybe untrained in FGM; incr risk of c/section.
- Perineal trauma – scar tissue

The Team

Juliet Albert – Specialist Midwife

Denise Henry – Specialist Midwife

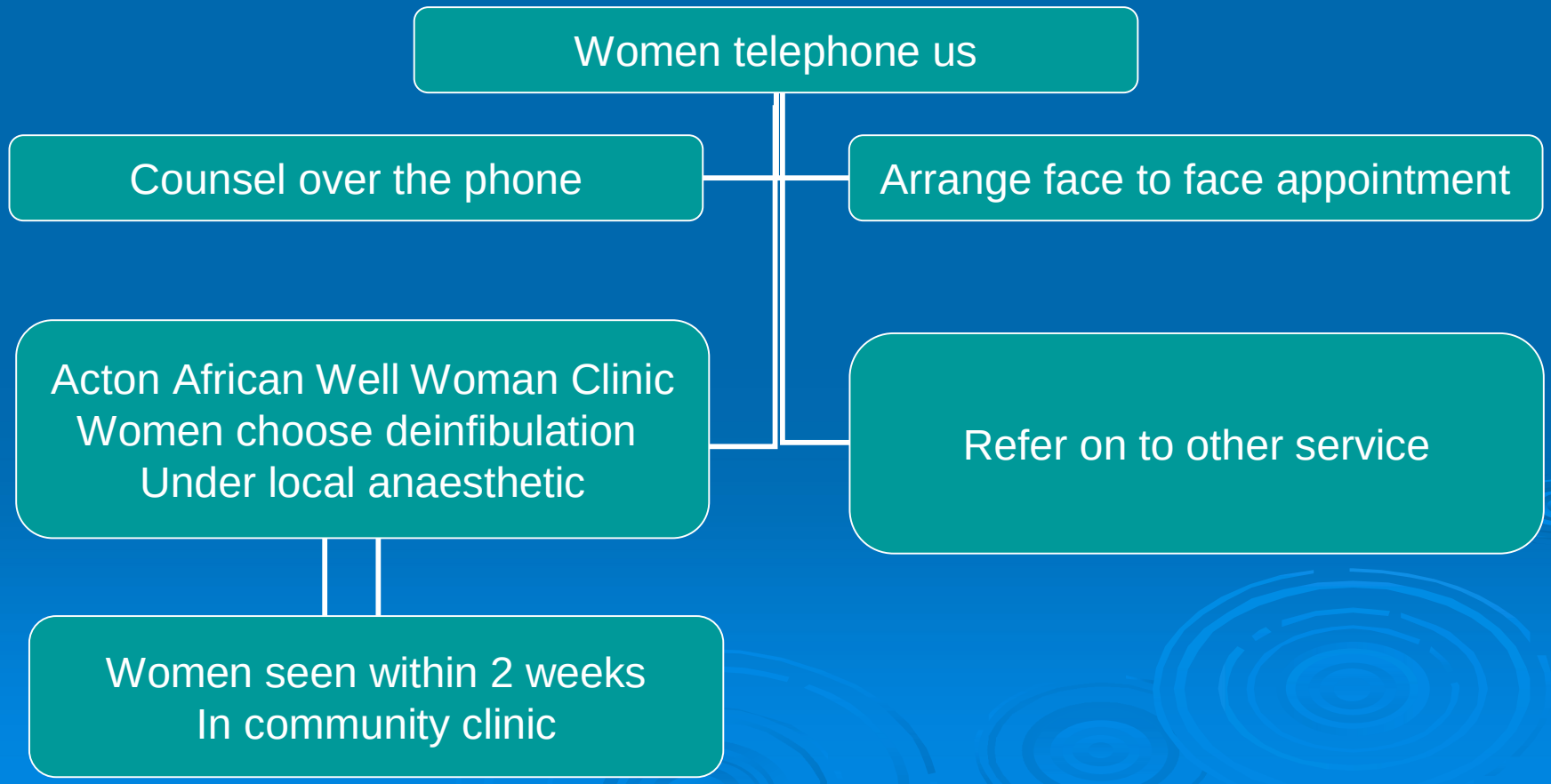
Melanie Mendel – Counsellor

Hayat Arteh – Health Advocate/Interpreter

Description of Acton African Well Woman Clinic

- Community based/easy access
- Anonymity & confidentiality
- Pre-conceptual & antenatal care
- Fast response
- Women can self-refer
- Local GP surgery with minor op. facilities
- Run by women
- Culturally sensitive, intimate & personalized

The Process


Women telephone us
Counsel over the phone
Arrange face to face appointment
Acton African Well Woman Clinic
Women choose deinfibulation
Under local anaesthetic
Refer on to other service
Women seen within 2 weeks
In community clinic

Drivers

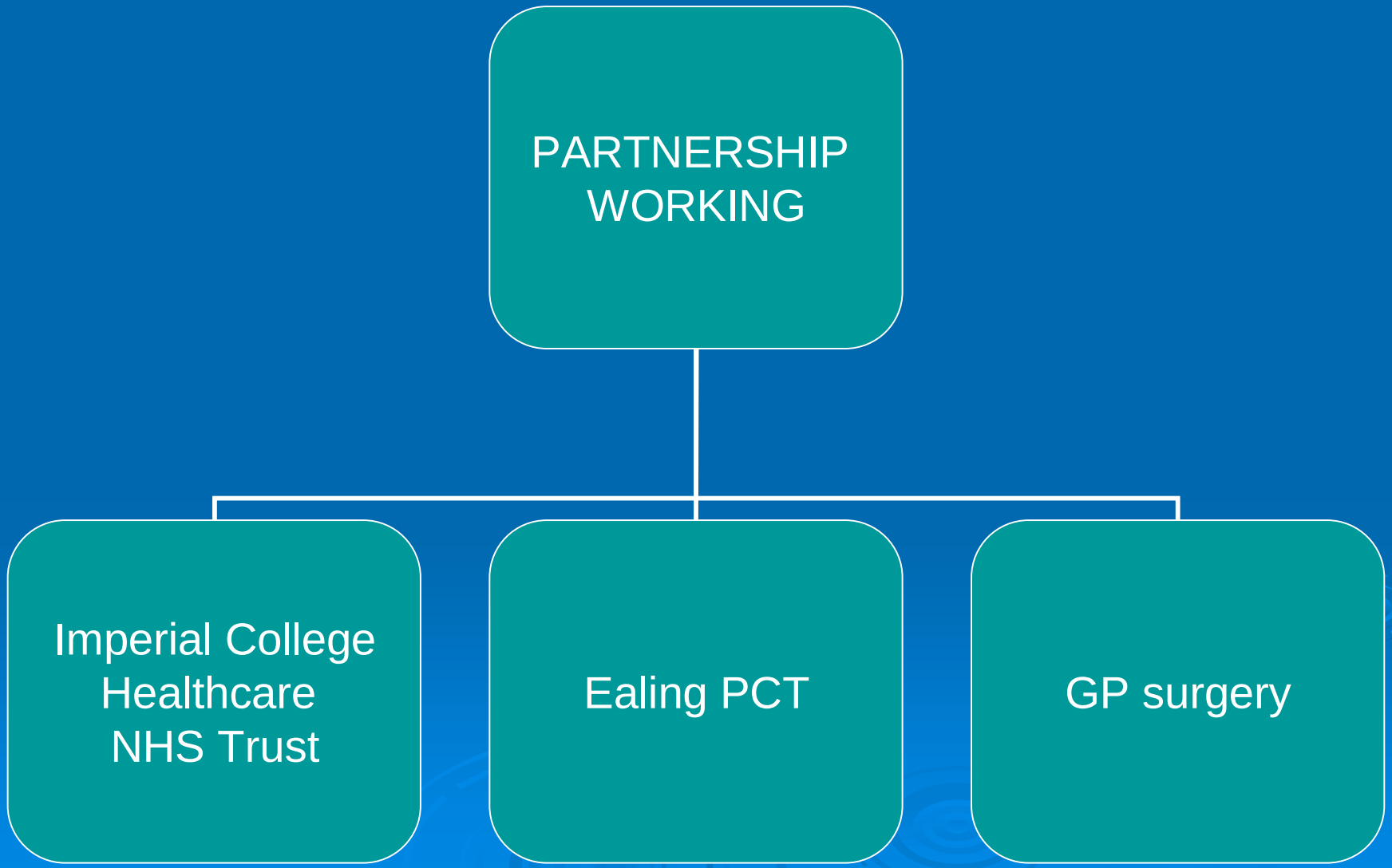
- Audit 2006-2007 at Queen Charlotte's identified a local need in that 254 African women had some type of FGM
- Reflecting national policy/guidance i.e. National Service Framework for Children, Young people and Maternities (2004)
- CMACE Child & Maternal Audit for Confidential Enquiries

Preparation

- Set up a hospital-community working party
- Observation at Guy's & Thomas' African Well Woman Clinic
- FGM module at Kings College
- National Safeguarding Children Board FGM clinical group
- Consultation with Community groups e.g. Tallo centre, Somali Women's Network
- Steering committee formed
- Advert made for Somali TV

- http://uk.youtube.com/watch?v=b6chv-YRDBU

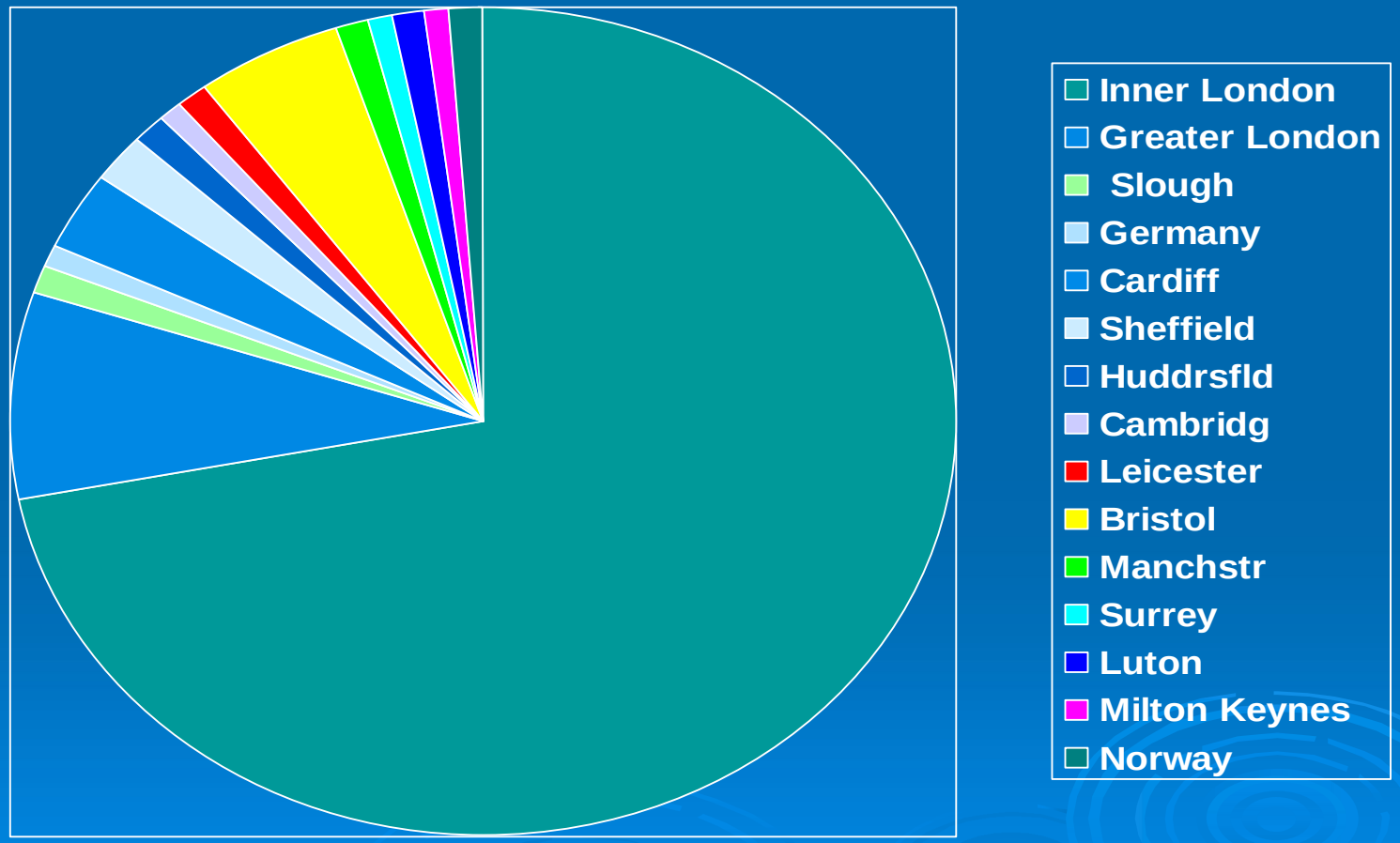
Implementation



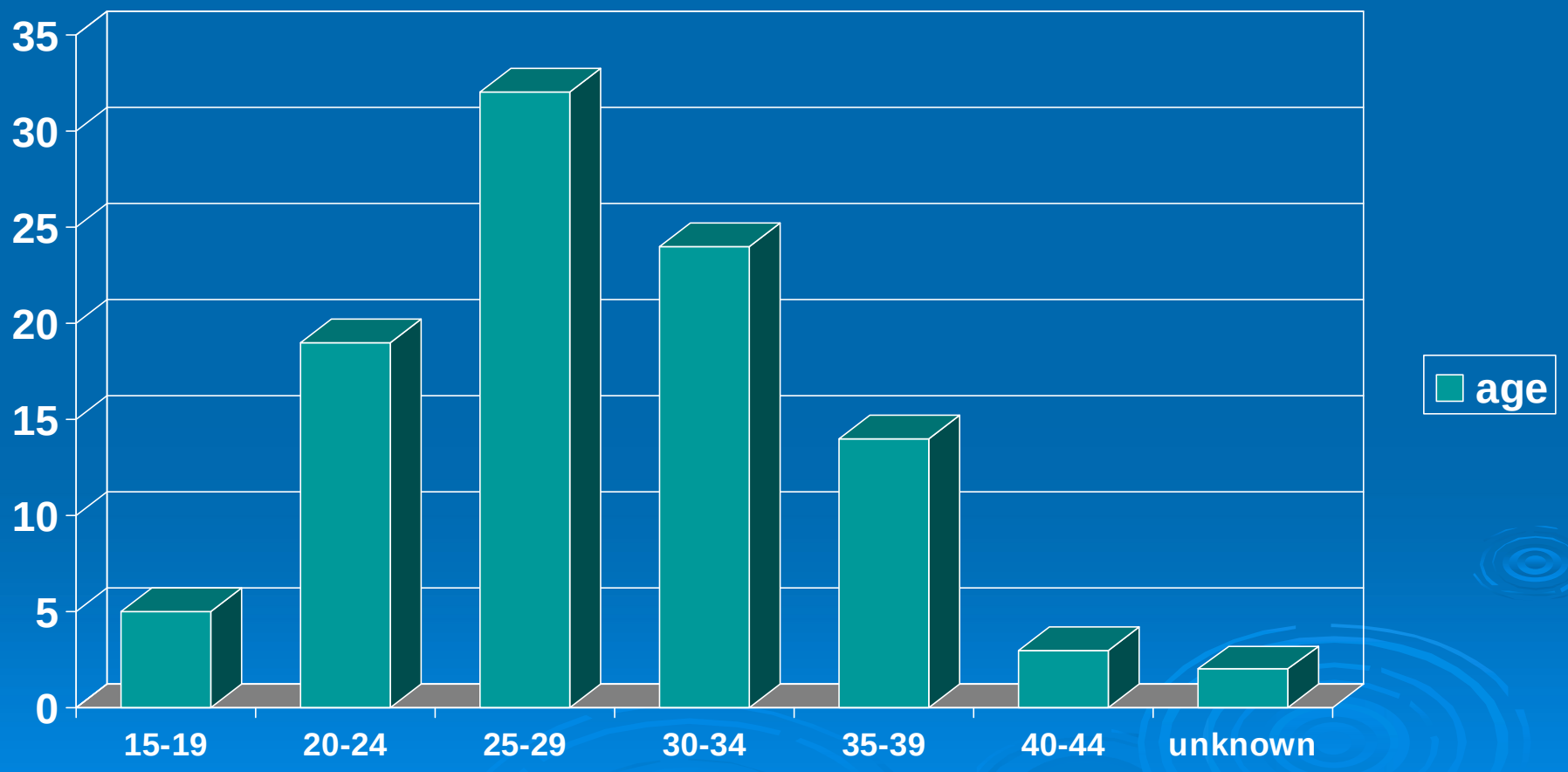
Audit results

- From October 2008 to present
- To date 102 women de-infibulated!
- Estimate over 200 phone calls from all over the world

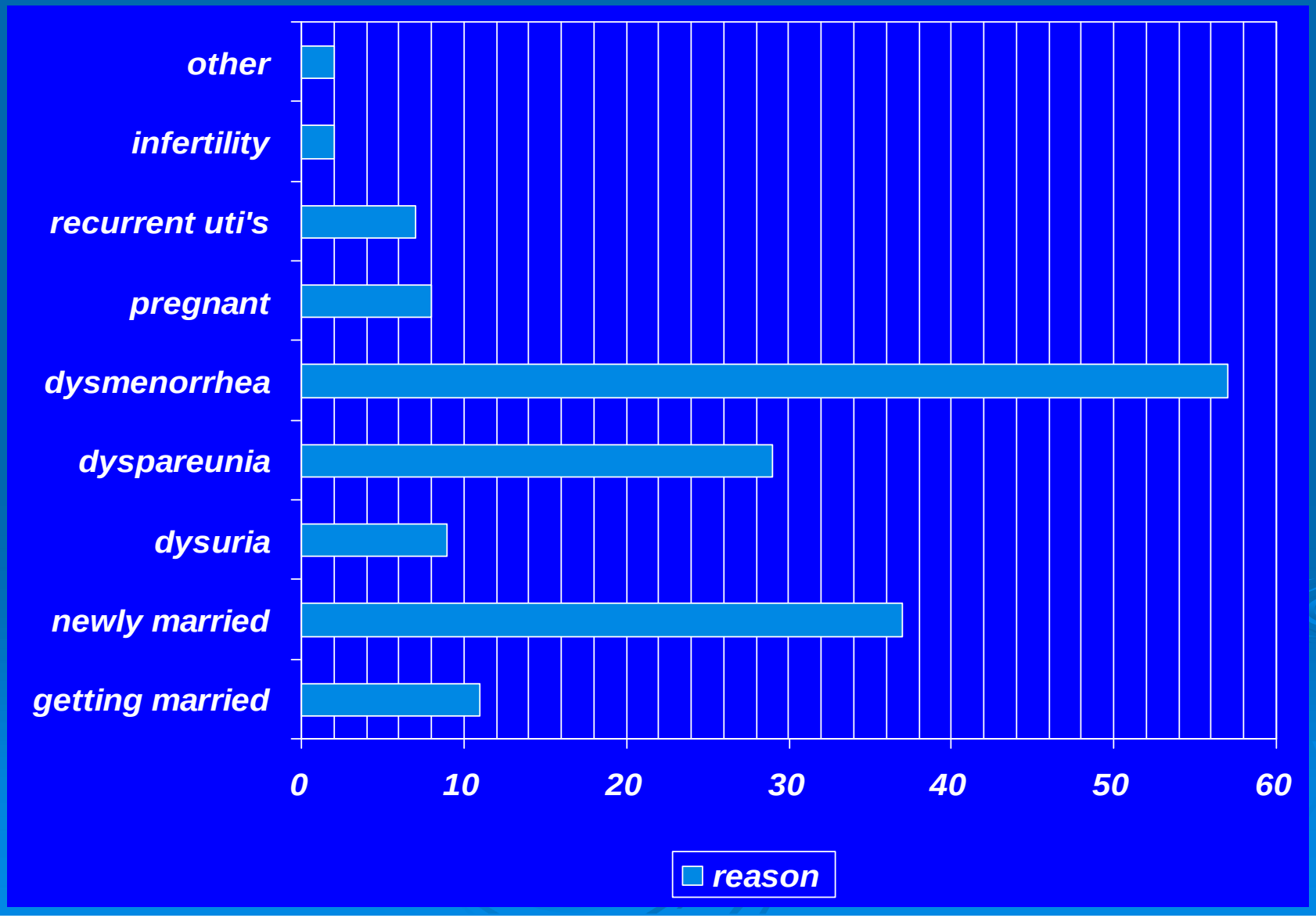
Where women travelled from



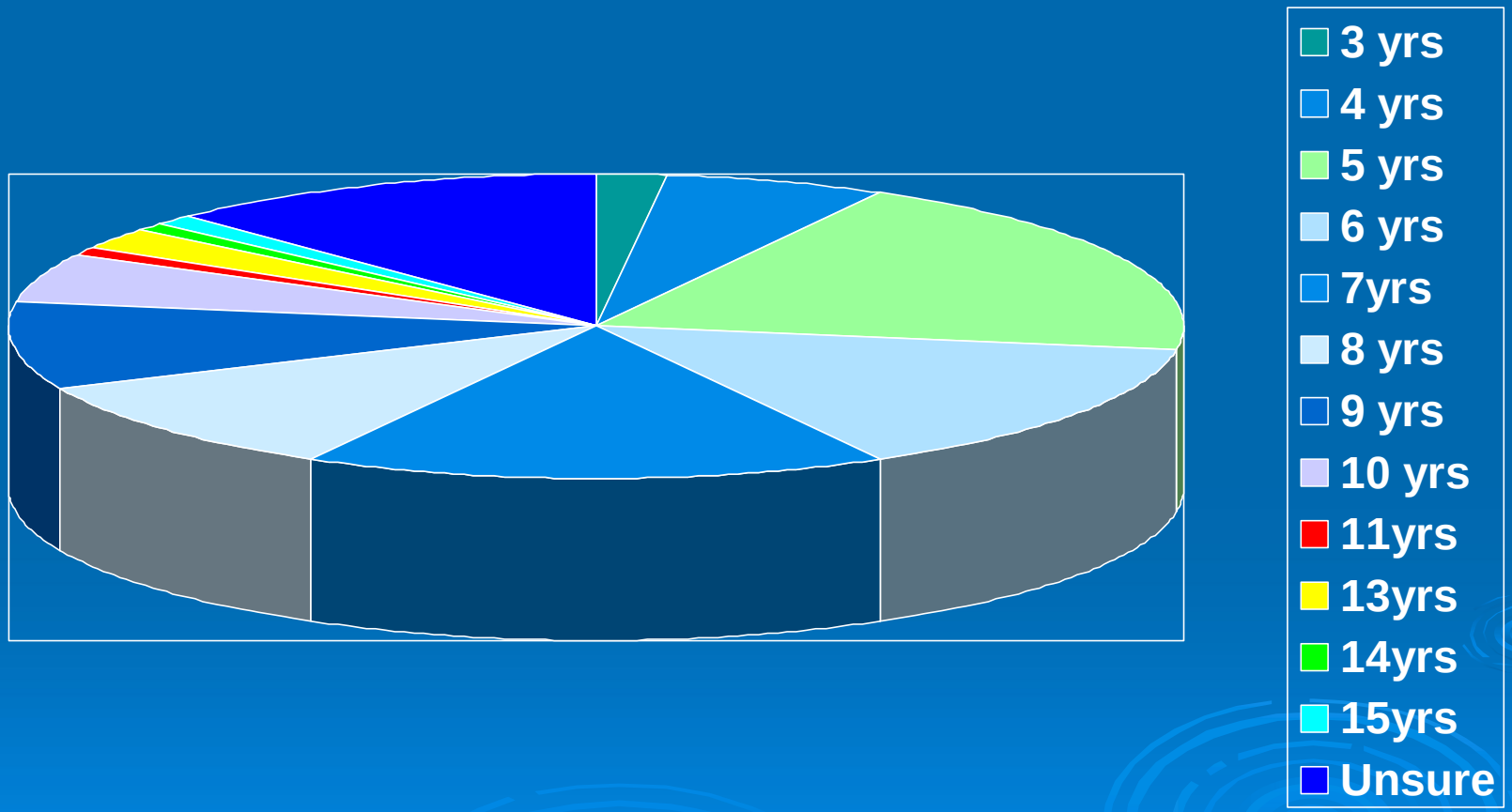
Ages of women attending clinic



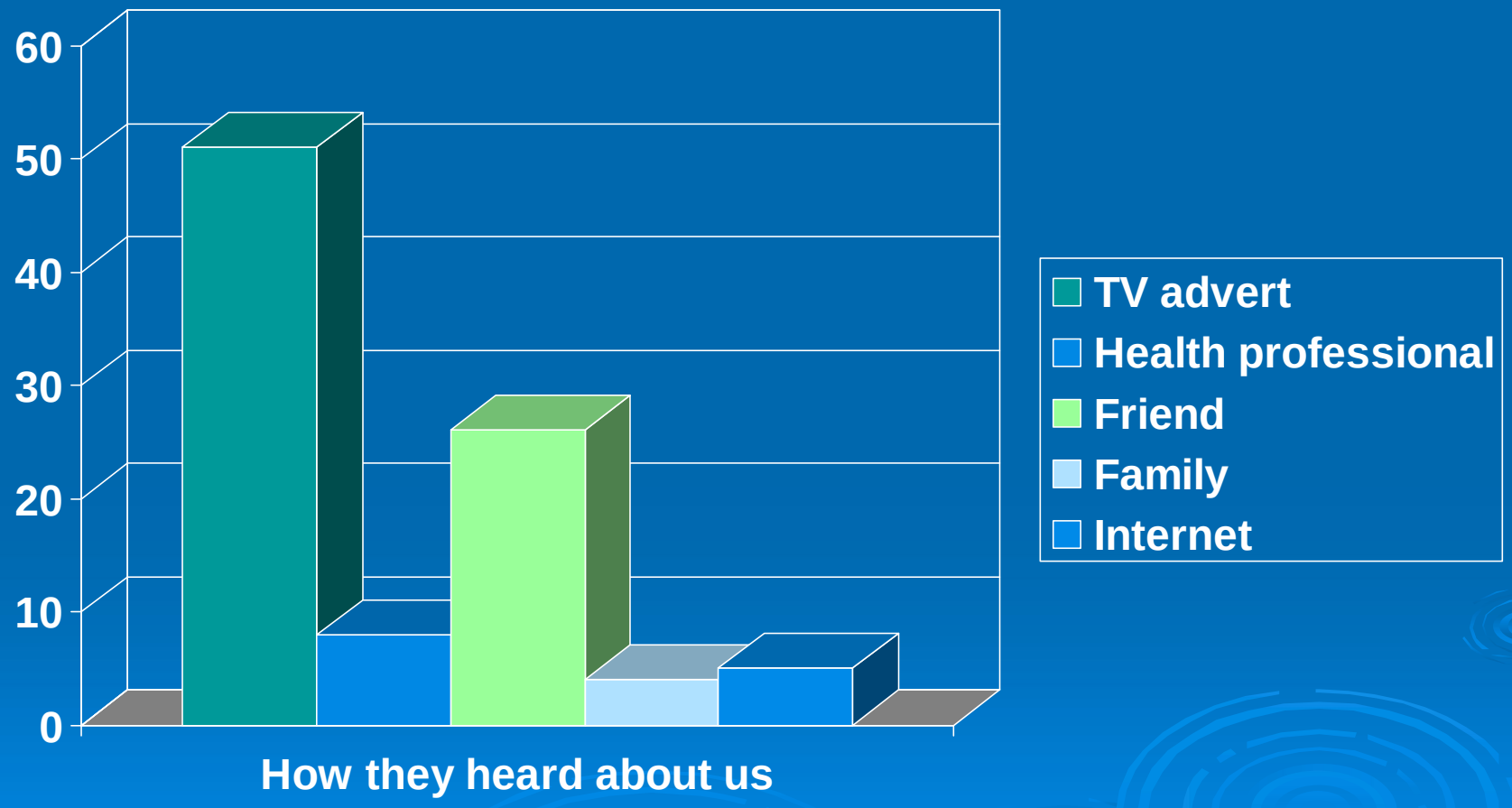
Reason for attending clinic



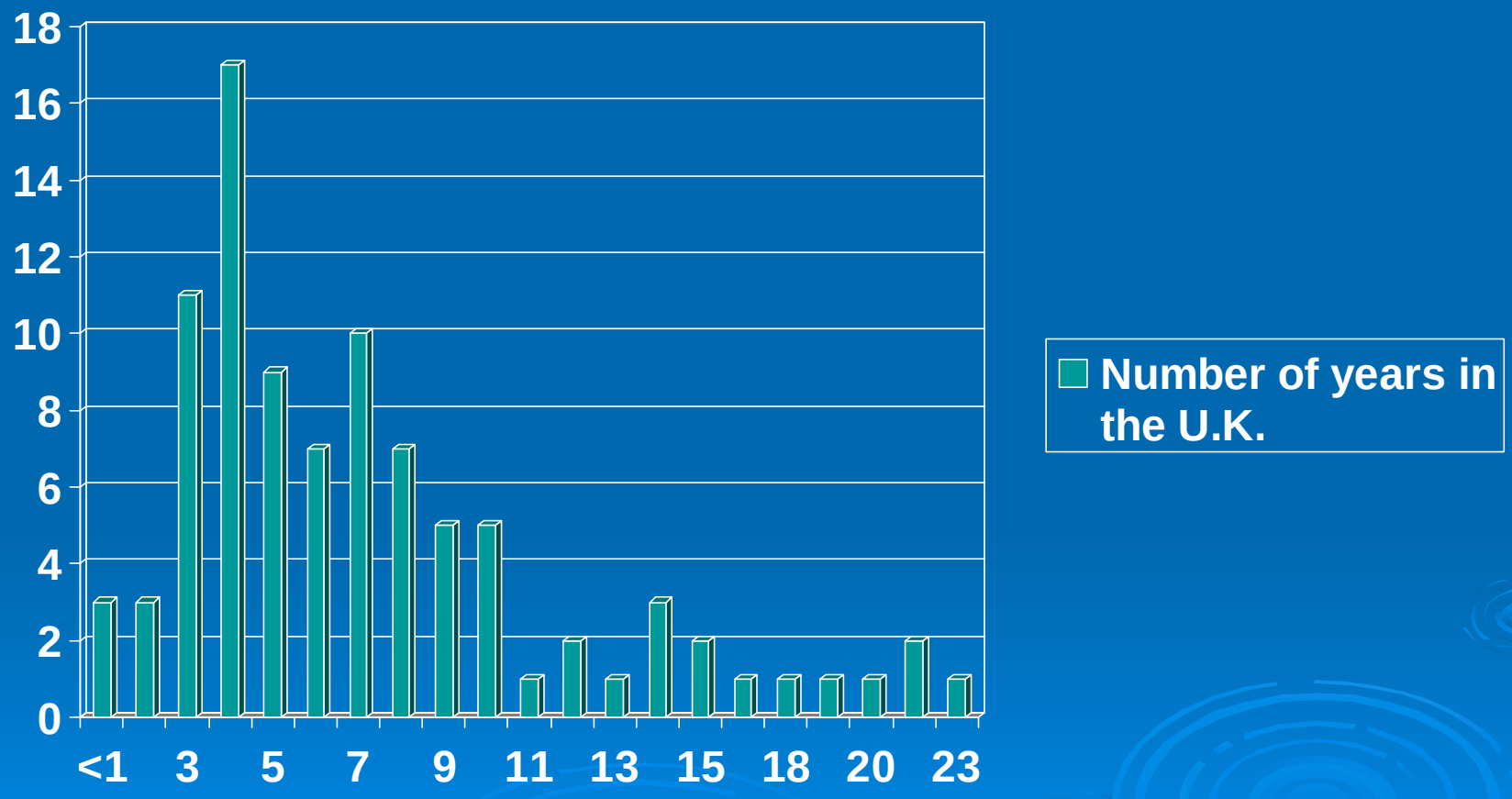
Age at time of circumcision



How the women heard about us



How long the women had lived in the U.K.



And one woman was born in the UK

Improvements to clinical care

- Advise women to eat beforehand
- Explain why we oversew edges
- Discuss travel arrangements
- Bring a companion if possible
- Aftercare handout in English & Somali
- Change to vicryl 3/0 suture
- Change to xylocaine (local anaesthetic)
- Use of voltarol suppository
- 6 week evaluation over the phone

4-0
(1.5 Ph. Eur.)
PS-2
16mm 3/8c
REVERSE CUTTING
PRIME
75cm
ETHICON
W9922
Coated
VICRYL*rapide
Polyglactin 910
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Manufacturer Johnson & Johnson Intl.
3-0
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PS
26mm 3/8c
REVERSE CUTTING
PRIME
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Manufacturer Johnson & Johnson Intl.

Additional clinic

- Referrals for women with perineal trauma for consultation
- Women requiring general or spinal anaesthesia referred for hospital care
- Signposting and health promotion (e.g. family planning, cervical screening)
- The Law/Safeguarding Children

Best Practise

- Refer for de-infibulation as early as possible. (If during pregnancy preferably between 18 and 34 weeks gestation)
- Use local anaesthesia
- Mid-line anterior incision
- Oversew edges
- Analgesia and advice
- Inform GP and Health Visitor if female child & document that law discussed w parents

Benefits to women and families using the maternity services

- Improving access to services (e.g. women can access Birth Centre)
- Reducing inequalities of health (e.g. lower caesarean section rate for women with FGM; cervical smear testing; family planning opportunities)
- Staff training to raise awareness and cultural sensitivity

FUTURE PLANS

- Transferable Model of care
- Evaluation & audit
- Present to RCM conference and hopefully ICM congress
- Research to be undertaken, as part of MSc, into cultural attitudes around FGM
- Ongoing training for staff and raising awareness in the community

- Lobby policy makers recommending early identification of FGM in all maternity care
- And preferably to provide pre-conceptual care for women with FGM
- Roll out service to other African communties

The Team

Photographs

- GRAPHIC PHOTOS TO FOLLOW