

Developing Maternity FGM Services



The Shamso Antenatal Clinic, led by Janine Grayson, is held once a month at the Doncaster Royal Infirmary and is open to midwife referrals for women over the age of 18 who have experienced FGM. The service provides education, clinical assessment of FGM type, discussion of safety and risks, referral for support and treatment including de-infibulation. Additionally the service trains midwives, obstetricians and theatre staff about FGM.

FEMALE GENITAL MUTILATION (FGM) KEY FACTS

FGM is partial or total removal of or other injury to female external genitalia for non-medical reasons

230 million girls and women affected worldwide

It is illegal in the UK, leads to long term health problems and difficulties during childbirth

60-80 cases reported per year in DBTH

IDENTIFYING THE NEED



Came about through collaboration with Maternity & Neonatal Voices Partnership



Community outreach work with local Changing Lives Community Hub identified large group of women of child-bearing age had migrated to the area from countries with a high prevalence of FGM



No specialist maternity provision for these women identified

SERVICE DEVELOPMENT



Janine previously set up a similar service elsewhere



Co-production with peer representatives and Changing Lives staff at the Hub



Scoping out staff with knowledge and training in FGM and finding interpreters



Identifying hospital-based clinic considered less stigmatising than community clinic

KEY LEARNING POINTS

Fear and myths

Lots of fear of police or social service involvement. Fears that FGM means mandatory C-section or high risk for cervical cancer. Takes time to build trust and educate

Peer Representatives are Key

To gain trust, understand lived-experience, and ensure the service is accessible and accepted by the community, breaking down barriers to engagement

Individualised approach

Differing needs and attitudes to FGM by country of origin with varied experiences of other forms of sexual violence or abuse. Lots of associated shame and trauma needing support

Collaboration and Training

Important to engage with other services accessed by this community and provide training to these organisations as well as to healthcare staff

CASE STUDY

Woman referred in who had migrated from Sudan pregnant with 4th child. 3 previous vaginal deliveries in her home country with re-infibulation performed after each birth.

23 weeks pregnant with type 3 FGM.

Underwent elective de-infibulation prior to labour with husband and interpreter present.

Very grateful for the service and no longer having to repeatedly discuss her FGM which could be triggering and led to feelings of shame.

Education and myth debunking with the couple to protect future generations as they believed FGM wasn't happening anymore in Sudan.

FUTURE AMBITIONS

- Enable women to self-refer and to accept referrals from wide range of organisations
- More community connections
- Integrated counsellor for psychosexual support
- Expand staffing