

Intrapartum Management of Female Genital Cutting

Intrapartum Care Conference
Mount Sinai Hospital
October 28, 2022

Presenter Handout
Notes

Angela Deane, MD, FRCS(C)

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Objectives

- ▶ Understand the Canadian context of FGC including the legalities of FGC
- ▶ Classify FGC type and identify associated obstetrical health consequences of FGC
- ▶ Approach to obstetrical management in the setting of infibulation
- ▶ Review the technique of defibulation

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FEMALE GENITAL MUTILATION AND OBSTETRIC CARE

432 Somali Women's Birth Experiences in Canada after Earlier Female Genital Mutilation

Beverly Chalmers, DSc(Med), PhD, and Kowser Omar Hashi, RN, BBA

- ▶ 87% of women reported an unpleasant birth experience with hurtful comments made by caregivers during delivery
- ▶ Concerns with the clinical practice and quality of care from health care practitioners

Chalmers B, Hashi K. 432 Somali women's birth experiences in Canada after earlier female genital mutilation. *Birth*. 2021;37(4): 257-264. <https://doi.org/10.1093/birth/tqab021>. PMID: 33203377

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Are Health Care Professionals Prepared to Provide Care for Patients Who Have Experienced Female Genital Cutting?

A Cross-Sectional Survey of Canadian Health Care Providers
Deane A, Mattasall F, Brown A. *J Obstet Gynaecol Canada*. 2021;13-4

- ▶ Major gaps in HCP knowledge and training
- ▶ Barriers include lack of training and clinical exposure
- ▶ Further education around key topics
 - Primary assessment
 - Obstetrical care in setting of infibulation
 - Requests for reinfibulation
 - Child safe guarding

Deane A, Mattasall F, Brown A. Are Health Care Professionals Prepared to Provide Care for Patients Who Have Experienced Female Genital Cutting? A Cross-Sectional Survey of Canadian Health Care Providers. *J Obstet Gynaecol Canada*. 2021;13-4. Available from: <https://doi.org/10.1016/j.jogc.2021.07.007>

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Female Genital Cutting

- ▶ Ritual removal of, or injury to any part of the female genitals for **NON** medical reasons

WHO Guidelines on the Management of Health Complications from Female Genital Mutilation. Geneva: World Health Organization; Copyright (c) 2014, World Health Organization 2014.

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Practice of FGC

- ▶ Rite of Passage into woman hood: cleansing, purifying, marriageability
- ▶ Done to control female sexual autonomy
- ▶ Elevate honor and social status in the community
- ▶ Infibulation associated with beauty
- ▶ Not associated with any particular ethnicity, race or religion

Page 16 Female Genital Mutilation: An Anatomical Review and Alternative View. *Clinical Anatomy* 2010; 14: 20-27

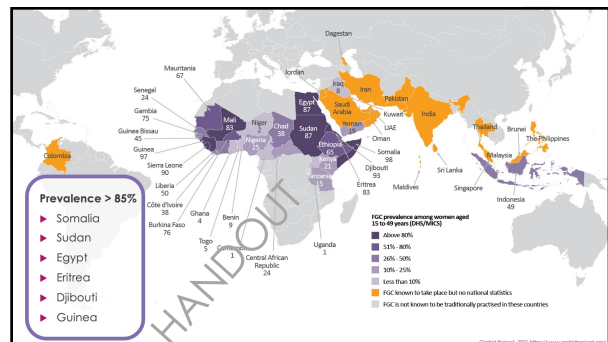
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Terminology

Female Circumcision <ul style="list-style-type: none"> Equates to male circumcision 	Female Genital Mutilation <ul style="list-style-type: none"> Advocacy Term Judgmental / Stigmatizing 	Female Genital Cutting <ul style="list-style-type: none"> Medically correct Neutral Culturally sensitive
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WHO, 2016; Perron et al., 2020

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Ontario Human Rights Commission
Commission ontarienne des droits de la personne

YOUR RIGHTS | CODE GROUNDS | SOCIAL AREAS | EDUCATION & OUTREACH | OUR WORK

4. FGM in Canada

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For some time now, Canada has experienced immigrant and refugee movements from countries in which FGM is commonly practised. In Toronto, community groups have estimated that there are 70,000 immigrants and refugees from Somalia and 10,000 from Nigeria, countries in which FGM is commonly practised.^[22] As already noted, because of the nature of FGM, reliable statistics on the incidence of its practice are not available. However, based on discussions with members of the communities that are at risk, there is some evidence to indicate that FGM is practised in Ontario and across Canada. There is also evidence that suggests that in some cases, families from those communities send their daughters out of Canada to have the operation performed.^[23]

There is a growing recognition of FGM as a violation of human rights. Immigrant and refugee movements, governments and advocacy organizations in Canada have acknowledged the need to deal with FGM as an internationally recognized health and human rights concern.

Ontario Human Rights Commission: FGM in Canada. Available at: <https://www.ohrc.on.ca/en/policy-briefs/female-genital-mutilation-fgm-in-canada>. Accessed February 8, 2021

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Vacation Cutting

Taking a child back to their country of origin to undergo FGC

NEWS | POLITICS | BUSINESS | LIVING | PARENTS | VIDEO | BLOG | MORE | Q

A Summer 'Vacation' Likely to End in Horror

The phenomenon of taking children back to their native countries during the summer break to undergo female genital mutilation is called "vacation cutting." FGM is a traditional, harmful and painful cultural practice that involves partial or total removal of a girl's genitalia, operating as a rite of maturity but more clearly to control a girl's sexuality.

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Medicalization of FGC

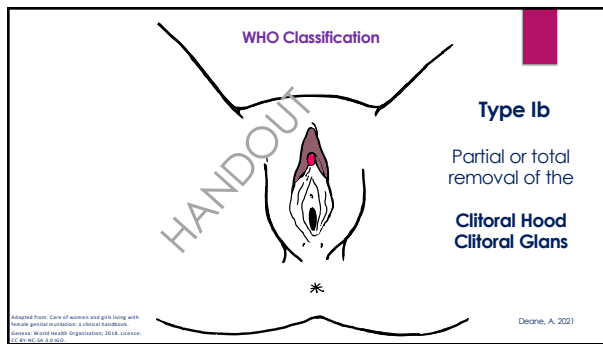
- Performance of FGC by health-care providers
- Growing Practice
- Perception that FGC is safe

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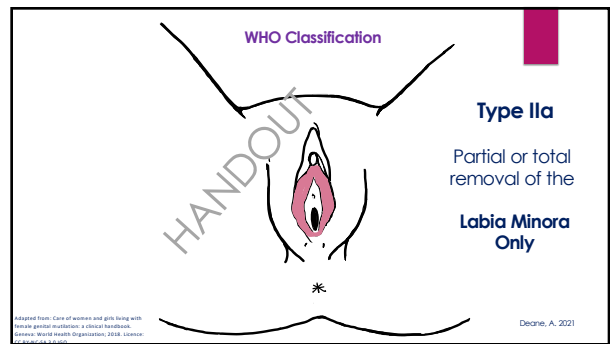
WHO Statement, 2016

- Is never acceptable
- It violates medical ethics
- FGM is a harmful practice
- Medicalization perpetuates and legitimizes FGM
- The risks of the procedure outweigh any perceived benefit

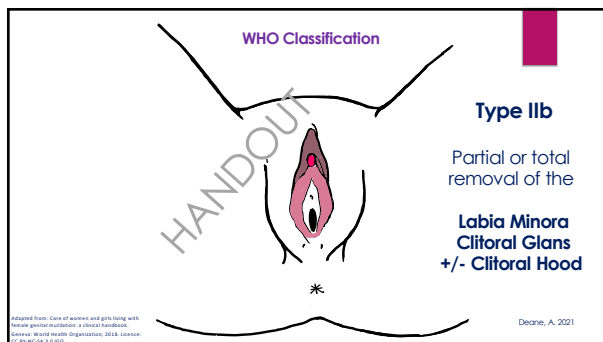
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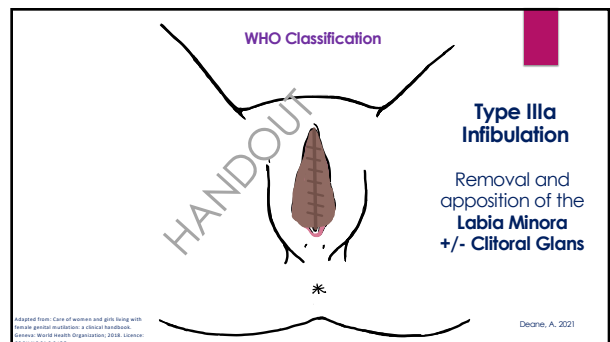
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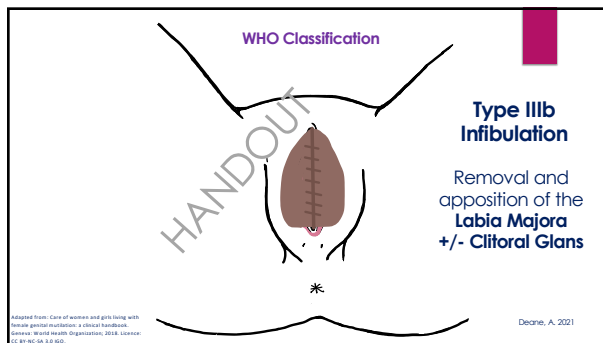
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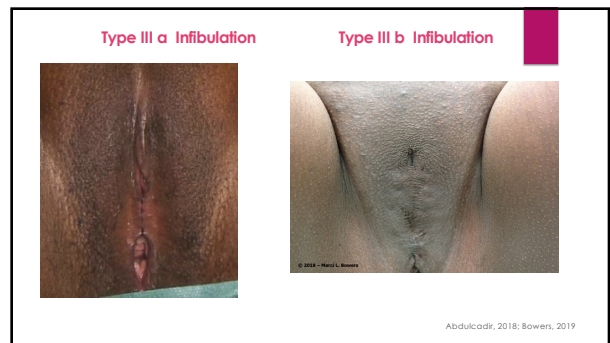
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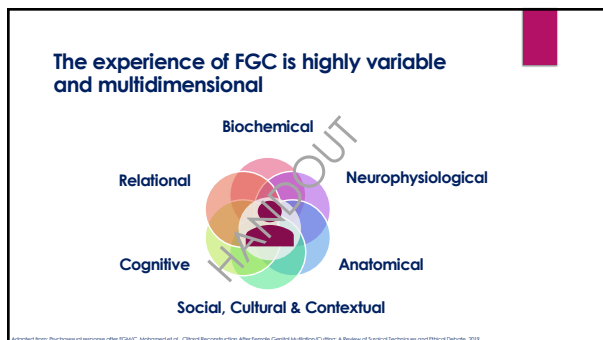
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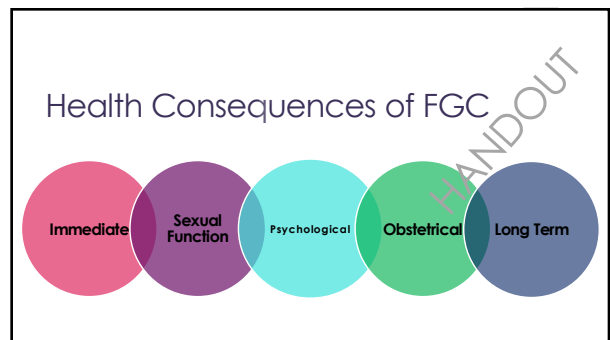
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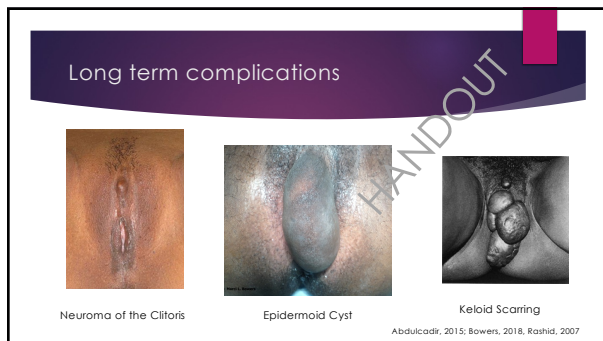
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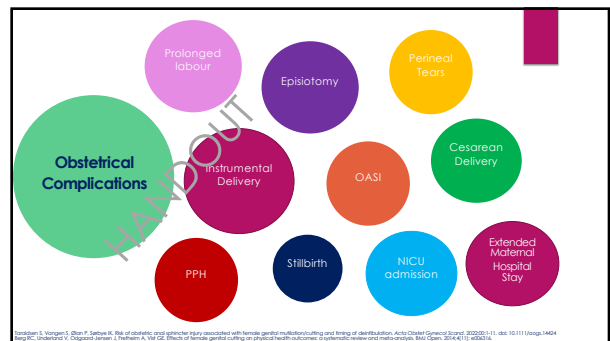
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- ▶ Fear of Childbirth
- ▶ Difficulty with Intrapartum Monitoring
 - ▶ Cervical Assessment
 - ▶ Application of FSE
 - ▶ Fetal blood sampling
- ▶ Difficulty with catheterization
- ▶ Wound Infection
- ▶ Retention of Lochia

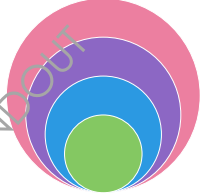
HANDOUT

WHO study group on female genital mutilation and obstetric outcome, Banks E, Leake O, Foley T, Morade O, Boshuik M, et al. Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. Lancet. 2014;383(9925):1004-1012.

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Approach to clinical care

- Person Centered
- Trauma Informed
- Culturally Humility
- Trained Medical Interpreters
- Continuity of Care



HANDOUT

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Do you know if you have been cut in the genital area?

Is there anything special I need to be aware of? For example, any cultural or ritual practice or procedure that may have been performed on your genital area?

Some women from your community/country have experienced genital cutting. Can you tell me if you have been cut/closed in the genital area?

WHO Guidelines on the Management of Health Complications from Female Genital Mutilation. Geneva: World Health Organization; October 2014. World Health Organization 2014.

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Medical History

- ▶ What do you remember about being cut?
- ▶ How has this impacted you?
- ▶ Age of Cutting?
- ▶ Country/Community you were cut in?
- ▶ What were you told about being cut?
- ▶ Do you have sister's that were cut?

- ▶ Difficulties:
 - ▶ Urine?
 - ▶ Menstruation?
 - ▶ Intercourse?
 - ▶ Vulvar pain
 - ▶ Recurrent Infections
 - ▶ Sexually active?
 - ▶ Dyspareunia?
 - ▶ Clitoral sensation?
 - ▶ Able to orgasm?


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Plan of Care for FGC in Pregnancy



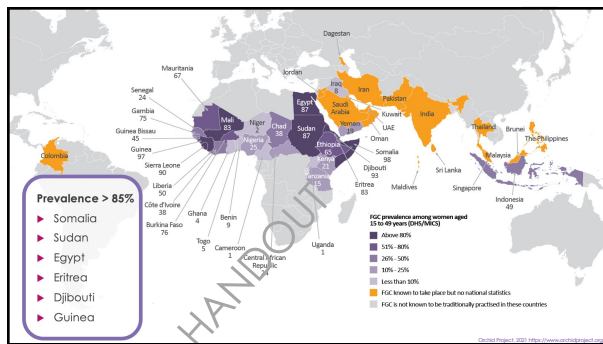
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Plan of Care for FGC in Pregnancy



- ▶ Country of birth with high prevalence of FGC
- ▶ Prenatal Screening Questionnaire

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Plan of Care for FGC in Pregnancy

Risk Stratify → **Identify Early** → Recommended that clinicians examine external genitalia and document the presence and type of FGC

Royal College of Obstetricians & Gynaecologists

THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

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Vulvar Examination in Pregnancy

Identify Early

- Best if infibulation is known before pregnancy
- Identified at initial antenatal visit
- Pap smear screening
- At time of GBS screening?

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Documentation

- Alert other health care providers
- Avoid unnecessary examinations
- Use a diagram
- WHO Classification
- If unclear, describe the anatomical structures that have been removed or injured
- Include on antenatal care record

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Intrapartum Care Plan - Infibulation

- Awareness of increased Risks
- Defibulation
- Episiotomy
- Repair
- Reinfibulation

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Defibulation

© 2018 Jasmine Abalacodi. Reproduced with permission. Abalacodi J, Ahmed S, Chantana J, Abalacodi G. Defibulation in Infibulation. *Abalacodi J, Ahmed S, Chantana J, Abalacodi G. Defibulation in Infibulation. Abalacodi J, Ahmed S, Chantana J, Abalacodi G.*

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Defibulation Indications

- ▶ Personal Choice
- ▶ Improve urinary and menstrual outflow
- ▶ Decrease genitourinary tract infections
- ▶ Permit vaginal penetration and decrease dyspareunia
- ▶ Permit vaginal delivery and decrease obstetrical intervention

Abdulcar J, Morais S, Catarino L, Abdulcar O, Pellegrini P. Defibulation: A Visual Reference and Learning Tool. J Sex Med. 2018;15(4):401-11.

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Intrapartum Care Plan

Is Defibulation required?

- ▶ If the introitus is sufficiently open to permit vaginal examination and if the urethral meatus is visible, then defibulation is unlikely to be necessary
- ▶ Deinfibulation before labor does not protect against CS

Abdulcar J, Morais S, Catarino L, Abdulcar O, Pellegrini P. Defibulation: A Visual Reference and Learning Tool. J Sex Med. 2018;15(4):401-11.

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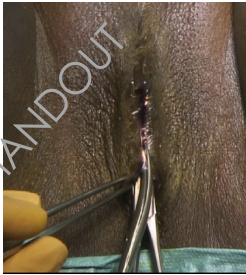
Defibulation Preoperative Counselling

- ▶ Anatomic and physiologic change
- ▶ Alterations in vaginal discharge, urine stream and menstruation flow
- ▶ Review clitoral anatomy
- ▶ Agree on the amount of opening
- ▶ Anesthetic plan
- ▶ May trigger PTSD

Abdulcar J, Morais S, Catarino L, Abdulcar O, Pellegrini P. Defibulation: A Visual Reference and Learning Tool. J Sex Med. 2018;15(4):401-11.

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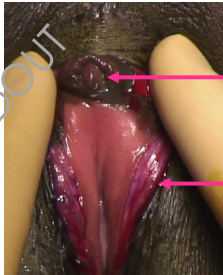
Defibulation



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Defibulation



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Intrapartum Care Plan

Intrapartum Considerations for Patients Undergoing Defibulation

- ▶ Analgesia – early epidural
- ▶ Bleeding management
 - ▶ Local anesthetic with epinephrine, tranexamic acid
- ▶ In and out catheter, Kelly clamp, scissors
- ▶ Perform, just before crowning of the head
- ▶ Induction – prostaglandin > foley
- ▶ If unable to perform vaginal examination, perform deinfibulation earlier in labour

Abdulcar J, Morais S, Catarino L, Abdulcar O, Pellegrini P. Defibulation: A Visual Reference and Learning Tool. J Sex Med. 2018;15(4):401-11.


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Resource: Defibulation technique for Health Care Providers

Caring for Women who have Experienced Female Genital Cutting

Terminology, Classification and Health Consequences



Angela Deane¹, MD, FRCSC
 Jasmine Abudacaf², MD PD FRCSM
 Marci Bowers, MD¹
 Alshaha Salfunaratnam¹, MD, FRCSC



<https://cansagevideos.com/Video/2258/>

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Resource: Defibulation Patient Information

9 languages

Desinfibulation - ENGLISH

<https://www.youtube.com/watch?v=S9UW8mDbzac&t=8s>

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Timing of Defibulation in Pregnancy

Antepartum vs Intrapartum

Patient Preference

Access to Skilled Health Practitioner

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Timing of Defibulation in Pregnancy

Antepartum vs Intrapartum

No significant difference between antepartum and intrapartum defibulation for:

- Duration of labor
- Perineal lacerations
- Episiotomy
- Postpartum hemorrhage
- Caesarean Deliveries

Systematic review and meta-analysis
 Antepartum or Intrapartum defibulation for childbirth in women with type III female genital mutilation: A systematic review and meta-analysis
 Eggensten Ruz^{1,2}, Allen VM³, Robinson D, Okunola⁴, David Agnew⁵, Charles W. Hennekens^{6,7}

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Timing of Defibulation in Pregnancy

Deinfibulation before labor:

Antepartum vs Intrapartum

Doubled the risk of OASI

- New scar formation, reduced tensile strength
- Assumed to be protected, those with OASI had less rates of episiotomy performed

Did not protect against caesarean delivery

Systematic review and meta-analysis
 Female genital mutilation/cutting, timing of deinfibulation, and risk of cesarean section
 Mar Toubian^{1,2}, Sarraj^{3,4}, Pajouh⁵, Inqub^{6,7}

Systematic review and meta-analysis
 Risk of obstetric anal sphincter injury associated with female genital mutilation/cutting and timing of deinfibulation
 Mar Toubian^{1,2}, Sarraj^{3,4}, Pajouh⁵, Inqub^{6,7}

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When do patients prefer Defibulation?

- Intrapartum (most often)
- Can be performed perioperatively after CS

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Archives of Sexual Behavior
 https://doi.org/10.1007/s10508-022-02349-w
ORIGINAL PAPER

How Canadian Law Shapes the Health Care Experiences of Women with Female Genital Mutilation/Cutting/Circumcision and Their Providers: A Disjuncture Between Expectation and Actuality

Danielle Jacobson¹ · Daniel Grace¹ · Janice Boddy² · Gillian Einstein^{1,3,4}

Received: 2 April 2021 / Revised: 24 April 2021 / Accepted: 25 April 2021
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Abstract
 This study explored how the reproductive health care experiences of women with female genital mutilation/cutting/circumcision (FGM/C) were shaped. We used Institutional Ethnography, a sociological approach which allows for the study of social relations and the coordination of health care. From qualitatively interviewing eight women with FGM/C, we learned that they felt excluded within the Canadian health care system because they were unable to access reconstructive surgery, which was not covered by Ontario's universal health coverage (Ontario Health Insurance Plan). We then talked with seven obstetricians/gynecologists (OB/GYNs) and learned that while it was legal to perform certain genital (e.g., female genital cosmetic surgery) and reproductive (e.g., elective cesarean section) surgeries commonly requested by Western-born women, it was not legal for them to perform other genital surgeries often requested by immigrant populations (e.g., reinfibulation), nor were these covered by OHP (e.g., clinical reconstructive surgery). From participants' comparisons of clinical reconstructive surgery and reinfibulation to female genital cosmetic and gender affirming surgeries, it became clear that the law and policies within the health care system favored surgeries elected by Western adults over those wished for by women with FGM/C. We found that the law had an impact on the choices that OB/GYNs and the women they treated could make, shaping their respective experiences. This created ethical dilemmas for OB/GYNs and a sense of exclusion from the health care system for women with FGM/C.

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Child Safeguarding

- ▶ Opportunity to Prevent FGC
- ▶ Educating and Empowering families
- ▶ Duty to report

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Are Health Care Professionals Prepared to Provide Care for Patients Who Have Experienced Female Genital Cutting?

A Cross-Sectional Survey of Canadian Health Care Providers



- ▶ HCP are uniquely positioned to advocate and raise awareness
- ▶ FGC is a practice deeply embedded in cultural norms, addressing its impacts requires an intersectional approach, where gender and structural inequities are accounted for
- ▶ Coalition building with communities affected by the practice

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Reproductive Health

RESEARCH Open Access

The mothering experience of women with FGM/C raising 'uncut' daughters, in Ivory Coast and in Canada

Sophia Koukoul¹ · Ghada Hammad² and Louise Gustaf³

- ▶ Reported motives for not having their daughter undergo FGC
- ▶ Paediatrician advised her not to have FGM/C performed

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I knew how it feels but couldn't save my daughter; testimony of an Ethiopian mother on female genital mutilation/cutting

Yohannes Mehretie Adress¹* and Rosa Tamirat Melesse²

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FGM Safeguarding Pathway

Department of Health

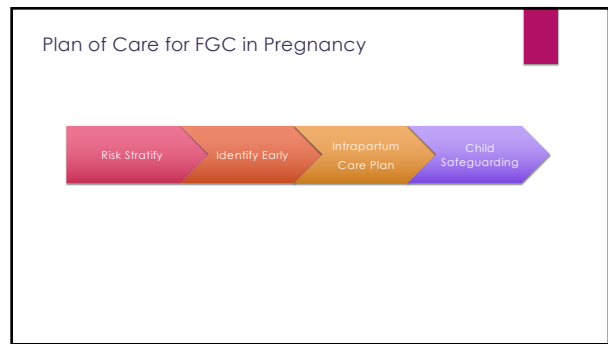
FGM Safeguarding and Risk Assessment
 Quick guide for health professionals

January 2017

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