

Clinical Pathway Guidance: When should this clinical pathway be completed?

This Clinical Pathway should be completed every time a new case of FGM is identified or suspected, in both women and girls of **any age**. Cases requiring statutory mandatory reporting as outlined in the Serious Crime Act (2015) are identified below.

If you identify a new case of FGM within your professional work, but are not a skilled practitioner to identify the type of FGM under examination, please follow pathway on page 4 and complete pages 5,6 & 8 only & refer along with the completed pages to your FGM lead for the Health Board/Trust. This will ensure clear data collection and individualised care management is delivered. If you are a skilled clinician to undertake an FGM examination then please complete all sections of the pathway. File one copy to the patient's records and forward the other copy to the strategic FGM lead for your health board and signpost/refer as necessary.

Mandatory reporting of FGM

The FGM mandatory reporting duty is a legal duty provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015). The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18, or her parents, that an act of FGM has been carried out on her
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

Intimate piercing for under 18s has been banned in Wales and therefore the statutory duty to report includes girls from any ethnic origin who have had genital/intimate piercings under the age of 18 (Public Health (Wales) Act (2017) Section 95, Intimate Piercing)

Mandatory reporting should be in collaboration with the completion of this pathway.

The duty does not apply in relation to at risk or suspected cases or in cases where the woman is over 18. In these cases, you should follow local safeguarding procedures.

Where there is a risk to life or likelihood of serious immediate harm, professionals should report the case immediately to police, including dialling 999 if appropriate.

How to mandatory report FGM

1. Inform the Police (101) & obtain and document the Crime Reference Number
2. Make a Child Protection referral

You will have to provide:

- The girl's name, date of birth and her address
- Your contact details
- The contact details of your Safeguarding lead & an outline of the identified case
- Confirm you have undertaken safeguarding actions

Checklist for under 18 year olds (see pathway)

You must:

- Follow and complete the Paediatric pathway on Page 4 of the All Wales Clinical FGM Pathway
- Mandatory report (see above): if mandatory reporting has been carried out, please ensure the crime reference number is documented and shared with children's services
- Ensure safeguarding procedures are followed and inform your local Safeguarding lead of the case
- Inform the relevant health care professionals (see pathway), including the Community Paediatrician for consideration of a Health Needs Assessment
- Carry out a safeguarding risk assessment for any other children in the family who may be at risk or have had FGM
- Record all decisions and actions in patient's notes
- If you have suspicion that a child is in imminent danger of FGM occurring, then 999 emergency services should be contacted immediately along with Children's Services.

Do not carry out a genital examination unless this is already part of your role. A formal diagnosis will be sought as part of the subsequent multi-agency response.

Always ask your local Safeguarding / FGM leads if in doubt.

If you believe that the person may be at future risk of FGM you should also inform your local Safeguarding lead.

Wherever possible, a sensitive conversation between you as the referrer and the parents should take place if you are reporting any cases of FGM and also what this actually means. However, do not discuss referrals if you think that reporting could lead to a risk of serious harm to anybody. Contact your local Safeguarding lead for advice in such cases.

Checklist for someone over 18

You must:

- Follow and complete the Pregnancy or Adult Pathway on page 4 of All Wales Clinical FGM Pathway
- Inform the relevant health care professionals as per page 4 of this pathway
- Make a Child Protection referral if there is a possible risk to a child: all female infants under the care of a female with a history of FGM would be classified as high risk and require a Child Protection referral to be completed (All Wales Child Protection Procedures 2011 & Social Services & Wellbeing Act 2014)
- Consider if an Adult At Risk referral is required
- Inform your local Safeguarding lead if referrals are made
- Inform the patient of your actions sensitively and in a culturally acceptable manner
- Record all decisions and actions in patient's notes
- Signpost the woman to services that offer support and advice

Next Steps

In response to any referrals made, social care professionals, health and Police will consider:

- use of FGM protection orders
- a care plan or other safeguarding response
- whether a safeguarding response is needed for anybody else related to the case, including other family members
- referral to community or third sector organisations
- the need for a criminal investigation

References

- All Wales Child Protection Procedures (2011) All Wales Protocol FGM. Available from: http://www.sewsc.org.uk/fileadmin/user_upload/FGM_All_Wales_Review_June_2011_-_pdf.pdf (accessed 9/5/2018).
- Female Genital Mutilation Act (2003) Female Genital Mutilation (FGM) Act. Available from: https://www.legislation.gov.uk/ukpga/2003/31/pdfs/ukpga_20030031_en.pdf (accessed 20/12/2017).
- Her Majesty's Government (2016) Multi-agency statutory guidance on female genital mutilation. Available from: <https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation> (accessed 20/12/2017).
- Mandatory Reporting of Female Genital Mutilation – procedural information Home Office 2015. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573782/FGM_Mandatory_Reporting_-_procedural_information_nov16_FINAL.pdf (accessed 10/12/2017).
- Public Health (Wales) Act (2017) Section 95, Intimate Piercing. Available from: <http://www.legislation.gov.uk/anaw/2017/2/contents/enacted> (accessed 9/5/2018) .
- Royal College of Gynaecology (2015) Female Genital Mutilation and its Management. Available from: <https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-53-fgm.pdf> (accessed 20/12/2017).
- Serious Crime Act (2015) Serious Crime Act. Available from: http://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf(accessed 20/12/2017).
- Social Services and Well Being (Wales) Act (2014) Social Services & Wellbeing Act (Wales). Available from: http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf (accessed 20/12/2017).

PREGNANCY PATHWAY	PAEDIATRIC PATHWAY <18 years old	ADULT PATHWAY >18 years old
<ol style="list-style-type: none"> 1. Routine enquiry re FGM at booking and document 2. Refer for Consultant Led review or to FGM Specialist Midwife 3. Prior to 20 weeks, FGM type should be identified and re-opening offered if required 4. Referral for psychological or other support if required 5. Discussion around FGM and the legislation in the UK 6. Assessment of risk to any female children and education to family members 7. Child Protection referral to Social Services under the AWCPP if delivers female infant 8. Inform parents that maternal FGM history will be shared with GP and Health Visitor ante-natally. 9. Agree follow-up care plan and provide any identified educational support 10. Data Collection 11. Encourage uptake of Antenatal Screening, to support the recommended BBV screening 12. Consider capacity assessment 	<ol style="list-style-type: none"> 1. Initial identification of FGM (actual or potential risk) 2. Follow Mandatory Reporting 3. Ensure that this pathway & mandatory reporting is completed for under 18 year olds of any ethnic origin who have genital or intimate piercing 4. Refer to Social Services under the AWCPP 5. Discuss case with Consultant Community Paediatrician and offer a Health Needs Assessment 6. Care plan to consider FGM re-opening, psychological or other support if required 7. Inform GP, Health Visitor and School Nursing 8. Agree follow-up care plan and provide educational support 9. Data Collection 	<ol style="list-style-type: none"> 1. Initial identification of FGM (actual or potential risk) 2. Plan for examination and assessment of type (with consent & by skilled professional) 3. Discussion of other options if the woman does not want re-opening 4. Referral for psychological or other support if required 5. Discussion around FGM and the legislation in the UK 6. Assessment of risk to any female children and education to family members 7. Child Protection referral to Social Services under the AWCPP if any female infant dependents 8. Inform GP with consent 9. Agree follow-up care plan and provide any identified educational support 10. Data Collection. While genital piercing would be Type 4 it should not be recorded as part of data collection unless this has been carried out without the persons consent 11. Encourage uptake of recommended BBV screening 12. Consider capacity assessment

Useful Numbers

NSPCC FGM Helpline:
0800 028 3550
Email:
fgmhelp@nspcc.org.uk

BAWSO FGM 24 hr
Helpline:
0800 731 8147

INITIAL ASSESSMENT

CHILD / ADULT DETAILS	
Name	
Hospital / ID no	
NHS number	
Address	
Date of Birth	
Nationality	
Country of Birth	

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

INFIBULATION HISTORY

These are some examples of what can be asked (*in a sensitive non-judgmental manner*)

Have you had the cut?	Yes	No
Are you open or closed?	Open	Closed
Have you experienced FGM? (This may also be known as female circumcision)	Yes	No

RISK ASSESSMENT

Has the patient a history of any of the following? (Please tick) If yes to any of the below, please complete action plan and document any signposting/referrals made on page 7.

SYMPTOMS		CLINICAL PROBLEMS		PSYCHOLOGICAL ISSUES	
Painful or delayed micturition	<input type="checkbox"/>	Pelvic inflammatory disease	<input type="checkbox"/>	Emotional withdrawal	<input type="checkbox"/>
Painful intercourse	<input type="checkbox"/>	Keloid scar formation	<input type="checkbox"/>	Symptoms of Post traumatic stress disorder	<input type="checkbox"/>
Painful periods	<input type="checkbox"/>	History of infertility	<input type="checkbox"/>	Flashbacks	<input type="checkbox"/>
Irregular periods	<input type="checkbox"/>	Recurrent urinary infections	<input type="checkbox"/>	Psycho-Sexual Symptoms	<input type="checkbox"/>
Asymptomatic	<input type="checkbox"/>	Vaginal infections	<input type="checkbox"/>		
		Difficulty in performing vaginal examinations or cervical cytology	<input type="checkbox"/>		

Age at which FGM procedure was performed?	
Year FGM was performed?	
Country where it was performed?	
Year arrived in UK	
Age now?	
Is patient under 18 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, has Mandatory Reporting been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Crime Reference Number:..... Date Reported:

Memories of procedure (A short description to enable further clinical plan)

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Family situation / any other females at risk (consider referral)

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Legislation & safeguarding referrals discussed (Include date of referral to Social Services if required).....

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All Wales Clinical Pathway – Female Genital Mutilation (FGM)


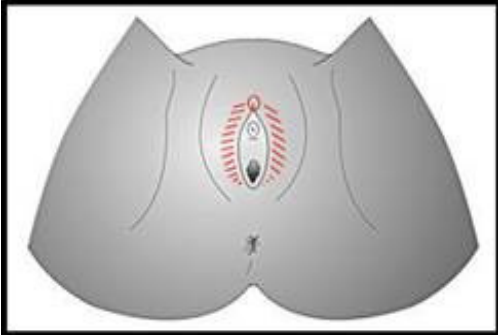
IDENTIFICATION OF FGM: This page should only be completed by a trained & qualified health professional that is skilled in identifying the type of FGM (If no trained health professional is available to identify the type of FGM, please refer to your designated Health Board FGM lead).

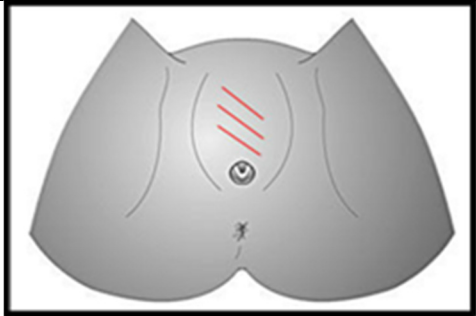

Date of Examination:

Time:

Name & Designation of Examiner:

Venue of Examination:

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

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, tattooing, piercing, incising, scraping, cauterisation & labia pulling
	 <p style="color: red; text-align: center; margin-top: 10px;"> Diagram above shows normal genitalia (If a patient reports she has an FGM history but no visible scarring is noted on exam, this should be recorded as type 4.) </p>
Comments	Describe
Clinical Management Plan Is De-infibulation required? - Yes No (If yes, Date & Where?).....	Clinical Management Plan

Action Plan/Continuation Sheet:

Please outline any ongoing referrals or management plans made: