



**Female Genital Mutilation – Standard Operating Procedure**

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<b>STAKEHOLDERS INVOLVED:</b>		Obstetricians, Midwives.			
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## **Female Genital Mutilation Clinic – Operational Guidance**

This guideline refers to operational management of the FGM clinic. For information regarding the trust policy on FGM please refer to the FGM policy ([INSERT HYPERLINK](#)).

The FGM clinic on the Chelsea and Westminster site is held, weekly on a Thursday morning within the Antenatal clinic. The clinic starts at 9am and the last appointment is 12.30.

The clinic is run by the FGM specialised midwife and is attended by a social worker who is the FGM lead for Kensington and Chelsea, Hammersmith and Fulham, and Westminster, and 2 health advocates from Midaye who speak Somali and Arabic. Midaye is a community organisation and registered charity based in West London that supports the Somali and other ethnic minority communities.<sup>1</sup> A trauma based therapist from Naz Project London also attends the FGM clinic

### **1. Referral to the FGM clinic**

Women are referred and booked into the FGM clinic service by the midwife or obstetrician. The clinic code is R59136. The referring midwife/doctor completes the FGM log via LastWord (As required by DoH). The FGM midwife can be contacted about queries via [Debora.Alcayde@chelwest.nhs.uk](mailto:Debora.Alcayde@chelwest.nhs.uk) or by telephoning 07812378363.

Referral criteria to the FGM clinic include:

- Nullips
- Previous c/s only
- Previous premature vaginal delivery only
- All previous vaginal deliveries outside of the UK,
- Perineal concerns regarding antenatal assessment
- Woman requests to see the FGM midwife

Prior to the woman attending the clinic, the health advocate will telephone the woman and discuss the forthcoming appointment and the role of each professional working within the FGM clinic. A reminder text message will be sent by the health advocate to the woman the day before the appointment. For women living in the Tri-borough (Kensington and Chelsea, Hammersmith and Fulham and Westminster), the health advocate will inform the woman that a social worker will be present during the appointment and will undertake an assessment, if consent is not given a social worker is present but an assessment is not conducted. If the woman does not want to have the social worker present then the social worker is not present during the appointment. The health advocate will act as an interpreter when required.

### **2. Role of each professional within the FGM clinic**

*The role of the FGM midwife:*

- Assess and diagnosis FGM and level, discuss de-infibulation options, discuss FGM education, assess safeguarding, complete the FGM log, made a birth plan. Documentation of the woman's

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<sup>1</sup> Midaye is a registered charity with the Charity Commission number: 1148304



appointment will be recorded within the hand-held maternity notes and entered on the FGM log on LastWord

*The role of the FGM lead social worker:*

- The social worker will be present during the conversation however consent will be sought with regards to a more detailed assessment.
- Social worker will support the midwife liaise with other Local Authorities / make referrals working alongside the midwife
- Conduct follow up risk assessments checks – make referrals for further assessments
- Chair / arrange necessary safeguarding meetings/information sharing meetings and also core group meetings in order to ensure that all professionals directly involved with the clinic are informed of the case

*The role of the health advocate:*

- to be present during the appointment with the woman's consent (this is for all women and not just those living within the tri-borough). Provides the women with support, including emotional support, interpretation, and helps to break down barriers and misconceptions of the role of Children's Services. The health advocate will contact the woman before the appointment to explain the details and provide information, provide follow up floating support including home assessments for the Tri-borough women only in this project and after birth if required. The health advocate will also provide signposting to help women access their local services. The health advocate provides the consistent link between the hospital clinic and the home visit with social services. They can also offer to be present at de-infibulation to provide support to the woman.
- The health advocates attending clinic can be contacted on 07534 173870 / 0207 6415714. If the health advocates are unavailable on this number call the FGM Project Manager at Midaye on 07491 998716.

*The role of the therapist:*

- The therapist will be on hand to provide support as and when needed – this will be dependent on consent.
- The therapist would provide mental health support/ trauma therapy/ psycho sexual counselling when sought by the women attending clinic as well as if 'a need has been identified by the professionals.
- Work will include working with women to get them ready for the reversal/examination/child birth/ flashbacks during examination.
- After the initial assessment, if and when appropriate 6 sessions will be offered to the client. These sessions will take place in a room at Chelsea and Westminster hospital.

*3. Actions following the clinic*



Each week, following the clinic the professionals review the outcome of the attendees. Follow up action and referrals on to other agencies are discussed, and a plan of care for each woman is made.

A review of on-going cases is conducted noting any outstanding actions; this includes women who have recently birthed making note of the gender of the baby and if a social services referral is required. If a referral is required the health advocate will inform the woman and the social worker attached to the FGM service will make the referral.

The list of the women attending the following week is obtained, including the home postcode and telephone number for each woman. The health advocate will refer to this list and will make contact with each woman to and discuss the FGM service.

Following a DNA the health advocate will contact the woman and offer a second appointment, the reason for the DNA will be discussed. If a second DNA occurs the FGM midwife will make a CSI entry which will include a plan for future care, birth plan when possible. The community midwifery team are emailed and the link consultant is informed. The FGM midwife will also ensure that the woman has a follow up appointment with the community midwife.

#### **4. Evaluation of the service**

A professionals meeting is held regularly to discuss the running and set up of the clinic. The attendees include Midaye project manager, health advocates, social worker, therapist and midwife and consultant midwife. This is to review the running of the clinic, assess the evaluation of the service, and review the communication systems.

The Social Worker, therapist, and health advocates will also have a monthly peer supervision session and also a core group meeting to discuss any ongoing issues and impact of the service.

It is important that the outcomes and impact of the service is monitored so it can be evaluated. Midaye is required to collect outcomes data and limited personal information. This is collected following each clinic appointment by the health advocates on outcome monitoring forms.<sup>2</sup> All data recorded on monitoring sheets is stored in line with data protection guidelines. Midaye asks consent from each client for their information to be used for monitoring and evaluation purposes. Midaye collects the names and contact numbers for women so they can be contacted prior to their appointment and to provide ongoing floating support. A year of birth is collected to evidence the age ranges of women supported at the clinic. Postcodes and GP practice names are required to demonstrate areas where support is delivered and needed to evidence to CCGs the need for the project's sustainability.

The outcome data from monitoring forms is compiled into quarterly reports by Midaye and shall be circulated to the clinic partners on request.

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<sup>2</sup> Appendix 2 Midaye outcomes monitoring form



## Appendix One

Questionnaire and Data Collection: FGM Maternity Clinic

Date seen/Month:

Hospital: Chelsea and Westminster Hospital (CW site)

1. Name:

2. DOB:

3. Address

Borough

4. Country of Origin

5. When did you come to the UK.

6. EDD

7. Gender of Unborn: Male  Female  Unknown

8. Para/ Other children : No: Gender:

9. Gestation period:

10. Type of FGM: Type1  Type 2  Type 3  Type 4

11. Reversal? Where and When:

12. Where did FGM take place: Country : Hospital: Private:

13. Who performed the procedure: Midwife/ Doctor: traditional cutter:



14. Was a general anaesthetic/ pain relief used:

15. What age did FGM take place:

16. Have your siblings been cut?

17. Have you known anyone to have had any bad experiences due to FGM: eg death, period pains, difficulty during sexual relationships.

18. How do you think FGM has affected you?



19. Any other information:

20. If other children : details/DOB/HV/SCHOOL/ GP

Follow up/ Actions to be taken: