

# POSITION STATEMENT

## Female Genital Cutting

Female genital cutting (FGC), also termed *female genital mutilation* or *female circumcision*, refers to any nonmedical procedure that involves the partial or total removal of external genitalia or other injury to the female genital organs for nonmedical reasons.<sup>1</sup> Such procedures are a form of gender-based violence that threatens the rights of girls and women, including their rights to health, life, self-determination, bodily integrity, and freedom from violence.

The American College of Nurse-Midwives (ACNM) affirms that midwives should:

- Be knowledgeable about the cultural context of FGC.
- Understand the options for clinical management and how to access resources on caring for those affected by FGC, including how to address resulting genitourinary, obstetric, sexual, and mental health complications.
- Ensure access to multidisciplinary interventions, such as deinfibulation, when indicated.
- Identify and use terminology consistent with a person's preferences.
- Be familiar with federal and state laws related to FGC.
- Recognize the diversity of each person's FGC experience and the meaning they assign it.
- Decline to perform FGC, including postbirth reinfibulation.

### Background

Female genital cutting affects approximately 200 million women and girls around the world and is primarily practiced in 30 countries in Africa, the Middle East, and Asia.<sup>2</sup> Globally, FGC prevalence is falling; however, the total number of people affected will continue to rise because of rising global fertility rates.<sup>3</sup> In the United States, as many as 547,000 women and girls are either from countries where FGC is practiced or are born to a mother who was affected, which puts them at potential risk for the procedure or sequelae from it.<sup>4</sup> Midwives in the United States and other countries care for those affected during pregnancy and in primary care. Midwives should be aware of how to assess for exposure to FGC and how to manage potential short- and long-term consequences of the practice. Evidence-based guidelines are available from the World Health Organization (WHO) for the management of complications related to FGC and for training health care providers in the care of those who may be affected.<sup>5-7</sup>

FGC has serious physical and psychological consequences for many people; however, individual experiences vary widely. People affected by FGC have reported being humiliated, disrespected, and shamed because of their status.<sup>8,9</sup> Given the sensitive nature of the topic and the myriad cross-cultural challenges many who experienced FGC may face, midwives should work to establish trust-based relationships that foster respectful, transparent, and evidence-based care.

Midwives should be prepared to screen for, diagnose, and code for FGC, and to help make care decisions in partnership with their clients. These topics, including practice communication

strategies, are detailed in a WHO clinical handbook (see Clinical Resources below). The handbook includes guidance on the importance of offering deinfibulation for people whose FGC has obstructed the vaginal orifice, recognizing that such an obstruction is not itself an indication for a cesarean, and knowing how to help people consider the latest evidence on clitoral reconstruction.

Finally, it is critical for midwives to be familiar with federal and state laws related to FGC so they can appropriately counsel women and meet mandatory reporting obligations. FGC of any person less than 18 years of age is a violation of US federal law, as is the attempt to send a person to another country so the practice can be performed.<sup>10,11</sup> In addition, many states have their own laws prohibiting FGC at any age.<sup>12</sup>

ACNM encourages its members to become fully informed about FGC so that shared decision-making can occur with affected families. The position of ACNM on FGC is aligned with the positions of other professional organizations, including the International Confederation of Midwives, the International Federation of Gynecologists and Obstetricians, and the American College of Obstetricians and Gynecologists.<sup>13-17</sup>

### Clinical Resources

- [World Health Organization](#) *Care of Girls & Women Living With Female Genital Mutilation: A Clinical Handbook*<sup>5</sup>
- [United Nations Population Fund \(UNFPA\)-UNICEF](#) Joint Programme on the Elimination of Female Genital Mutilation<sup>17</sup>
- [WHO guide](#): *Person-Centred Communication for Female Genital Mutilation Prevention: A Facilitator's Guide for Training Health-Care Providers*<sup>6</sup>
- [WHO guide](#): *Integrating Female Genital Mutilation Content Into Nursing and Midwifery Curricula: A Practical Guide*<sup>7</sup>

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*Note.* The terms *midwifery* and *midwife* as used throughout this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

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