Recommendations on the management of patients with a history of female genital mutilation (FGM)

As of April 2016

Introduction[1]

Female genital mutilation (FGM) in women and girls has serious physical and emotional implications. The specific anatomy that results from FGM must be taken into account in functional, medical and psychological terms during childbirth, surgery and wound management.
The following recommendations of the German Medical Association contain information on the legal situation, preventive measures, as well as information for attending physicians on how to deal with affected women. Treatment should focus on culturally sensitive counselling and medical history without neglecting to raise awareness of the legal situation.

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[1] Recommendations are based on the versions adopted by the Executive Board of the German Medical Association on 25.11.2005 and 18.01.2013, which were primarily developed by Dr. med. Cornelia Goesmann and Prof. Dr. med. Heribert Kentenich. Prof. Dr. med. Heribert Kentenich and Dr. med. Christoph Zerm served as advisors for the revised version from April 2016.

Definition

The WHO distinguishes 4 types of FGM[2,3]:

- Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)
- Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
- Type III: Narrowing of the vaginal orifice with creation of a scarred covering seal following removal of the labia minora and/or labia majora by tacking or sewing together the wound edges, usually with removal of the clitoris (infibulation or "pharaonic circumcision")
- Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping, cauterisation or burning, stretching

Diagnostic code ICD-10-DE 2016

The diagnostic code ICD-10-DE 2016 includes the different types of FGM recognised by the World Health Organization under the code numbers N90.8 (Other specified non-inflammatory diseases of the vulva and the perineum) and Z91.70-74 (Personal medical history of female genital mutilation).[4]

Legal situation

Criminal law

In Germany, this intervention constitutes the criminal offence of female genital mutilation, pursuant to § 226a StGB (German Criminal Code). The crimes of bodily injury (§ 224 StGB), dangerous bodily injury (§ 226 StGB), and abuse of a position of trust (§ 225 StGB) also come into consideration. As designated in § 226a StGB, the crime of FGM is liable to punishment ranging from one to 15 years of imprisonment. In less serious cases, the penalty is a term of imprisonment ranging from six months to five years. Patient consent cannot serve as a justification for the intervention, in keeping with § 228 StGB, because the act violates the standards of decency, consent notwithstanding. Parents, in particular, may face different criminal consequences in connection with the intervention, depending on the degree of their involvement in the offence. Cases of complicity, instigating or assisting the intervention are liable to punishment pursuant to § 25 para. 2 StGB (complicity), § 26 StGB (abetting) or § 27 StGB (aiding). Criminal liability due to the omission of assistance (§ 226a in conjunction with § 13 StGB may become relevant if a parent is aware of the impending intervention and does nothing to prevent it. The criminal offence of violation of duties of care or education, as stipulated in § 171 StGB, may also come into question.

Release from confidentiality

The Act on Cooperation and Information in Child Protection (§ 4 para. 3) entitles physicians to refer a child to the youth welfare office when they have reasonable grounds to assume that the child's welfare is at risk, even without a release from confidentiality, if discussing the situation with the persons who have the care and custody of the child is impossible or fruitless; this option must be brought to the attention of the persons affected beforehand, unless doing so would compromise the effective protection of the child or young person. Irrespective of this, third persons may be called in, even if consent to medical disclosure has not been granted, if doing so is justified by necessity in accordance with § 34 of the Criminal Code (StGB)[5].

Consequences of FGM

Acute complications

- Acute psychological trauma
- Infection
- Local infection
- Abscess formation
- General infection
- Septic shock
- HIV infection
- Tetanus
- Gangrene
- Micturition problems
- Urine retention
- Edema of the urethra
- Dysuria
- Injury
- Injury to adjacent organs
- Fractures (femur, clavicle, humerus)
- Bleeding
- Haemorrhage
- Shock
- Anaemia
- Death

Chronic somatic complications

- Menstrual disorders
- Dyspareunia/apareunia
- Vaginal stenosis
- Infertility/sterility
- Dysmenorrhoea
- Menorrhagia
- Haematocolpos
- Keloid formation/dermoid cysts/ neurinomas
- Complications during pregnancy and childbirth
- Vaginal examination difficult

[2] **Female genital mutilation WHO** Fact sheet N°241 Updated February 2014 http://www.who.int/mediacentre/factsheets/fs241/en/
[3] Cf. latest version (2008) of the UN Interagency Statement "Eliminating FGM"
[4] https://www.dimdi.de/static/de/klassi/icd-10-gm/

[5] § 34 StGB (German Criminal Code) Necessity
A person who, faced with an imminent danger to life, limb, freedom, honour, property or another legal interest which cannot otherwise be averted, commits an act to avert the danger from himself or another, does not act unlawfully, if, upon weighing the conflicting interests, in particular the affected legal interests and the degree of the danger facing them, the protected interest substantially outweighs the one interfered with. This shall apply only if and to the extent that the act committed is an adequate means to avert the danger.

- Chronic vaginitis, endometritis, adnexitis
- Micturition problems
- Recurrent urinary tract infections
- Prolonged micturition
- Incontinence Vaginal crystals
- Complications of scar tissue
- Abscess formation
- Perinatal mortality increased

- Catheterisation impossible
- Measurement of vaginal and fetal scalp pH impossible
- Expulsion period prolonged
- Stalled labour
- Injuries and tears to the vulva, vagina and cervix
- Perineal tears
- Postpartum haemorrhage
- Perineal wound infection
- Vesico-vaginal/recto-vaginal fistulas
- Permanent hypersensitivity/ chronic vulvodynia

Psychological and psychosomatic implications

- Serious physical and emotional trauma
- Possible cause for behavioural disorders
- Loss of trust in persons of reference
- Feeling of incompleteness

- Anxiety and depression
- Chronic irritability
- Sexual disorders
- Frigidity
- Partnership conflicts
- Feelings and fears are difficult to express
- Psychosomatic disorders

Defibulation

A medical need to open the infibulation (defibulation) may exist, especially if the patient presents with related complaints (recurrent UTIs, menstrual problems), sterility due to the inability to have sexual intercourse, and sexual disorders (particularly dyspareunia):

- Patient's wishes
- Difficulties passing urine
- Difficulty having sexual intercourse
- Keloid formation in scar tissue
- Severe dysmenorrhoea
- Recurrent infections
- Inclusion cysts
- Childbirth

Medical and legal assessment of wound management

In legal terms, a distinction is to be made between the various forms of (primary) genital mutilation and wound management. While the first amounts to a criminal offence, the second is a medically necessary intervention. Postnatal wound management aims to treat the raw scars and the perineal tear or episiotomy. The aim of the treatment is to restore the physical and emotional well-being of the woman. Forms of postnatal genital closing that are likely to lead to medical problems, such as recurrent bladder infections, retention of menstrual discharge or difficulty having sexual intercourse, may not be performed.[6] If, after having been informed, infibulated women demand to be restored to their physical state prior to delivery, the doctor must refuse this treatment.

Care of affected women

Patients with a history of FGM, especially infibulation, require special medical and psychosocial care and counselling. The working group *Frauengesundheit in der Entwicklungszusammenarbeit* – FIDE – (Women's Health in International Development)[7], along with the Board of the *Deutsche Gesellschaft für Geburtshilfe und Gynäkologie* (German Society of Obstetrics and Gynaecology) has recommended the following considerations for doctor-patient interactions:

- Sensitive gathering of medical history, potentially with a female interpreter. It is recommended that the term "circumcision" be used in discussions with affected women.
- Removal of obstructions to menstrual blood and urine flow.
- Depending on the extent of FGM, facilitating sexual intercourse by opening the vaginal introitus under anaesthesia.
- Pregnant circumcised women with a narrow vaginal opening may already have a medical need for surgical dilation during the pregnancy, especially if vaginal and bladder infections have occurred during pregnancy.
- In the course of delivery, normal childbirth should be facilitated by defibulation, controlled perineal tears or episiotomy.

Prevention through education

Central to this is the establishment of a supportive doctor-patient relationship. In consultations, patients should be made aware of the dramatic medical, psychological, social[8] and criminal consequences of FGM in a culturally sensitive and empathic, but also explicit manner. The fatal physical and psychological side effects must also be discussed in detail. Every opportunity must be taken to proactively protect against FGM. Hospitals and practices can provide important information during prenatal preparations to prevent a newborn girl from suffering genital mutilation at a later time.[9] It may also help to note that FGM is rejected by all major religions.[10]

FGM primarily affects women from African and, in some cases, Asian countries. Most at risk are infants, toddlers or adolescent girls.

Further information and useful addresses

https://broschueren.nordrheinwestfalendirekt.de/broschuerenservice/mgepa/genitale-beschneidung-verstuemmelung-fgm-bei-maedchen-und-frauen/1481 (as of 2015)

Fact sheet on the legal consequences of FGM (ed. BAMF)
http://www.bamf.de/SharedDocs/Anlagen/DE/Downloads/Infothek/Sonstige/merkblatt-genitalverstuemmelung-rechtliche-folgen.html (as of 2010)

"Gewalt gegen Frauen" (Violence against women) support line
☎ 08000 116 016
https://www.hilfetelefon.de/aktuelles.html

Women's health portal of the Federal Centre for Health Education (BZgA)
http://www.frauengesundheitsportal.de

Integra – http://www.netzwerk-integra.de

http://www.plan-deutschland.de

http://www.frauenrechte.de

http://www.hebammenverband.de

http://www.luisenhospital.de/luisenhospital/zentren/gyn-rekonstruktionszentrum.html

http://www.krankenhaus-waldfriede.de

WMA Statement on Female Genital Mutilation – http://www.wma.net

http://www.uefgm.org

[6] Cf. "Leitfaden für Medizinische Fachkräfte" (Guide for medical professionals) p. 10 – Stop Mutilation e.V.

[7] See "Empfehlungen für Angehörige des Gesundheitswesens und weitere potentiell involvierte Berufsgruppen" (Recommendations for health and other potentially involved professionals) http://ag-fide.org/veroffentlichungen/

[8] Cf. Swiss recommendations for physicians, midwives and nurses: "Patientinnen mit genitaler Beschneidung" (Female patients with genital circumcision), http://www.sggg.ch/, www.iamaneh.ch, which describe medical, psychological and social implications in detail.

[9] Cf. Brochure published by the CHANGE Project "Responding to Female Genital Mutilation. A guide for key professionals" www.change-agent.eu

[10] https://www.wma.net/policies-post/wma-statement-on-female-genital-mutilation/