Female genital mutilation (FGM)

- The term female genital mutilation (FGM) includes all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is performed in a variety of ways and the extent of the mutilation also varies.
- Women differ in the extent to which they remember undergoing FGM, how they feel about it afterwards and whether they are aware of what has been done to them.
- FGM is often performed in early childhood or as a pre-pubescent girl.
- FGM is associated with an increase in gynaecological problems. It can also impact a woman's sexual and mental health, and lead to complications during childbirth.

- **Type I:** The partial removal of the clitoris.
- **Type II:** The partial removal of the clitoris and the partial or complete removal of the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin surrounding the vulva).
- **Type III:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting away the labia minora and labia majora and forcing the wound edges to heal together, with or without removal of the clitoris.
- **Type IV:** All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area, and the introduction of caustic substances into the vagina to reduce its internal diameter.



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Female genital mutilation (FGM)

Discomfort, complaints and problems following FGM:

- The formation of sores under the skin that has been sewn together in front of the vagina
- Urinary difficulties and repeated urinary infections
- Additional pain and difficulties in passing menstrual blood
- Difficult/painful/impossible to have intercourse and/or achieve orgasm
- Abscesses/cysts in the area of the vulva/clitoris
- Scarring where the procedure was carried out – cysts, pelvic infections, chronic pain
- Traumatic memories



The risk of chronic health problems increases the more invasive the procedure has been

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Female genital mutilation (FGM)

Why do we ask about this when you are pregnant?

- So the hospital's maternity department can give you the best possible care
- To enable you to plan the birth
- To avoid complications during labour and to understand you better if memories of undergoing FGM should resurface
- Women who have undergone Type III FGM (infibulation) have a higher risk of experiencing unfavourable outcomes in connection with childbirth
- If necessary, it is recommended that surgery be performed to open up the vagina, either during pregnancy or when you go into labour. This procedure is called deinfibulation
- Deinfibulation may be done in the second trimester, later in the pregnancy or during labour itself
- It is recommended that you be referred for assessment by a resource team at the hospital where you are scheduled to give birth
- Deinfibulation is carried out under anaesthetic
- In Norway, it is forbidden to sew the infibulation/seal back up again after birth. Instead, experienced medical personnel will sew the affected tissue in a way that promotes healing, restored function and minimal pain
- You will be fully informed about all of this during a prenatal examination at the hospital

See the National Online Health Services in Norway's web page: Medical assistance following female genital mutilation for more information

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Female genital mutilation (FGM)

Advice on what to do after deinfibulation or childbirth:

- Rinse with lukewarm water after going to the toilet, both to reduce the pain and keep the area clean. You could also sit in a hip bath/bidet bowl of warm water containing mild, liquid soap every day for a week to prevent infection
- Afterwards, you are advised to refrain from sex for four to six weeks
- You should be aware that urination may feel very urgent and intense after the procedure, and that it is normal to feel more open down below
- Routine check-ups are not necessary, but get in touch with the hospital if needed
- Use painkillers as agreed with the hospital or your general practitioner (*fastlege*)
- You can request a medical certificate stating that deinfibulation was clinically necessary

Questions for your doctor or midwife:

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