

Female Genital Mutilation

The Dutch management : care, law enforcement and education

Albert
Schweitzer
ziekenhuis



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Situation

The Netherlands have been faced with female genital mutilation (FGM) since the beginning of the nineties. This is due to the immigration of women from countries where FGM is common practice. The fight against FGM is complex and requires a comprehensive and targeted approach.

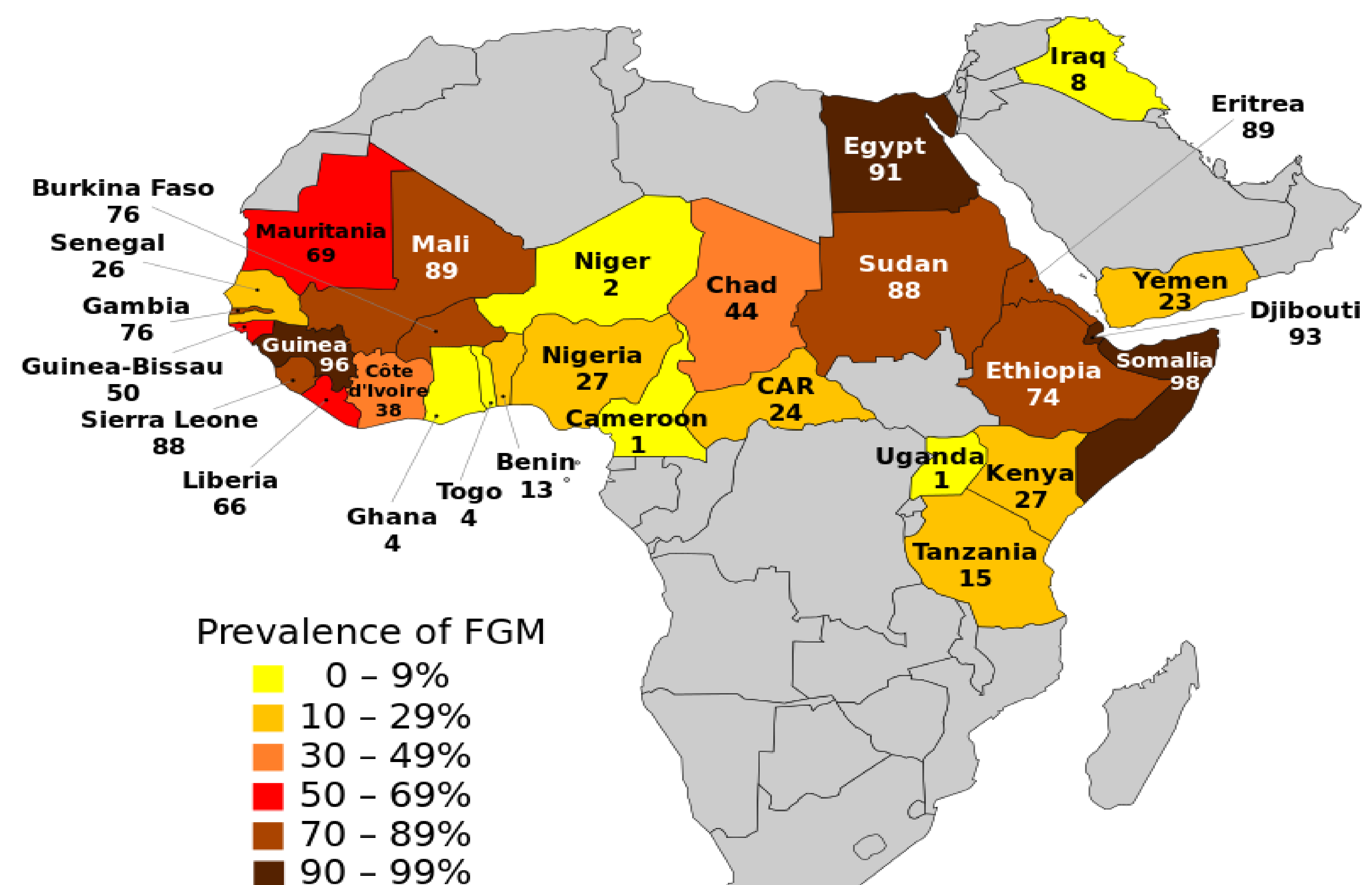
The Dutch Chain Approach is well known in many countries. There are very few other countries in Europe where the chain of prevention, care, law enforcement and education – especially through the engagement of the indispensable key persons – has been established so well.

Key Facts FGM

- FGM includes procedures that alter or cause injury to the female genital organs for non-medical reasons.
- These procedures have no health benefits for girls and women.
- They can cause severe bleeding, problems with urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated.
- It is mostly carried out on girls between infancy and age 15.
- It is a violation of the human rights of girls and women.

<http://www.who.int/mediacentre/factsheets/fs241/en/>

Prevalence worldwide



In 2013, UNICEF: wide variation in prevalence of FGM in 29 countries in Africa and the Middle East. but also prevalent in Southeast Asia and seen in some Muslim populations of South Asia.

(Dutch) “chain partners”



(Inter)national guideline(s)

RCOG*:

- A consultant and/or midwife is responsible for the care of women with FGM in all hospitals.
- Women who are likely to benefit from de-infibulation should be counselled and offered the procedure before pregnancy and ideally before first sexual intercourse.
- Midwives have a pivotal role to play in identifying and supporting women who have undergone FGM.
- Ensure that midwives have the training, time and knowledge of the services needed to support women through what can be a difficult and distressing time.

* <https://www.rcm.org.uk/news-views-and-analysis/news/fgm-management-guideline-updated>
NVOG and KNOV took over these notes from de NICE guidelines

Consultant and midwife at the Albert Schweitzer hospital

- A trained FGM consultant, available to answer questions and assist colleagues with issues regarding FGM.
- Train other midwives, residents (gynecology and pediatrics) and maternity carers.
- Close contacts with Safe at Home (Domestic and child protection services) ('veilig thuis')
- Contribute to the development of an FGM e-learning for midwives