



achieving  
for children



# Female Genital Mutilation (FGM) Pathway for Adults and Children

## Contents

- Frimley Health Foundation Trust (FHFT) Pregnant women
- Primary Care
- Berkshire Health Foundation Trust (BHFT)
- Slough Local Authority
- Bracknell Forest Adult Pathway
- RBWM Achieving for Children Local Authority
- Solutions for Health
- Bracknell Forest Local Authority

**FGM: PATHWAY FOR PREGNANT WOMEN****ANTENATAL**  
**[initial indication]****6-10 weeks gestation:**

- FGM disclosed at pregnancy booking with a midwife. Booking is usually between this timescale but can occur any time in pregnancy
- Booking Midwife to advise the mother/parents that the practice of FGM in the UK is illegal
- Booking Midwife to advise that FGM will be addressed further at her clinic appoint with the Consultant
- Booking Midwife refers the woman to the Named Midwife for Safeguarding and the Obstetric Consultant for examination and assessment.

**12 weeks gestation:**

Woman attends routine dating ultrasound scan

**13-16 weeks gestation:**

- Obstetric Consultant classifies FGM type and whether de-infibulation is required
- Named Midwife for Safeguarding attends FGM Antenatal clinic to carry out Risk Assessment (adapted from DoH: Female Genital Mutilation Risk and Safeguarding Guide for Professionals, 2015)
- Low risk = no referral to Children's Social care required
- High risk = referral to Children's Social Care
- Obstetric Consultant updates GP regarding all FGM examinations.

**20 weeks gestation:**

Routine anomaly ultrasound scan (sex of baby can be identified upon maternal request)

**20 weeks gestation:**

De-infibulation performed

**21-24 weeks gestation:**  
Obstetric Consultant appointment for review

**21-24 weeks gestation:**  
Named Midwife for Safeguarding to update Maternity computer systems

De-infibulation not required

**21-24 weeks gestation:**  
Named Midwife for Safeguarding to update Maternity computer systems.

**25 weeks gestation onwards:**  
Routine antenatal care with normal labour and delivery anticipated unless there are other clinical indications

**INTRAPARTUM**  
**[initial indication]**

On-call Obstetric Consultant or Senior Registrar to classify FGM type and document in hand-held Maternity Notes

If required, de-infibulate in 1st stage of labour. If not possible then de-infibulate in 2nd stage

- Healthcare professional (Doctor or Midwife) to complete FGM Risk Assessment.
- Ascertain whether High or Low Risk. Refer to Social Care only if High Risk threshold is met.
- Copy of completed FGM risk assessment form to be sent to Named Midwife for Safeguarding.
- CMiS to be updated of FGM Type/de-infibulation (if performed).

**POSTNATAL**  
**[initial indication]**

Named Midwife for Safeguarding to make GP and HV aware of woman, FGM Type/de-infibulation (if performed)

- CMiS to be updated with FGM Type/de-infibulation (if performed).

**Key:**

Obstetric Consultant = FGM Lead Obstetric Consultant  
De-infibulation = the surgical procedure to open up the closed vagina of Type III FGM

## (East) Berkshire FGM Care Pathway for Adults

### Urgent Safeguarding Contact Number:

CCG Adults & Children Safeguarding Leads  
07867140219 or 07769 886482

Any suspicion of intended or actual harm on a child must be referred to MASH or Thames Valley Police.  
MASH contact details:  
Slough: 01753 875362  
WAM: 01628 683150 option 2  
Bracknell: 01344 352005  
Thames Valley Police: 101 or 999 in an emergency.

### Useful Terminology to communicate:-

- *Have you been closed?*
- *Have you been cut?*
- *Did you have the operation as a child (Thara, Sunna, Gudiniin)*

### Countries high risk for FGM includes\*:

<i>Somalia 98%</i>	<i>Djibouti 93%</i>
<i>Mali 89%</i>	<i>Seirra Leone 90%</i>
<i>Sudan 88%</i>	<i>Egypt 91%</i>
<i>Guinea 97%</i>	<i>Nigeria</i>

*\*list not exhaustive*

### Professional identifies that a woman has experienced FGM

#### Pregnant Woman

- Undertake part 1A of risk assessment.
- If safeguarding risks identified, refer to Social Care.
- If FGM is identified at booking for the first time, alert the Practice Midwife.
- An ante-natal clinic appointment can also be accessed on 01753 634500.
- If any urgent advice is needed, contact the safeguarding lead midwife on 07767 441330.
- Please see pathway for care of 'Pregnant Women with FGM' for more information.



- Discuss the health complications of FGM and the law in the UK (illegal)
- Signpost to support groups (see the information below).
- Refer for counselling if appropriate.
- Give information leaflet (see the link below).
- Notify TV Police by dialling 101, with consent if procedure was performed in the UK after March 2014.
- Refer for treatment if symptomatic.
- Document on computer system for easy identification:
  - READ CODE [EMIS FGM K578, Family History of FGM12b], on woman and all children's notes.
  - Document all actions.
- Enhanced reporting on HSISC by practice (mandatory from October 2015)
  - <https://clinicalaudit.hscic.gov.uk/fgm>
- If any adult safeguarding concerns, please refer to the Safeguarding Team.

#### Non-pregnant woman in Primary/Secondary Care

- Undertake part 1B of the risk assessment
- GP informed if identified in secondary care
- Refer for any surgical treatment required for symptoms from FGM
- Any emotional support required

#### Good practice guidance

#### If risk identified

Refer to Social Care



The Rose Centre.pdf

Please see leaflet above for the support group - The Rose Centre, Oxford Road Community Centre, Gatehouse Building, 344 Oxford Road, Reading, RG30 1AG.

Tel No: 07903 675676 or 01189510279.

Authors : Dr Lalitha Iyer / Sarah Bellars

Ref: DOH: FGM Guidance for Professionals, March 2015  
Friday, 19 January 2018

Risk Assessment Link: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418564/2903800\\_DH\\_FGM\\_Accessible\\_v0.1.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf)

Government Information Link: <https://www.gov.uk/government/collections/female-genital-mutilation>

## Patient Details Sticker

### Part One (a): PREGNANT WOMEN

This is to help you make a decision as to whether the unborn child (or other female children in the family) are at risk of FGM or whether the woman herself is at risk of further harm in relation to her FGM.

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
Initial/On-going Assessment

Indicator	Yes	No	Details
<b>CONSIDER RISK</b>			
Woman comes from a community known to practice FGM			
Woman has undergone FGM herself			
Husband/partner comes from a community known to practice FGM			
A female family elder is involved/will be involved in care of children/unborn child or is influential in the family			
Woman/family has limited integration in UK community			
Woman and/or husband/partner have limited/ no understanding of harm of FGM or UK law			
Woman's nieces or siblings and/or in-laws have undergone FGM			
Woman has failed to attend follow-up appointment with an FGM clinic/FGM related appointment.			
Woman's husband/partner/other family member are very dominant in the family and have not been present during consultations with the woman			
Woman is reluctant to undergo genital examination			

<b>SIGNIFICANT OR IMMEDIATE RISK</b>			
Woman already has daughters have undergone FGM			
Woman requesting reinfibulation following childbirth			
Woman is considered to be a vulnerable adult and therefore issues of mental capacity and consent should be considered if she is found to have FGM			
Woman says that FGM is integral to cultural or religious identity			
Family are already known to social care services – if known, and you have identified FGM within a family, you must share this information with social services			

#### ACTION

**Ask more questions** – if one indicator leads to a potential area of concern, continue the discussion in this area.

**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

**Significant or Immediate risk** – if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/CAIT team/ Police/MASH, in accordance with your local safeguarding procedures.

**If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.**

**In all cases:–**

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

**Please remember: any child under 18 who has undergone FGM should be referred to social**

## Part One (b): NON-PREGNANT ADULT WOMAN (over 18)

This is to help decide whether any female children are at risk of FGM, whether there are other children in the family for whom a risk assessment may be required or whether the woman herself is at risk of further harm in relation to her FGM.

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_  
Initial/On-going Assessment

Indicator	Yes	No	Details
<b>CONSIDER RISK</b>			
Woman already has daughters who have undergone FGM – who are over 18 years of age			
Husband/partner comes from a community known to practice FGM			
Grandmother (maternal or paternal) is influential in family or female family elder is involved in care of children			
Woman and family have limited integration in UK community			
Woman's husband/partner/other family member may be very dominant in the family and have not been present during consultations with the woman			
Woman/family have limited/ no understanding of harm of FGM or UK law			
Woman's nieces (by sibling or in-laws) have undergone FGM Please note:– if they are under 18 years you have a professional duty of care to refer to social care			
Woman has failed to attend follow-up appointment with an FGM clinic/FGM related appointment			
Family are already known to social services – if known, and you have identified FGM within a family, you must share this information with social services			
<b>SIGNIFICANT OR IMMEDIATE RISK</b>			
Woman/family believe FGM is integral to cultural or religious identity			
Woman already has daughters who have undergone FGM – who are under 18 years of age			
Woman is considered to be a vulnerable adult and therefore issues of mental capacity and consent should be triggered if she is found to have FGM			

### ACTION

**Ask more questions** – if one indicator leads to a potential area of concern, continue the discussion in this area.

**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named/ designated safeguarding lead.

**Significant or Immediate risk** – if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to Social Services/CAIT team/ Police/MASH, in accordance with your local safeguarding procedures.

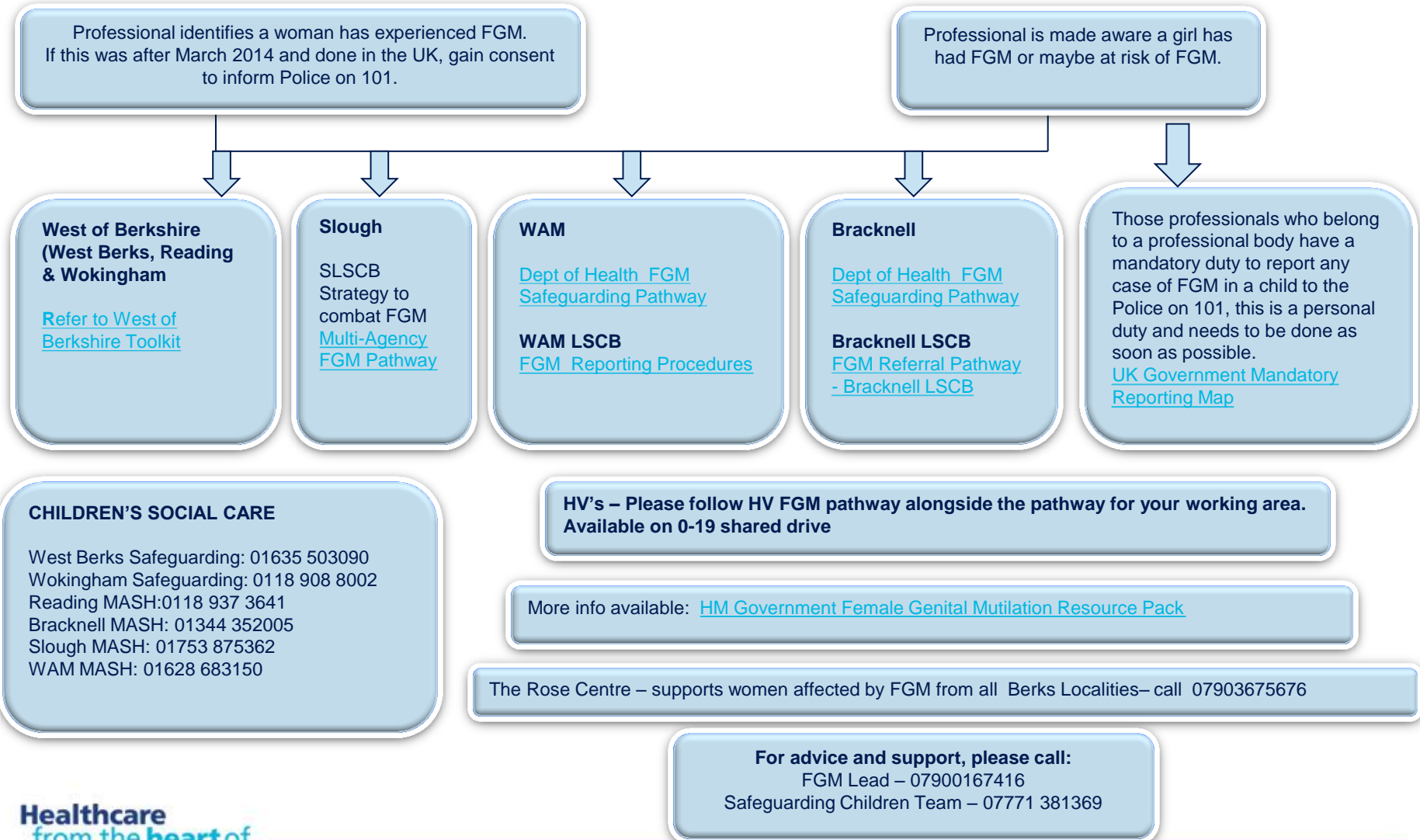
**If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.**

**In all cases:–**

- Share information of any identified risk with the patient's GP
- Document in notes
- Discuss the health complications of FGM and the law in the UK

**Please remember: any child under 18 who has undergone FGM should be referred to social services.**

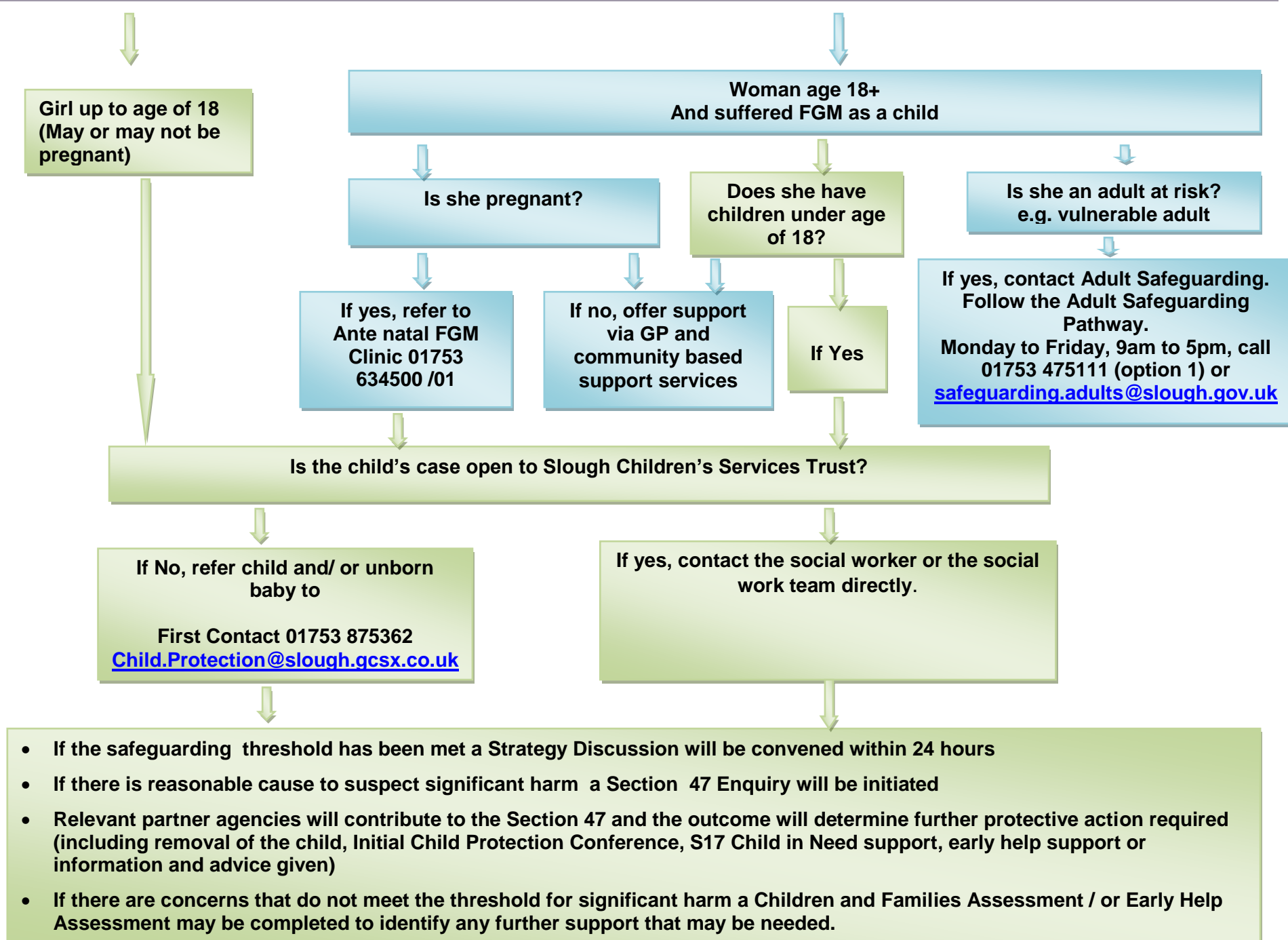
# BHFT Flowchart for Female Genital Mutilation (FGM)



**SLOUGH LOCAL SAFEGUARDING CHILDREN'S BOARD (SLSCB) MULTI-AGENCY FEMALE GENITAL MUTILATION  
PATHWAY**

**HEALTH PROFESSIONAL, SCHOOL, EARLY YEARS OR OTHER PRACTITIONER**

- Identify women or girls: where there are concerns in relation to FGM (known, suspected or at risk).
- *Health professionals*; Refer to Health FGM Pathways.
- If you are not sure if a referral needs to be made seek advice from own agency safeguarding lead or Slough Children's Services Trust First Contact – 01753 875362, email: [Child.Protection@slough.gcsx.gov.uk](mailto:Child.Protection@slough.gcsx.gov.uk) .
- For emergencies outside of office hours call the Emergency Duty Team on 01344 786543 email: [EDT@bracknell-forest.gov.uk](mailto:EDT@bracknell-forest.gov.uk)
- If a decision is made that a child is at risk – practitioner must follow the process below and to contact Police immediately on 101 and refer to Slough Children's Services Trust First Contact Service.
- If an unborn child is at risk, practitioner must follow the process below and refer to SCST first contact team.
- If an adult is at risk practitioner must follow the process below and refer to Adult Safeguarding 01753 475111 (option 1) or [safeguarding.adults@slough.gov.uk](mailto:safeguarding.adults@slough.gov.uk)



**Additional Information:**

The Rose Centre, based in Reading is a specialist community led centre. It has a drop in to provide support and education on FGM alongside other important health and social issues. Oxford Road Community Centre, Gatehouse Building, 344 Oxford Road, Reading, RG30 1AG, Tel No: 07903 675676 or 01189510279.

**Guidance and Information:**

**Risk Assessment Link:**

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/418564/2903800\\_DH\\_FGM\\_Accessible\\_v0.1.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf)

**Government Information Link:** <https://www.gov.uk/government/collections/female-genital-mutilation>

## Bracknell Forest FGM Care Pathway for Adults

Professional identifies that a woman has experienced FGM

Pregnant Woman

Non-pregnant woman in Primary/Secondary Care

### FOR HEALTH PROFESSIONALS

- Undertake part 1A of risk assessment ([P22 DoH Guidance](#))
- Refer to Hospital Pathway (see attached) for pregnant women with FGM
- If risk identified at booking for the first time, contact the Ante-Natal FGM Clinic on 07767 441330/01753 634500.
- If risk identified refer to Social Care.



BHFT FGM Flowchart  
2017.pdf



FGM Pregnant  
Women Pathway Frin

### OTHER PROFESSIONALS

- If any risk of FGM is identified call BHFT FGM Lead on 07900 167426 for advice or signpost to The Rose Centre for support.

### FOR HEALTH PROFESSIONALS

- Undertake part 1B of the risk assessment ([P23 DoH Guidance](#))
  - GP informed if identified in secondary care
  - Refer for any surgical treatment required for symptoms from FGM
  - Any emotional support required
- OTHER PROFESSIONALS
- If any risk of FGM is identified call BHFT FGM Lead on 07900 167426 for advice or signpost to The Rose Centre for support.

Good practice guidance

If risk identified

Refer to Social Care

Any suspicion of intended or actual harm on a child must be referred to MASH or Police.

MASH contact details:  
01344 352005

Thames Valley Police: 101 or  
999 in an emergency.

The referral process is attached



FGM Referral  
Process into MASH (B)

- Discuss the health complications of FGM and the law in the UK (illegal)
- Signpost to support groups (see information for The Rose Centre).
- Give [information leaflet](#) or signpost to the [National FGM Centre](#)
- Notify TV Police with consent if procedure was performed in the UK after March 2014.  
[Procedural information for mandatory reporting](#)
- Refer for treatment if symptomatic.
- Enhanced reporting on HSIC by practice (mandatory from October 2015)
  - <https://clinicalaudit.hscic.gov.uk/fgm>
- If any adult safeguarding concerns, please refer to Social Care.

### FURTHER INFORMATION

- [Government advice and information](#)
- [National FGM Centre](#)



### The Rose Centre.pdf

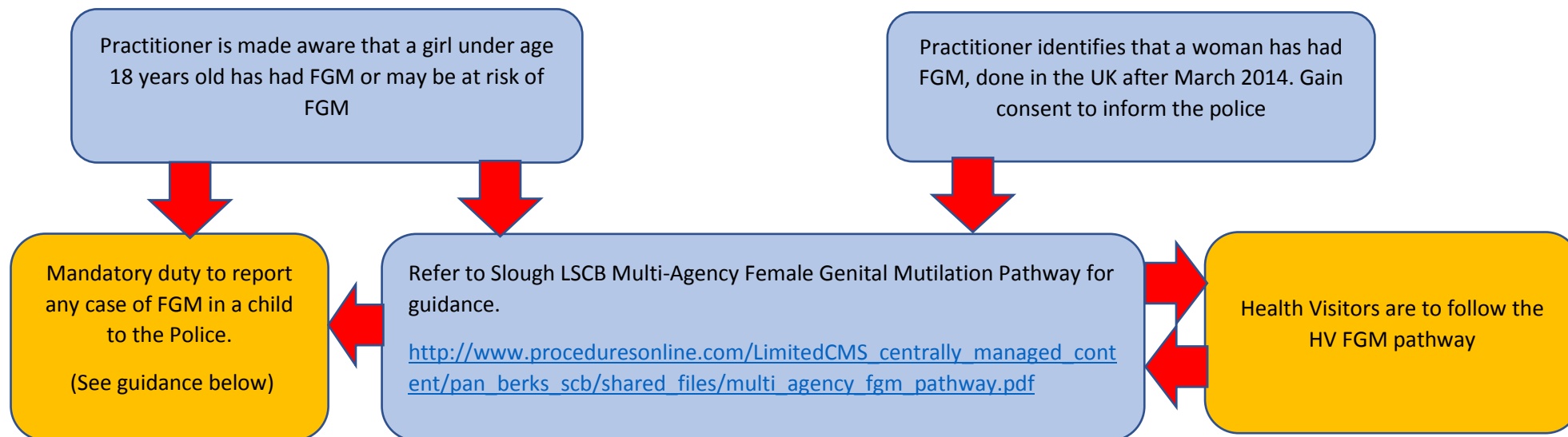
There is a support group for victims of FGM- Rose Centre, Oxford Road Community Centre, Gatehouse Building, 344 Oxford Road, Reading, RG30 1AG.

Tel No: 07903 675676 or 0118 9510279.

## Female Genital Mutilation (FGM) referral to the Multi-Agency Safeguarding Hub (MASH)/ Thames Valley Police (TVP)



## Public Health Nursing 4 Slough Flow Chart for Female Genital Mutilation (FGM)



### Useful Resources

#### Guidance for Healthcare staff

<https://www.gov.uk/government/collections/female-genital-mutilation-fgm-guidance-for-healthcare-staff>

#### Resource pack

<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>

#### Mandatory reporting

<https://www.gov.uk/government/publications/fgm-mandatory-reporting-in-healthcare>

### Key Contacts

- Slough Children's Services Trust  
First Contact Hub: 01753 875362
- Slough Adult Social Care Services:  
01753 475111
- Police for mandatory reporting: 101
- Public Health Nursing 4 Slough Safeguarding Children's Team  
For advice and support: 07773474485
- The Rose Centre  
Supports women affected by FGM from across Berkshire: 07903675676

# FEMALE GENITAL MUTILATION (FGM) REFERRAL TO THE MULTI-AGENCY SAFEGUARDING HUB (MASH) / THAMES VALLEY POLICE (TVP)

Professionals

## Pregnant women (or recently given birth)

FGM risk assessment to be completed by Professionals: Annex 1 Part One (a) from [FGM Risk and Safeguarding, DOH Guidance for Professionals, May 2016](#). Consider risk indicators.

If there are other children in the family that professionals have concerns about then the risk assessment in Part 2 (in above DoH guidance) will need to accompany the referral. Again consider risk indicators.

Consent will be needed before making a referral. If consent is not given health professionals will follow their own procedures i.e. seek advice from Safeguarding Managers and refer if they decide a child is at risk of significant harm.

**Any suspicion of  
intended or actual FGM  
on a child must be  
referred URGENTLY to  
Thames Valley (TV)  
Police.**

For families who have FGM in the family, Professionals should check with MASH to find out if the family are known to them before deciding on next actions.

Complete tool in Annex 1 from [DOH Guidance for Professionals](#)

**TV POLICE**  
(101 non-emergency or 999)

**On receipt of a referral of  
intended or actual FGM,  
TVP will contact MASH  
who alert CSC  
immediately. CSC will  
convene a strategy  
meeting at the earliest  
opportunity. CSC will  
seek legal advice to assist  
with planning and  
intervention.**

Following completion of the tool, if the decision is made to refer to MASH the [online referral form](#) will need to be completed and the [FGM tool](#) completed and emailed.

The [JSNA website](#) has further information about FGM including where to go for **help and support**.

Bracknell Forest  
Local Safeguarding  
Children Board



Rose offers information, advice and support for women experiencing problems relating to FGM.



The Rose Centre.pdf



October 2017