



## College Statement

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Title	<b>Female genital mutilation/cutting</b>
Statement No.	<b>C-Gyn 1</b>
Date of this document	<b>July 2007</b>
First endorsed by Council	<b>March 1994</b>
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The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

- Advises Members and Fellows that FGM is prohibited by specific legislation in most states, territories and New Zealand, with provisions for mandatory reporting of children at risk. Legislation has been introduced because of the harmful effects of FGM/cutting<sup>1</sup>, which should not be performed by doctors, regardless of the apparent persuasiveness of any individual case.
- Supports the provision of culturally responsive health care to women already affected by FGM/cutting.
- Supports measures directed towards the prevention of female genital mutilation through community education, information and support.
- Encourages Members and Fellows to inform themselves about the health issues around FGM in order to facilitate the provision of appropriate care (see chapters 5-7 in RCOG reference link below).
- Recommends that practitioners seek culturally informed assistance through a major teaching centre or local health department if encountering difficult issues in care for women affected by FGM.
- Specific obstetric issues:

When deinfibulation is likely to be necessary for childbirth, it is best done antenatally in the late midtrimester.

In some jurisdictions legislation prohibits resuture to narrow the vaginal introitus following birth, which may be a criminal offence.

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<sup>1</sup> UNICEF advises the use of the term FGM/cutting to capture the significance of the term mutilation at the policy level and at the same time, recognising the importance of employing non-judgemental terminology with practicing communities.

In any case, resuture which narrows the introitus should be strongly discouraged because of the scarring and subsequent health effects it may cause.

## Links to other related College Statements

Nil

## References

1. Female genital mutilation: Information for Australian health professionals, Royal Australian College of Obstetricians and Gynaecologists, 1997.
2. A systematic review of the health complications of female genital mutilation including sequelae in childbirth, Department of Reproductive Health and Research (RHR), World Health Organization.  
<http://www.who.int/reproductive-health/docs/fgm.html>, (select 'full text').
3. RCOG Statement No. 3, May 2003. Female Genital Mutilation.  
<http://www.rcog.org.uk/index.asp?PageID=548>, (select 'download pdf of this statement').
4. UNICEF (2005) Changing a Harmful Social Convention : Female Genital Mutilation/Cutting. United Nations Childrens Fund.

## Disclaimer

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that College statements are accurate and current at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become available after the date of the statements.