What care will I need after my surgery?

After the surgery the area should be kept clean, you should change your maternity pads regularly and continue to take pain relief for as long as you need it.

What will happen at my baby's birth?

When you go into labour, you will come to the hospital to have your baby. Your doctor and midwife will speak to you about any necessary procedures or interventions. Please ask questions. The hospital can provide a translator.

They will also offer you pain relief to relieve the pain of the labour, any FGM surgery you might need and the baby's birth.

How will my baby be born?

Once this procedure is done, we hope that your baby can be born vaginally, if that is your preference. Please ask your doctor or midwife if you have any other questions about birth. The hospital can provide a translator at any time if you need one.

The area will never be surgically closed up again (reinfibulation) after childbirth, this is illegal in Ireland.

What will happen after my baby is born?

After your baby is born, you may be asked to come back and meet the doctor who did your surgery, so they can make sure you are healing well. They can refer you to a special service for women with FGM which can provide you with ongoing care and support.

What if I think my baby is at risk of FGM?

In Ireland FGM is illegal. It is a serious crime that can be punished by imprisonment.
Young girls and people in Ireland are protected against FGM by the Criminal Justice (Female Genital Mutilation) Act 2012. It's also a crime to take a girl to another country to have FGM performed.

If you're worried that your baby is at risk of FGM, you should talk to the staff in the Rotunda or you can contact any of the following:

- your local Garda (police) station
- your local duty social worker in Tusla (the Child and Family Agency)

Where can I learn more about FGM?

The Irish Family Planning Association and the Health Service Executive have services that offer care and support to women with FGM.

You can learn more about this and FGM here:
https://www.ifpa.ie/get-care/free-fgm-treatment-service/ (Phone 0818495051)
or from the HSE website:
https://www2.hse.ie/pregnancy-birth/support/female-genital-mutilation/.

Speak to your healthcare provider about any concerns or questions you may have. They are here to support you to have a safe and positive pregnancy experience.

Other useful resources:

- Akidwa.ie Phone+353 (0)1 8349851
- https://www.rcog.org.uk/media/fcedxjsm/patient-information-leaflet.pdf
- https://rotunda.ie/mental-health/
- https://rotunda.ie/knowledgebase/perineal-clinic/

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Information Leaflet for Pregnant Women who have Previously Experienced Female Genital Mutilation (FGM)

This information is for you if you are pregnant and previously had female genital mutilation/cutting, (also known as FGM/C).

What is Female Genital Mutilation?

Female Genital Mutilation (FGM) is the practice of removing parts of the female genitals or closing the female genitals without a medical reason (1). FGM is internationally recognised as a human rights violation of women and girls.

FGM may also be referred to as:

- female circumcision
- excision
- cutting
- closing

It is illegal to perform FGM in Ireland or to take a girl to another country to undergo FGM (2).

What are the effects of FGM?

FGM is harmful. Although some women do not describe long term physical effects, women who have undergone FGM may suffer from (3):

- pain
- infections
- painful or difficult sexual intercourse
- problems with passing urine

If you have FGM and are pregnant, you may be more likely to have difficulties during childbirth, particularly when your first baby is being born (4). Women who have had FGM may also experience psychological effects including flashbacks, anxiety and/or PTSD (post-traumatic stress disorder).

(1) https://www.who.int/health-topics/female-genital-mutilation#tab=tab_1

(2) Criminal Justice (Female Genital Mutilation) Act, 2012 (https://www.irishstatutebook.ie/eli/2012/act/11/enacted/en/html)

(3)https://www.hse.ie/eng/about/who/primarycare/socialinclusion/domestic-violence/fgm-handbook-3rd-edition-2021.pdf

(4) WHO Study Group on Female Genital Mutilation and Obstetric Outcome (2006). Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. Lancet, 367:1835-1841. (http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)68805-3/abstract)

What should I do if I think I have had FGM?

It is important to tell your doctor and midwife that you have had FGM (or think you may have). The hospital can provide a translator for this discussion. You can talk to the team about your birth preferences and any concerns you may have related to FGM.

What problems can occur in my pregnancy?

Most women with FGM have a healthy pregnancy and birth. However, studies have shown that women with FGM are more likely to:

- Have a caesarean section
- Require a cut to the perineum (outside vagina) to help have their baby
- Have bleeding after delivery
- Have a longer stay in hospital

Due to these extra risks, it is helpful if you tell us that you have experienced FGM so we can provide the care you need. We can also arrange additional psychological support for you if you need it.

What type of pregnancy care will I get?

Most of your pregnancy care (visits, scans etc) will be the same as if you did not have FGM. (5)

You will usually be offered at least one visit to a specialist clinic at the Rotunda that is experienced in caring for women with FGM during pregnancy and birth (especially if this is your first baby).

They will offer an examination to help you decide if you need treatment or what treatment is best for you. Most women do not need surgery for FGM during pregnancy.

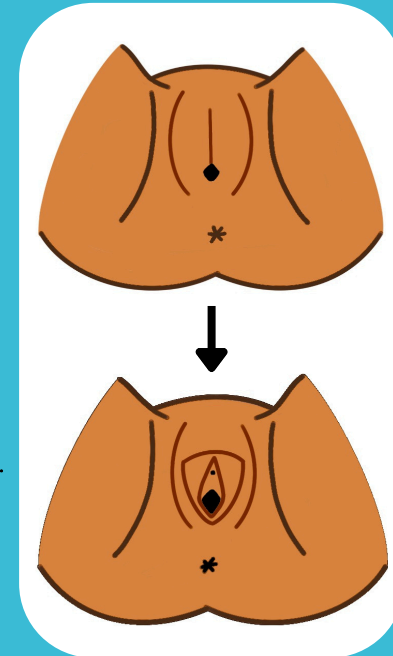
(5) National Women and Infants Health Programme and Institute of Obstetricians and Gynaecologists (2019) NATIONAL CLINICAL GUIDELINE Management of Female Genital Mutilation (FGM). Available at: https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines(Accessed: 09.2024).

What surgery will I get for my FGM?

Many women with FGM do not need any surgery. Depending on the type of FGM you have, you may need to have the area surgically opened (called 'revision' or 'de-infibulation) to help the baby's birth, especially for your first baby (6).

Sometimes this is done in pregnancy, but it is more likely to be carried out when you go into labour. Anaesthetic and pain relief will be given. You can still have this surgery if you have a caesarean section.

During surgery, a small cut is made to open up the entrance to the vagina. Stitches are put in the edges of the cut to stop any bleeding



This surgery means you are less likely to have a tear or extra bleeding during birth. It also reduces the likelihood of having to have a caesarean section (7,8).

(6) https://ranzcog.edu.au/wp-content/uploads/2022/05/Female-Genital-Mutilation-FGM.pdf

(7) Okusanya BO, Oduwole O, Nwachuku N, Meremikwu MM. Deinfibulation for preventing or treating complications in women living with type III female genital mutilation: A systematic review and meta-analysis. Int J Gynaecol Obstet. 2017;136 Suppl 1:13-20.

(8) Taraldsen S, Vangen S, Øian P, Sørbye IK. Risk of obstetric anal sphincter injury associated with female genital mutilation/cutting and timing of deinfibulation. Acta Obstet Gynecol Scand. 2022;101(10):1163-73.

This leaflet was developed Donal Mc Guinness, Dr Adri Kotze and Prof Maeve Eogan (Rotunda) with input from service users and colleagues in affiliated agencies.