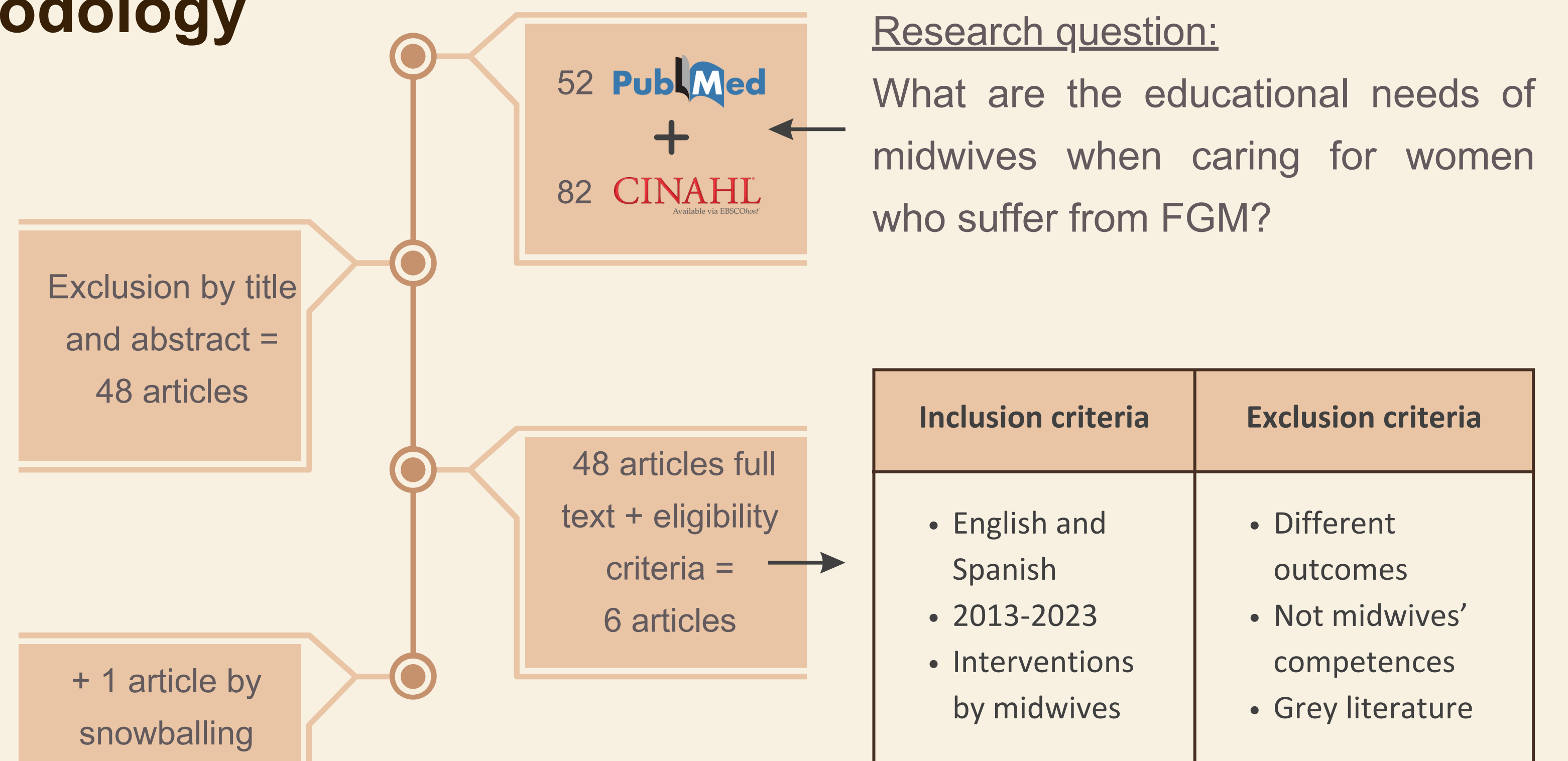


Introduction

- Female genital mutilation (FGM): any procedure done for non-medical reason to injure the female genitalia (1).
- The migration of women affected by FGM poses a growing healthcare challenge (3).
- Midwives can identify cases of FGM during pregnancy; their role in health education makes them well-suited to address this problem (3).
- However, several articles report a significant knowledge gap regarding FGM (4,5).

Objective → To identify the needs in education midwives have when taking care of women with FGM.

Methodology



	Concept 1		AND	Concept 2		
Natural terms	Midwife	Midwives		"Female genital mutilation"	"Female genital cutting"	
	OR			OR		
Mesh and Thesauri	"Nurse midwives/ education"	"Midwifery/ Education"		"Circumcision female/adverse effects"	"Circumcision female/ education"	"Circumcision female/ Nursing"



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Female genital mutilation: Educational needs of midwives

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Results of the review

- **Antenatal care (general knowledge & cultural approach):**
 - Midwives' lack of knowledge about FGM (6).
 - Educational interventions significantly improve midwives' understanding and confidence in managing FGM cases (9).
 - Midwives must develop cross-cultural skills, including utilizing professional interpreters to overcome language barriers and build trust (8,12).

- **Intrapartum care (care & examination of the open labia):**

- Specific educational programs, with simulated practice, increase midwives' confidence in performing de-infibulation (9).
- According to the Green-top Guideline:
 - Training midwives in de-infibulation (absent in traditional midwifery programs) is very important (8).
 - Re-infibulation is an illegal practice (8).
- Educating midwives on FGM management and counseling improves their knowledge and skills on examination during the intrapartum care (7,9,10).

- **Postpartum care (documentation & prevention practices):**

- Midwives lack awareness regarding protocols and legal aspects of FGM (7,8).
- Educating midwives on FGM policies, including legal implications and prevention techniques is crucial for effective counseling and ensuring regulations to protect women and girls at risk (6,7).

Conclusion

Midwives need to be educated in:

- The clinical practice and legal implications of FGM (general knowledge and infibulation care, specially).
- The documentation and legal practices; to increase midwives' confidence and women's trust in them.
- The cultural approach as well as examination techniques given the key role that midwives play in education.

Further investigation is also essential to provide a better care to women and girls.

Bibliography

