

Principle 4: Integrity

Standard of Practice 20A: Female Genital Mutilation

Female Genital Mutilation (FGM) with no medical purpose is a human rights issue, child abuse, and/or sexual violence, a violation of the *Health Professions Act* and a criminal offence in this country. **FGM** occurs in over 90 countries in the world. **FGM** is harmful physically and psychologically, with serious and life-threatening health risks and complications. **FGM** extends beyond women and girls (cis-gender) to any person who is born with female genitalia, or transitioned to have labia majora, labia minora, and/or clitoris.

The *Health Professions Act* requires that registrants of the College of Midwives of Alberta (CMA) address **FGM** in accordance with the context of the midwifery profession's interactions with **clients** and the types of health care services provided by midwives. Since midwifery scope of practice and care primarily involve the reproductive organs and external genitalia, registrants must incorporate **FGM** standards of practice into their professional role and responsibilities.

Goal of this standard: Midwives in Alberta understand that there is no medical purpose for **FGM** and are committed to supporting both the survivors of **FGM** and those at risk for **FGM**.

Definitions:

Course of Midwifery Care: the time span between when the **client** contract is initially signed between the **client** and midwife, until the time when the contract finishes (usually after birth).

Deinfibulation: the practice of cutting open the narrowed vagina opening of a person who has been **infibulated**, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate vaginal childbirth.

Episodic Care: those situations where the midwife sees a **client** on only single occasions, for example, but not limited to: locum work, second birth attendant situations and group practice clinic visits. Neither the **client** or the midwife have the expectation of continuing care and a long-term therapeutic and professional relationship.

Female Genital Mutilation (FGM): as per Bill 10 section 1(1) (m.1) of the *Health Professions Act* means the excision, **infibulation** or mutilation in whole or in part, of the labia majora, labia minora, clitoral hood of a person, except where valid consent is given, and

- a. A surgical or other procedure is performed by a regulated member for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or
- b. The person is at least 18 years of age and there is no resulting bodily harm.

NOTE: Other terms used for **FGM** include female circumcision, and female genital cutting.

Infibulation: a process of narrowing the vaginal orifice via a covering seal by mutilation and apposition of the labia minora and/or the labia majora, with or without removal of the external clitoris.

Medicalization of FGM: situations in which the **FGM** procedure (including **reinfibulation**) is practiced by any category of health care provider, whether in a public or a private clinic, at home or elsewhere, at any point in time in an individual's life.

Reinfibulation: the restitching together of the two sides of the vulva, labia majora, labia minora on a person who has previously undergone **infibulation** and subsequently **deinfibulation**, for example - after the vaginal birth of a child.

Trauma-informed care approach: a method of communication that incorporates an awareness of the varied physical, social, and emotional impacts of trauma to **clients** (and their families).

To demonstrate compliance with this standard for **Female Genital Mutilation**, a midwife must:

1. Not perform, assist in, procure, refer or facilitate **FGM** in any way on any person.
2. Report to a law enforcement agency and/or child welfare agency, when a child under 18 years of age has undergone **FGM**, is undergoing **FGM** or is at risk of undergoing **FGM**.
3. Not engage in or refer **clients** for **reinfibulation or FGM**. Repair of a tear or episiotomy after a vaginal birth is within midwifery scope of practice.
4. Adhere to the duty to report to the Complaints Director of the CMA or of the appropriate regulatory college.:
 - a. any conduct that violates this standard of practice or the *Health Professions Act* relating to **FGM**, or
 - b. participation in the **medicalization of FGM**.

This includes:

 - a. their own conduct,
 - b. the conduct of another midwife, or
 - c. the conduct of another registrant of any college.
5. Educate themselves on how individuals with **FGM** present, complications of **FGM** impacting midwifery care, evidence-informed management of **FGM** complications, and appropriate referral to a physician for complications beyond the scope of midwifery practice.
6. Manage physical care for a survivor of **FGM** throughout the **course of midwifery care**, or during **episodic care**.
7. Assess and plan for a **client's** need for **deinfibulation** prior to the onset of labour.

8. Utilize a **trauma-informed care approach**, throughout the **course of midwifery care** or during **episodic care**, for **clients** who have had **FGM**, using resources to support aftercare of **FGM** and the mental health of **clients** and families.
9. Utilize a preventative **trauma-informed care approach** of education and support for any other **client/family** members who anticipate the possibility of **FGM**, including culturally sensitive counselling about the dangers of the practice, connecting to mental health supports and other community resources like EndFGM.ca.
10. Adhere to the CMA Code of Ethics while assessing and maintaining a personal level of safety with family members during the **course of midwifery care** with **clients** in this context.
11. Disclose to CMA any criminal conviction from any jurisdiction related to the procurement, assistance with, referral to, facilitation of, or performance of **FGM**, as they are not eligible for registration as a midwife with the CMA.

Employer Responsibilities:

1. An employer who has reasonable grounds to believe that a midwife has procured, assisted with, referred to, facilitated or performed **FGM** must, as soon as possible, give notice of that conduct to the CMA Complaints Director.

Registrar Responsibilities:

1. The Registrar must cancel the practice permit and registration of a midwife if convicted of a criminal offence in any Canadian or United States jurisdiction related to the procurement, assisting in, referral to, facilitation of, or performance of **FGM**.
2. If the Registrar is satisfied that they have sufficient evidence that a governing body of a midwifery profession in another jurisdiction, outside of Canada or the United States, has determined that the conduct of the midwife in that other jurisdiction constitutes unprofessional conduct, the registrar must **cancel** the regulated member's practice permit and registration if, in the opinion of the Registrar, the conduct that decision was based on constitutes the procurement, assisting with, referral to, facilitation of, or performance of **FGM**.

References

Bill 10, *Health Professions (Protecting Women and Girls) Amendment Act, 2022*, Third Sess, 30th Leg, Alberta, 2022

College of Midwives of Alberta (CMA) Code of Ethics (2019)

College of Midwives of Alberta (CMA) Standards of Practice (December 2022)

Health Professions Act R.S.A. 2000, c. H-7

World Health Organization (WHO), *Female Genital Mutilation*, 31 January 2023 at www.who.int/news-room/fact-sheets

www.endfgm.ca