

Healthcare Sector Recommendations

Strategies to Respond to FGM/C in the United States

GUIDING PRINCIPLES

As healthcare providers, our overall goals are to:

- A**. Provide high quality care to affected women and girls
- B**. Provide high quality care to those at risk for FGM/C
- C**. Work with collaborators, including affected teens and women, to prevent FGM/C in the US and elsewhere
- D**. Expand research on FGM/C, including, but not limited to, 1) its prevalence in the US and how the practice changes in the context of resettlement; 2) its medical and psychological sequelae; and 3) appropriate, evidence-based interventions.

OUR FOUNDATIONAL BELIEFS

Healthcare professionals recognize that:

- FGM/C is considered a human rights violation and child abuse.
- FGM/C contributes to harmful acute and chronic physical, mental and sexual health effects.
- Many clinicians of all specialties in the US are not equipped to identify and manage FGM/C and its complications.
- Clinicians of all specialties need guidance on managing FGM/C with cultural humility and awareness of federal and state laws
- There are gaps in our knowledge of many factors related to FGM/C, including, but not limited to, its prevalence and incidence, utility of screening, best communications strategies, surgical interventions, etc.
- Efforts to address FGM/C in migrant communities must not be siloed but rather embedded in a more general patient-centered approach to client engagement and communication.

STAKEHOLDER ENGAGEMENT

Healthcare professionals would like to:

- **Engage clinicians of all specialties** (midwives, ob-gyns, family physicians, NP/PAs, pediatricians, pediatric child abuse specialists, nurses, internists, dermatologists, plastic surgeons, psychiatrists and mental health providers, sex therapists, social workers) in drafting general, as well as specialty-specific guidelines and strategic plans.
- Engage clinicians in training of all specialties/disciplines through formalized and standardized curricular content on FGM/C and its management.
- Engage women and girls, including advocates and survivors, from local civil society and other organizations, as allies and role models to inform and improve the health sector's policy and program development, implementation, and evaluation.
- Engage members of government agencies, faith-based communities, local civil society, education, and law enforcement to work collaboratively with the health sector to respond to FGM/C.
- Engage private sector, government and other donors to help address FGM/C healthcare system initiatives.

END VIOLENCE AGAINST GIRLS: Summit on FGM/C ■ Washington, DC ■ December 2016
HEALTHCARE SECTOR RECOMMENDATIONS



The strategy below has been developed with the hope that the guiding principles and lessons learned continue to inform our collective work in this area.

I. CLINICAL PRACTICE AND DIRECT SERVICES

Objective 1: Build clinical competency, raise clinician awareness and promote multi-specialty collaboration

This can be accomplished by:

- a) Developing and validating tool to assess providers' knowledge of FGM/C.
- b) Creating toolkits and clinical practice guidelines, by specialty.
- c) Creating medical education curricular content on FGC/M and its management that is formalized and standardized.
- d) Including sessions on FGM/C in professional meetings and conferences.
- e) Creating a photo atlas of FGM/C.
- f) Publishing scholarly work in specialty-specific journals.
- g) Creating, or enhancing existing multi-specialty partnerships and encouraging regular meetings and communications.

Objective 2: Develop and validate screening protocols

This can be accomplished by:

- a) Adopting and validating existing FGM/C screening tools.
- b) Adopting and validating existing 'vacation cutting' screening tools.
- c) Adopting and validating existing counseling tools for reinfibulation.
- d) Creating recommendations and best-practice guidelines for appropriate use of screening tools in clinical settings.

Objective 3: Create and disseminate communication tools for clinicians.

This can be accomplished by:

- a) Assessing existing communication tools (new patient assessments, prenatal, perinatal plans, reinfibulation, vacation cutting) and disseminating them to clinicians.
- b) Working with adolescent teens and women affected by FGM/C to create sample content and communication scenarios.
- c) Developing new brochures and online videos for communicating key messages to both clinicians and affected communities/at-risk-patients.

Objective 4: Create reporting protocols for use at clinical sites.

This can be accomplished by:

- a) Creating mechanisms and convening inter-professional expert teams (clinical, law enforcement, legal, ethics, patient advocates) to develop reporting protocols for clinical sites (considering local laws and available resources).
- b) Disseminating reporting best-practices among physician groups (via online communities, articles, conferences, etc.).

Objective 5: Create a searchable database for clinicians to find and be aware of resources, support groups; mental health and surgical corrective services, sexual health counseling services as well as pelvic floor physical therapy for women and girls affected by FGM/C

This can be accomplished by:

- a) Reviewing other models for similar national databases (e.g. HEAL Trafficking, Society for Refugee Healthcare Providers, etc.).
- b) Obtaining funding and technical experts for site creation and maintenance.
- c) Assembling an expert team to run, monitor and update the database.

Objective 6: Harness health IT and online resources for clinicians.

This can be accomplished by:

- a) Identifying and standardizing ICD-10/11 codes for FGM/C and creating a strategy to educate physicians about coding appropriately.
- b) Enhancing efforts to enlist Electronic Health Record (EHR) vendors to create decision support and documentation mechanism for FGM/C, including procedure codes specific to defibulation and reinfibulation.

Objective 7: Create mechanisms to educate clinicians about reporting requirements by state.

This can be accomplished by:

- a) Compiling and maintaining an up-to-date list of state and federal laws about FGM/C.
- b) Considering dissemination strategies (online, professional journals, professional societies, conferences) for outreach to clinicians.

II. EDUCATION AND TRAINING

Objective 1: Create a consensus on competencies for health profession learners of all specialties and at all levels of their training

This can be accomplished by:

- a) Convening an expert forum (virtual or via face to face meeting).
- b) Mapping out competencies by specialty, by FGM/C focus areas.

For example:

- Identification
- Screening
- Communication (screening, reinfibulation, summer cutting)
- Management of long term effects
- FGM in maternal care (prenatal, perinatal and postnatal)
- Surgical repair and restoration
- Management of psychiatric, psychological and behavioral effects
- Management of sexual health concerns
- Referral needs, social work support, and support groups
- Culturally- and linguistically-appropriate care and interpretation services in line with the CLAS Standards

Objective 2: Create educational content for students in health professions

This can be accomplished by:

- a) Creating and disseminating educational modules (online, hard-copies, etc.) to active health profession school faculty.
- b) Considering medical school curricula and best time to teach FGM/C competencies (pre-clinical, clinical).
- c) Encouraging health professions students' advocacy on FGM/C and inclusion in social-justice activities.
- d) Considering strategies to include FGM/C questions on licensing exams.

Objective 3: Create educational content for graduate health profession education learners.

This can be accomplished by:

- a) Creating and disseminating educational modules (online, hard-copies, etc.) to faculty by specialty.
- b) Considering strategies to include FGM/C questions on licensing exams such as the ACGME or AMBC exams.
- c) Encouraging medical residents' advocacy on FGM/C and inclusion in social-justice, community-based activities.

Objective 4: Create educational content for post-graduate health professionals (e.g. CME, CNE)

This can be accomplished by:

- a) Creating and disseminating educational modules (online, hard-copies, etc.) via professional and specialty societies.
- b) Considering strategies to include FGM/C questions on boards and re-certification exams.

Objective 5: Participate in the development of patient education materials

This can be accomplished by:

- a) Creating an expert team designed with the input of federal/local organizations in developing patient education materials.
- b) Working with advocates and at-risk community members to hone key messages and test materials.
- c) Partnering with health education companies to include FGM/C in patient education materials.

III. HEALTH-SECTOR RESEARCH

Objective 1: Identify research gaps on FGM/C (in collaboration with national partners (e.g. CDC), academic institutions, researchers, affected women

This can be accomplished by:

- a) Convening meetings to discuss and outline research needs
including, but not limited to, prevalence and incidence (reinfibulation, summer cutting); clinical management; surgical management; mental health interventions; sexual health; health communication; prevention strategies; clinician awareness and practice.
- b) Creating a database of researchers on FGM/C in the US and abroad.
- c) Creating a strategic plan for engaging funders (federal, private sector, foundations, etc.).

Objective 2: Prioritize research needs and capabilities

This can be accomplished by:

- a) Continuing and enhancing existing collaboration and inter-professional communication in the research community.

IV. STAKEHOLDER AND COMMUNITY ENGAGEMENT

Objective 1: Build partnerships with affected communities so that we can be allies in improving appropriate services

This can be accomplished by:

- a) Encouraging representatives from professional organizations to engage in community events in affected communities.
- b) Encouraging representatives from affected communities to attend or speak at professional meetings.
- c) Establishing a community advisory board that includes members of the clinical and migrant/immigrant communities.

Objective 2: Create mechanisms for health sector engagement with other stakeholders (DOJ), local health department, schools, afterschool programs, community-based groups, advocacy groups)

This can be accomplished by:

- a) Collaborating with local stakeholders to identify needs.
- b) Working with local stakeholders to identify local healthcare partners for meetings, lectures and ongoing support.
- c)

V. HEALTH SECTOR ADVOCACY

Objective 1: Create a health sector advocacy agenda

This can be accomplished by:

- a) Convening an advocacy committee.
- b) Creating a strategy to encourage health profession organizations to update or create written policies and statements on FGM/C (e.g. APHA, AAFP, ACOG, AAP, etc.).

VI. MEDICAL ETHICS

Objective 1: Consider ethical challenges related to caring for women and girls affected by FGM/C (including, but not limited to, reporting mandates, reinfibulation, elective vaginoplasty, medicalization of FGM/C, Type IV calls for 'compromise').

This can be accomplished by:

- a) Engaging medical ethicists in deliberations on these issues via conferences, research and publications.
- b) Creating guidelines for members of the health sector on addressing ethically complex situations in practice.
- c) Creating cases or practice-based learning modules for incorporation into undergraduate and graduate medical and health profession education.

Healthcare Sector's Recommendations for Strategies to Respond to FGM/C in The United States, continued

The above recommendations are submitted on behalf of the Healthcare FGM/C Working Group. These recommendations are intended as an initial list of possible actions to take to enhance the care given to women and girls affected by FGM/C, promote their health and well-being, and prevent at-risk women and girls from undergoing FGM/C. The recommendations are general and meant to serve as an initial roadmap for policy makers and other stakeholders, and are by no means, exhaustive.

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