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ISB 1610 Female Genital Mutilation Prevalence Dataset

Implementation Guidance

Amendment History:

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Approvals:

Name	Organisation	Version	Date
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Related Documents:

Ref #	Document Reference	Title	Version	Date
1		Female Genital Mutilation Act 2003 – UK Legislation		30 Oct 2003
2		Multi-Agency Practice Guidelines: Female Genital Mutilation – Home Office, Department of Health, other departments		24 Feb 2011
3		A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales – FORWARD UK		Oct 2007
4		Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change – UNICEF		22 Jul 2013
5		Tackling FGM in the UK - Intercollegiate recommendations for identifying, recording and reporting – Royal College of Midwives and other colleges		4 Nov 2014

Glossary of Terms:

Term	Acronym	Definition
Female Genital Mutilation	FGM	All procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons – WHO definition
Office of Population Censuses and Surveys Classification of Interventions and Procedures	OPCS	Procedural classification for the coding of operations, procedures and interventions performed in secondary care settings NHS.
Read codes		Standard clinical terminology system used in general practice
SNOMED Clinical Terms	SNOMED CT	Classification of medical terms providing codes, terms, synonyms and definitions used.

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2. Purpose

This document aims to explain the actions required to implement the Information Standard ISB 1610 Female Genital Mutilation Prevalence Dataset.

This guidance covers the activities required of all Acute Trusts, and the governance structures required to ensure that the appropriate steps are clearly outlined to support the implementation of the FGM Dataset at the local level to the Department of Health.

The purpose of the FGM Prevalence Dataset is to help provide a consistent approach in recording and capturing the prevalence of FGM, when this is identified by clinical staff, and subsequently returned to the DH on a monthly basis. In addition, the Return will be the initial mechanism used to support the focus and effort for future programmes of work.

2.1 Overview

The FGM Prevalence Dataset is required to collect information about the prevalence of FGM within the patient population as treated by the NHS in England.

FGM has been illegal in the UK since 1985, with the law being strengthened in 2003 [Ref 1] to prevent children travelling from the UK and undergoing FGM. However, there have been no prosecutions since this date but it is believed that the practice continues in the UK and that girls are still taken abroad where FGM is performed.

FGM must also be treated as child abuse. There are UK government multi-agency guidelines [Ref 2]:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216669/dh_124588.pdf

Particular note should be given to pages 27 – 29 of these guidelines, with respect to guidelines for health professionals.

When an individual has had FGM this will frequently lead to both short and long term health consequences. Examples of short term health consequences include, amongst others; severe pain, emotional and psychological impact, haemorrhaging, wound infections, urinary retention and damage to other organs.

With regards to long term health consequences, these can include amongst others; difficulties with menstruation, renal impairment, infertility, complications during pregnancy, pain during sex and lack of pleasurable sensation, and also death during childbirth.

2.1.1 Prevalence

The current figures quoted relating to FGM in England and Wales are from the government funded report ‘A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales’ published by FORWARD [Ref 3]. An updated report will be delivered in March 2014.

However, the implementation of the Return, with NHS professionals directly contributing towards identifying and recording when FGM is identified will greatly

improve on understanding the prevalence of FGM whenever and wherever this is encountered.

2.1.2 FGM Prevention Programme

There is a new programme of improvements being launched by the DH on FGM.

This includes projects to improve awareness, provision of services, and safeguarding of girls at risk. However, there is no collection of the prevalence of FGM within the NHS, and no information available on the scale of the issue.

In order to develop the response to FGM and ensure that appropriate services are offered to survivors, it is essential to introduce an information collection to begin to pull together the picture. The submission of the Information Standard (1610 FGM Prevalence Dataset), will support future development in this area.

From this, it will be possible to ensure that the programme of improvements is both targeted at the areas of need, and that it is of an appropriate scale.

This information will be critical for the future development of any further standards and information requirements relating to FGM.

It is recognised that the quality of the data returned will be directly related to the clinical knowledge and capability in being able to recognise and respond to FGM. This collection is introduced at the start of the programme of wider improvements.

It is recognised that in many hospitals it has not been routine practice to record that a patient has undergone FGM in the clinical notes, and there are only a few known hospital clinical systems which have fields relating to FGM within their clinical diagnosis (or other) screens. With the provision of clinical terminology, the Information Standard ISB 1610 Female Genital Mutilation Prevalence Dataset now requires that when identified, FGM must be recorded on a patient's clinical notes. This change in practice may take some time to embed.

Trusts are encouraged to introduce methods of collection and issue clear instructions on how and where to record FGM within their own systems with immediate effect, and consider how best to support teams, through either additional professional training and/ or guidance. Trusts are encouraged to consider an implementation plan across their organisation, which considers what steps, can be taken to monitor compliance with the standard.

A sample clinical policy on FGM can be found here, which will be circulated with the standard;

http://www.rcog.org.uk/files/rcog-corp/GreenTop53FemaleGenitalMutilation.pdf

This is an interim policy, which will be republished towards the end of 2014, with other supporting best guidance documents as part of the wider programme of work. In the meantime, queries should be directed to FGM@dh.gsi.gov.uk.

2.2 Scope

The FGM Prevalence Dataset has been specifically designed to support;

- Utilisation of existing submission processes (Unify2) to minimise the impacts on Trusts, by avoiding the introduction of new submission mechanisms, and also;
- The capture of the minimal data required, in order to provide valuable summary information on the prevalence of FGM identified from an Acute Trust.

This guidance therefore focusses on 3 specific areas;

1. Recording FGM: Guidance on local collections (how clinical staff can record and submit the FGM information when it is identified)
2. Collating FGM Information: Guidance on compiling the locally collected FGM information (how Information Teams can record the relevant information prior to submission to Unify2
3. Submitting FGM: Guidance on submitting the FGM Prevalence Dataset via Unify2

For clarity, the FGM Prevalence Dataset is outlined in full below;

Standard	
Standard Number	ISB 1610
Standard Title	Female Genital Mutilation Prevalence Dataset
Description	The FGM Prevalence Dataset requires organisations to record and collect information about the prevalence of FGM within the patient population as treated by the NHS in England. Female Genital Mutilation (FGM) is illegal in the UK, as is taking a child abroad to undergo FGM, as legislated in the 2003 Female Genital Mutilation Act. FGM is medically unnecessary, extremely painful and has serious health consequences both at the time when the mutilation is carried out and in later life. Whilst there have been no prosecutions, it is believed that the practice continues both in the UK and that girls are taken abroad for the purpose of FGM. FGM must also be treated as child abuse. There are UK government multi-agency guidelines [Ref 2]: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216669/dh_124588.pdf These guidelines will also be made available with the FGM Prevalence Standard. Particular note should be given to pages 27 – 29 of these guidelines, with respect to guidelines for health professionals. The NHS is in a unique position to identify those who have undergone FGM. There are multi-agency guidelines in place detailing what to do but there is recognition that this is not happening in all cases. There is a programme of work, led by the Department of Health, to improve the NHS response to FGM, and subsequent management of patients and safeguarding for girls at risk. This standard introduces the first requirements about information capture and a central return. The information collected is needed to inform the next stages of the FGM Prevention programme. This standard firstly instructs all clinicians, regardless of organisation type, to record into clinical notes when FGM is identified, and what type it is. The second element of the standard then instructs Acute Trusts to undertake a

	central return reporting upon the prevalence of FGM. The standard requires a monthly return from Acute Trusts via the UNIFY2 system. The standard also includes detail of newly published clinical codes which allow for coded entries to detail that a woman has undergone FGM and what type it is, that a patient has a family history of FGM, and that a woman has had the procedure deinfibulation. At this point, use of the clinical codes is not essential and they are included in the standard for information only, although it is worth noting that future stages of the FGM Prevention programme do plan to introduce additional requirements for NHS organisations to use these codes.
Applies to	The requirement to record FGM in clinical notes is applicable across all NHS healthcare settings. The requirement to submit the FGM Prevalence Dataset is mandatory for all Acute (Foundation and non-Foundation) Trusts, including A&E departments. Other organisations (which may include GPs) may wish to support the standard and provide an FGM Prevalence Dataset centrally. It should be noted that the standard has not had additional development to ensure it is designed to be suitable for other healthcare settings, but those wishing to participate will not be precluded from doing so, and can contact the team at FGM@dh.gsi.gov.uk to discuss further. It should be noted that any burden to do so must be met by the organisation concerned.
Release	
Release Number	ISB 1610
Release Title	Initial standard
Description	N/A
Implementation Start Date	1 April 2014
Implementation Completion Date	1 September 2014

Guidance on Recording FGM Information

When a patient is treated by an acute hospital, and FGM is identified, this should always be recorded in the patient clinical record, as part of the full clinical history. This is in accordance with the multi-agency guidelines [Ref 2] pages 27 – 29.

The FGM information recorded by clinical staff will need to be collated by the Trust in order to capture the relevant information for the FGM Prevalence Dataset.

In certain departments, it should be routine to enquire whether a woman has FGM, namely maternity, African Well Women Clinics, family planning clinics, obstetrics and gynaecology departments, and urology although this list is not exhaustive.

FGM may be identified in many other clinical settings, with those of note being Accident & Emergency, mental health services, and sexual health services. However, in all circumstances staff are to act upon warning signs such as a history of repeat Urinary Tract Infections, a planned holiday to countries / areas of high prevalence [Ref 4] for a girl to undergo a special ceremony, or a family history of FGM.

The many warning signs which should be acted upon are to be found in the multi-agency guidance [Ref 2, Intercollegiate Report [Ref 5], and other Royal College publications which may lead to identifying FGM.

The FGM Prevalence Dataset applies wherever FGM was first recorded, within the acute hospital setting, including the capture of the data items outlined in pt2 below, which are submitted monthly to the DH to Unify 2.

Where it is possible to identify the FGM Type, the relevant code should always be recorded. Where it is not possible to identify the FGM Type, for whatever reason, it should be recorded under the category ‘Not Known’.

The FGM Prevalence Dataset submitted to DH is anonymous and will not contain patient identifiable information. Consent for collection is therefore not required.

The standard does not include the clinical considerations for diagnosis and treatment.

It is not the intention of this FGM Prevalence Dataset Information Standard to prescribe how the capturing of this information should be undertaken locally, or whether this data collection is manually or electronically undertaken, but consideration will need to be given to the following to ensure that the quality of the information provided to the Information Team (or equivalent Unify2 submissions team) is of suitable value;

1. Clinical engagement to ensure that all clinical staff fully understand;
    - the information that needs to be collected in relation the FGM Information Standard content (outlined below)
    - the frequency of the information to be collected from each department (e.g. ad hoc on identification, or captured weekly/ fortnightly and provided to the Information Team)
    - the collection mechanism and details of any templates to be used and submitted to the Information Team

2. Ensuring the capture of the minimal data in order to support the monthly collection within the Trust, specifically;
    - Department where FGM was identified: *(this should be the Treatment Function Code where this is known to the clinician)*
    - Month: *(Reporting Period)*
    - Unique Patient Id *(to help determine if part of an active or new case)*
    - Date of Birth *(to help determine if adult or child patient)*
    - Date FGM identified
    - The FGM Type identified[1] (*1, 2, 3, 4 or 9*)
        - **Type 1:** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
        - **Type 2:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
        - **Type 3:** Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
        - **Type 4:** All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.
        - **Type 9:** Not Known

The different collection approaches outlined below are only *examples* of the possible ways in which the FGM information *could* be collected by staff when encountering patients with FGM;

- **Development of local systems** to include the automatic capture of the specific data items (field filling), when patient records are completed electronically

This may include introducing a template for data capture within the hospital clinical notes system, or allowing the newly published clinical terminology codes to be used within clinical notes

- Clinician enters details onto hospital PAS using codes / coded fields
- Information team run system queries each month to compile the return

- **Spread sheet (or similar) collection with patient database / list held centrally:**
    - Existing patient records are updated with FGM information
    - Each team / department sends a spread sheet (or other data collection tool) to the Information Team. See Appendix for the content of the example template.
    - The Information Team maintains a locally held patient database / list, on which they will add all newly identified patients. This will be used to help identify newly identified patients and active cases.

[1] http://www.who.int/reproductivehealth/topics/fgm/overview/en/

Guidance on Collating FGM Information

On receipt of the information to the Information Team, the collections provided from clinicians will need to be collated appropriately to ensure this is correctly uploaded into Unify2.

The collation of the FGM information will be undertaken in different ways according to the local decisions and preference.

- If the information is collected via the use of clinical terminology, the relevant systems will need to have these codes incorporated. Further to this, the capturing of these codes must be possible from the relevant patient records, in order to support the capture of the relevant FGM information, which will be uploaded via Unify2.
- If the FGM information is collected via spread sheets for example (see example collection tool in the Appendix) or perhaps via an existing FGM collection tool, again, the relevant information will need to be appropriately extracted in order to populate the FGM Prevalence Dataset. Therefore, if there is already FGM information collected, it must be possible to extract the relevant FGM information to support the FGM Prevalent Dataset.

It will need to be determined locally, when the collections are provided to the Information Team, in order to support the mandatory monthly returns via Unify2. If for example clinical terminology is queried in order to determine which patients have had FGM identified, then this query may be run on a monthly basis. Alternatively, if local collection tools are used, then it may be that on the identification of FGM, this is immediately recorded and returned to the Information Team, or, that the collection tool is submitted to the Information Team monthly.

From the FGM information collected locally, the Information Team will need to ensure that they can identify individual patients (to reiterate; patient identifiable information will only be recorded locally, not, sent to the DH via Unify2), in order to determine;

- If the patient was a child or an adult (using the date of birth details)
- If the patient had a newly identified FGM Type (using the unique patient identifier)
- If the patient had FGM identified within the current reporting period, and also, had FGM identified within a previous reporting period. This will require the Information Team to develop a local list or database of all patients identified with FGM, which can then be used to query previous cases.

The relevant Treatment Function where FGM was identified by the healthcare worker will need to be completed also. Ideally each clinician will be aware of their specific Treatment Function Code, but it will be for the Information Team to ensure that this information is also included within the submission to Unify2.

Where no FGM information is identified by the Trust, the submission to Unify2 will still be required in order to positively state where no FGM information was identified within the reporting period.

Guidance on Submitting FGM Information

Although FGM should be recorded within clinical notes already, as it is a medical condition, the monitoring and/ or recording of the prevalence of FGM is not routinely nor consistently undertaken across all Acute Trusts. The FGM Prevalence Dataset, in conjunction with the capturing of this information locally will help to identify when and where FGM occurs.

Data on numbers on the identification of FGM events will be submitted to DH via Unify2, the main online data collection portal used by the NHS to collect and share performance information, aggregate data and statutory returns.

The system can be accessed from the following address (NHS N3 connection, with the user's existing user ID and password required):
http://nww.unify2.dh.nhs.uk/unify/interface/homepage.aspx

The Information Team will need to populate the FGM collection, uploading the information directly in to Unify2.

At the time of writing, ***there is no spread sheet available which can be used to directly upload within Unify2***, and therefore the Information Teams will need to manually populate the Unify2 Web form with the relevant FGM information collected locally.

The Unify2 system is well established and the process for submission of data is very familiar across the NHS.

The FGM Prevalence Dataset will be collected and submitted for the previous month, with the submission made on, or by the fifth working day of the following month. This will also be required where no FGM has been identified by the Trust within the reporting period.

The following dates outlined below are the anticipated initial dates for collections and submissions;

- Initial collection to start from 1st April 2014, ending on 31st March 2014
- Initial submissions via Unify no later than 9th May 2014
- The latest period in which the Trust must collect for will be 1st Sept to 30th, submitting the information via Unify2 by 7th Oct 2014

The FGM Prevalence Dataset will continue to be collected for 12months, from the initial date of the FGM Prevalence Dataset approval, and is therefore currently assumed that 31st March 2015 will be the last collection date and 10th April 2015 for the final submission date from all Trusts.

It will be the responsibility of the Information Teams to collate the monthly returns based on what has been recorded locally.

This responsibility will extend to the following;

- Ensure that each department within the Trust has submitted the relevant information within that month's reporting period.
- Assign the relevant Treatment Function Code (relevant department code) if this has not been included with the local collection tool, to ensure the Return is uploaded with this information included

- Use the unique patient identifier to confirm if the patient has previously had FGM information recorded;
  - where the unique patient identifier has not been recorded previously, these will be Newly Identified FGM cases
  - where the unique patient identified has been recorded previously, these will be the Active Cases for that reporting period
- Maintain the FGM information collected locally within the Trust to support the capability to determine if a patient has had their information previously recorded.
- Use date of birth details to differentiate between child and adult patient information

It should be noted that the patient identifier will only be applicable within the Trust and that only the 'count' of events be submitted to DH.

As per the FGM Prevalence Dataset, the Return will include the following, that will require submitting via Unify2;

- Organisation and Reporting Period
  - Organisation Code
  - Reporting Period Start/ End Date
- FGM New Identifications by FGM Type
  - FGM Type (1-4 or 9)
  - Age Category (child/ adult, under/ over 18)
  - Total Number of Patients with FGM first identified in Reporting Period
- FGM Active Caseload Total
  - Age Category (child/ adult, under/ over 18)
  - Number of Patients with FGM Active Caseload
    This will include where a patient has been identified as having a history of FGM Type prior to the Reporting Period, regardless of the condition they are currently being treated for
- Number of Contacts by Treatment Function Code
  - Treatment Function Code *(examples of FGM settings, including; 101 Urology, 360 Genitourinary Medicine, 501 Obstetrics, 502 Gynaecology, 503, Gynaecology Oncology, 560 Midwifery Service)*
  - Patient Contact Activities During Reporting Period
  - Number of Deinfibulations performed
  - Number of Repeat Deinfibulations performed
    This would include deinfibulations for any clinical reason, although typically it is anticipated this will predominantly be to assist with deliveries

2.3 Audience

The FGM Prevalence Dataset will be applicable to the following;

- Mandatory for all Acute Trusts (Foundation and non-Foundation). Although there has been no additional development for other organisations to support this standard, those sites wishing to support the standard would not be precluded from doing so.
- All staff on encountering patients with FGM should be recording the relevant data.
- The Information Team (or equivalent Unify2 submissions team) within Trusts will need to ensure the accuracy, coverage and quality of the Returns.

Other care providers may identify that a patient in their care has undergone FGM. This standard is mandatory for Acute Trusts, but all providers are strongly encouraged to record within clinical notes, when FGM is identified as part of the patient history.

Other NHS-funded care provider organisations are therefore encouraged to implement the FGM Prevalence Dataset Information Standard, and may wish to participate in the Unify2 collection. Organisations should contact FGM@dh.gsi.gov.uk if they wish to pursue this.

It should be noted that the clinic settings are likely to be different in accordance with the care provided. Of particular note may be travel health clinics in primary care and cervical cancer screening appointments, as well as GP standard consultations.

All care providers are to note the existing FGM multi-agency guidelines [Ref 2] in particular pages 27 – 29.

2.4 Related Standards

Ref #	Reference	Title
1	ISB 1610	Female Genital Mutilation Prevalence Dataset

2.5 Related Documents

Ref #	Reference	Title
1	ISB 1610	Female Genital Mutilation Specification

3. Human and Organisation Behavioural Guidance

As it will need to be determined locally how the collection of information to support the FGM Prevalence Dataset will be managed locally, (including any data capture mechanisms), the main impact on staff and the organisation will be;

- Communication to staff about the different FGM Types including the recording of 'Not Known' where this is the case.
- To ensure that details of deinfibulations and repeat deinfibulations being carried out, are also captured locally
- Communicating to all staff about the mechanisms that will be used to capture the relevant data and how this will be undertaken locally. This will include where the tools are located and how these will be accessed.
- The submission to Unify2 on a monthly basis.
- Data quality considerations by the Information Team to reduce the potential number of duplications within the submissions.

To support clinicians with regards to guidelines for health professionals, attention is drawn to the FGM multi-agency guidelines [Ref 2] in particular pages 27 – 29 in relation to detailing FGM on clinical notes

4. Process Flow

Following the identification of a patient with FGM, the member of staff should update the patient's records accordingly, and using the locally defined mechanism, capture the details of the FGM dataset.

The minimum dataset should be provided to the relevant Trusts' Information Team (or equivalent Unify2 submissions team), all within locally agreed timescales, e.g. weekly or monthly.

The Information Team (or equivalent) will need to collate the locally captured FGM data and submit the Return to Unify2.

Below is an outline of the high level process with regards to roles and responsibilities to collate FGM information when it is identified, and the submission process to the DH.

FGM Return: High Level Process

Step	Clinical Staff	Information Teams	Department of Health	Note
1	Identification of FGMType during clinical encounter			Clinical engagement, guidance and communications will be available to support health professionals to identify the different types of FGM
2	Record FGM data as part of clinical encounter			1. To determine locally the tools that will be used to support the recording of FGM, when it is identified. E.g. example collection tool as per the Appendix 2. To ensure all clinical areas record FGM when it is identified and deinfibulations and repeat deinfibulations
3	Submit local tool to Information Team			Determine locally the frequency of submitting FGM collections to the Information Team. E.g. immediately whenever FGM is identified, or provided weekly from each department
4		Collate FGM Information & Quality Review		1. To ensure all departments are submitting 2. Applying the relevant Treatment Function Codes 3. Confirming the patient numbers within the relevant reporting period (active or new cases) 4. Data quality to avoid/ limit any potential duplicates
5		Submit via Unify2		Submit monthly report via Unify2 for the given month
6			Retrieve FGM Return	DH analysts to retrieve the FGM Return details
7			FGM Reports	DH to compile relevant reports to outline FGM prevalence nationally

5. Appendix

6.1 Example FGM Tool_Instruction Sheet

The following worksheet outlines the 1st worksheet from the example FGM Collection Tool, which provides an overview of the process to collect FGM information locally within the Trust and provide this to the Information Team.

FGM Collection - INTERNAL Return	
Purpose:	This spread sheet is to inform the Information Team of all new cases of FGM identified within the patient population, and the number of deinfibulations carried out each month.

ALL Clinics		
Process:	1	Whenever a patient is first identified in this clinic as having had FGM, whoever writes the clinical notes (which must record that she has FGM and the type where possible) is also to include the patient details on this form.
	2	At the end of the month, a nominated individual must submit the form to the Information team on [to be locally determined in line with local suitability]
	3	This process is to be followed every month for all patients.

Please note:	1	The FGM Definitions listed are those to be used when completed the spread sheet and when recording type in the clinical notes.
	2	All midwives, doctors and healthcare practitioners in the team must be informed of the new process and asked to comply.
	3	If in doubt as to whether the patient has been included in this return during previous reporting periods, **they should be included again**. Repeat identifications are **not** an issue.
	4	If it is not possible to identify the type of FGM, it should be recorded under 'Type 9: Other'.

Clinics Performing Deinfibulations		
Process:	1	At the end of the month, a nominated individual should review activity during the period to obtain a COUNT of the number of deinfibulations and reinfibulations completed during the month.
	2	That nominated individual is to complete the collection sheet and return to the Information Team on the first working day of the following month.

6.2 Example FGM Tool_FGM New Patients Collection

The following worksheet outlines the 2nd worksheet from the example FGM Collection Tool, which provides the first of the two main collection templates, to support the collection of FGM information locally within the Trust.

Department:	*e.g. Maternity*	*If Treatment Function Code is known, this should be entered here*
Month:	*e.g. March*	*Reporting period is each calendar month.*

Unique Patient Identifier	Date of Birth	Date FGM Identified	FGM Type Identified (1, 2, 3, 4 or 9)	
e.g. 123 456 7890	*CCYY-MM-DD*	*CCYY-MM-DD*	*3*	*One activity per line*

Form returned by:		
Date returned:		

Please complete and return the spread sheet in accordance with the instructions on the front page to infoteam@emailadress by COP on 1st working day of each month.

6.3 Example FGM Tool_FGM DeInfibulations Collection

The following worksheet outlines the 3rd worksheet from the example FGM Collection Tool, which provides second of the two main collection templates, to support the collection of FGM information locally within the Trust.

Department:	*e.g. Maternity*	
Month:		*Reporting period is each calendar month.*

	Deinfibulation	Repeat Deinfibulation
Number of procedures performed in the department in the reporting period (Month)		

Form returned by:	
Date returned:	

Please complete and return the spreadsheet in accordance with the instructions on the front page to infoteam@emailadress by COP on 1st working day of each month.

6.4 Example FGM Tool_FGM Definitions

The following worksheet outlines the 4th worksheet from the example FGM Collection Tool, which provides the WHO definitions of the FGM Types, to support healthcare workers identify the relevant FGM Type.

Definitions		
FGM Type Identified	1	Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
	2	Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
	3	Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
	4	Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.
	9	Not known

Source:	http://www.who.int/reproductivehealth/topics/fgm/overview/en/

