

Conducting A Vaginal Exam

- It is tempting to assume that FGM/C is your patient's driving health concern, given how serious of an injury to the body it represents.
- Many women, however, have active lives with FGM/C in the background-ever-present but never a top concern.

Words From The Health Care Provider

"I was caring for women who were having essentially routine prenatal care as new immigrants into this community. They were new refugees in this setting and they're just really focused around what anybody's needs to be focused around when you're in a new community with a new language... like how do I get my kids in school, how do I figure out this apartment thing, how do I figure out this freaking snow and these trains. Those were their priorities. And unless they had more severe cutting, I think those concerns were very similar to other women."

- Focusing on the effect of a woman's FGM/C on her pregnancy-rather than also on her mental health and sex life-is another common pitfall among providers.

Words From The Health Care Provider

"I think I might have made the rookie error of assuming that [my patient's] FGC status was more important to her than it was at that time. I think I was patting myself on the back for knowing to screen for it and to ask about it, and to make sure my physical exam was thorough. But really at the end of the day, for some women it was not having a practical implication on their pregnancy, I think I have probably neglected the follow up care that could have been done about things like sexual pain, sexual dysfunction, even genital self-image--I wasn't thinking that broadly, I was really focused on can we get this baby out safely... You really have to focus on what the patient's concerns are, not just what you are particularly interested in or THINK would be really important right now. You just have to remain patient centered."

- Conducting a vaginal exam for women with FGM/C carries unique challenges.
- You will need to walk your patient through what exactly to expect during the exam. Ask whether your patient's cutting causes discomfort or pain and where. If she is at ease doing so, ask her to describe the circumstances of FGM/C.
- To determine the size of the speculum needed for the exam, ask about previous births and Pap smears.

Words From The Health Care Provider

"I'll say to [my patient] when I'm examining her 'you've been cut' I ask at what age did it happen? Does it hurt or cause you pain? A lot of women have not had pap smears so I walk them through the process since it may be painful and sometimes we can't actually do the whole exam in one visit."

"I had basic rules. I would ask about [FGM/C] before performing an exam. I would also ask about what other examinations she had before. Many had given birth and had been re sewn. This would give me an idea of what would be appropriate in terms of her giving an examination. If the patient needed a PAP it would help me choose which equipment [to use] or if I needed to refer the patient [to another provider]."

"Providers don't know. The increased scar tissue and less flexibility because of the injury makes them hypersensitive. It's part of the sexual difficulty; this trauma was inflicted on them, for some of them before they were preverbal. We need to teach providers to be compassionate, they may need to apply a topical anesthetic and to let women know what is happening to them, step by step in an exam... but this is general advice that should be followed all of the time."



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