

What Do I Do When My Patient Asks Me To Sew Her Vagina Up Again?

"I recently had a 30-year-old woman in labor show up at my hospital. When I said I was going to perform a vaginal exam to see how labor was progressing, she hesitated to undress. Instead, she insisted on having two men join her in the examination room. One man was her husband, the other an older male relative. When I pulled up her gown, I discovered the reason for her nervousness: her labia minora and majora had been removed, her clitoris severely scarred, and her vagina sewn shut (infibulated). I realized that I would have to make a surgical incision (deinfibulation) for the baby to come out safely.

"Looking back on that moment, I'm sure my face registered shock, even sadness and confusion. As providers, we are conditioned to avoid being startled, but nothing had prepared me for what I saw. I wondered whether I should even have allowed the older man in the room. Was I violating her privacy by asking her sensitive questions in front of male relatives?"

"My patient knew that I would have to open up her vagina (deinfibulation) in order for her to give birth. That wasn't enough, however, so I also had to perform an episiotomy, extending the opening further for delivery. I was floored by what came next. After giving birth to a healthy baby boy, she asked me to sew her vagina back up again (reinfibulation). Questions about ethics and morality swirled around my head. If I agreed, would I simply be restoring her pre-delivery anatomy? Or would I be mutilating her all over again? The woman was adamant in wanting only a small opening left, sufficient only for vaginal blood and urine to flow. As doctors, we take an oath to do no harm. But what was the greater harm – agreeing to perform reinfibulation or ignoring an adult patient's explicit request?"