

Safeguarding Board  
FEMALE GENITAL MUTILATION

Part One (a): PREGNANT WOMEN

Date:----- Completed by: -----

This is to help you make a decision as to whether the unborn child (or other female children in the family) are at risk of FGM or whether the woman herself is at risk of further harm in relation to her FGM.

Initial/On-going Assessment

Indicator	Yes	No	Details
<b>CONSIDER RISK</b>			
Woman comes from a community known to practice FGM			
Woman has undergone FGM herself			
Husband/partner comes from a community known to practice FGM			
A female family elder is involved/will be involved in care of children/unborn child or is influential in the family			
Woman/family has limited integration in UK community			
Woman and/or husband/partner have limited/ no understanding of harm of FGM or UK law			
Woman's nieces or siblings and/or in-laws have undergone FGM			
Woman has failed to attend follow-up appointment with an FGM clinic/FGM related appointment.			
Woman's husband/partner/other family member are very dominant in the family and have not been present during consultations with the woman			
Woman is reluctant to undergo genital examination			
<b>SIGNIFICANT OR IMMEDIATE RISK</b>			
Woman already has daughters who have undergone FGM			
Woman requesting reinfibulation following childbirth			
Woman is considered to be a vulnerable adult and therefore issues of mental capacity and consent should be considered if she is found to have FGM			
Woman says that FGM is integral to cultural or religious identity			
Family are already known to social care services – if known, and you have identified FGM within a family, you must share this information with C.			

Please remember: any child under 18 who has undergone FGM should be referred to social services.

**ACTION**

**Ask more questions** – if one indicator leads to a potential area of concern, continue the discussion in this area.

**Consider risk** – if one or more indicators are identified, you need to consider what action to take. If unsure whether the level of risk requires referral at this point, discuss with your named safeguarding lead.

**Significant or Immediate risk** – if you identify one or more serious or immediate risk, or the other risks are, by your judgement, sufficient to be considered serious, you should look to refer to CRT / JRT in accordance with Safeguarding procedures.

If the risk of harm is imminent, emergency measures may be required and any action taken must reflect the required urgency.

**In all cases:-**

- Share information of any identified risk with the Named GP / Safeguarding Lead
- Document in notes
- Discuss the health complications of FGM and the law in the UK