

Improving the Delivery of Maternity Care:

Sharing the Lessons Learnt

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Perth, Australia*

Lessons from Diaspora's Daughters:

Challenges in a Cross-Cultural Environment



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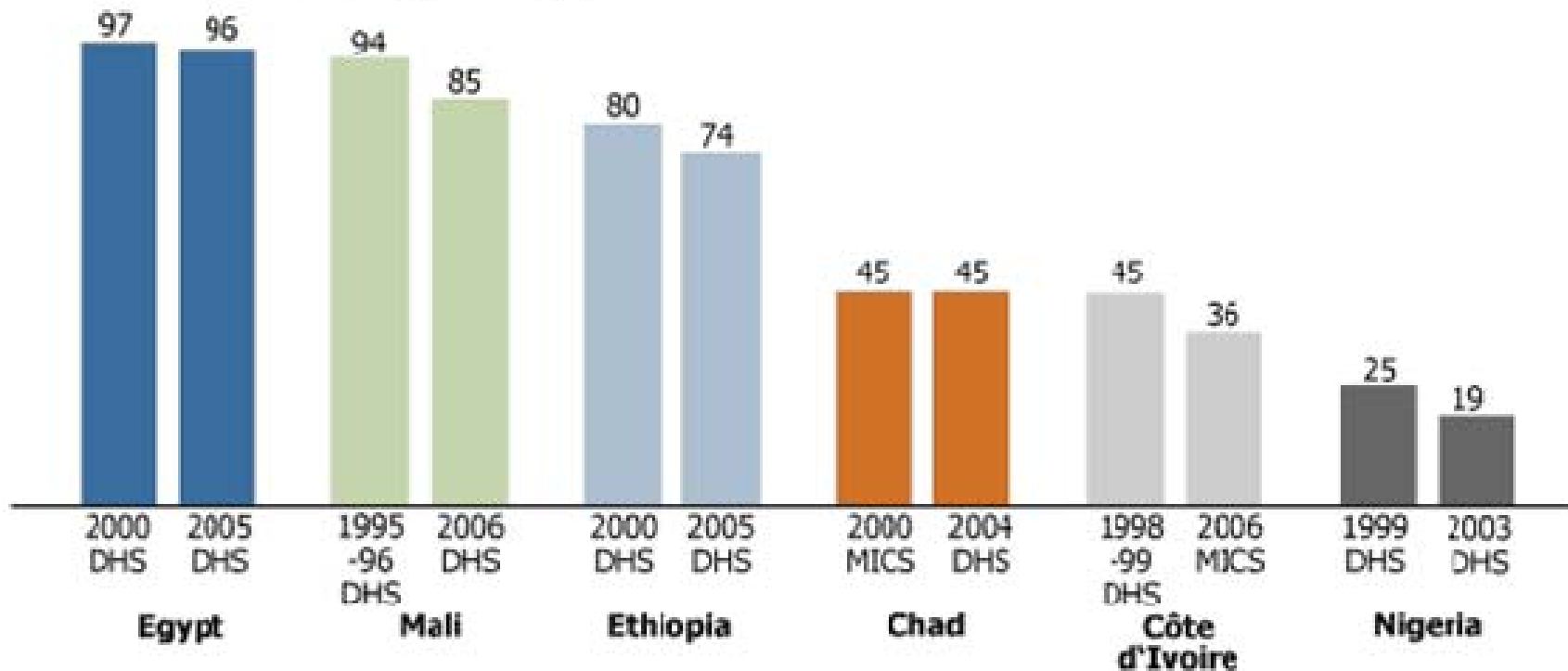
Introduction



- Globally, over 130 million girls and women have undergone some form of Female Genital Mutilation (FGM).
- At least 2 million girls are at risk of being subjected to these practices each year (WHO, 2000).
- Prevalence remains high in around 28-30 countries in Africa and the Middle East.

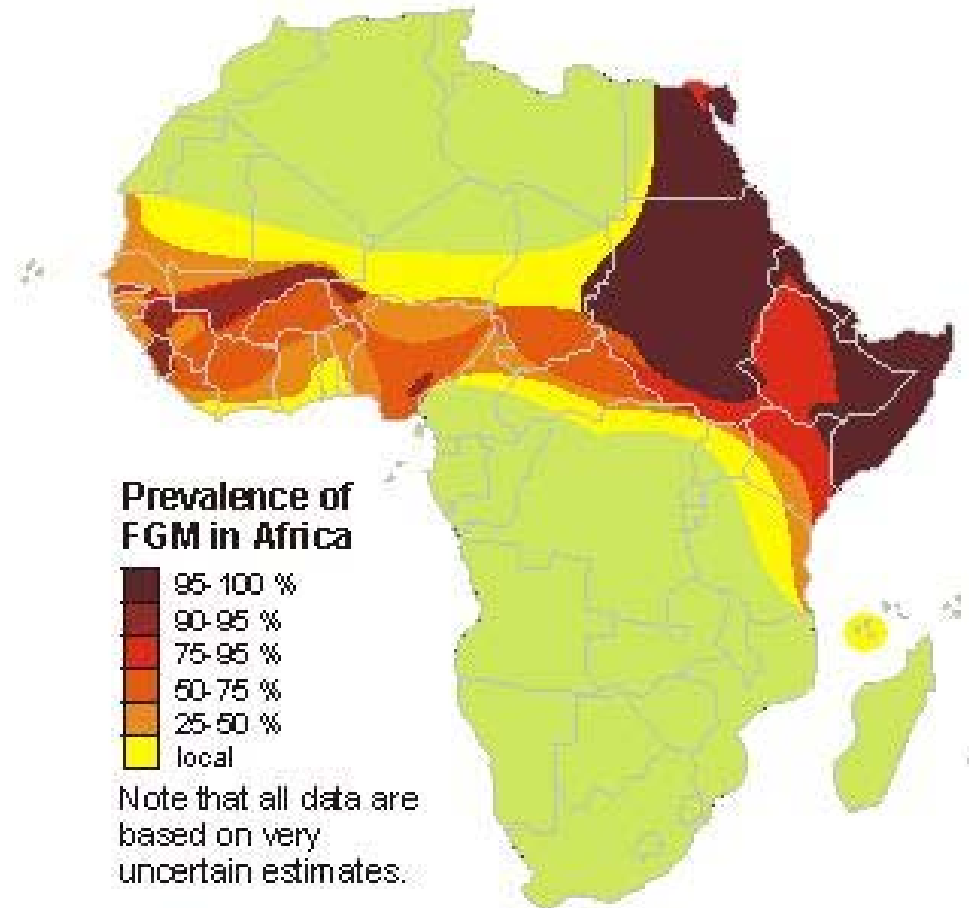
Global Trends in FGM Prevalence

Percent of women ages 15–49, by survey year



Graph from *Feldman-Jacobs and Clifton, Female Genital Mutilation Data and Trends* (Washington DC: Population Reference Bureau, 2008)

Incidence in Horn of Africa of FGM

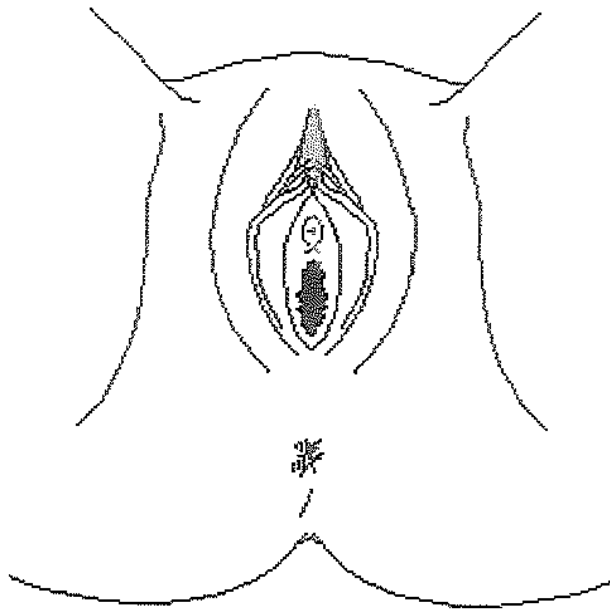


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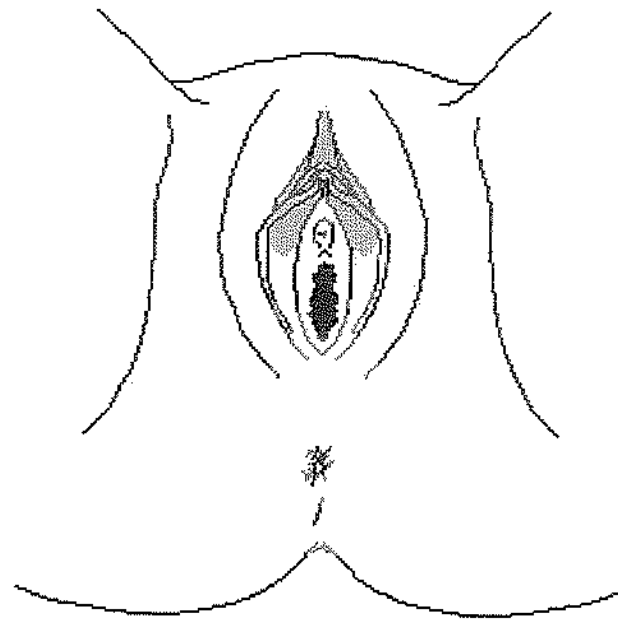
What is FGM?

- The World Health Organization (1997) defines female genital mutilation as: *“all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic purposes”* (p.3).
- There are four types of FGM

Types of Female Genital Mutilation

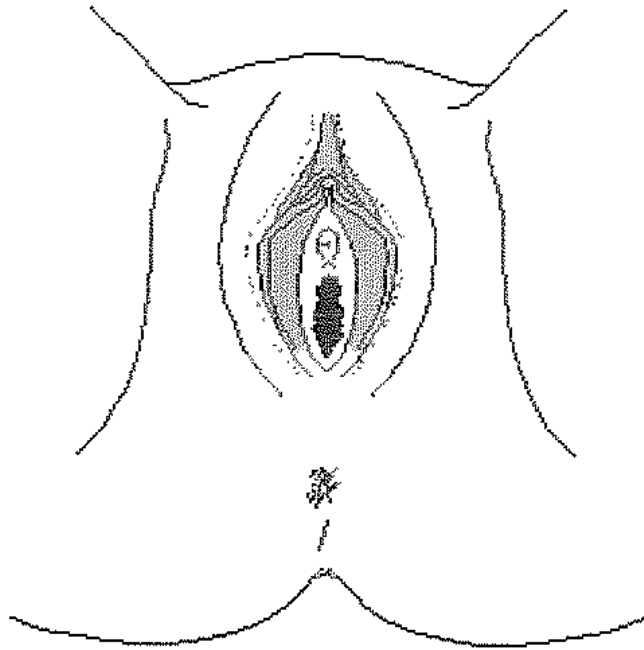


Type I FGM

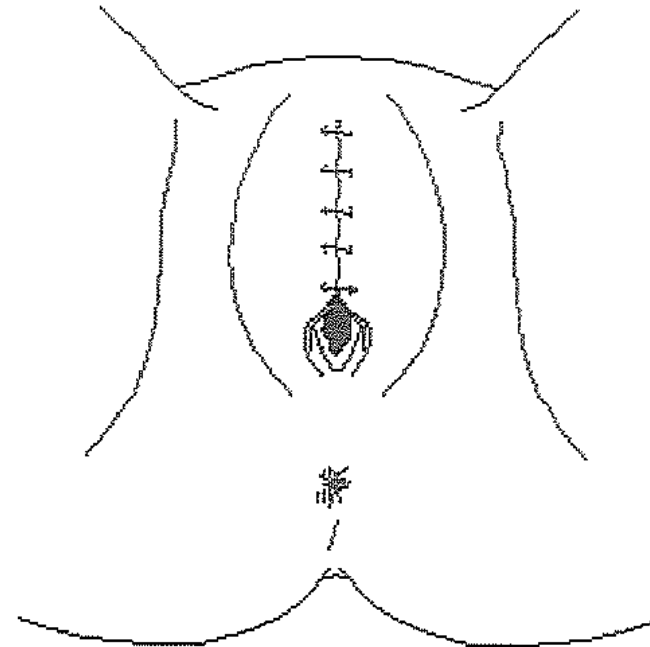
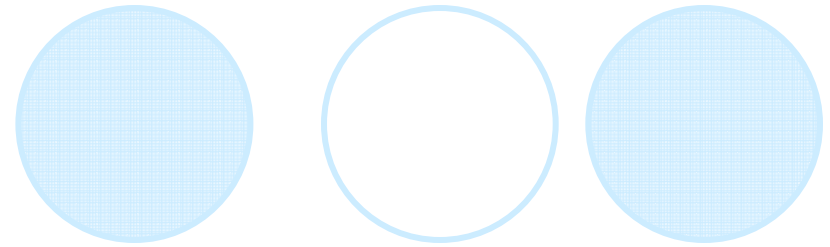


Type II FGM

Infibulation



Type III FGM - Infibulation



Appearance after suture

Infibulation



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Type III FGM



- Infibulation is a consequence of the more severe forms of FGM, which is *“excision of part or all of the external genitalia and involves the ... stitching/ narrowing of the vaginal opening”* (WHO, 1997, p.5)
- *FGM Type III narrows the vaginal opening and is most likely to cause obstetric complications requiring the direct intervention by midwives to facilitate childbirth* (WHO, 2001).

The Study



- The study captured the stories of a small group of midwives who have cared for women, during the childbirth experience, who have undergone Female Genital Mutilation (FGM) Type III.
- The study uncovered and explored the issues that are contained in the midwives' stories in order to illuminate their experiences encountered in providing care for these women.

The Study Focus



- The field of interest in this research lies beyond the initial act of FGM and focuses on the experience of those who are confronted by the procedure, in a most intimate and immediate fashion, whilst being removed from the cultural paradigm in which it occurred.

The Findings – Four Themes Uncovered

- **Feeling unprepared:**

- *...it was not in my midwifery curriculum. I had thought about it, as a young midwife and was wondering when I came across [it] how I would actually deal with it. I kind of experienced it in myself as a fear ... because it was something I didn't understand culturally and I didn't understand physically.*

The Findings – Four Themes Uncovered

- **Negotiating the cultural gap:**

- *Because I didn't want her to feel that she was ... different ... because actually, that's her norm ... and why would I want her to feel that I was insecure ... even though I really was.*

The Findings – Four Themes Uncovered

- **The traumatic reality of deinfibulation:**

- *somebody mentioned that she needed an episiotomy. I remember the lecture, yes it should go up, there was nobody to support me...what do I do and how do I do this...the registrar was not very helpful... but the ladies support people were saying cut her down...and in the end I gave in...I did an episiotomy this then needed stitching and I felt so gross and felt sick to my stomach because I felt I had circumcised this woman once again...*
- *I was quite horrified, and it must have really got to me, because it's still there.*

The Findings – Four Themes Uncovered

- **Tensions and paradoxes:**

- *...we are doing our best to make it okay, within the confines of the law I guess ... but the law is made by people who don't really have an understanding of what it is to be uplifted from one culture and stuffed into another.*
- *The challenges are catching female babies, and wondering what their future is ...*

The Way Forward for Health Professionals



- Comprehensive National Guidelines
- A nationally accessible resource
- Ongoing regular national programmes of education
- The development of a hospital based mentor programme between experienced midwives and those who are caring for or wish to care for women with FGM.



The Way Forward for Health Professionals

- Antenatal screening
- The development of language resources
- Development of networks
- Collaboration

Final Comments

*Sharing the lessons learnt to
improve the delivery of maternity care.*



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