AMERICAN ACADEMY OF FAMILY PHYSICIAN POLICY ON FGC

<https://www.aafp.org/about/policies/all/genital-mutilation.html>

 [**Female Genital Mutilation**](https://www.aafp.org/about/policies/all/genital-mutilation.html)

Oct 19, 2015 - Learn about AAFP's policy on female genital mutilation.

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Female genital mutilation (FGM) (also known as female genital cutting or female circumcision) is a cultural practice affecting more than 125 million women and girls around the world, in which parts of the female genitalia (clitoris, labia minora and majora) are cut or disfigured.1

It is estimated that more than 500,000 women in the United States have undergone or are at risk for FGM.2

While most affected women arrive in the U.S. already cut, there are reports of the procedure being conducted among immigrant populations locally by traditional practitioners. There are also reports that U.S.-born and raised young girls are being sent to the parents’ home country during summer vacation for the purpose of undergoing the procedure in their country of origin.

The practice is internationally recognized as a human rights violation, torture and a form of violence and discrimination against women and girls.1

United States federal law (18 U.S. Code § 116 Female Genital Mutilation) makes it illegal to perform FGM in the U.S. or to knowingly transport a girl out of the U.S. for the purpose of performing FGM.3

The AAFP supports all measures to eliminate the practice of female genital mutilation in the United States. The AAFP also supports all other international efforts to eliminate the practice of female genital mutilation and to protect young girls and women at risk of undergoing the procedure.

The AAFP encourages family physicians to educate themselves about the practice, the health consequences of FGM and how to manage them in clinical practice, particularly during pregnancy and childbirth. Family physicians are encouraged to provide culturally sensitive counseling and education to the patient and her family members about the negative physical and emotional consequences of the procedure and discourage them from having the procedure performed.

The AAFP advises its members that the practice of reinfibulation (reapproximating the edges of the labia majora back together, usually following childbirth) is sometimes requested by women to restore a sense of normalcy and genital self-image. While allowed by federal law, reinfibulation is ethically complex and should merit careful thought and discussions with the patient and her family in the antepartum period.

Reinfibulation itself is not considered FGM, but if performed by a physician, it may appear to condone the practice. Therefore, the AAFP strongly cautions its members against performing reinfibulation.

Where possible, physicians should refer the patient to social support groups that can help them cope with changing societal mores.4 (1998) (2015 COD)

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