Pregnancy and Childbirth for Women Affected by Female Genital Cutting

Being pregnant or trying to get pregnant in a new country can feel overwhelming and scary, especially if you are a woman affected by Female Genital Cutting (FGC). American cultural norms of medical care might be very different from your own country. Refer to this resource as a guide for navigating your pregnancy so that you and your baby remain as healthy as possible. Anytime you have further questions, ask your doctor. Remember, you have a right to be treated with sensitivity, dignity, and respect from those providing medical care. For additional resources for women affected by Female Genital Cutting (FGC), visit BRYCS Community Conversations.

Tips for Talking with your Doctor about FGC and Childbirth

- Ask for a trained female interpreter that you feel comfortable with. This is a special and serious time for you and you have a right to experience the benefits of all aspects of medical care in the U.S., including the ability to communicate.
- You may not know what type of circumcision you have, which is okay. Let your doctor know you are circumcised and they can help you understand the type you have, as well as any implications it might have on your pregnancy and childbirth.
- Ask your doctor to use visuals and pictures when explaining the female anatomy for FGC. This can help with any language barriers, and provide clear information about the differences.
- Attend a birthing class. Usually, for a fee, your local hospital will offer birthing classes for expectant mothers and their spouses. Even if you've already given birth, it can help prepare you for what to expect when giving birth in the U.S.
- Be clear with your doctor about what you want. Many women prefer to give birth vaginally – if this is your preference let your doctor know as early on in the pregnancy as possible. If you underwent Type 3 FGC ask your doctor about deinfibulation.

Key Words Related to Pregnancy

Cesarean Birth (C-section): Most pregnancies result in a vaginal delivery, however some factors may necessitate a C-section, where the baby is delivered surgically through the abdomen. Women who have undergone Type 3 FGC are at-risk for complications during pregnancy and childbirth, and should consult with their doctor about deinfibulation to facilitate a vaginal birth.

Dilation: The extent to which the cervix has opened in preparation for childbirth. It is measured in centimeters, with full dilation being 10 centimeters.

Epidural: A shot administered by an Anesthesiologist that delivers continuous pain relief to the lower part of your body while allowing you to remain fully conscious. You will be unable to walk around after receiving an epidural.

Induced Labor: A doctor brings labor about through medicine, stimulating contractions, or opening the cervix for medical purposes when labor does not occur naturally. Common reasons this might be done is because of uterine infection, not enough amniotic fluid, or high blood pressure.

Midwife and Doula: A trained health professional who specializes in helping and partnering with women to provide the necessary care and support during pregnancy, labor, birth, and after birth. The difference is that doulas are not able to deliver babies.

Obstetrician: Refers to the types of doctor who specializes in pregnancy, childbirth, and reproductive health. Often they are referred to as an "OB." Sometimes they may also be called an "OB/GYN" if they have additional training in gynecology, which is medical care specifically for women, focused on their reproductive system.

Trimester: A full term pregnancy lasts 40 weeks and is divided into three phases, called "trimesters". The first trimester is from weeks 0-12, the second trimester lasts from week 13-28, and the third trimester is weeks 29-40.

Ultrasound: These allow your doctor to visually see your baby to monitor normal development. They are usually performed between weeks 18 and 20 to assess normal organ development and determine the sex of the baby, if desired.

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Labor and Delivery in the U.S.

Create a birth plan and understand your options.

- Decide on where and how you would like to have your baby. Women have a variety of choices—hospitals and home births can both be great options. Be sure to speak to your doctor about which one is safest for you and your baby.
- Midwives and doulas can be helpful resources and advocates during childbirth.
- Determine your preferences during labor, such as how you would like to address pain management and unexpected situations.
- Create a checklist of what you would like to pack for your stay at the hospital or birthing center.

Identify a hospital where you want to deliver your baby before you go into labor.

- The coverage of costs for the different kinds of care described in this pamphlet may vary by health insurance company or Medicaid—you should check with your insurer.
- Provide them with your insurance information so you are registered in their system when you arrive to give birth.
- Ask for a tour of the Labor and Delivery Unit so when you are in labor, you know exactly where to go and what to expect.
- Some Labor and Delivery Units have natural birthing rooms – ask if this is an option for you if you are interested.

Think about who you want in the delivery room with you.

- In the U.S. it is very common for spouses to be in the delivery room.
- If you would like someone other than your spouse, simply let your doctor or midwife know. Having a doula present can be helpful and reassuring during childbirth.

Once you are having contractions and think you are in labor…

- Have someone take you to the hospital to the Labor and Delivery unit – not the Emergency Room. If you are working with a doula or a midwife in addition to your doctor, be sure they know you are going into labor.
- If you arrive at the hospital well into labor, they will admit you right away.
- If you arrive at the hospital when labor has just started, a nurse will first take you to a “triage” room where they will attach a fetal monitor to your belly to check your baby’s heartrate, check to see if your water broke, and for amniotic fluid. They will also check your cervix to see if you are dilated and time your contractions.
- There is a slight chance they will send you home if labor has not truly started.

You will continue to be monitored throughout the process

- When admitted, you will be required to sign a number of forms giving consent for the doctors to deliver your baby. If your English literacy is at a lower level, they may ask for verbal consent, but feel free to request an interpreter and ask as many questions as needed.
- Once you are admitted, they will ask you to change into a gown which they provide.
- You will be assigned a nurse who will take care of you through the process.
- You can choose to take medication, or have an epidural to help with pain management. If you choose not take medications, you are free to walk around or may want to take a shower or bath to help with the pain if available at the hospital.

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Prenatal Care

In the U.S., regular visits to the doctor during pregnancy for prenatal care is normal and important for monitoring the health of you and your baby.

- Prenatal care visits usually take place every 4-6 weeks during the first two trimesters and more frequently in the final trimester.
- Here are things to expect during prenatal care visits:
  - Assessment of medical history
  - Measuring your height, weight, blood pressure, breathing, and pulse
  - Blood tests
  - Urine tests
  - Pap exam and pelvic exam to monitor the baby
  - Screening for diabetes, anemia, Hepatitis B, and rubella
  - Occasional ultrasounds to visually monitor normal development of the baby, the heartbeat, and the gender if desired
  - Education about issues related to your pregnancy, developing a birth plan, and diet and lifestyle.
- Find a doctor, midwife, or doula. In the U.S. you have the freedom to work with a doctor, midwife, doula, or all three during your pregnancy. Some midwives can be accessed through the hospital where you plan to deliver. Some midwives and doulas may charge a fee for services during prenatal care and delivery.
- Create a birth plan! Work with your doctor to create a birth plan that outlines what kind of labor and birth you would like to have, what you want to happen, and what you want to avoid. Include your preferences of your baby staying with you or going to the nursery, receiving shots, breastfeeding, and pain management. Your birth plan is personal to you and should be respected by your doctor or midwife.
- If you have been circumcised, talk to your doctor right away to determine the next steps in your pregnancy.
- Stay Healthy! Be sure to eat a nutritious and healthy diet full of calcium, folic acid, and iron. Ask your doctor about recommended prenatal vitamins. If you fast during Ramadan or other religious holidays, or if you intend to diet during your pregnancy, consult with your doctor before doing so. Not getting enough nutrition can impact your and your baby's health.

Postpartum Care

Usually women will visit the doctor for a postpartum care visit 4-6 weeks after giving birth so the doctor can assess your physical and emotional health.

Women may experience various physical health complications after giving birth related to FGC, including hemorrhaging, difficulty urinating, and infection.

Women may also have negative emotional experiences including constant feelings of sadness or depression or difficulty bonding with your baby. Physical and emotional difficulties after giving birth could happen to anyone – help is available, so let your doctor know.

Your doctor may ask you your intentions regarding FGC for any of your daughters. FGC in the U.S. is illegal because of the many negative health effects.

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Type 3 FGC and Pregnancy

- Women who have undergone Type 3 FGC, also called infibulation, may have a difficult time getting pregnant, however it is possible. If you are experiencing difficulty getting pregnant, consult with your doctor.
- FGC can cause complications during pregnancy and childbirth and may cause challenges to giving birth vaginally. Additionally, it cab be difficult for the doctor to monitor the health and development of the baby during pregnancy.
- Women who have Type 3 FGC and miscarry during pregnancy should consult a doctor immediately as they may be at risk for infection due to the inability of the fetus to pass through the vagina.
- Deinfibulation is important to consider for women who have undergone Type 3 FGC and should be discussed as early as possible with your doctor.

Deinfibulation

Deinfibulation, or getting "opened up", is the cutting open of an infibulated vagina from Type 3 FGC. Usually this is done to prevent complications caused by FGC such as infection, cysts, or pain during sex. This is often necessary to give birth vaginally.

Deinfibulation should be done as early on in the pregnancy as possible to allow time for healing, monitoring, and for increasing the chances of a vaginal birth.

It is possible to deinfibulate during labor, however complications are possible that could lead severe tearing, bleeding, and an increased chance of C-section.

Complications are rare for the baby, however obstructed labor can cause brain damage, intrauterine death, or babies delivered with minor health issues.

Your doctor should provide proper education and time to ask questions. You should feel comfortable to ask as many questions as you need to feel comfortable with the procedure.

Reinfibulation

Some women may request to be reinfibulated after childbirth. This is the closing back up of your vagina after childbirth to how it was after circumcision.

- Talk to your doctor about how you are feeling regarding your newly opened up vagina, any pain you may be having, and any questions you have.
- Consider whether or not you plan to have more children, as this may make deinfibulation necessary in the future.
- In most U.S. states, you have a right to be closed back up as an adult, however this is illegal for any girl under the age of 18. Your doctor will advise you not to be closed back up because it can cause various negative health complications.
- If you choose reinfibulation, the procedure should be performed by an experienced doctor.

Deinfibulation Procedure

- It should be performed by an experienced doctor.
- General anesthetics may be used to minimize pain.
- The doctor will cut open the scar from FGC to bring your vagina to an uncircumcised form.
- Full deinfibulation opens up your vagina to the clitoris, partial deinfibulation does not open your vagina as far. Talk to your doctor about what you prefer and what is best for you in your pregnancy.
- After the procedure, you will be given vaginal pain medicine. Your doctor might also recommend taking sitz baths and urinating in warm water to help with the pain.
- After you are opened up you will notice a difference when you go to the bathroom and menstruate as the stream will be much larger and stronger. You will also notice a difference when having sex. If you notice other changes or have unexpected pain, let your doctor know.

Counsel of deinfibulation should include:

◊ Your spouse's presence (if you prefer)
◊ Explanation of your physical anatomy with visual images.
◊ Education of the advantages and physical changes associated with deinfibulation. This includes differences urinating, menstruating, having sex, as well as a decreased risk for infection.

BRYCS
COMMUNITY CONVERSATIONS
Collective Voices for Improving the Care and Reducing the Risk of FGC

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