BACKGROUND
Female genital mutilation (FGM) refers to "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons" (WHO 2007). For centuries these practices have been carried out by many different peoples and societies in many continents for a number of traditional and cultural reasons, namely: psychosexual, sociological and cultural, hygienic and aesthetic, socio-economic factors where it is a prerequisite for marriage (UNPFA). FGM leads to immediate and long term complications that impact on women’s sexual and reproductive health and childbirth.

HEALTH CONSEQUENCES
FGM, known as female circumcision or female genital cutting, is classified by the WHO (2007) in four types. The physical and psychological health consequences of FGM mutilation vary according to the type and severity of the procedure performed. With more destructive procedures there is a greater risk of adverse outcomes. Acute complications include severe pain, shock, haemorrhage and death. Localised infection, acute urine retention, tetanus, hepatitis and HIV infection can also occur. Long-term consequences include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse), sexual dysfunction and difficulties with childbirth. FGM may leave a lasting mark on the lives and minds of women who have been subjected to it, with many suffering feelings of incompleteness, anxiety and depression. The frequency of post traumatic stress disorder is increased in women who have undergone FGM.

The ICM recognizes FGM as a harmful practice and a violation of the human rights of girls and women. It condemns FGM and its medicalisation, and believes that FGM and other related practices, harmful to the health of women or infants should be eliminated. It endorses the call for elimination by WHO, UNICEF and UNFPA.
POSITION
The ICM advocates for the elimination of female genital mutilation worldwide. It urges midwives to be aware and informed about the practice and its health consequences, to respect the health and human rights aspects of FGM and refrain from supporting or participating in any form of the practice.
The ICM supports Member Associations seeking to eradicate female genital mutilation in their countries, campaigning within the context of protecting girl children from harm and urges them to adopt a policy that is in harmony with this statement.

It also supports international and national organisations, both governmental and non-governmental, in the adoption of appropriate policies, strategies, and, where possible, in the drafting of legislation, for the elimination of female genital mutilation

RELATED ICM DOCUMENTS
ICM Position Statement. Midwives, women and human right (2011)
ICM International Code of Ethics for Midwives (2011)

OTHER RELEVANT DOCUMENTS
RCOG Green-top. Female Genital Mutilation and Its Management. Guideline No. 53
WHO. Regional plan of action to accelerate the elimination of Female Genital Mutilation in Africa. 1997
WHO. Female Genital Mutilation- new knowledge spurs optimism. PROGRESS in sexual and reproductive health research
UNFPA. Female Genital Mutilation/Cutting. A statistical exploration. 2005
UNFPA. FAQ's on Female Circumcision. 2007

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