

Position Statement

The Role of Midwives in the Elimination of Female Genital Mutilation

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Background

Female genital mutilation (FGM) refers to “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (1). FGM is classified in four types with ranging severity from pricking of the clitoris to infibulation, where the cut edges of the labia are sewn together, leaving a small opening for menstrual blood and intercourse, and reopened only for childbirth (1,2).

All types of FGM are an extreme form of gender discrimination, gender-based violence and a violation of universal human rights, including the right to health, dignity and freedom from violence and often, the rights of the child (1), which the Sustainable Development Goals aim to eliminate by 2030.

In 2024, over 230 million women and girls globally are estimated to have undergone FGM, the majority of whom live in Africa, Asia and the Middle East (2). With 40% of FGM survivors living in conflict- or fragile-affected countries and rising global mobility, migration is increasing FGM prevalence in regions hosting affected diaspora communities (2,3). In some countries FGM is performed in adolescence, but for many girls it is as early as the first weeks of life, with 2 million girls under the age of five subjected to FGM every year globally (2).

Where practiced, FGM is a deeply rooted, harmful traditional practice and social norm. The reasons for the practice vary by region and ethnic group and include cultural

identity, myths about hygiene and aesthetics, controlling the sexuality of unmarried women and girls, and the belief that it is required for marriage; therefore, not performing it can have negative socioeconomic implications for families (1).

FGM has no health benefits, and all types are associated with immediate and lifelong gynaecological, sexual, urological, obstetric and mental health complications for women and girls, as well as increased risks to their newborns, including stillbirth (3). These lifelong complications cost health systems an estimated 1.4 billion USD annually, have a significant impact on the economic productivity of communities, and are an unmeasurable burden on women globally (5).

FGM may be carried out by a designated community member, but the medicalisation of FGM which “refers to situations in which the procedure (including reinfibulation) is performed by any category of health worker, whether in a public or a private clinic, at home or elsewhere” (4) is increasing, with 66% of girls recently experiencing FGM, doing so at the hands of a health professional (2). Misconceptions have led some communities to turn to medicalised FGM in the hope it will reduce complications and may contribute to the elimination of the practice in the long-term (1). FGM is never safe, and the ICM-UNFPA Joint Statement on the medicalisation of FGM in Asia-Pacific (6), discusses medicalised FGM in detail.

Midwives may be survivors of FGM, care for women with health complications of FGM and be approached by families to perform medicalised FGM on young girls. Hence, midwives as trusted community members are important advocates for sexual and reproductive health in the communities they serve and can play a critical role in the abandonment of FGM. This position statement outlines the position of ICM and provides recommendations for policy makers, midwives’ associations, and individual midwives.

Position

ICM recognises and condemns FGM as a harmful practice and a violation of universal human rights. ICM urges midwives to take all necessary action to prevent FGM, refuse to perform, assist with, or facilitate FGM in any form and to support or refer women with health complications from FGM.

ICM supports global, regional, and national actions to eliminate FGM and encourages midwives and midwives’ associations to participate in these efforts.

Recommendations

ICM urges health authorities, regulators and policymakers to:

1. Advocate for strong legislation and its effective enforcement that explicitly prohibit all forms of FGM, regardless of who performs it.
2. Establish and enforce professional codes of conduct that clearly prohibit the practice of FGM in any form or setting, regardless of who performs it.
3. Involve midwives, critical community-based primary health professionals, in FGM prevention activities.

ICM urges midwives' associations to:

1. Establish and enforce a member code of conduct that clearly prohibits the practice of FGM in any form or setting, regardless of who performs it.
2. Advocate for legislation that prohibits FGM in their country.
3. Advocate for pre-service education and continuing professional development that equips midwives with the knowledge, skills and behaviours to prevent, identify, educate, care for and refer women and girls at risk of, or affected by, FGM using non-stigmatising approaches.
4. Equip midwives with the skills to respond when families request medicalised FGM, in ways that safeguard women, girls and healthcare professionals.
5. Advocate for the implementation of services offering comprehensive care for women and girls with health complications of FGM.
6. Support national and local health authorities and the midwifery regulator with implementation of the above recommendations.

ICM urges midwives to:

1. Refuse to perform, assist with, or facilitate FGM in any form, including reinfibulation.
2. Contribute to community dialogue on the abandonment and prevention of FGM practices.
3. Educate women, girls and their families on the risks of FGM to their future, unborn or newborn daughters.
4. Encourage women who are affected by FGM to access care during the perinatal period to prevent obstetric, fetal and newborn health complications.
5. Manage and/or refer health complications of FGM, including when deinfibulation is required.
6. Report all those who are performing or offering to perform FGM to the appropriate authorities.

References

- (1) World Health Organisation. (2025). *Fact Sheet: Female Genital Mutilation*. Available at: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
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- (3) Pallitto, C., Ruiz-Vallejo, F., Mochache, V., Stein, K., Vogel, JP., and Petzold, M. (2025) *Exploring the health complication of female genital mutilation through a systematic review and meta-analysis*. *BMC public Health*, 25(1), 1387. Available at: <https://link.springer.com/article/10.1186/s12889-025-21584-z>
- (4) World Health Organisation. (2025). *WHO guideline on the prevention of female genital mutilation and clinical management of complications*. Available at: <https://iris.who.int/server/api/core/bitstreams/23102286-d5fa-4c4d-8a4f-5a4f2bca7813/content>
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- (6) UNFPA, WHO, ICM, FIGO and Asia Network to end FGMC. (2025). *Do No Harm: Joint Statement against the medicalization of Female Genital Mutilation in Asia-Pacific - A Call to Action*. Available at: <https://internationalmidwives.org/resources/joint-statement-against-the-medicalization-of-female-genital-mutilation-in-asia-pacific/>

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