

Objectives

This study aims to ensure the continuous evaluation and improvement of care provided by the LOTUS team to antenatal women affected by Female Genital Mutilation (FGM). It also seeks to raise awareness among healthcare professionals and the public about the Female Genital Mutilation Act 2003 (applicable in England, Wales, and Northern Ireland) and the Female Genital Mutilation Act 2005 (applicable in Scotland), both of which address FGM practices, including reinfibulation. Ultimately, the goal is to contribute to the complete eradication of this traumatic physical and psychological procedure, both in the UK and globally.

Design

A retrospective study of services provided by the LOTUS antenatal clinic, led by a subspecialist urogynaecologist and delivering comprehensive antenatal care through a multidisciplinary approach. Counselling by a dedicated FGM specialist midwife was integral to this **holistic model of care** [Figure 1], specifically tailored for the trust and the region.

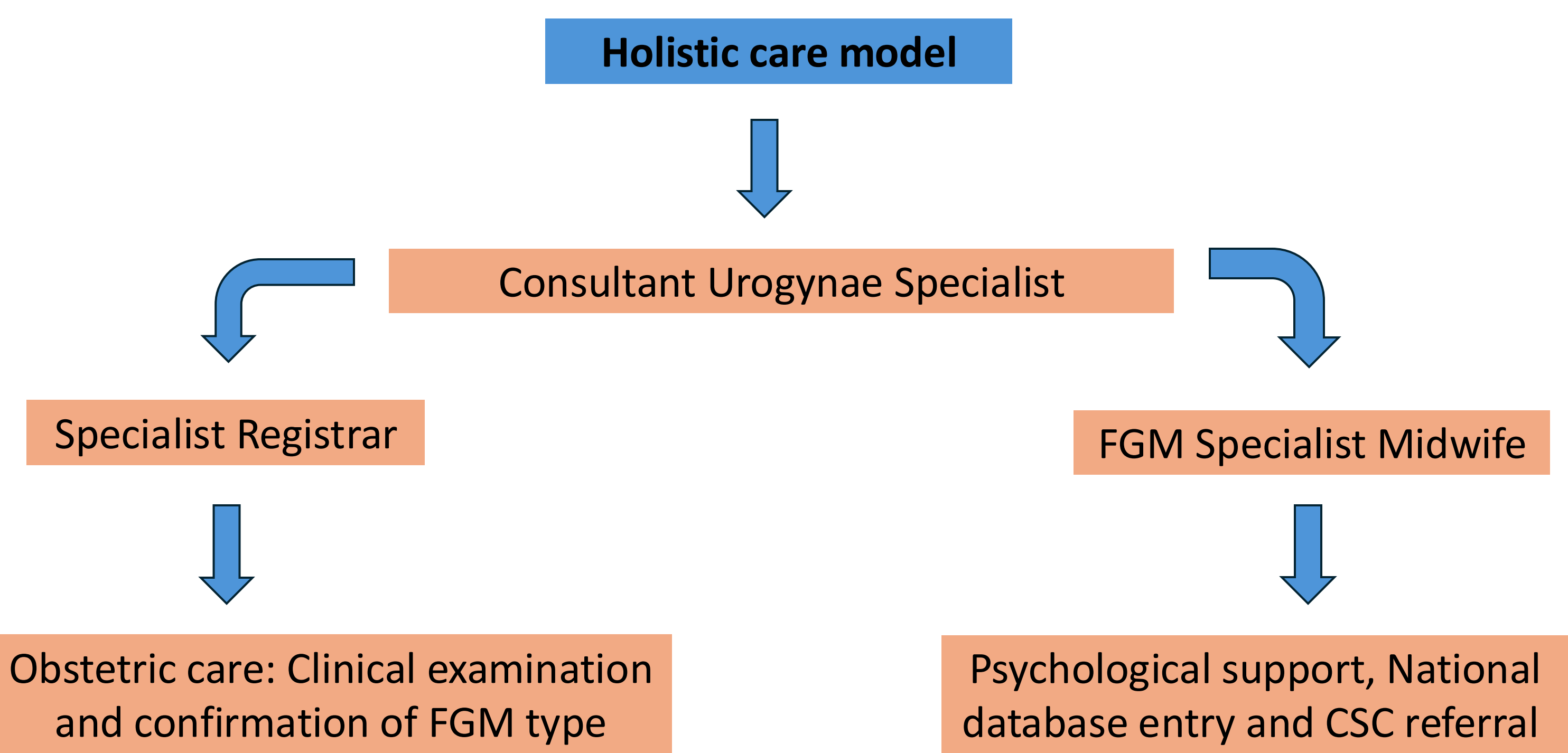


Figure 1: Holistic care model - All patients were seen 4-weekly in the dedicated lotus clinic for consistency of care and moral support by the same team

Methods

Data from **316 cases** was retrospectively analysed over a six- year period (2015–2021). The ongoing service collected findings from FGM hard-copy forms completed in the clinic and electronic patient records (CRS). Data were organized and analysed using Microsoft Excel.

Results

A total of **316** documented cases were reviewed, including 70 women who had repeat visits for either the same or subsequent pregnancies. FGM forms were completed in all cases, and all women were informed about the FGM Act. CSC referrals were made per government policy after obtaining consent. Physical examinations were offered to identify FGM type, document findings, planned delivery mode, and determine the need for deinfibulation. Counselling was provided by the specialist FGM midwife. The mean age of participants was **31 years**.

FGM origins:

The majority of cases (**54.7%**) were from **Somalia** [Figure 2]

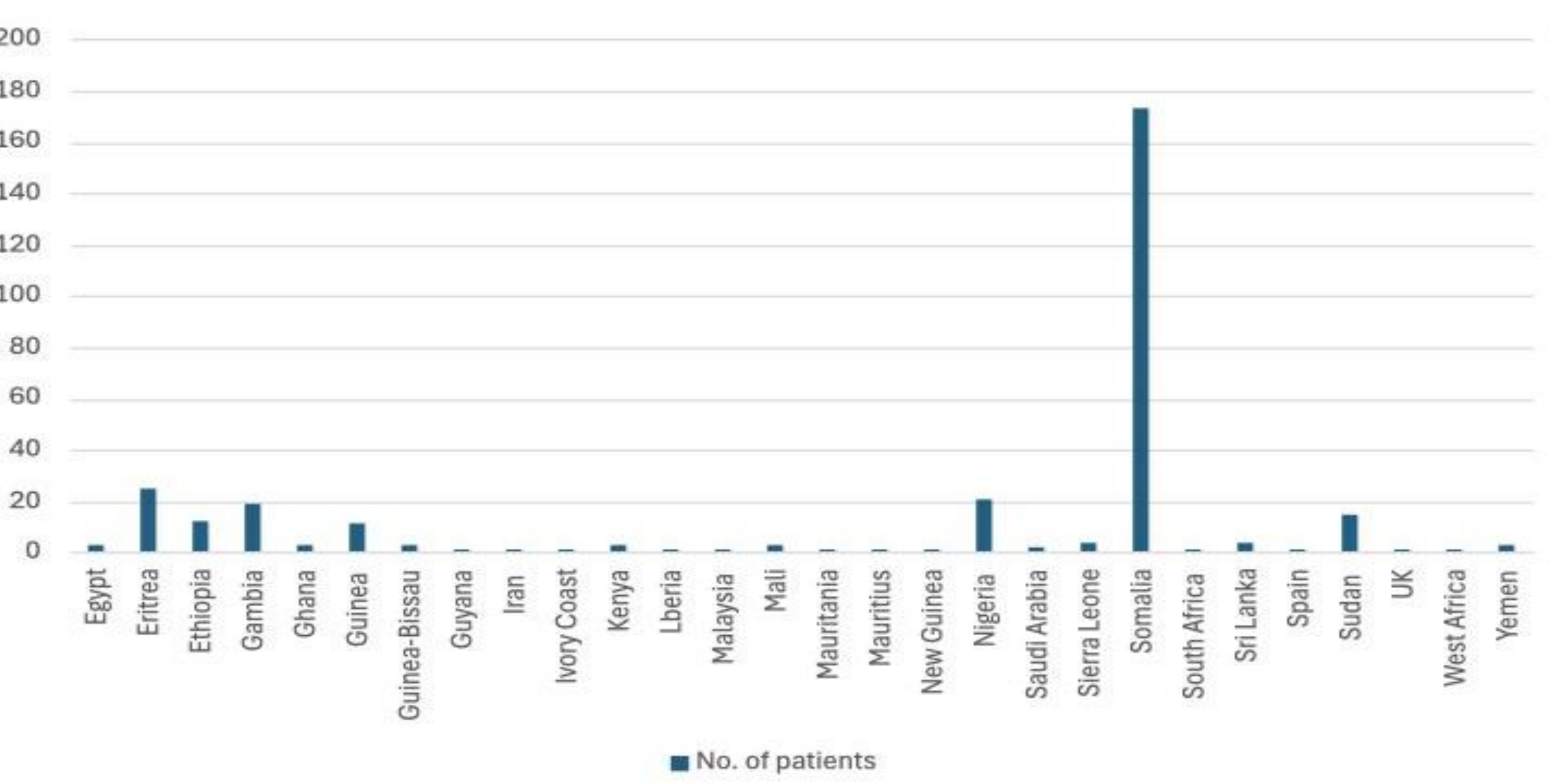


Figure 2: Country where FGM performed

FGM types:

- 280 cases** (88.6%) involved **types 1–3**, while **type 4** was seen in **3 cases** (0.9%) [Figure 2]
- 7 women** (2.2%) underwent **deinfibulation**, 16 women (5.1%) declined examination, 4 (1.3%) had no evidence of FGM, and 6 cases (1.9%) lacked documentation [Figure 3]

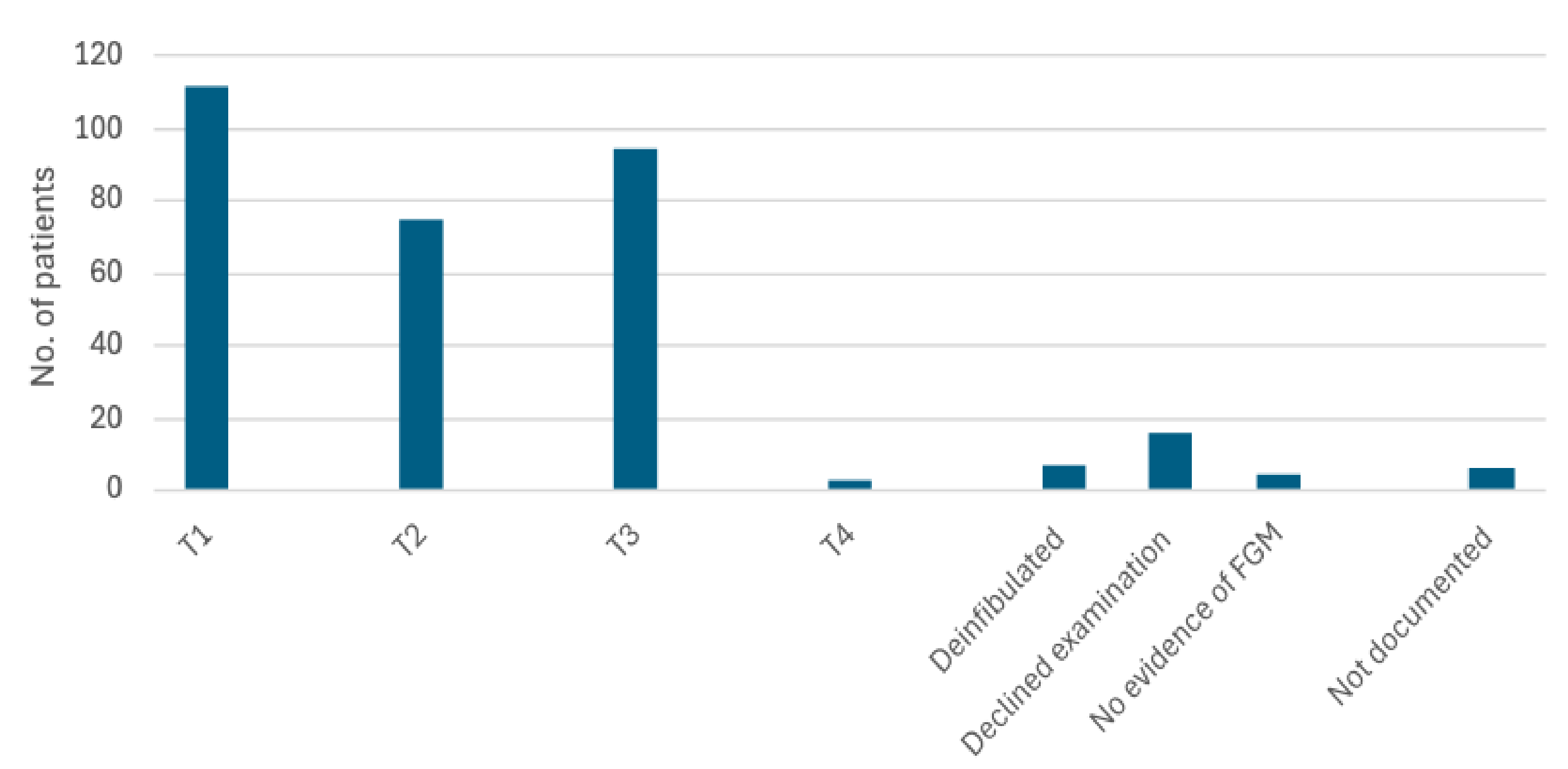


Figure 3: FGM type

Outcomes:

- 178 women** (56.3%) went on to have **vaginal deliveries**, 12 (3.8%) of which were instrumental deliveries
- 28 women** (8.9%) went on to deliver by **elective** Caesarean-section
- 65 women** (20.6%) went on to deliver by **emergency** Caesarean-section
- 8 women** (2.5%) went on to suffer **pregnancy losses**

Conclusions

The award-winning LOTUS clinic delivers exemplary care to antenatal women affected by FGM, addressing both physical and psychological health. Improved documentation and resources such as leaflets and counselling videos could enhance the service. Continued efforts are vital, as FGM remains a traditional practice in 28 countries, affecting an estimated 2 million girls annually.