Obstetric Consequences of Female Genital Mutilation/Cutting

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RHL Summary

Key findings

FGM/C is associated with an increased risk of obstetric complications, including prolonged labour, obstetric lacerations, obstetric haemorrhage, and difficult delivery. This is irrespective of the whether the included studies were prospective or retrospective in design, or the effect estimates were adjusted or unadjusted. However evidence on the strength of this association is not available.

Evidence included in this review

Twenty eight comparative studies, including 7 with retrospective designs, and 8 with reported adjusted effect estimates.

Quality assessment

Included studies were generally of low quality.

Clinical implications

FGM/C remains a harmful practice that increases the risk of delivery complications, with no known benefits. As such, advocacy campaigns against FGM/C must be intensified and women who have undergone FGM/C must be closely followed up during pregnancy and childbirth to ensure access to appropriate delivery services, with the goal of improving maternal and neonatal health outcomes.

Further research

There is need to undertake more prospective studies on the consequences of FGM/C on the risk of delivery complications.

Article

Citation: Berg RC, Odgaard-Jensen J, Fretheim A, Underland V, and Vist G. An Updated Systematic Review and Meta-Analysis of the Obstetric Consequences of Female Genital Mutilation/Cutting. Obstetrics and Gynecology International
Abstract

In our recent systematic review in Obstetrics and Gynecology International of the association between FGM/C and obstetric harm we concluded that FGM/C significantly increases the risk of delivery complications. The findings were based on unadjusted effect estimates from both prospective and retrospective studies. To accommodate requests by critics, we aimed to validate these results through additional analyses based on adjusted estimates from prospective studies. We judged that 7 of the 28 studies included in our original systematic review were prospective. Statistical adjustments for measured confounding factors were made in eight studies, including three prospective studies. The adjusted confounders differed across studies in number and type. Results from meta-analyses based on adjusted estimates, with or without data from retrospective studies, consistently pointed in the same direction as our earlier findings. There were only small differences in the sizes or the level of statistical significance. Using GRADE, we assessed that our confidence in the effect estimates was very low or low for all outcomes. The adjusted estimates generally show similar obstetric harms from FGM/C as unadjusted estimates do. Thus, the current analyses confirm the findings from our previous systematic review. There are sufficient grounds to conclude that FGM/C, with respect to obstetric circumstances, involves harm. An Updated Systematic Review and Meta-Analysis of the Obstetric Consequences of Female Genital Mutilation/Cutting (PDF Download Available). Available from: http://www.researchgate.net/publication/269715796_An_Updated_Systematic__... [accessed Aug 17, 2015].

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