

Refugee Health Microlearning Series: Female Genital Mutilation/Cutting Transcript

UPDATED 7/22/2022

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Refugee Health Screening: Female Genital Mutilation or Cutting

Hello and welcome to the micro-learning series presented by the Refugee Health Program at the
Minnesota Department of Health. This series is meant to help providers, clinical teams, and public health
better understand best practices for refugee health screenings. This video focuses on Female Genital
Mutilation or Cutting screening guidance during refugee health assessments.

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What you need to know

Who?

 Female refugees who are from countries where female genital mutilation or cutting is practiced should be screened.

What?

- If an external genital exam is deferred or refused, consider asking verbally in the context of a discussion.
- Screen for complications if a refugee has experienced female genital mutilation or cutting.
- Include anticipatory guidance regarding potential sequalae and the laws against conducting female genital mutilation or cutting once in the U.S., including what is known as "vacation cutting."

When?

- Screening for female genital mutilation or cutting should occur during the initial Refugee Health Screening and any findings should receive appropriate follow up.
- If portions of the exam are deferred, make a plan for follow-up

How?

- This can be a challenging portion of the screening for many patients and providers. Start conversations on FGM/C with information-gathering questions before more intimate and sensitive questions are asked.
- Frame questions carefully and use a non-judgmental, straightforward approach. For example, ask about a history of circumcision or cutting as one of many questions when obtaining past medical history.
- Learn about FGM/C, including its types and potential sequalae and document findings.

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Updates in Guidance

Is this different from previous MDH guidance?

This is a new topic in MDH refugee health assessments.

Is this different from national guidance?

Minnesota screening guidance does not differ from national recommendations.

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Report Screening Results

As part of the paperwork for the Refugee Health Assessment that is submitted to the Refugee Health
Program, there is a section where history of female genital mutilation or cutting can be recorded. If
deferred, remember to mark and make a plan for primary care follow-up. Please make sure this section is
being filled out appropriately.

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Resources to learn more

• If you're interested in learning more, please look at the full screening guidance and other resources outlined in this page.

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Thank you

 The well-being of all Minnesotans, including those with refugee status, depends on the work and dedication of our partners. Thank you so much for your work.

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7/22/22

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