

Ahmed, B. Management of Women Who Are Circumcised Especially During Pregnancy and Childbirth. *Journal of Obstetrics and Gynaecology* 2000; 20:280-281

This brief paper offers useful and practical advice for physicians caring for women who have had removal and scarring of all or part of the external genitalia. Circumcised and infibulated women have cultural, emotional, and surgical anxieties which must be addressed with nonjudgmental and nonthreatening demeanor. The extent of genital mutilation is variable and all physicians, midwives, and nursing staff caring for such patients should have some knowledge of the customs and its effects upon the introitus and vulva.

Pelvic examination can be embarrassing and painful for infibulated women. Incising the scarred introitus can alleviate the discomfort of vaginal examination and reduce interference with bladder and urethral function. Incising the introital scar before the onset of labor can facilitate examinations to assess the progress of labor, reduce tearing and bleeding, and alleviate the obstruction to delivery of the presenting part. Episiotomy and epidural anesthesia are recommended for labor and delivery. In the West, repair of the external genitalia postpartum should be directed by the need to prevent re-stenosis of the introitus.

I would recommend this paper to any obstetrical service caring for women who come from regions where traditions of female genital mutilation are practiced.

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