

# REFERRAL TO SNIPS FORM

Please complete form and send: **FAO - SNIPS**

Queen Elizabeth University Hospital  
 Princess Royal Maternity  
 Royal Alexandra Maternity Unit  
 Inverclyde Royal Hospital  
 Vale-of-Leven Hospital

Antenatal Clinic, 1345 Govan Rd, Glasgow  
 Antenatal Clinic, 16 Alexandra Parade, G31  
 Corsebar Rd, Paisley PA2 9PN  
 Larkfield Rd, PA16 0XN, FAO – MW Sloan  
 Main St, G83 0UA, FAO -MW McAlpine

## REFERRING UNIT

PRM		QEUH		RAH		IRH		VoL		OBAN	
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Patient Addressograph	GP: _____
	HV: _____
	SW: _____
	Patient Contact Tel No: _____

<p>Reason for Referral – <i>please tick appropriate box/boxes</i></p> <p>Mental Illness: <i>use Referral to Perinatal Mental health service form</i></p> <p>Substance Abuse e.g. drugs/alcohol:</p> <p>Gender Based Violence:</p> <p>Young, Vulnerable &lt;16 years:</p> <p>Complex Teenage Pregnancy</p> <p>Blood Borne Virus</p> <p>Learning Difficulties:</p> <p>Complex Asylum Seeker/Refugee</p> <p>Homeless</p> <p>Complex social issues</p> <p>Shared Referral Form (Social Work/CP)</p> <p>Additional Comments:</p>	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>											<p>Team/Midwife: _____</p> <p>Consultant: _____</p> <p>Parity: _____</p> <p>E.D.D: _____</p> <p>Next A/N Appointment: _____</p> <p>Interpreter Required? Yes/No</p> <p>Language spoken: _____</p> <p>Patient's Community Pharmacy Name &amp; Number as reqd</p> <p>_____</p> <p>Referrer: _____</p> <p>Name _____ (sign and print)</p> <p>_____</p> <p>Designation _____</p> <p>Contact No. _____</p> <p>Date: _____</p>

PTO



## Identifying & Responding to Female Genital Mutilation (FGM) – Midwives Pathway

### **Booking Appointment (Midwife)**

During routine enquiry all women to be asked about FGM (in private) with appropriate communication & language support where required

Initial question; **“Have you had any procedures carried out which may cause difficulties during pregnancy, labour or the birth of your baby?”**

Follow on question; **“Have you been cut/closed?”**

### **FGM Disclosed?**

Yes

No

#### **Booking midwife response:**

- Refer to FGM support leaflet & briefly discuss the law & health impact of FGM
- Record disclosure
- Add to chronology
- **Refer to SNIPS using referral form**

#### **Booking midwife response:**

- Record response
- No further action at this time

**Where there is no disclosure but you suspect FGM may have been performed:**

- Document
- **Refer to SNIPS**

#### **All midwives should:**

- Make urgent referral to SNIPS if FGM is identified at any stage out with booking.
- Contact SNIPS for advice or support if required.
- Follow child & adult protection procedures & refer to social work where required.

Child Protection Unit: 0141 451 6605    FGM Helpline: 0800 028 3550    [www.saheliya.co.uk](http://www.saheliya.co.uk)

## Identifying & Responding to Female Genital Mutilation (FGM) SNIPS Pathway

Woman referred to SNIPS following disclosure of FGM for assessment

### **SNIPS midwife will:**

Discuss consent & confidentiality  
Discuss personal history of FGM—(when, where, why & how)  
Assess health impact of FGM (physical & psychological)  
Discuss UK/Scottish Law  
Initiate risk assessment

### **Risk Assessment**

What is the woman's opinion of FGM & would she consider it for a female child?  
What is her husband/partner's opinion of FGM & would he consider it for a female child?  
Family history of FGM: Incidents with siblings, female relatives or other female children  
Are there strong links to her/his country of origin?  
Is there any evidence that the woman may be influenced/coerced by family whether in UK or country of origin to have FGM carried out?

### **No risk Identified at this time**

Document discussion

### **SNIPS Assessment of FGM**

Visual examination of vulva to identify type of FGM with consent  
Discuss & agree plan of care with woman including any referral required  
Document assessment outcome

### **Risk Identified**

Document risk identified  
Discuss with Child Protection advisor & submit Shared Referral Form to Child Protection Unit & social work

### **Revision not required**

Document assessment and continue mainstream care.

### **Revision required**

Refer to FGM Clinician/Lead with woman's consent.  
If woman declines, document & discuss with FGM Clinician/Lead & Consultant.

### **Information Sharing**

Share information with GP & HV  
Inform consultant obstetrician

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Approved by Obstetric Governance Group: 18<sup>th</sup> January 2018 Implementation Date February 2018 Review Date January 2022