NEWCOMER SEXUAL HEALTH

Caring for the Reproductive & Sexual Health Needs of Newcomers in Nova Scotia

DALHOUSIE UNIVERSITY

HALIFAX Sexual Health Centre

A Toolkit for Physicians

In response to growing immigration within Nova Scotia, this resource aims to provide guidance and optimal sexual health care to Newcomers in a culturally safe and trauma-informed manner. For the purpose of this guide, we will use the CRA definition of 'Newcomer' to define permanent residents, refugees, and temporary residents (students, workers or temporary permit holders) as being a Newcomer for the first year they are a resident of Canada (1)

A Glance at Newcomers to Nova Scotia

Nova Scotia has experienced significant population growth within the last decade. Between July 2022 and July 2023, the population increased by 3.24% (2). In the same year, 12,303 international immigrants and 15,518 non-permanent residents (defined by Statistics Canada as permit holders and asylum seekers) migrated to Nova Scotia (2, 3). Immigration has been increasing in Nova Scotia since mid-2015 following the implementation of several government programs encouraging and expediting entry to the province (3).

Migrants to Nova Scotia have diverse backgrounds and as of 2023, the top source countries were India, Philippines, China, Nigeria, and South Korea (3). Following English, the most widely spoken languages in Nova Scotia are Arabic, Mandarin, Hindi, Punjabi, and Mi'kmaq (4). In Halifax, the most spoken language following English is Arabic, while in Cape Breton it is Mi'kmaq, and in Kentville and New Glasgow it is French and Tagalog (4). In Truro, both French and Punjabi are the most prevalent languages following English (4).

New Immigrants & Non-Permanent Residents to NS (2023)

45,552

Top 5 Countries of Origin (2023)

India
Philippines
China
Nigeria
South Korea

The Importance of Interpretation Services

20% of Canadians report a mother tongue other than English or French which highlights the significant potential for misunderstandings and poor clinical outcomes (5). The use of ad-hoc interpreters or family members can increase errors of omission, biases, and unnecessary stress on the patient's support system. Professional interpretation services are associated with improved outcomes, communication, and satisfaction (5).

NSH Physicians Interpretation Service:
1-844-590-7765

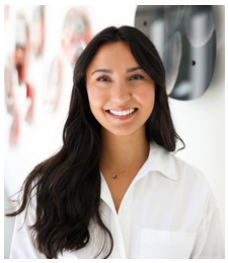
This Resource

About Us

We are two medical students at Dalhousie University which is located in Kjipuktuk Mi'kma'ki on the unceded territory of the Mi'kmaw People which is bound by spirit and intent to the Peace and Friendship Treaties signed between the British Crown and the Mi'kmaw People. As visitors on this land of Indo-European descent, we are committed to the ongoing journey of Reconciliation and reframing our responsibilities to land and community. We are all Treaty people.

We are passionate about both Sexual and Reproductive Health as well as advocating for equity in Newcomer populations. This resource was developed in conjunction with Halifax Sexual Health Centre (HSHC). We would like to thank physicians at both the Newcomer Clinic in Halifax and the HSHC for reviewing this resource and providing valuable feedback.

Reanna Laltoo BSc. MScA. has a background in molecular biology and previously volunteered and worked as a casual medical administrator at the Halifax Sexual Health Centre. She also spent her time volunteering with Newcomers at the Immigrant Services Association of Nova Scotia (ISANS) and the Newcomer Health Clinic in Halifax. She currently volunteers providing sexual education in the HRM through Sexual Health Outreach Team at Dalhousie Medical School.



Alexa Leo MacDonald BSc. MSc. MPH has a background in public health and epidemiology. She has volunteered with Newcomers in Halifax at the Newcomer Health Clinic and in New Brunswick at the Multicultural Association of Fredericton (MCAF). She has also worked on provincial youth advocacy through the One Chance To Be a Child Report and volunteers providing sexual education in the HRM through Sexual Health Outreach Team at Dalhousie Medical School.

Interim Federal Health Program (IFHP)

The Interim Federal Health Program (IFHP) provides limited, temporary coverage of healthcare benefits to refugee claimants, resettled claimants and certain other groups (6). It is known as a payer of last resort meaning its benefits are limited to those who do not have access to public or private health insurance plans. Healthcare providers are reimbursed directly for services covered by the IFHP by submitting claims to Medavie Blue Cross (6). **Despite the ease to register and be reimbursed through the IFHP, research indicates refugee claimants are still denied care due to lack of administrator knowledge and physician enrolment** (7).

What is covered for patients under IFHP?

Basic Coverage:

- Inpatient and outpatient hospital services
- Services from licensed medical professionals
- Laboratory, diagnostic, and ambulance services

Supplemental Coverage:

- Limited vision + urgent dental care
- Home care and long-term care
- Services from allied healthcare practitioners
- Assistive devices, medical supplies + equipment

Prescription Drug Coverage

One Immigration Medical Exam (IME) + IME-related diagnostic tests

Patients can apply for IFHP here

How are physicians reimbursed under IFHP?

- Providers may not charge the client for covered services
- Compensation for physicians is based on a fee-for-service model and claims are submitted using the same procedure codes and reimbursements rates they use when billing their province/territory's health insurance plan
- Reimbursement to providers will be made within 30 days of receipt of claim submission

Providers can register to care for patients covered by IFHP here: Medavie Blue Cross 1-888-614-1880

Helpful Resources

Immigrant Services Association of Nova Scotia (ISANS)

- Immigrant Health Program: meet families after arrival in Nova Scotia to assess healthcare needs, connect families with Newcomer Refugee Health Clinic for primary screening and orient Newcomers to the Canadian healthcare system, IFHP, and NS Health Card Coverage

- Newcomer Community Wellness Program: focuses on mental health and well being for Newcomers, brochures are available here in English, French, Arabic, Persian, Chinese, Swahili

IFHP Provider Handbook

Trauma Informed Care

Trauma is the emotional response to an event, or a series of events, that overwhelm an individual's capacity to cope. Trauma can result from a variety of reasons including **adverse childhood events (ACEs), violence, sudden loss, intergenerational trauma, or cultural trauma**. There are many reasons why immigrants and refugees leave their home country. Some Newcomers are fleeing violence and instability in their home country while others choose to immigrate for economic opportunity. Despite the vastly diverse reasons for immigration, Newcomers generally tend to have better physical and mental health upon arrival than their Canadian-born counterparts (8). Overtime this advantage diminishes due to the stress of integrating into a new country, navigating multiple cultural contexts, and the associated cultural stress of belonging to a marginalized group.

Trauma-Informed Care (TIC) is an approach to practice that enhances the patient's sense of safety, control, and resilience. It recognizes the prevalence of different forms of trauma and incorporates that knowledge into a systemic practice approach. The goal of TIC is to minimize harm, not to treat trauma (9).

- Newcomers are not a homogeneous group and there are multiple individual, cultural, and intergenerational responses to trauma
- Trauma informed approaches do not involve forcing disclosure from the patient- this can be triggering and reactivating
- **Strong social and family supports are protective and support patient health and resilience**

The Four R's of Trauma Informed Care (SAMSHA 2014)

REALIZE	the widespread impact of trauma, presume all comers may have some degree of trauma and understand the potential paths for recovery
RECOGNIZE	signs and symptoms of trauma in clients, families, staff + system, be curious about behaviours
RESPOND	fully integrate knowledge about trauma into policies, procedures and practices
RESIST	retraumatization, follow the principles of trauma informed care: safety, trustworthiness & transparency, peer support, collaboration & mutuality, empowerment, cultural, historical & gender issues

Watch for signs of distress/discomfort, avoid questionnaires, be transparent, try to prepare patients for what will happen next, explain, signpost, provide opportunities for the patient to speak, express empathy

CMA Trauma Informed Care: Better Care for Everyone
ACES Aware

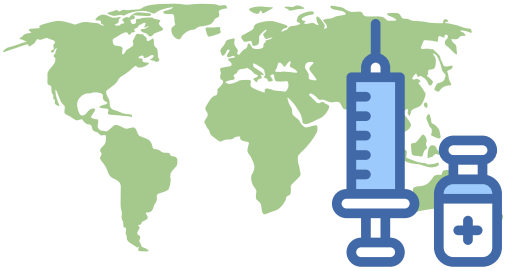
Sexually Transmitted and Blood-Borne Infections (STBBI) Management

As referenced earlier in this guide, Newcomers arrive in Canada often in better health than Canadian-born individuals thus it is important to avoid making assumptions regarding a patient's health status, priorities, or experiences based solely on their country of origin. However, Newcomers to Canada have unique sexual healthcare needs.

Studies show the quantity and quality of **sexual education differs widely across the world** and many Newcomers come from cultures that are less open to conversations about sexual health (11, 12). This means individuals may not have had access to STBBI screening in their home country or even awareness of its necessity. Previous HPV and hepatitis B research also indicates that **Newcomers may be under-immunized compared to the general population** (13, 14). In addition, the experience of migrating to a new country creates more vulnerabilities in this population. Adapting to a new country can make prioritizing finding and accessing health services low and some Newcomers may concurrently be experiencing distrust of the healthcare system, language barriers, and a lack of social supports.

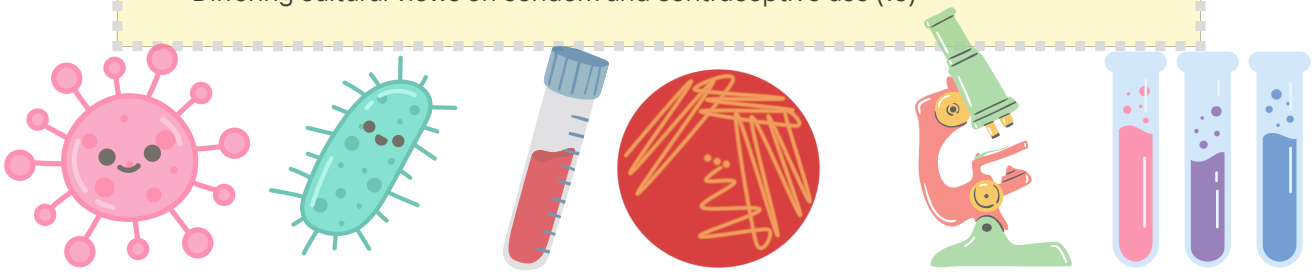
Educational Pap Exam Video available in multiple languages

- **Made by the Halifax Newcomer Well Woman Clinic**



Misconceptions Newcomers may have regarding STBBIs:

- The perception of lower STBBI risk in Canada compared to their country of origin
- A false perception that the Canadian immigration process only gives visas to immigrants who do not have HIV
- Differing cultural views on condom and contraceptive use (15)



Pelvic & Gynecological Exams	• Offer a female support person during sensitive exams and ensure translators are present if required • Communicate what will be performed and why • Ask permission to proceed • Reinforce choice and patient control during the exam • Avoid re-traumatizing language • Observe for signs of distress
Vulvo-Vaginal Self Swabs	• **Self collected swabbing has been shown to be non-inferior to physician collected samples** (10) • Applications: Chlamydia, Gonorrhea, Bacterial Vaginosis, Candidiasis

STBBI Screening Recommendations: CMAJ Guidelines (14)

Hepatitis B	• Screen adults and children from countries where the sero-prevalence of chronic hepatitis B virus infection is moderate or high (ie ≥ 2% positive for hepatitis B surface antigen) ie. Eastern Europe, Asia, and Africa.
	  ◦ hepatitis B surface antigen
	  ◦ anti-hepatitis B core antibody
	  ◦ anti-hepatitis B surface antibody
	• Refer to a specialist if positive for hepatitis B surface antigen (chronic infection)
	• Vaccinate those who are susceptible and are triple negative for markers

Hepatitis C	• Screen for antibody to Hepatitis C virus in all newcomers from regions with prevalence of disease ≥ 3% (excludes South Asia, Western Europe, North America, Central America, and South America. • Refer to specialist if positive for Hepatitis C antibody.
Human Immunodeficiency Virus (HIV)	• With informed consent screen all adolescents and adults for HIV arriving from countries where HIV prevalence is ≥ 1% including sub-Saharan Africa, parts of the Caribbean, and Thailand. • Refer HIV-positive individuals to HIV treatment programs and counselling.
Syphilis Serology	• Adults Only. Treat if positive.
Urine Chlamydia & Gonorrhea NAAT	• Adults Only. Treat if positive.

FACTS

- **HIV**: People born in HIV endemic countries account for 16.9% of new HIV infections and 14.9% of those living with HIV in Canada
- **HCV**: Many immigrants come to Canada from countries with a high seroprevalence of HCV; an estimated 35% of HCV infections in Canada are among the foreign-born population
- Some groups of immigrants, including South Asian and Southeast Asian women, have **lower rates of cervical cancer screening than Canadian-born women** (15)

WHY

- **Racism, discrimination and homophobia** can leave these groups vulnerable to STBBIs by impacting access to prevention, testing, treatment, care, and support
- **Culture:** Sex-related issues may be viewed as taboo making it difficult to discuss/acknowledge
- **Social support** networks can play a protective role but are limited in Newcomer populations
- **Socioeconomic status** & stress of immigration further perpetrate vulnerabilities (15)

ACTION

- **Culturally sensitive** and non-judgmental sexual education regarding prevention and signs and symptoms of STBBIs
- **Explore and dispel** common fears that may exist for Newcomers around STBBI testing due to concerns of discrimination or fear of disclosure
- **Normalize** testing and ensure patients understand how often they should be screened and where to find accessible resources

STBBI Medication Handouts (multiple languages)

2SLGBTQIA+ Newcomers

In 1991, Canada became one of the first countries to accept refugee petitions based on persecution due to sexual orientation or gender identity (16). As a result, thousands of 2SLGBTQIA+ refugee claims have since been adjudicated by the Immigration and Refugee Board (16)

Research indicates as many as 1 in 3 transgender and non-binary Newcomers migrated to Canada due to fear of persecution related to gender identity (16). Despite Canada being recognized as an international safe haven for queer and transgender individuals, research indicates **2SLGBTQIA+ immigrants to Canada endure employment discrimination, racism, limited social support, and other unique and detrimental barriers to healthcare**.

For those individuals who are escaping persecution for their sexual orientation or gender identity it is important to be aware of the trauma they may still be experiencing as well as the impacts of re-living this during their refugee hearing (16). Thus it becomes important to maintain, as a standard of practice, a trauma-informed approach.

Non-binary and transgender Newcomers are less likely than established immigrants and Canadian-born individuals to have tried to access identification documents with their true name or gender (17). In addition, Newcomers may be migrating from source countries where access to gender affirming care is limited. Therefore it becomes important to establish a trusting, confidential environment while balancing exploring the patient's expectations and goals and educating them of the options they have at their disposal.

1 in 3

transgender and non-binary Newcomers migrated to Canada due to fear of persecution related to gender identity

HIV incidence among people from HIV-endemic countries is 6.4 x higher than in other Canadians (18)

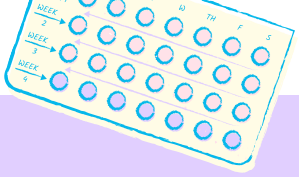
PrEP Recommendations:

- Men and transgender women who have condom-less anal sex with men
- Those who are HIV negative with a HIV positive partner and participate in condom-less vaginal or anal sex
- Those who participate and share IV drugs

In Nova Scotia, men who have sex with men (MSM) are eligible for vaccines to protect against:

- **Hepatitis A Virus (HAV)**
- **Hepatitis B Virus (HBV)**
- **Human Papilloma Virus (HPV)**
- **Mpox**

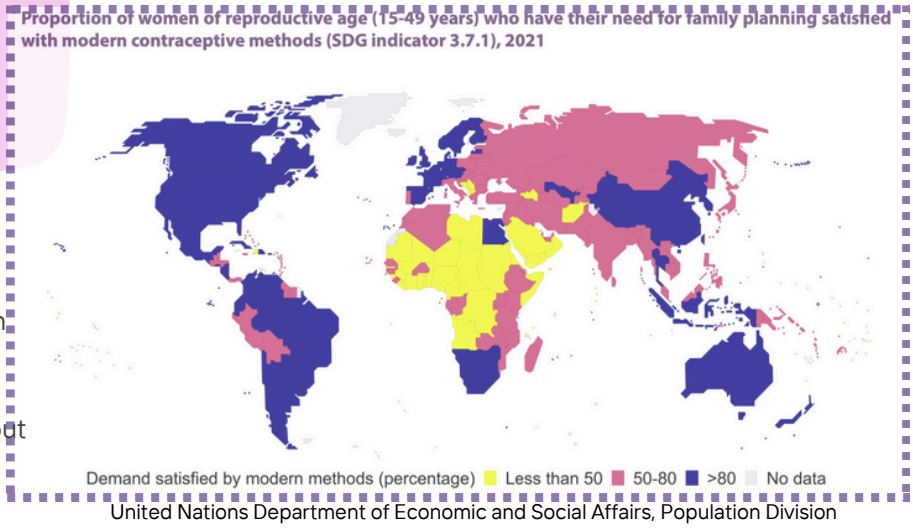
More details here: **novascotia.ca/dhw/cdpc**



Contraception

Globally, an estimated 40% of pregnancies are unintended. Unintended pregnancies are associated with negative impacts on both maternal and child health. Contraception benefits are numerous and cost-effective yet are vastly underutilized worldwide. An estimated **84% of unintended pregnancies are due to unmet contraceptive need** (19). Within Canada, up to **40% of Newcomers arrive from countries where unmet contraceptive needs are high** and rural and low socioeconomic status Newcomers are particularly more likely to have unmet contraceptive needs (14).

- Contraceptives listed under the **NS Formulary are covered under the IFHP**
- Federal Government announces next step to **universal access to free contraceptives**
- **The IFHP does not cover vasectomies or tubal ligation**



United Nations Department of Economic and Social Affairs, Population Division

Unmet Contraceptive Need

- Unmet Contraceptive Need is defined by The WHO and United Nations as a gap between an individual's reproductive intentions and their contraceptive behaviour (20)
- Those in marginalized groups and those without financial independence face compounding barriers to contraceptive use (20)

Counselling

- Consider sociocultural expectations and perceptions with regard to family planning and contraceptive use during counselling
- Approach discussions with cultural humility and speak to the patient alone to best understand their needs and expectations for contraception
- Offer a range of options to patients. Depending on individual experiences, and what was previously available in the place of emigration, patients may favour different contraceptives

Contraceptive Choices

Oral Contraceptive Pills (ex: Alesse, Loestrin, Yasmin, Yaz, Seasonique)
Most popular method in New Zealand, Australia, Northern Africa, Western Asia, and Latin America
Cost: Up to $300 CAD per year

Intrauterine Device/System (ex: Jaydess, Mirena, Kleenya)
Most popular method in Eastern + South-Eastern Asia, and Northern Africa
Cost: IUS $300 per unit
IUD $100 per unit

Injection (ex: Depo Provera)
Most popular method in Oceania, Sub-Saharan Africa
Cost: Up to $150 per year

Hormonal Implant (ex: Nexplanon)
Most popular method in Western Africa
Cost: Up to $300 per unit

Hormonal Vaginal Ring (ex: NuvaRing, Annovera)
Cost: Up to $300 per year

Emergency Contraception (ex: Plan B, Next Choice, NorLevo)
Non-IUD emergency contraception
Cost: $30 per dose

CMA: Evidence-based clinical guidelines for immigrants and refugees.

Caring for Pregnant Newcomers

Newcomers to Canada may require pregnancy care and enter into the prenatal stream of care in different ways. Patients may arrive already pregnant with or without prenatal care or records, become pregnant while covered under IFHP, or become pregnant once receiving provincial health coverage. It is important to recognize that **different countries of origin have varying practices and policies regarding prenatal care, birth, and postnatal care**. This can range from the frequency of prenatal visits, cost of appointments, to birth attendants and birthing practices. Additionally, depending on the country of origin, having pregnancy options available to patients may be new: **continuing desired pregnancy, termination, and adoption**.

Dating Ultrasound	• Dating ultrasound may or may not be available depending on the individual's circumstance. Last Menstrual Period (LMP) may not be a reliable indicator of gestational age • Consider early dating ultrasound

Prenatal Care	• Recognize the language and cultural barriers that exist for Newcomers requiring pregnancy care
	• Pre-arrival prenatal care should be assessed as in-depth as possible
	  ◦ Inquire about any previous pregnancies and care
	  ◦ Determine current understanding and expectations for care and birthing
	• Communicate importance of appointments for monitoring health of parent and baby
	• Increase accessibility: set up appointments in advance, provide appointment cards & handouts with translated information, arrange for in person translators in advance
	• Reiterate that appointments and hospital stays are covered under healthcare
	• Reach out and be aware of local community groups to help foster strong social support

Obstetric Provider	• Educate patients on the different options for pregnancy providers and birth attendants • Facilitate rich handover with consideration to Newcomer context, organize follow up • Recognize that pregnant patients affected by FGC are at increased risk of poor outcomes for both pregnant patient and baby, and there is a severe lack of education among providers in how to care for patients who have undergone FGC (21)
Action Items	• Consider printing a timeline of antenatal care in NS in different languages and indicate to patients where they may fall in the timeline and where appointments fall • Proactively seek out multicultural community organizations for patients to seek support throughout pregnancy and child rearing • Use simplified and translated print materials (ex: posters & brochures) • Complete the provider reflection exercise linked below on Giving Birth in a New Land

Culturally Competent Questions to Facilitate Prenatal Values & Beliefs (22)

- Who do you want to be involved in decision-making? Who do you lean on in your life for support?
- Do you have any beliefs, practices, and faith rituals related to pregnancy and giving birth? And how can we accommodate those?
- What do you and your family believe you should be doing to remain healthy during your pregnancy?
- Are there any home remedies that are important for you to use during pregnancy?

Giving Birth in a New Land (available in different languages)

Perinatal Care for Newcomers

Perinatal care (PNC) is defined as the period of time between a patient becoming pregnant and one year after giving birth. PNC improves maternal, fetal and infant health and has been shown to reduce maternal mortality, miscarriage risk, premature birth, low birth-weight, still birth, and sudden unexpected death in infancy (23). Despite its importance, **PNC utilization varies globally with rates as low as 25-43% in developing countries** (23). Within Canada, rates of inadequate PNC have been found to be significantly higher in Newcomer women possibly due to limited language proficiency and difficulties navigating the healthcare system (23). Research has shown that when transitioning to Canada, Newcomers prioritize finding housing and food before seeking prenatal care (23, 24).

Current Shortcomings in Maternity Care for Newcomers (25)

1. **Insufficient information provided during the perinatal period**
   - deficiencies spanning prenatal care, birthing + postnatal support
   - lack of emphasis on autonomy over decisions
2. **Lack of cultural competency among providers**
   - ex: providers not respecting Muslim women's requests to have notice before males enter hospital rooms
   - Not having female birth attendants or female providers conduct checks and convey findings if asked
   - ex: lack of availability of appropriate nutritional options in prenatal counselling as well as in hospital
3. **Discriminatory attitudes or ignorance towards cultural practices**
   - ex: fasting during Ramadan while pregnant, male circumcision
4. **Lack of connection to community resources**
   - parenting groups, prenatal classes, financial resources
5. **Massive need for emotional and social support in the antepartum period**
   - social support networks within community
   - physician knowledge and engagement to connect patients to these essential resources

Guidelines for Antenatal Screening & Testing

(Reproductive Care Program of Nova Scotia, 2022)

- First prenatal visit by 12 weeks
- Monthly visits up to 28 weeks
- Biweekly visits up to 36 weeks
- Weekly visits from 36 weeks
- Dating U/S: 7-12 weeks
- Anatomy Scan: 18-22 weeks

Listening & Learning

Ask about what their expectation of maternity care looks like as well as the postnatal period "What do you hope for from us during this time? What will make you feel confident in bringing baby home? How can we ensure you are well?"

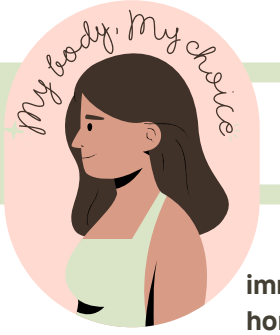
Referral & Community Care

- Prenatal classes that are offered in appropriate languages
- Cultural community supports
- Canada Prenatal Nutrition Program (listed under NS)
- Sobeys Baby Be Healthy Program for free prenatal vitamins
- Advise about maternity leave, benefit entitlements, and childcare options

Postnatal Care: Recognizing the Fourth Trimester

Newcomers are at 4-5x higher risk of developing postpartum depression due to a lack of appropriate social supports (26). Providers should be aware and prepared to make appropriate referrals as social support networks are essential.

Giving Birth in a New Land (available in different languages)



Pregnancy Termination

The majority of abortions occur due to unintended pregnancy (27). In the context of Newcomer populations, **immigrants presenting for abortion are less likely than their Canadian-born counterparts to be using hormonal contraception** due to a variety of reasons including negative cultural attitudes towards contraception, a gap in reproductive knowledge, or difficulties accessing contraceptives (27, 28). In addition to a gap in contraceptive need, **Newcomers are particularly vulnerable to unintended pregnancy due to the high prevalence of low socioeconomical status paired with cultural backgrounds that may influence their reproductive goals and perceived legal or moral barriers to abortion** (29).

A Trauma-Informed Framework for Working with Newcomers Seeking Abortion

Adapted from University of Buffalo School of Social Work (30)

Realize

- Presume all comers may have some degree of trauma
- Be mindful of the stress that stigma and access-barriers can bring to abortion-seekers, especially compounded with potential cultural and moral barriers

Recognize

- Acknowledge as a healthcare provider, the obligation to support abortion seekers as they make the right decision for themselves
- Assure patient of **confidentiality**
- Reassure patients that **abortion is legal in Canada and covered under IFHP**

Respond

- Offer non-judgemental, unbiased evidence-based resources
- Ensure patient is referred appropriately (**ROSE Clinic** in NS or **self-referral 1-833-352-0719**)

Follow Up

- Explore any **unmet contraceptive need**
- Provide compassion and validate the experience of Newcomers seeking pregnancy termination

It's My Choice
Action Canada for Sexual Health and Rights Access Line: 1-888-642-2725

Adoption

Adoption Options Counselling
Social workers can provide counselling and support for expectant parent(s) regarding pregnancy termination, parenting resources, and the process of placing a child for adoption

NS Adoption Information Line: 1-866-259-7780

Traditions and religion influence adoption laws and practices worldwide based on emphasis on continuation of family lines, inheritance, and stigma (31). These factors play a role in whether adoption as a pregnancy option is a viable consideration to an expectant parent or not.

In countries that follow Islamic law, domestic or inter-country formal adoption is generally prohibited (31) whereas in parts of the world that have been shaped by Confucian law, adoption historically occurred more frequently when biological ties exist between child and adoptive caregivers (31).

When discussing pregnancy options with a Newcomer, it is not important to familiarize yourself with the historical and cultural views of adoption in their home country but instead recognize that these views may differ from Western standards. Be empathetic, sensitive, and compassionate and provide them with the NS Adoption Information Line so they can make their own informed decision.

Female Gential Cutting (FGC)

Please note that outdated terms such as "Female Circumcision, and Female Genital Mutilation" do not represent trauma informed or culturally safe language and should be refrained from using in healthcare professional vocabulary (32).

Female Genital Cutting (FGC) is a global issue and present in 92 countries worldwide. It is not associated with any particular religion or belief. The IWK recommends screening all patients who present for a pelvic exam for FGC in an effort to normalize these discussions and ensure equitable care. It is also important for providers to educate themselves in order to provide competent care for all patients. The UN guide for the healthcare of patients who have received FGC include the following principles (33):

- Individuals living with FGC have experienced a harmful event and must be provided quality healthcare
- All stakeholders should initiate and continue actions toward primary prevention of FGM
- Medicalization or performance of FGC by providers violates medical ethics

WHO
160,000
estimated Canadians

WHEN
0-15yo
at the time of procedure

WHERE
92 countries
worldwide including within North America

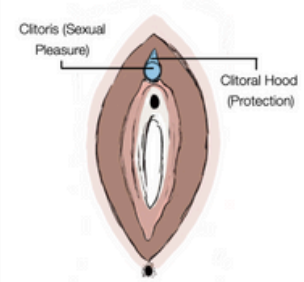
Legal Obligations

FGC is **illegal** in Canada and anyone who performs or assists with the practice can be criminally charged and convicted. The Criminal Code also makes it a crime for parents or family members to take a girl out of Canada for the purpose of having FGC/FGM performed elsewhere. Reporting to appropriate child welfare protection services is **mandatory** when a child has recently been subjected to female genital cutting or is at risk of being subjected to the procedure.

DOs	DON'Ts
• Educate yourself! Approach the situation with cultural humility + consider your positionality • Ask about procedures that the patient may have had. Mirror the language the patient uses to refer to their anatomy and procedure • Ask permission to discuss FGC and if they have any questions about their health that may be related • Directly inquire about urogynecological symptoms and function • Offer STBBI screening • Have honest conversations about deinfibulation if/ when they are ready to discuss. • Offer elective non-pregnant deinfibulation as antenatal/intrapartum deinfibulation increases risks • Be mindful that certain procedures may provoke recall of the original procedure and trauma • Offer psychological assessment and treatment	• Push a patient to discuss it. Be aware that this an extremely sensitive topic and be prepared that the patient may not be ready to talk about it • Avoid using terms such as "female genital mutilation" or "female circumcision" • Use jargon or overly technical language: Keep it simple and easy to understand especially with language barriers • Do not assume the patient knows their anatomy is different. Understand that patients may not be aware of what has happened • Do not assume that the patient considers the procedure as a problem or wants deinfibulation • Do not assume this conversation can be handled in one appointment. Be prepared that multiple visits may be required before the patient is ready to discuss

Assessment of the Genitalia

It is important to be mindful that patients may or may not be aware that this procedure has been performed on them. Use terminology that is familiar to the patient and determine how they refer to their anatomy and mirror their vocabulary while maintaining professionalism. Ensure proper documentation. If unable to identify the type, record that the patient has undergone FGC and the structures that have been affected. (32)

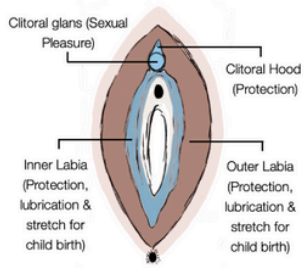


TYPE I - Clitoridectomy

- consists of partial or total removal of the clitoris glans and/or excision of the prepuce/clitoral hood

Associated complications

- shock, trauma
- infection, cysts, abscess, ulcers, HIV transmission, hemorrhage
- urinary retention



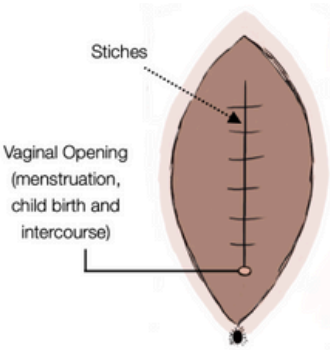
TYPE II - Excision

- involves clitoridectomy and partial or total excision of the labia minora with or without removal of the labia majora

Associated complications (all previously listed)

- chronic pelvic inflammation
- difficulty passing urine & menses
- painful periods
- urinary symptoms

Deinfibulation: surgical procedure to separate the scar tissue from FGC Type III (infibulation)

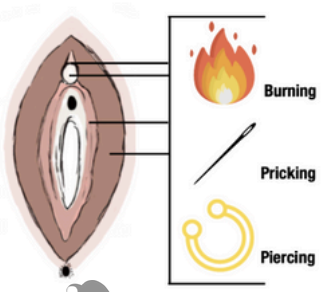


TYPE III - Infibulation

- includes removing part or all of the external genitalia and reapproximation of the remnant labia majora, leaving a small neointroitus *clitoral organs may remain

Associated complications (all previously listed)

- may need procedures for intercourse
- increases risk of infertility
- 70% more likely to suffer hemorrhage during birth and twice as likely to die in childbirth and have a stillbirth due to obstructed labour (WHO
- increased obsteteric complications: obstetric fistula, foetal asphyxia, perineal tearing



TYPE IV - Other

- any other injury to the female genital organs (eg, pricking, piercing, incising, scraping, and cauterizing)

Associated complications

- shock, trauma
- infection, cysts, abscess, ulcers, HIV transmission, hemorrhage
- varies depending on the type

Further Reading: Flourish, End FGM Canada

Health Impacts of FGC (33)

IMMEDIATE RISKS Infection, Hemorrhage, Anemia, Hypotension, Oliguria, Shock, Urethral injury, Edema

LONG TERM RISKS

- **Gynaecological**: dysmenorrhea, dyspareunia, chronic vaginal infections, chronic pelvic pain
- **Upper Urinary Tract:** increased risk of meatitis, urinary stones, chronic urinary tract infections, dribbling, urinary retention
- **Dermatologic complications:** fibrosis, keloids, sebaceous epidermal cysts, vulvar abscesses, partial or total fusion of the labia minora/majora
- **Reproductive**: infertility depending on the anatomical extent of FGM there may be introital and vaginal stenosis that can create a physical barrier and prevent completed penetration, persistent dyspareunia leading to apareunia, tubal damage from ascending infection from the original procedure, birth complications

EMERGENCY ROOM PRESENTATION

Chronic Pelvic and Urinary Tract Infection and/or Pyelonephritis: Narrow neo-introitus and scarring in FGC Type III allows stagnation of urine beneath the scar.

- Tx: antibiotics

Urethral Injuries or Meatal Obstruction

1. **Obstruction**: Strictures, edema, slow urinary stream, difficulty voiding, oliguria, incontinence.
   - Tx: cystoscopy, urethral dilation, may require catheterization for significant scarring
2. **Urinary Stones:** obstructing scars can lead to urinary stone formation.
   - Tx: may require defibulation for removal, if there is urethral opening damage, surgery is required

FAMILY PHYSICIAN'S OFFICE PRESENTATION

1. **Abnormal Uterine Bleeding:** irregular menses, difficulty passing menstrual blood from the vagina, dysmenorrhea
2. **Dyspareunia:** Long term risk of FGC, some with Type III FGC may not be able to have penetrative intercourse.
   - Tx: deinfibulation (partial, complete), lubricants, self-stimulation, dilators
3. **Hematocolpos:** narrowing of the vagina that prevents the expulsion of menses causing blood to be retained in the vagina
   - Tx: referral for gynecology, deinfibulation

REFERRALS

Psychiatric Referral: approach screening with cultural humility

- 48% of those who have undergone FGC have associated psychiatric disorders
- the WHO recommends CBT for FGC survivors who are experiencing PTSD, anxiety, or depression

Obstetrics & Gynaecolgy

- deinfibulation: reversal procedure for FGC to re-open the vagina in the case of Type III FGC
- conducting necessary gynaecological or obstetric tests or exams where the PCP is unable to perform due to FGC

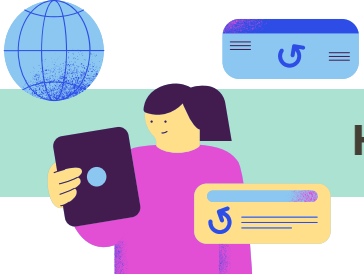
Further Reading: Flourish, End FGM Canada

Physician Resources

Organization	Information
Newcomer Health Clinic Tel: 902-487-0501 Fax: 902-406-8680 6960 Mumford Road #2128B Halifax, Nova Scotia	The Newcomer Health Clinic provides preventative health and primary medical services for government assisted refugees, privately sponsored refugees and refugee claimants in the greater Halifax area. Patients are supported with finding and transitioning to a family practice in the community within a two year period. The clinic has family physicians, registered nurses and administrative support who provide services that include ensuring up-to-date vaccinations, chronic disease management and routine primary care. Professional health interpretation services are provided for patients as needed, free of charge. **Government Assisted Refugees** – ISANS can assist with accessing the Newcomer Health Clinic **Refugee Claimants** - the Halifax Refugee Clinic can assist with accessing the Newcomer Health Clinic or patients may contact the clinic directly. **Privately Sponsored Refugees** – Sponsor may contact the Newcomer Health Clinic on behalf their refugee family or patients may contact the clinic directly.
Halifax Sexual Health Centre	The mission of Halifax Sexual Health Centre is to improve and optimize the sexual health of all members of our community, by providing high quality and caring services, and empowering clients to make healthy choices.
NSH Interpretation Language Services 1-844-590-7765	Interpretation for patient with limited English proficiency in Nova Scotia. The Language Line provides free telephone interpretation for physicians in NS. Immediate access available 24/7 for >240 languages and no need to book ahead. It is preferable to use a translator rather than than a family member. Trained interpreters help to facilitate smooth communication, avoid bias in the interaction, maintain confidentiality, and communicate medical terminology.
IWK Health Interpretation Services 1-888-470-5888 ext 8572 902-470-8572	Health interpretation services in French are provided by the IWK Bilingual Services Coordinator, interpretation in other languages are available upon request. To arrange, call the clinic or IWK inpatient unit prior to the visit. The interpreter will call to confirm. The IWK also offers patient brochures in French, Arabic, Simplified Chinese.
Halifax Refugee Clinic	Provide legal representation for those claiming refugee status in Nova Scotia. To ensure that they are given a fair opportunity to present their cases before the immigration and Refugee Board; and that throughout the process, their rights and their integrity are fully respected.
NEWCOMER HEALTH HUB	The Newcomer Health Hub is a resource for community members and frontline healthcare workers looking to treat, advocate for, and empower newcomers to Canada.

Physician Resources

Resource	Link
IFHP Physician Handout	https://s3.ca-central-1.amazonaws.com/ircc-resources/help-centre-docs/In-Canada-Provider-Handbook.pdf
CMA Trauma Informed Care	https://www.cma.ca/physician-wellness-hub/resources/policies-standards-and-best-practices/trauma-informed-care-better-care-everyone
ACES Aware	https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/
STBBI Medication Handout Translations	http://www.bccdc.ca/health-info/diseases-conditions/sexually-transmitted-infections-(stis)/sti-medication-handout
SOGC Accredited Self-Assessment Activity on FGC	https://sogc.org/en/en/rise/Events/event-display.aspx?EventKey=FGC
Contraception: evidence review for newly arriving immigrants and refugees	https://www.cmaj.ca/content/cmaj/183/12/e824.full.pdf
Canadian Public Health Association Journal	Trauma Informed Physical Exams & STBBI Testing
Flourish	https://flourishaccess.ca/resources/fgm
End FGM Canada	FGM Training & Toolkit
WHO Department of Sexual and Reproductive Health and Research	FGM Prevention and Care: A Resource Kit for the Health Sector
WHO	Care of Girls & Women Living with FGM: A Clinical Handbook
WHO	WHO Guidelines on the management of health complications from FGM



Health Zone Specific Patient Resources

Interim Federal Health Program Provider Search

Health Zone	Website
Central Zone	Halifax Sexual Health Centre Sheet Harbour Sexual Health Centre Rainbow Refugee Association of Nova Scotia Youth 2SLGBTQIA+ Newcomer Program at YMCA Halifax Refugee Clinic ROSE Clinic (Reproductive Options and Services) Halifax Newcomer Choir
Northern Zone	Truro Colchester Welcome Network
Eastern Zone	Cape Breton Centre for Sexual Health Cape Breton Newcomer Primary Care Clinic
Western Zone	South Shore Sexual Health South Shore Refugee Project

Feedback?

Please email us at **alexa.macdonald@dal.ca** or **reanna.laltoo@dal.ca** for any concerns, updates, or suggestions

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