Step 9: Discourages Nonreligious Circumcision of the Newborn

The Coalition for Improving Maternity Services:

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ABSTRACT
Step 9 of the Ten Steps of Mother-Friendly Care discourages nonreligious circumcision of the newborn. The rationale for compliance and systematic review are presented.

Keywords: circumcision, pain and circumcision, urinary tract infection and circumcision

Step 9: Discourages nonreligious circumcision of the newborn.
Although a number of studies suggest that circumcision may confer some benefit in adulthood (a reduced risk of rare penile cancer and decreased risk of HIV infection in some populations), members of the Expert Work Group (EWG) of the Coalition for Improving Maternity Services (CIMS) chose to exclude from review studies of adults. No evidence confirms that circumcision needs to be performed in the newborn period in order to prevent conditions that present in adolescence or adulthood. Adult males can make their own informed decisions related to prophylactic circumcision. The EWG reviewed studies of infants and young children and noted the research on pain experienced during infant circumcision and the availability of lower-risk strategies to reduce the risk of urinary tract infection in infants.

Discourages Non-Religious Circumcision

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<th>Rationale for Compliance</th>
<th>Evidence Grade</th>
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<td>Circumcision of the male newborn is the most common procedure performed on children worldwide (Singh-Grewal, 2005). Although practitioners advocating for routine circumcision of newborns cite studies suggesting that circumcision may reduce the risk of certain diseases, they fail to address: • No-risk or lower-risk alternatives that may achieve the same benefits, such as breastfeeding to reduce urinary tract infections in infants. • Pain experienced by the newborn. Although practitioners advocate a number of pain-management strategies, no intervention completely eliminates the pain response in newborns undergoing circumcision (Brady-Fryer, 2004). Newborns experience pain postcircumcision.</td>
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Members of the CIMS Expert Work Group were:

- Henci Goer, BA, Project Director
- Mayri Sagady Leslie, MSN, CNM
- Judith Lothian, PhD, RN, LCCE, FACCE
- Amy Romano, MSN, CNM
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- Katherine Shealy, MPH, IBCLC, RLC
- Sharon Storton, MA, CCHT, LMET
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<td>More uncircumcised infant males will experience urinary tract infections in the first 3 years of life, with protective effects of circumcision diminishing over time. This will be offset by a 2–10% complication rate associated with the procedure. Assuming a 2% complication rate, circumcising 1,000 urologically normal infant males will prevent 9 cases of urinary tract infection, but provoke complications in 20 babies (Singh-Grewal, 2005).</td>
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| Quality: B                                                                                       |
| Quantity: A                                                                                  |
| Consistency: B                                                                                 |

INCLUDED STUDIES


EXCLUDED STUDIES


