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.

Journal of Perinatal Education, 16(1–Supplement), 77S–78S, doi: 10.1624/105812407X173218
Keywords: circumcision, pain and circumcision, urinary tract infection and circumcision

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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.

For a description and discussion of the methods used to determine the evidence basis of the Ten Steps of Mother-Friendly Care, see this issue's "Methods" article by Henci Goer on pages 5S–9S.

Discourages Non-Religious Circumcision

Rationale for Compliance	Evidence Grade
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: <ul style="list-style-type: none">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.	NEB

For more information on the Coalition for Improving Maternity Services (CIMS) and copies of the Mother-Friendly Childbirth Initiative and accompanying Ten Steps of Mother-Friendly Care, log on to the organization's Web site (www.motherfriendly.org) or call CIMS toll-free at 888-282-2467.

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Rationale for Compliance	Evidence Grade	
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).	Quality:	B
	Quantity:	A
	Consistency:	B

A = good, B = fair, NEB = no evidence of benefit

Quality = aggregate of quality ratings for individual studies

Quantity = magnitude of effect, numbers of studies, and sample size or power

Consistency = the extent to which similar findings are reported using similar and different study designs

INCLUDED STUDIES

Brady-Freyer, B., Wiebe, N., & Lander, J. A. (2004). Pain relief for neonatal circumcision. *Cochrane Database of Systematic Reviews* (3): CD004217.

Singh-Grewal, D., Macdessi, J., & Craig, J. (2005). Circumcision for the prevention of urinary tract infection in boys: A systematic review of randomized trials and observational studies. *Archives of Disease in Childhood*, 90, 853–858.

792–793. **Reason:** Not applicable. Study looks at practice trends.

Schoen, E. J., Colby, C. J., & Ray, G. T. (2000). Newborn circumcision decreases incidence and costs of urinary tract infections during the first year of life. *Pediatrics*, 105(4.1), 789–793. **Reason:** Study superseded by Singh-Grewal, Macdessi, and Craig (2005).

EXCLUDED STUDIES

Newman, A. G., & Austin, E. (2002). Making the cut? Dealing with the complications of incomplete circumcisions. *Neonatal Intensive Care*, 15(6), 39–41, 50. **Reason:** Poorly designed. Sample size too small

Rickwood, A. M. K., Kenny, S. E., & Donnell, S. C. (2000). Towards evidence-based circumcision of English boys: Survey of trends in practice. *BMJ*, 321,

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