



# ***Circumcision:***

Jessamyn Ressler-Maerlender, MPH  
Robyn E. Sorensen, RN, BSN, BA

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Circumcision is controversial; mention the procedure and you're less likely to hear about the methods used to perform a circumcision than about ethical issues, personal anecdotes and a wide range of emotions for and against the procedure. There are few other commonly performed, nonmedically necessary procedures that elicit such a response.

Clinically, elective newborn circumcision involves the removal of part or all of a male infant's prepuce, or foreskin (Gairdner, 1949). The majority of routine

neonatal circumcisions in the U.S. are performed by OB/GYNs shortly after delivery and before mother and baby are discharged from the hospital. Though some circumcisions are performed for religious and cultural reasons, those done in a hospital setting are almost exclusively secular in their motivation. The hospital-based procedure takes about 10 minutes, and there is little agreement about the benefits or risks of the procedure (American Academy of Pediatrics, 2004).

# *An Informed Choice*

To better understand the controversy surrounding this highly charged issue, it's important to have a good understanding of the practice's history, current attitudes regarding circumcision and the clinical indications for and against circumcision.

## Exploring the Practice

Circumcision has been practiced for centuries in many cultures around the world and is continued by many groups today as a religious or ethnic rite. The roots of clinical circumcision are modern; it began in the U.S. at the turn of the 20th century, when a doctor successfully removed the foreskin of a young boy suffering from what is now known as phimosis (a condition resulting from a tight foreskin that is extremely painful) (Dritsas, 2001).

Circumcision was also touted as an antidote to masturbation and became very popular both in this country and in the United Kingdom as a result. But the most important reason for circumcision's popularity in the mid-20th century was aimed not at boys who were just entering puberty, but at older males: Soldiers were routinely circumcised upon being conscripted into the armies of the U.S. and the United Kingdom, as the practice was thought to be more hygienic, as well as helpful for limiting masturbation and preventing phimosis (Dritsas, 2001; Wallerstein, 1985).

Today, rates of circumcision vary widely around the world. England, which had one of the highest rates before World War II, now counts about 1 percent of its boys as circumcised outside of religious practice (Dritsas, 2001). This significant reduction in prevalence is due to the decision in the early 1950s, by the British National Health Service, not to cover routine infant circumcision (Milos & Macris, 1992). As a result, the practice has been all but eliminated in the United Kingdom (Dritsas, 2001; Svoboda, 2002).

In Canada, health insurance plans in all provinces (except Manitoba) do not cover routine, neonatal male circumcision (Circumcision Information and Resource Pages [CIRP], 2004a, 2004b), and the Canadian Paediatric Society does not support routine male circumcision of infants. The Society's 20-year-old position statement regarding circumcision was updated in 1996 with a recommendation that "circumcision of newborns should not be routinely performed" (Canadian Paediatric Society, 1996).

The Canadian Institute for Health Information reported the national rate of routine, neonatal male circumcision was

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*Jessamyn Ressler-Maerlender, MPH, is a CDC/ASPH Fellow at the Centers for Disease Control and Prevention in Atlanta, GA. Robyn E. Sorensen, RN, BSN, BA, is a pediatric nurse at C. S. Mott Children's Hospital—University of Michigan Hospitals and Health Centers in Ann Arbor, MI.*

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### Box 1.

## What Nurses Need to Know About Circumcision

- Does Medicaid in your state or province reimburse for routine circumcisions?
- Are circumcisions performed at your hospital? If yes:
  - What specialty performs them? (i.e., OB/GYN, Family Medicine, or Pediatrics)
  - How much does a circumcision cost?
- What kind of printed information about circumcision is available to your patients?
- When do patients make a decision about circumcision? (Before delivery? After?)
- Who is available to answer client questions about circumcision?

16.9 percent of male births in 1999. In 2003, that number was 13.9 percent (Association for Genital Integrity, 2004), reflecting a trend away from the practice. The rates in individual provinces, however, vary significantly. Prince Edward Island counts 29.5 percent of all boys as circumcised, while the lowest rate, 1.1 percent, is in Nova Scotia (CIRP, 2003a, 2003b).

In the past 100 years, circumcision has increased in popularity in the U.S., though rates vary by region and demographics. For example, in the Western U.S., about a third of infant boys are circumcised, while in the Northeast, the rate is closer to 70 percent (Centers for Disease Control and Prevention, 2004).

White males are more likely than African American or Hispanics to be circumcised, but rates among African American infants are rising even as white rates are falling (Centers for Disease Control and Prevention, 2004). In addition, the Hispanic preference not to circumcise may influence trends as this population group increases in all areas of the country (Centers for Disease Control and Prevention, 2004).

Another factor contributing to a decrease in U.S. circumcision rates is that Medicaid and some private insurance plans are ending their coverage of routine neonatal circumcision (Svoboda, 2002).

Besides racial and ethnic divisions in circumcision preference, there are several distinct cultural/religious groups prac-

Box 2.

## Cultural Practices of Male Circumcision

- **Islam:** Muslim males are circumcised within the first few years of life. The circumcision ceremony is called *sunnah*. Circumcision is not specifically commanded in the Koran, the Muslim holy book; rather, Muslims circumcise their sons to follow in the tradition of the [circumcised] Prophet Mohammed (Al-Marwid Institute of Islamic Sciences, 2004).
- **Judaism:** Almost all Jewish male infants are circumcised. If they are circumcised in a religious ceremony by a specially trained religious figure, it's called a *bris*. The *bris* takes place eight days after birth. *Bris* means covenant in Hebrew, and symbolizes a covenant between God and Abraham (Shechet & Fried, 1996).
- **Other Ethnic Groups:** There are many different customs for male circumcision among various groups of African origin (Mayatula & Mavundla, 1997). Nurses serving client populations including African immigrants should consider contacting a local social service agency or cultural organization to learn more about the circumcision practices of the particular ethnic group.

It's important to remember that circumcision is still a personal choice even within communities that prefer the practice. Just because a family is Jewish or Muslim does not mean that a circumcision is preferred, or vice versa.

Box 3.

## Excerpt from the 1999 AAP Statement on Circumcision

*“The final decision is theirs [the parents’] and should be based on true informed consent. It’s advantageous for discussion to take place well in advance of delivery, when the capacity for clear response is more likely. . . . There is no absolute medical indication for routine circumcision of the newborn. . . . Circumcision of the newborn cannot be considered an essential component of adequate total health.”*

ting ritual male circumcision, including Muslims, Jews and some African groups (distinct from African Americans). For the most part, circumcision in these groups is performed as a religious rite, under the care of a trained religious or cultural leader who may or may not be a medical clinician (Al-Marwid Institute of Islamic Sciences, 2004; Shechet & Fried, 1996).

## Policy Statements

Proponents of circumcision focus on hygiene, disease prevention and the fact that the practice has been in existence for thousands of years. Opponents of circumcision cite the pain and suffering of the infant and the possibility of negative emotional consequences on adult males who are circumcised. Both viewpoints are well represented and extremely vocal. It's not uncommon for each side to engage in intense letter-writing campaigns to newspapers, and otherwise use the media to promote their point of view (CIRP, 2004a, 2004b).

Fueling this controversy is the lack of conclusive research on the subject. Many studies performed have been less than scientifically stringent, and many of the researchers have expressed clear philosophical ambitions either for or against the practice, both of which make their results suspect from a scientific perspective.

In an attempt to clarify the ambiguity regarding the medical indications for and contraindications to circumcision, the American Academy of Pediatrics (AAP) released policy papers on the subject. The first, in the 1970s, advocated for the practice with some reservations. The most recent paper, which was released in 1999, changed tactics but refused to advocate for or against. The AAP does not currently recommend routine neonatal circumcision, yet neither does it oppose the procedure (American Academy of Pediatrics Task Force on Circumcision, 1999), while the Canadian Paediatric Society's position against routine, neonatal male circumcision has no similar cautions about advocacy.

In fact, the guidelines set forth in the most recent AAP publication are surprisingly vague on the subject, stating that parents should be given “unbiased” information about circumcision before making a decision. An abstract of the AAP statement can be found at <http://www.aap.org/policy/re9850.html> (see Box 1). This statement is supported by the American College of Obstetricians and Gynecologists (2001), with the caveat that an anesthetic should be used during the procedure.

## Parental Decision Making


A study by the Department of Obstetrics at Texas Houston Medical School (Binner, Mastrobattista, Day, Swaim, & Monga, 2002) found that parental decisions about circumcision for their newborn sons were hardly influenced at all by the AAP statement. It's possible that parents were simply unaware of the AAP's position and therefore could not be influenced by its contents. If so, OB/GYN nurses are in a nat-

ural position to help educate clients about the choice of circumcision.

To provide families with information, it's essential that nurses recognize both subjective and objective information on the subject. It's important for nurses to ask themselves, subjectively, what their own biases are toward or against the procedure. A nurse's opinion may be influenced by her religious or ethnic background, or family and personal preference about, and experience with, circumcision. Understanding personal feelings and opinions regarding circumcision in the context of medical ethics and practice guidelines is an important part of making sure personal opinions do not turn into advocacy.

The *Journal of Medical Ethics* (British Medical Association, 2003) offers guidance on the policies, procedures, indications and contraindications of circumcision for physicians, but it is just as relevant for nurses. The article includes sections on medical indications, nontherapeutic use and principles of good practice that may be useful to nurses interested in the ethical considerations of circumcision, and the practical application of such considerations.

Objective information will provide nurses with the practical tools needed to help clients learn about circumcision. Does the hospital perform circumcisions? If so, are they performed on an inpatient or outpatient basis, and how much does the procedure cost if insurance does not reimburse? Some hospitals do not perform circumcisions on an inpatient basis at all, and it's important to know the options available to patients to best help them make this important decision. An example of a nondirective patient education sheet is shown in Figure 1.

Most parents know whether they will choose to circumcise their male newborn, but the reaction of relatives, friends and even hospital staff to this decision can be unnecessarily difficult. It's important for health care providers to remember that regardless of personal opinion, circumcision is a choice and is not advocated for—or against—by the AAP (American Academy of Pediatrics Task Force on Circumcision, 1999), the American Medical Association (2004) or the American College of Obstetrics and Gynecology (2001). As health professionals, nurses can help support patients before, during and after their decision regarding circumcision, particularly if they are aware of the current information about this important topic. 

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# Circumcision: A Parent's Choice

You've learned the news: "it's a boy!" Now you will be asked by your health care provider if you want to circumcise your son. Whether you're mid-pregnancy or in recovery following the birth of your son, you may already know that making the decision about whether to have your male infant circumcised can be difficult and controversial.

As a parent, you deserve the right to accurate and neutral information so that you can make the best choices for your baby boy in the context of your family's lives and beliefs. Circumcision is an individual decision; the following are some frequently asked questions about circumcision that may help you with your decision.

## How do I care for my son's penis following his birth?

The only care your infant son's penis needs as he grows and matures is ongoing cleansing with mild soap and water, whether the loose fold of skin covering the tip of the penis (called the foreskin) is left fully in place or your son's penis is circumcised (foreskin cut away). The foreskin should never be retracted—or forced away from the tip of the penis. The foreskin is attached to the tip of the penis at birth. The foreskin will separate from the penis on its own as your son grows and develops.

If you choose circumcision for your son, the tip of the penis will need care throughout the 7- to 10-day healing process. It may be raw and red or yellowish. You will need to apply a petroleum jelly dressing to the circumcision site with each diaper change to keep the healing penis from sticking to the diaper. A health care provider can show you how to apply dressings until the penis is fully healed.

## What is circumcision?

Medically, circumcision is a surgery to remove the foreskin from the penis. If the foreskin is cut away surgically, the tip of the penis,

called the glans, will be exposed.

## When should I (we) decide about circumcision for our infant?

Before you come to the hospital in labor with a male baby, you may find it valuable to talk with your health care provider and any other persons whose opinions you value, such as a religious leader or family members, about circumcision. Information you read about

circumcision and these discussions may help you make a decision as to whether you want your baby boy to have the procedure. This is best done in advance of all of the energy, exhaustion and emotions involved in birthing a baby.

## Do health care experts recommend circumcision?

Because there are no health advantages or disadvantages from having a circumcised penis, most experts and leading health organizations don't recommend routine circumcision—meaning they leave the decision up to individual parents. This means your decision regarding circumcision will be for reasons other than

reducing health risk or promoting health for your son. Some parents choose circumcision for their male babies for cultural or religious reasons. Others choose circumcision because their family members are circumcised. Rates of circumcision in boys vary around the world, and even vary widely within the U.S.

## Are there risks involved with circumcision?

Because it's a surgical procedure, the typical surgical risks apply and can include bleeding, infection, cutting the foreskin too short or too long and poor healing. Additionally, scarring from the

surgery can cause the opening of the penis to become too small, which could make urination difficult. None of these problems happen often enough to warrant concern.

## Does circumcision hurt?


Circumcision is painful but the pain can be reduced with numbing medicines and over-the-counter pain medications for infants. Your son may also have discomfort during urination and experience soreness

from the incision site rubbing against his diaper for several days. You can help promote healing by using a petroleum jelly dressing on the circumcision site.

## What problems can occur following circumcision?

Problems associated with surgery can occur following circumcision; watch for signs of infection, such as redness and swelling or bleeding or ongoing fever in your infant. Know that a yellowish discharge or coating around the top of the penis is normal and this should go away within a week after the circumcision. Additionally, call your baby's health

care provider right away if you see any of the following:

- he doesn't urinate normally within 6 to 8 hours after the circumcision
- his penis continues to bleed
- there is redness around the tip of the penis that gets worse after 3 to 5 days 

### Learn more about circumcision at:

- **American Academy of Pediatrics:** [www.aap.org](http://www.aap.org)
- **Canadian Paediatric Society:** [www.cps.ca](http://www.cps.ca)



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