Commentary
Making Choices—Newborn Male Circumcision

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Conflicts of Interest. The author reports no conflicts of interest.

Abstract. Newborn male circumcision has potential benefits and advantages as well as disadvantages and risks. Families will at times have medical questions regarding newborn male circumcision that clinicians must be prepared to answer.

Keywords. Newborn Male Circumcision, Best Interest Standard, Bioethics, Narratives

Nothing really prepares you for becoming a parent, and it is difficult to imagine all of the decisions you will have to make for your children. As pediatricians, we watch parents make choices every day with the goal of making the best choices from the moment their children are born until they reach the age of majority. These choices range in complexity from choosing what food to eat, what clothes to wear, what school to attend to more complex choices like when to get a driver's license, whether or not to vaccinate, and what faith traditions in which to participate.

As illustrated explicitly by Anonymous One and echoed by many of the other authors in this collection of narratives, it is not an uncommon event on the newborn floors for parents to get all the way through the entire birth process and suddenly realize that they forgot to discuss newborn male circumcision with their co-parent. Other parents, as was the case for Anonymous Two and Dastidar, discuss whether or not to circumcise their sons but are unable to make a decision by the time the baby is born.

First and foremost, as a medical community, we believe that if your child is old enough and mature enough to have a say in a decision, let them voice their opinion. However, when your children are not old enough to have a say yet, the dynamic complexity increases, and a best interest standard should be applied.

Capacity & Best Interest Standard

Determining whether a parent has the capacity to make a medical decision is a clinical decision that can be made by a member of the health care team. It refers to the parent's ability to perform a set of cognitive tasks, including:

- Weighing the relative benefits, burdens, and risks of the therapeutic options;

- Applying a set of values, religious or secular, to the analysis;
- Arriving at a decision that is consistent over time;
- Communicating the decision.

Article 16 of The Universal Declaration of Human Rights (UDHR), as proclaimed by the United Nations in Paris on December 10, 1948 states, "The family is the natural and fundamental group unit of society and is entitled to protection by society and the State." It goes on to ensure in Article 18 that "[e]veryone has the right to freedom of thought, conscience, and religion," including the ability to "manifest [their] religion or belief in teaching, practice, worship, and observance." As such, society's regard for parental decisions rests on respect for family integrity, the presumption that parents act in their child's best interest, and the need to have a designated authority to make such decisions. In pediatrics, three ethical "rules of thumb" guide decision making in the clinical setting:

1. Decisions made by parents or legal guardians that are medically indicated and clearly in their child's best interest should be supported.
2. Decisions that are not medically indicated and not in the child's best interest should be resisted.
3. If it is unclear whether the decision is in the child's best interest, or if there is legitimate disagreement, the parent or legal guardian's decision should be respected.

Complicating these rather simplistic guidelines is the fact that the concepts of benefit and harm may be defined differently by different caregivers and parents. We see clear examples of this variance repeatedly in the narratives. Several authors declare a belief that circumcision is akin to imposing an injury, child abuse, or mutilation (Svoboda, Fadel, Braver Moss, and Deschenne), while just as many (McDonald, Anonymous 2, Wilson and Cearley) cited health and wellbeing as a reason they decided to circumcise their infants. Clinicians should be encouraged to bring up newborn circumcision as part of routine antenatal pediatric or obstetrical care, and they should clearly recommend what they believe to be the most appropriate therapeutic course and discuss with patients and families their reasons for recommending it.

Making the Decision

Before making a decision about newborn male circumcision, one must look at the relative benefits, burdens, and risks of the therapeutic options and apply a set of values to the analysis.

What is a newborn male circumcision?

Circumcision is a surgical procedure to remove the skin covering the end of the penis, called the foreskin. In many cultures, circumcision is a religious rite or a ceremonial tradition. The narratives demonstrate how closely religion is tied to circumcision preferences or decisions. Out of the 12 stories in the symposium, only Cearley and Deschenne don't mention religion at all. Several authors (Anonymous One, McDonald, Fadel) mention their Catholic background. Anonymous One's co-parent is a Unitarian Universalists, while (Jacobs, Braver-Moss, Sinderbrand) write about their Jewish religion or that of their co-parent (Svoboda and McDonald). Dastidar was raised in a "staunchly Hindu household" and her mother mentioned that "circumcision was not something done in our faith." Anonymous Two also received input from her parents who wanted their grandson circumcised "for religious reasons." Although it may have been relevant to their parents, both Dastidar and Anonymous Two convey that religion wasn't a factor for them. Wilson acknowledges that although some parents make a decision about circumcision based on their religion, for her it didn't play a role.

In the United States, newborn male circumcision is an elective procedure. The CDC's National Center for Health Statistics estimates that about 64% of newborn boys undergo circumcision; but this number varies among socioeconomic, ethnic, and geographic groups (Owings, Uddin, & Williams, 2013). Circumcision *can* be done at any age. Historically, though, the most common time to do it is in the neonatal period.

The 2012 American Academy of Pediatrics Task Force on Circumcision of the Male Infant's statement that "the health benefits of newborn male circumcision outweigh the risks; furthermore, the benefits of newborn male circumcision justify access

to this procedure for families who choose it" expired in 2017 and has not since been renewed.

However, in 2018, the American Urological Association reaffirmed the prior policy that states, "The American Urological Association, Inc. believes that newborn male circumcision has potential medical benefits and advantages as well as disadvantages and risk . . . it is generally a safe procedure when performed by an experienced operator . . . When circumcision is being discussed with parents and informed consent obtained, medical benefits and risks, and ethnic, cultural, religious, and individual preferences should be considered. The risks and disadvantages of circumcision are encountered early whereas the advantages and benefits are prospective" (American Urological Association, 2018)).

Potential Benefits of Male Circumcision

The collection of stories demonstrates quite nicely the range of potential benefits that newborn male circumcision presents. To some, like Jacob and Sinderbrand, the sense of spiritual belonging and faith tradition are enough of a potential benefit, when weighed against the risks, for them to consent. To others, like Cearley, it is a matter of hygiene and medical benefit, such as the decreased risk of urinary tract infection during the first year of life and the decreased risk of sexually transmitted infections and HIV later in life (The Centers for Disease Control and Prevention, 2022; Singh-Grewal, Macdessi, & Craig, 2005).

If the urinary tract is normal, long-term sequelae from a urinary tract infection (UTI) are unlikely. It has been estimated that 7 to 14 of 1000 uncircumcised male infants will develop a UTI during the first year of life, compared with 1 to 2 of 1000 circumcised male infants (American Academy of Pediatrics Task Force on Circumcision, 2012). However, in male infants with serious congenital urinary abnormalities, reduction in UTIs by circumcision may have greater potential benefit.

Potential Risks of Male Circumcision

Fortunately, there are no "common" complications of newborn male circumcision. The most often cited risks of newborn male circumcision are operative and post-operative pain and bleeding. In two studies that included a total of over 200,000 circumcisions performed in US hospitals, the rate of complications during and in the first month after the procedure was approximately 0.2 percent (Christakis, 2000; Wiswell & Geschke, 1989)

Occasionally, a child can have bleeding that either stops with a simple dressing or a hemostatic gauze that controls bleeding; rarely chemical cauterization is needed to control bleeding, and very rarely, a suture has to be placed. Like was the case for one of Cearley's children, one of the more common "complications" is cosmetic in nature where "not enough" foreskin is removed, leading some parents to request an operative circumcision revision. For their son, Cearley and his wife "made the conscious decision to 'leave him be.'"

Some of the symposium authors wrote about concerns they have about serious or life-threatening problems resulting from infant male circumcisions, such as damage to the penis or major bleeding; however, these events are extremely rare. Given the number of circumcisions done each year around the world, death is an extremely unlikely complication of newborn male circumcision. One longitudinal study showed that an average of 20 early circumcision-related deaths per year were recorded among 9,833,110 subjects (Earp, Allareddy, Allareddy, & Rotta, 2018). This is in contrast to the nearly 2,312 infant deaths in the United States each year that can be attributed to SIDS and accidental strangulation and suffocation in bed (1,394 and 918 deaths, respectively) (The Centers for Disease Control and Prevention, March 8, 2023).

Evidence regarding the sensorineural role that the foreskin plays is still emerging. The prepuce contains specialized sensory mucosa and concerns exists that the end of the penis may become less sensitive and sexual sensation may be decreased when the foreskin is removed (Boyle & Bensley, 2001). However, most circumcised males do not describe psychological trauma or decreased sexual function, sensation, or desire as a result of the procedure. In a systemic review of 36 studies, circumcision was not associated with decreased sexual arousal, sensitivity, or satisfaction (Morris & Krieger, 2013). Until more data is

available, this potential risk must be weighed against the potential benefits by each patient or family.

Contraindications to Male Circumcision

Contraindications to newborn male circumcision do exist. Some congenital findings may require more extensive repair and include a modified circumcision to correct the underlying pathology. Although these congenital findings are uncommon, as a provider of newborn male circumcisions, it is critical to know when to say no and refer those patients and families to a Pediatric Urologist for specialty evaluation. The contraindications to newborn male circumcision can be grouped into anatomic, medical, and legal contraindications.

Anatomically, conditions such as penile torsion described by Dastidar as well as hypospadias, chordee, webbed penis, buried penis, epispadias, and ambiguous genitalia (including bilateral undescended testes and micropenis), etc., are reasons to refer patients and families to a Pediatric Urologist.

The medical contraindications include any current illness or medical condition that requires monitoring, age less than 12-24 hours, known bleeding diathesis, or disorders of the skin and connective tissue that would impair normal healing. If your baby has active issues with heart or lung function or other ongoing medical conditions, such as the complications of prematurity described by Deschenne, it is reasonable and within any parent's right to delay or forego circumcision altogether if that is what is felt to be in their best interest.

The main legal contraindication is the absence of informed parental consent.

The Growing Problem of False Health Information on the Internet

A problem our society currently faces is the availability and consumption of false health information, which can cause individual and social harm by nurturing false beliefs about medicine, disease, and prevention. Medical professionals have a responsibility to confront these false or misleading beliefs as a professional obligation.

Despite what some of the authors portrayed, the reference to the "archaic" practice of newborn male circumcision is outdated, and in today's era, this procedure is not extremely painful. While some providers around the world are undoubtedly still practicing outdated methods, the procedure of newborn male circumcision has drastically improved over the past 30-40 years when the recommended pain management standards are enforced.

How is newborn male circumcision performed?

Most newborns are held still or placed into a circumcision brace. The AAP, WHO, and UNAIDS all agree that the baby should receive a local anesthetic (The World Health Organization & UNAIDS, 2007; American Academy of Pediatrics Task Force on Circumcision, 2012). A penile block is a series of injections and is the most effective anesthetic method, but topical creams can be used if they are applied well in advance to ensure efficacy. If a penile block is given correctly, the child will experience pressure and movement, but not pain. Oftentimes, the child is more upset while they are being held in place than they are for any part of the actual surgical procedure.

The skin covering the tip of the penis is removed with a protective device, and then gauze with petroleum jelly or antibiotic ointment is applied. There are three main techniques used for routine newborn male circumcision: the Gomco clamp, the PlastiBell, and the Mogen.

- The Gomco has the advantages of a steel bell, which protects the glans during the procedure and the absence of a suture or plastic remaining at the site afterward.
- The Mogen clamp has the advantage of being rapidly performed and not leaving suture or plastic at the circumcision site. The disadvantage is that the device does not directly protect the glans during the procedure.
- The Plastibell technique has the advantage of continuing hemostasis after the procedure is over, as the suture remains in place for a few days. The disadvantage is that there is a foreign body at the site, which could become dislodged or infected.

Once the procedure is completed, the child will not have pain with urination since the urethra (the tube from the bladder through the penis) is left untouched during circumcision. After newborn male circumcision, there is often temporary skin edema and erythema (redness and swelling) that can last up to 7-10 days.

Final Thoughts

In 2023 newborn male circumcision has potential benefits and advantages as well as disadvantages and risks. Families will at times have medical questions regarding newborn male circumcision that providers must be prepared to answer. Once families have the information they need, they will arrive at a decision that is best for them and will communicate that decision.

That decision whether or not to have their newborn son circumcised is a profoundly personal choice based on their family's personal, social, cultural, medical, and religious values. They have weighed the potential benefits and risks, and their decision should be respected and accepted.

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