Committee on Fetus and Newborn

Report of the Ad Hoc Task Force on Circumcision

The Committee on Fetus and Newborn of the American Academy of Pediatrics stated in 1971 that there are no valid medical indications for circumcision in the neonatal period. The present Committee has undertaken a review of data to support arguments "pro" and "con" circumcision of the newborn, and finds no basis for changing this statement.

Nevertheless, traditional, cultural, and religious factors play a part in the decision made by parents, pediatrician, obstetrician, or family practitioner on behalf of a son. It is the responsibility of the physician to provide parents with factual and informative medical options regarding circumcision. The final decision is theirs, and should be based on true informed consent. It is advantageous for discussion to take place with the parents well in advance of delivery, when the capacity for clear response is more likely.

The following is a summary of factors relating to neonatal circumcision which may be presented to parents for their consideration before deciding on the procedure:

PREVENTION OF PHIMOSIS

A diagnosis of phimosis cannot be made with assurance in the newborn period because the cleavage plane between the glans and the deep preputial layer of the penis is not developed at birth. There is a real need for research which will improve diagnostic accuracy in this area. It therefore follows that "phimosis of the newborn" is not a valid medical indication for a circumcision. Circumcision performed later in life in the approximately 2% to 10% of males with true phimosis has a disadvantage of anesthetic risk and increased cost. Circumcision done after the newborn period should be performed during years when trauma to the genitalia is least likely to induce psychologic problems (*e.g.*, before the boy starts school).

FACILITATION OF HYGIENE

Circumcision, properly performed, eliminates much of the need for careful penile hygiene. If circumcision is not elected, the necessity for lifelong penile hygiene should be discussed with the parents, preferably before birth of the infant. Factors such as climate, the social and emotional reaction of prospective parents to penile cleansing, and the ability to understand and facilitate good hygiene, etc., should be taken into account when recommending whether circumcision should be performed.

CARE OF THE PENIS

There is evidence that carcinoma of the penis can be prevented by neonatal circumcision. There is also evidence that optimal hygiene confers as much, or nearly as much, protection. Although circumcision is an effective method of preventing penile carcinoma, a great deal of unnecessary surgery, with attendant complications, would have to be done if circumcision were to be used as prophylaxis against this disease. Promulgation of the principles of adequate penile hygiene is an alternative prophylactic measure.

CANCER OF THE PROSTATE

There is presently no convincing scientific evidence to substantiate the assertion that circumcision reduces the eventual incidence of cancer of the prostate.

CANCER OF THE CERVIX

A review of existing literature indicates that noncircumcision is not of itself of primary etiologic significance in the development of cervical cancer in women.

BALANITIS AND VENEREAL DISEASE

Balanitis, infection of the foreskin, is painful and occurs only in uncircumcised males. If this occurs, staged surgical corrections may be necessary—first a dorsal slit to allow inflammation to subside, and then a secondary circumcision.

Adequate studies to determine the relationship between circumcision and the incidence of venereal disease have not been performed.

SURGICAL RISKS AND AFTERMATHS

Circumcision is a surgical procedure that requires careful aseptic technique, systematized postoperative observation, and evaluation after discharge from the hospital.

The immediate hazards of circumcision of the newborn include local infection which may progress to septicemia, significant hemorrhage, and mutilation. Incomplete removal of the prepuce may eventually result in phimosis.

Neonatal circumcision predisposes to meatitis, which may lead to meatal stenosis. The incidence of this complication is unknown, since the diagnosis of "meatal stenosis" is seldom made on objective grounds. Meatal stenosis is seldom, if ever, associated with hydronephrosis or other objective evidence of urinary tract obstruction, such as a diminished urinary flow rate. Meatitis undoubtedly results in painful urination, but "meatal stenosis" appears benign except in rare instances.

CONTRAINDICATIONS TO CIRCUMCISION

Prematurity, neonatal illness, any congenital anomaly (especially hypospadias), or bleeding problems are absolute contraindications to neonatal circumcision. The procedure is also contraindicated in the immediate neonatal period or until complete neonatal physical adaptation has occurred (usually 12 to 24 hours). The avoidance of circumcision in the delivery room immediately after birth is particularly important because neonatal disease is not always apparent at birth. In addition, it entails protracted exposure of infants to significant cold stress.

CONCLUSIONS

There is no absolute medical indication for routine circumcision of the newborn. The physician should provide parents with information pertaining to the long-term medical effects of circumcision and noncircumcision, so that they make a thoughtful decision. It is recommended that this discussion take place before the birth of the infant, so the parental consent to the surgical procedure, if given, will be truly informed.

A program of education leading to continuing good personal hygiene would offer all the advantages of routine circumcision without the attendant surgical risk. Therefore, circumcision of the male neonate cannot be considered an essential component of adequate total health care.

AD HOC TASK FORCE ON CIRCUMCISION
HUGH C. THOMPSON, M.D., *Chairman*
LOWELL R. KING, M.D.
ERIC KNOX, M.D.
SHELDON B. KORONES, M.D.