



POSITION STATEMENT

Newborn Male Circumcision

The American College of Nurse-Midwives (ACNM) affirms the following:

- Newborn male circumcision should not be routinely recommended but should be considered on an individual basis within the context of risks compared to potential benefits of the procedure.
- Within the context of shared decision making, midwives have an ethical duty to provide evidence-based information about newborn male circumcision during the prenatal period or to refer the family to another health care provider for this information.
- Access to newborn male circumcision in the United States and globally is limited by factors such as payer restrictions and the availability of providers qualified to perform the procedure.
- While the ability to perform newborn male circumcision is not a core competency for midwifery practice,¹ certified nurse-midwives (CNMs) and certified midwives (CMs) may provide this service after additional education and training as expanded scope of practice in accordance with state and credentialing regulations.

Background

More than 1 of every 3 males in the world are circumcised.² In the United States, the rate of newborn male circumcision has declined slightly in recent years to approximately 77%.² Newborn male circumcision may be undertaken for medical reasons, such as for phimosis, or as a prophylactic measure against infection or disease. Circumcision is also practiced in certain religions: it is typically performed on the eighth day of life in the Jewish tradition and at various times before puberty for those of Muslim faith.³

Historically, the reduction of urinary tract infection in prepubescent boys was a key health benefit reported to parents who were considering newborn male circumcision. However, most benefit occurs within the first year of life.⁴ In studies done in HIV seroprevalent areas in Africa, investigators reported that male circumcision reduced heterosexual transmission of HIV by 50% to 60%.⁵⁻⁷ As a result, male circumcision is now considered an evidence-based component of worldwide HIV prevention programs.⁸⁻¹⁰ Based on current evidence related to prevention of urinary tract infections, decreased acquisition and transmission of HIV, some sexually transmitted infections, and penile cancer, the American Academy of Pediatrics concluded that the health benefits of newborn male circumcision outweigh the risks; therefore, families who seek circumcision for their newborns should be supported in this decision.¹¹ The Centers for Disease Control and Prevention supports male circumcision as a public health measure.⁸

Risks associated with male circumcision may occur at the time of the procedure or later. Initial complications include infection or hemorrhage at the incision site, amputation or partial amputation of the glans, and pain associated with the incision.¹² Bleeding is the most common early complication; most later complications involve redundant foreskin or the formation of adhesions that may entrap the penis.^{12,13} The evidence related to sexual dysfunction as a later complication of male circumcision is inconclusive.¹⁴⁻¹⁶ The rate of complications from circumcision during the neonatal period is estimated to be less than 0.5%,^{14,17} which is substantially lower than the rate for procedures performed after the neonatal period.¹⁷

Ethical and Contextual Considerations

The ethical and moral principles of beneficence, non-maleficence, justice, autonomy, veracity, fidelity, and respect for cultural or religious differences drive the professional practice of midwifery and are interwoven throughout the ACNM Code of Ethics with Explanatory Statements.¹⁸ The core competencies of midwifery care include “anticipatory guidance related to . . . parenthood,”¹ which should include the provision of factual and unbiased information to assist parents to make health care decisions for their newborns. Parents serve as proxy decision makers for infants and children who are not able to make decisions for themselves.¹⁹ The decision to circumcise is challenging in that the procedure permanently alters the anatomically intact male penis but carries the least risk when it is performed in the neonatal period.

Midwives are uniquely positioned to facilitate the shared decision-making process for families considering newborn male circumcision. The provision of factual, unbiased, evidence-based information on the risks, benefits, and expected outcomes of keeping the penis intact versus circumcision is an essential ethical responsibility of the CNM/CM. Midwives should use non-directional counseling and shared decision-making techniques to provide evidence-based information to parents regardless of the personal beliefs of the individual midwife.^{20,21}

If parents choose circumcision and the midwife does not perform the procedure, parents must be referred to reputable community resources.²² Parents should be educated on the potential health benefits of male circumcision, types of pain management, signs of complications, and care of the uncircumcised newborn penis.^{8,22} All parents should be counseled that newborn male circumcision does not eliminate the risk for sexually transmitted infections in the adolescent, and that condom use and HPV immunization are recommended, regardless of circumcision status.^{8,22}

Nationally and regionally, male circumcision rates are higher for newborns whose parents have private insurance than for those whose parents have Medicaid coverage.²⁴ This disparity may indicate a difference in parental preferences or a disparity in health care options. Given that more families are being made aware of potential health benefits of newborn male circumcision, midwives may choose to support measures to reduce insurance barriers for families who desire the procedure.

Provision of Circumcision

Midwives may provide newborn male circumcision as part of expanded scope of practice.²⁵ The provision of this service can promote family-centered care, continuity of care, and improved access to and timeliness of the procedure; this skill can also increase the value of the CNM/CM

as a member of the health care team. The role of the midwife who chooses to perform newborn male circumcision is one of active participation and requires the midwife to function independently in a coordinated and collaborative manner to facilitate a safe surgical procedure. Additionally, midwives must be aware of all current laws and regulations that may restrict how, where, and when newborn male circumcision is provided.

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Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB).

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