

ACOG

Committee on
Obstetric Practice

Committee Opinion



Number 260, October 2001

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Circumcision

ABSTRACT: The American College of Obstetricians and Gynecologists supports the current position of the American Academy of Pediatrics that finds the existing evidence insufficient to recommend routine neonatal circumcision. Given this circumstance, parents should be given accurate and impartial information to help them make an informed decision. There is ample evidence that newborns circumcised without analgesia experience pain and stress. If circumcision is performed, analgesia should be provided.

Some studies have shown potential medical benefits to newborn male circumcision; however, these benefits are modest. The exact incidence of complications after circumcision is not known, but data indicate that the rate is low, and the most common complications are local infection and bleeding. The current position of the American Academy of Pediatrics is that the existing evidence is insufficient to recommend routine neonatal circumcision. The American College of Obstetricians and Gynecologists Committee on Obstetric Practice supports this position. Given this circumstance, parents should be given accurate and impartial information to help them make an informed decision. It is reasonable for parents to take cultural, religious, and ethnic traditions, as well as medical factors, into consideration when making this decision. Circumcision of newborns should be performed only on healthy and stable infants.

There is ample evidence that newborns circumcised without analgesia experience pain and stress. Analgesia has been found to be safe and effective in reducing the pain associated with circumcision. Therefore, if circumcision is performed, analgesia should be provided. Swaddling, sucrose by mouth, and acetaminophen administration may reduce the stress response but are not sufficient for the operative pain and cannot be recommended as the sole method of analgesia. EMLA cream, dorsal penile nerve block, and subcutaneous ring block are all reasonable options, although the subcutaneous ring block may provide the most effective analgesia.

References

1. Circumcision policy statement. Task Force on Circumcision. American Academy of Pediatrics. *Pediatrics* 1999;103:686–693
2. Prevention and management of pain and stress in the neonate. American Academy of Pediatrics. Committee on Fetus and Newborn. Committee on Drugs. Section on Anesthesiology. Section on Surgery. Canadian Paediatric Society. Fetus and Newborn Committee. *Pediatrics* 2000;105:454–461