



Newborn Male Circumcision

Male **circumcision** is the surgical removal of the **foreskin**, which is the layer of skin that covers the **glans** (head) of the **penis**. It is your choice whether to have your son circumcised. It is not required by law or by hospital policy. If you choose this procedure for your baby, it usually is done soon after birth.

This pamphlet explains

- *how circumcision is done*
- *things to think about when making the decision*
- *benefits and risks*
- *how to care for your newborn boy*

How Circumcision Is Done

Circumcision may be performed before or after the mother and baby leave the hospital. It only is performed if the baby is healthy. If the baby has a medical condition, circumcision may be postponed. The procedure may be done by your **obstetrician-gynecologist (ob-gyn)** or by a pediatrician, a physician who takes care of the health of children. In some cases, a circumcision may be done in a nonmedical setting for religious or cultural reasons. If this is the case, the person doing the circumcision should be well trained in how to do the procedure, how to relieve pain, and how to prevent infection.

Circumcision takes only a few minutes. During the procedure, the baby is placed on a special table. Various surgical techniques are used, but they follow the same steps:

- The penis and foreskin are cleaned.

- A special clamp is attached to the penis and the foreskin is cut and removed.
- After the procedure, gauze with petroleum jelly is placed over the wound to protect it from rubbing against the diaper.

Before the procedure, you should ask what type of pain relief will be used. **Analgesia** should be used for pain relief. Analgesia is safe and effective in reducing the pain associated with newborn circumcision.

Making the Decision

It is your choice whether to have your son circumcised. Because circumcision is an **elective procedure**, it may not be covered by your health insurance policy. To find out if your policy covers the procedure, call your health insurance provider.

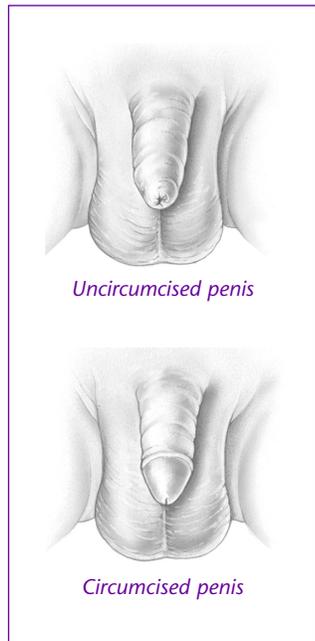
After studying scientific evidence, the American Academy of Pediatrics (AAP) found that the health benefits of circumcision in newborn boys outweigh the risks of the procedure. But the AAP also found the benefits are not great enough to recommend that all newborn boys be circumcised. When making a decision about whether to circumcise your baby boy, you may consider the following factors:

- Future health benefits (see “Benefits”)
- Hygiene benefits
- Religious, cultural, or ethnic beliefs
- Personal preference and social concerns

One reason why parents in the United States circumcise their newborn sons is for health benefits, such as decreased risk of urinary tract infection during the first year of life and decreased risk of *sexually transmitted infections (STIs)* later in life. Others may choose circumcision so that the child does not look different from his father or other boys. For some people, circumcision is a part of cultural or religious practices. Muslims and Jews, for example, have circumcised their male newborns for centuries.

Many newborn boys in the United States are circumcised, but the number of circumcisions has decreased in recent years. Some parents choose not to circumcise their sons because they are worried about the pain the baby feels or the risks involved. Others believe it is a decision a boy should make himself when he is older. However, recovery may take longer when circumcision is done on an older child or adult. The risks of *complications* also are increased when circumcision is done later.

Some parents also may worry that circumcision harms a man’s sexual function, sensitivity, or satisfaction. However, current evidence shows that it does not.



It is important to have all of the information about the possible benefits and risks of the procedure before making a decision. Ultimately it is up to you to decide what is best for your child. You may want to start thinking about this decision during pregnancy to give yourself enough time to explore all of the facts.

Benefits

Circumcision reduces the *bacteria* that can live under the foreskin. This includes bacteria that can cause urinary tract infections or, in adults, STIs.

Circumcised infants appear to have less risk of urinary tract infections than uncircumcised infants during the first year of life. Circumcision also may help prevent cancer of the penis, a rare condition.

Some research shows that circumcision may decrease the risk of a man getting *human immunodeficiency virus (HIV)* from an infected female partner. It is possible that circumcision may decrease the risk of passing HIV and other STIs from an infected man to a female partner. However, more research is needed in these areas.

Circumcision also may decrease the buildup of *smegma*, a thick white discharge containing dead skin cells. It is normal for smegma to build up under the foreskin of uncircumcised males. This can lead to odor or infection if smegma is not routinely removed through washing.

It is important to teach boys who have not been circumcised how to wash their penises to get rid of smegma. But you should not pull back the foreskin of an uncircumcised infant. This can cause pain and tearing of the skin. Your child’s pediatrician will tell you when your child is old enough for his foreskin to be pulled back and cleaned.

Risks

All surgical procedures carry some risk. Complications from a circumcision are rare, but they can occur. When they do occur, they usually are minor. Possible complications include bleeding, infection, or scarring. In rare cases, too much of the foreskin or not enough foreskin is removed. More surgery sometimes is needed to correct these problems.

Complications generally are less likely if the circumcision is done by someone well trained in the procedure. It also is less likely for complications to arise if the circumcision is done in a medical setting. If you want to have your son circumcised in a nonmedical setting for religious or cultural reasons, make sure the person performing the circumcision is well trained and that steps are taken to manage pain and prevent infection.

Circumcision should only be done when the newborn is stable and healthy. Reasons to delay circumcision include the following:

- The baby is born very early
- The baby has certain problems with his blood or a family history of bleeding disorders
- The baby has certain congenital abnormalities

Caring for Your Newborn

You may or may not choose to have your baby boy circumcised. Either way, it is important that you know how to care for his penis.

If Your Newborn Is Circumcised

With each diaper change, the penis should be cleaned and petroleum jelly placed over the wound. The jelly can be placed on a gauze pad and applied directly on the penis or placed on the diaper in the area the penis touches. The petroleum jelly is not necessary for healing, but it

keeps the wound from sticking to the diaper and causing irritation and bleeding when the diaper is removed.

In most cases, the skin will heal in 7–10 days. You may notice that the tip of the penis is red and there may be a small amount of yellow fluid. This usually is a normal sign of healing.

Keep the area as clean as possible. Use a mild soap to gently wash the penis. Any stool that gets on the penis should be wiped off with soap and water during diaper changes. Change diapers often so that urine and stool do not cause infection. Signs of infection include redness that does not go away, swelling, or fluid that looks cloudy and forms a crust. Call your health care professional right away if you notice any of these signs.

If Your Newborn Is Uncircumcised

If your baby boy is not circumcised, washing the baby's penis and foreskin properly is important. The outside of the penis should be washed with a mild soap and water. Do not attempt to pull back the infant's foreskin. The foreskin may not be able to pull back completely until he is older. This is normal. Your child's pediatrician will tell you when it is ready to be pulled back and cleaned.

As your child gets older, teach your son how to wash his penis. When he is old enough, he should gently pull back the foreskin and clean the area with soap and water. The foreskin then should be pushed back into place.

Finally...

While you are still pregnant, it is important to think about whether you want to circumcise your baby boy. Remember, circumcision is elective—it is your choice whether to have it done. If you have any questions or concerns, talk with your ob-gyn or other health care professional during your pregnancy so you have enough time to make an informed decision.

Glossary

Analgesia: Relief of pain without loss of muscle function.

Bacteria: One-celled organisms that can cause infections in the human body.

Circumcision: The surgical removal of a fold of skin called the foreskin that covers the glans (head) of the penis.

Complications: Diseases or conditions that occur as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Elective Procedure: A planned, nonemergency procedure that is chosen by a patient or health care professional. The procedure is seen as positive for the patient but not absolutely necessary.

Foreskin: A layer of skin covering the end of the penis.

Glans: The head of the penis.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women's health.

Penis: An external male sex organ.

Sexually Transmitted Infection (STI): An infection that is spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Smegma: A white discharge that normally builds up under the male foreskin.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright May 2017 by the American College of Obstetricians and Gynecologists. All rights reserved.

ISSN 1074-8601

To order print copies of Patient Education Pamphlets, please call 800-762-2264 or order online at sales.acog.org.

The American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920