

UVM ScholarWorks

Circumcision for the Male Infant: Patient Education and Cultural Humility

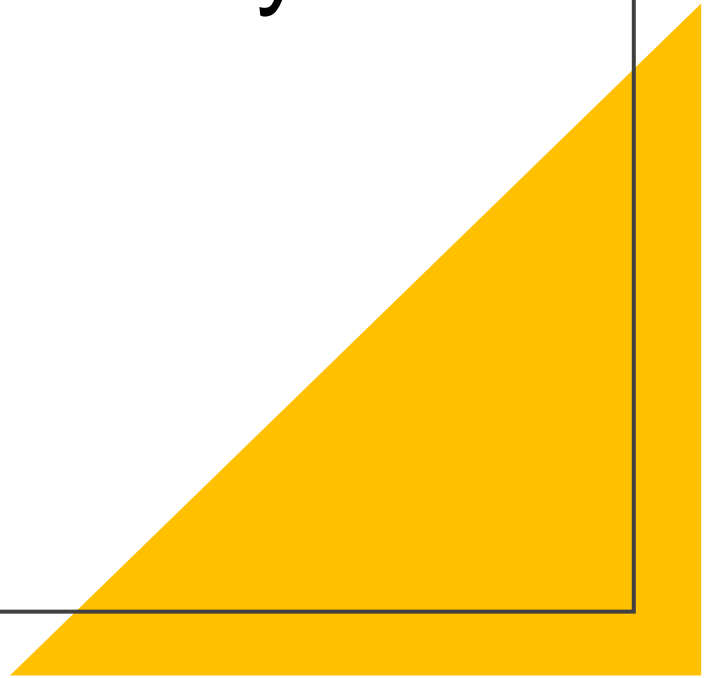
Item Type	Presentation;Presentation
Authors	Eisenbiegler, Grace E
Download date	2026-05-13 00:37:01
Item License	http://creativecommons.org/licenses/by/4.0/
Link to Item	https://hdl.handle.net/20.500.14849/2533

Circumcision for the Male Infant: Patient Education and Cultural Humility

Grace Eisenbiegler

Family Medicine Clerkship February-March 2022

Community Health Centers of Burlington – Riverside



Problem Identification and Description of Need

- Male circumcision is a religious and cultural decision that has become increasingly medicalized.
- Many families make decisions about circumcision based solely on these factors without true informed consent with understanding of risks, benefits, and alternatives.
- There is a need for unbiased information, prior to delivery, about circumcision, so that families may make an informed decision that is right for them.

Public Health Cost

- Financial cost:
 - Medicaid does not cover circumcision in 17 states. Most private insurers do cover neonatal circumcision (1).
 - This lack of equitable access has been shown to affect who gets circumcised. Those with Medicaid or no insurance get circumcised at lower rates (2).
- Morbidity and mortality of circumcision:
 - 4/1000 experience adverse event (3).
 - Death is rare. Case reports suggest usually secondary to inherited bleeding disorder.
- Financial cost of NOT doing circumcision:
 - One model predicts that reducing circumcision rates from the current levels among sexually active men to current levels in Europe (10%) would increase lifetime medical costs due to infections related to lack of circumcision by \$407 for each male and \$43 for each female... leading to overall increase in healthcare spending by \$505 million (4).
 - Postneonatal circumcision was 10 times as expensive as neonatal circumcision (\$1,921 per infant vs \$165 per newborn) (5).
 - Circumcision is a cost-effective strategy for HIV prevention in the US (6).

(1) Clark SJ, Kilmarx PH, Kretsinger K. *Coverage Of Newborn And Adult Male Circumcision Varies Among Public And Private US Payers Despite Health Benefits*. December 2011. Health Affairs Vol 30 No 12.

(2) Maeda, J. (Thomson Reuters), Chari, R. (RAND), and Elixhauser, A. (AHRQ). *Circumcisions in U.S. Community Hospitals, 2009*. HCUP Statistical Brief #126. February 2012. Agency for Healthcare Research and Quality, Rockville, MD.

(3) Omole F, Smith W, Carter-Wicker K. *Newborn Circumcision Techniques*. *Am Fam Physician*. 2020 Jun 1;101(11):680-685.

(4) Kacker S, Frick KD, Gaydos CA, Tobian AA. Costs and effectiveness of neonatal male circumcision. *Arch Pediatr Adolesc Med*. 2012;166(10):910-918. doi:10.1001/archpediatrics.2012.1440.

(5) Schoen EJ, Colby CJ, To TT. Cost analysis of neonatal circumcision in a large health maintenance organization. *J Urol*. 2006 Mar;175(3 Pt 1):1111-5. doi: 10.1016/S0022-5347(05)00399-X. PMID: 16469634.

(6) Sansom SL, Prabhu VS, Hutchinson AB, et al. Cost-effectiveness of newborn circumcision in reducing lifetime HIV risk among U.S. males. *PLoS One*. 2010;5(1):e8723. Published 2010 Jan 18. doi:10.1371/journal.pone.0008723.

Community Perspective: Community Interviews

- Representative from the Islamic Society of Vermont:
 - “Circumcision is part of other hygiene habits in the Muslim world, like washing up before prayer. It is discussed in the hadith [collection of sayings from the prophet Muhammad]. Other parts of cleanliness mentioned in the hadith include cutting the nails, shaving hair on the genitals, and washing before meals.”
 - “Circumcision does not have a role in connection to God [in Islam]. Choosing to not circumcise does not mean you are not Muslim. But circumcision is part of the habits and inclinations of the faith.”
- Physician at Community Health Centers of Burlington:
 - “I think it is important to take a step back and think deeply about a practice that has been normalized. Circumcision is a rare example of a prophylactic procedure we do to prevent a treatable condition [UTI].”
 - “Patients rarely ask [about circumcision]. People usually have already decided based on what their family does.”

Intervention and Methodology

- Created a 1-page document “Circumcision and your Male Infant” with information on:
 - Risks and benefits of circumcision
 - Complications associated with the uncircumcised penis
 - Cultural significance
 - Care of the uncircumcised penis
- Document to be included in CHCB’s “Your Pregnancy Guide” which is given early in pregnancy and contains anticipatory guidance.

Circumcision and your Male Infant

Circumcision for male infants is a personal and cultural decision you may consider for your male infant. Circumcision is the practice of surgically removing the foreskin from the tip of the penis within the first few days of life. This is done by a doctor at the hospital before your baby goes home and does not require general anesthesia or sedation. About half (53%) of male infants born in the United States get circumcised.

Benefits:

Circumcision is medically unnecessary. The American Academy of Pediatrics neither recommends, nor discourages circumcision. However, studied benefits include:

- Reduced risk of urinary tract infection in infancy.
- Reduced risk of penile cancer. Though penile cancer is very rare.
- Reduction in HIV transmission and acquisition. Though the effect is small.

Risks:

Like any other procedure or surgery, circumcision carries the risk of bleeding, infection, damage to the urethra (where urine exits the bladder) and surrounding nerves and blood vessels. Additionally, this is an irreversible procedure.

Conditions that may occur in the uncircumcised penis:

- White lumps under foreskin (smegma).
- Infections of the foreskin.
- Foreskin getting stuck (phimosis or paraphimosis).

Cultural Relevance:

Circumcision began as a cultural practice but has become medicalized. It is common practice in Jewish and Muslim faiths. In Judaism, it is mentioned in the Torah as part of the covenant with God. In Islam, circumcision is important for cleanliness in preparation for prayer and has a more cultural role. Religion is a common reason many people choose circumcision.

Care of the uncircumcised penis (from UpToDate):

Until your baby is 6 months old, do **not** try to pull the foreskin back over the penis. Instead, to take care of your baby's penis, you should:

- Wash it during bath time with a gentle, nonirritating soap
- Change your baby's diaper often so that he doesn't get a diaper rash

After your baby is 6 months old, you can start to gently pull back on the foreskin when you clean the penis. It's important to pull the foreskin back only as far as it goes and not force it any further. As you pull the foreskin back, gently clean and then dry the skin underneath. When you are done, make sure to return the foreskin to its normal place so that it covers the tip of the penis.

When your son is older and can clean himself, you can teach him how to take care of his foreskin and penis. Each time he cleans himself, he should pull the foreskin back, clean and dry the skin underneath, and then return it to its normal place.

Results

- Provider comments included:
 - Desire for similar resource for patient education
 - Acknowledgement of the controversy around circumcision
 - Desire to practice cultural humility
 - Acknowledgement that many families choose circumcision without adequate medical knowledge

Evaluation and Limitations

- Proposed Evaluation:
 - Pre- and post-surveys on patient's understanding of risks and benefits of circumcision.
 - Survey of providers to assess if they feel better prepared to counsel patients on circumcision.
- Limitations:
 - Limited community input due to timeline.
 - Underrepresentation of variety of cultural views on circumcision.

Recommendations for Future Interventions

- Expanded information booklet on care of the uncircumcised penis for parents:
 - Evaluation of provider perspective
 - Creation of a booklet
 - Regular examination of the uncircumcised penis during well-child visit
- Companion resource on female genital cutting
 - Explanation of how procedure is medically unnecessary, can cause obstetric complications and sexual dysfunction.
 - However, this necessitates comparison between female and male genital modification.

References

Aggleton P. “Just a Snip”?: A Social History of Male Circumcision, *Reproductive Health Matters* 2007, 15:29, 15-21, DOI: [10.1016/S0968-8080\(07\)29303-6](https://doi.org/10.1016/S0968-8080(07)29303-6)

American Academy of Pediatrics. *Circumcision Policy Statement*. *Pediatrics* (2012) 130 (3): 585–586

Clark SJ, Kilmarx PH, Kretsinger K. *Coverage Of Newborn And Adult Male Circumcision Varies Among Public And Private US Payers Despite Health Benefits*. December 2011. *Health Affairs* Vol 30 No 12.

Foddy B. *Medical, religious, and social reasons for and against an ancient rite*. *J Med Ethics*. July 2013 Vol 39 No 7.

Kacker S, Frick KD, Gaydos CA, Tobian AA. *Costs and effectiveness of neonatal male circumcision*. *Arch Pediatr Adolesc Med*. 2012;166(10):910-918. doi:10.1001/archpediatrics.2012.1440.

Maeda J, Chari R, Elixhauser A. *Circumcisions in U.S. Community Hospitals, 2009*. HCUP Statistical Brief #126. February 2012. Agency for Healthcare Research and Quality, Rockville, MD.

Omole F, Smith W, Carter-Wicker K. *Newborn Circumcision Techniques*. *Am Fam Physician*. 2020 Jun 1;101(11):680-685.

Owings M, Uddin S, Williams S. *Trends in Circumcision for Male Newborns in U.S. Hospitals: 1979-2010*. National Center for Health Statistics. Centers for Disease Control and Prevention. November 6, 2015.

Sansom SL, Prabhu VS, Hutchinson AB, et al. *Cost-effectiveness of newborn circumcision in reducing lifetime HIV risk among U.S. males*. *PLoS One*. 2010;5(1):e8723. Published 2010 Jan 18. doi:10.1371/journal.pone.0008723.

Schoen EJ, Colby CJ, To TT. *Cost analysis of neonatal circumcision in a large health maintenance organization*. *J Urol*. 2006 Mar;175(3 Pt 1):1111-5. doi: 10.1016/S0022-5347(05)00399-X. PMID: 16469634.

Wilcox D. *Care of the uncircumcised penis in infants and children*. UpToDate. June 21 2021.