Circumcision of baby boys – The facts

Lois Wattis - www.birthjourney.com

Circumcision of baby boys is a subject which is usually raised by parents-to-be who attend my childbirth education classes. Circumcision involves tearing the foreskin away from the glans (head of the penis), cutting along the top of the foreskin, then clamping the foreskin and cutting it off. Circumcision was promoted during the Victorian era to “cure” masturbation, tuberculosis, mental illness and STD’s. Infant male circumcision later gained ill repute in Britain in 1949 when the lack of necessity and dangers of the operation which include bleeding, damage to the penile head (glans), excessive skin removal, and deaths were discussed in detail for the first time in the British Medical Journal.

Australian paediatricians have discouraged the practice since the 1960’s, and the incidence of circumcision steadily fell from over 70% of boys in the 1960’s to 39% in 1980. In 2002 about 12% of young boys were circumcised Australia-wide but rates vary widely between states. Western Australia and Victoria have the lowest rates of around 5%, yet Queensland has the highest rate of 20%. More doctors in NSW and Queensland are willing to do circumcisions without good medical reason in spite of the clear directive of The Royal Australasian College of Physicians (RACP) in their Policy Statement on Circumcision:

After extensive review of the literature the RACP reaffirms that there is no medical indication for routine neonatal circumcision. The complication rate of neonatal circumcision is reported to be around 1% to 5% and includes local infection, bleeding and damage to the penis. Serious complications such as bleeding, septicaemia and meningitis may occasionally cause death.

The possibility that routine circumcision may contravene human rights has been raised because circumcision is performed on a minor and is without proven medical benefit.

Review of the literature in relation to risks and benefits shows there is no evidence of benefit outweighing harm for circumcision as a routine procedure in the neonate.

The entire document can be viewed on the RACP website www.racp.edu.au

No medical organisation in the world recommends routine circumcision of boys. In addition to RACP the British Medical Association and the American Academy of Paediatrics have issued position statements against male circumcision without medical reason.

Baby boys experience excruciating pain during circumcision and for weeks afterwards, and can show behavioural changes such as frequent crying, avoidance of physical contact, reduced feeding and sleep disturbance following the procedure. Local anaesthetic creams do not provide adequate anaesthesia for the operation and a general anaesthetic poses significant risk for infants under the age of 6 months. Adult circumcision is less painful as men can undergo general anaesthesia and receive pain relief during the postoperative period.

The risks of circumcision include bleeding, infection, damage to the glans and frenulum, excessive skin removal, scarring, loss of penis, and even death. Excessive skin removal is a common problem which can restrict growth of the penis during puberty.

Circumcision removes complex tissue containing thousands of highly specialised fine touch receptors and nerve fibres. The loss of sexual sensitivity is proportional to the amount of foreskin removed. A tight circumcision that prevents the (remaining) foreskin’s movement during intercourse is particularly damaging. Men circumcised as infants may be unaware of this, but many men circumcised as adults report a definite loss.
Questions commonly asked by parents considering circumcision of their baby boy

Isn't it cleaner?
The hygiene habits of our modern society and bathing facilities are vastly different to those experienced by those from previous generations. Daily showering and hot running water (in indoor bathrooms) were not the norm as they are these days. Daily bathing provides adequate cleanliness in most Australian settings and hygiene care of baby boys and girls does not differ.

Do I have to do anything to my baby's penis?
No. The prepuce of most newborn boys is still adhered to the glans and cannot be retracted. Forcible retraction can result in tearing, scarring and infection. A boy will retract his foreskin when he is ready and it is normal for this to happen any time between the ages of 3 and 13. After the foreskin has become retractable boys can then be taught to gently retract and wash under the foreskin with water. Diluted soap can help with cleaning, but must be thoroughly rinsed away to avoid irritation of the foreskin's sensitive inner surface.

Doesn't circumcision reduce infections?
Some research indicates that circumcised baby boys have a lower rate of urinary tract infection (UTI) than intact baby boys, however this difference is slight. Baby girls have a higher incidence of UTI than boys. Breastfeeding protects all babies from infections. If a UTI does occur antibiotic treatment may be required.

What about cancer and STD's in later life?
The risk factors for penile and cervical cancer are cigarette smoking, and exposure to multiple strains of the human papilloma or wart virus (HPV), through unprotected sex with multiple partners. Penile cancer is extremely rare (1:100,000 men), and penile cancer can develop on the circumcision scar. Studies in industrialised nations such as Australia find that circumcision does not reduce the risk of STD transmission.

Won't it worry the little boy that he looks different to his Father?
From a child's perspective, all adult male genitalia looks different to their own. The presence of pubic hair is a very obvious difference which children readily accept is just how grown-ups look. Little boys are fascinated with their own and other little boys' anatomy and function. They are much more likely to question why a little boy's circumcised penis looks so different to an intact boy's penis. A child is more likely to have problems reasoning why the parents allowed part of his penis to be cut off when he was a baby than to wonder why his circumcised father's glans is visible all the time rather than only sometimes when the foreskin is retracted.

Who has the right to decide?
During the decision making process, the most important point for parents to remember is that it is a woman's right to choose in matters concerning her own body, and it should be a man's right to choose also. Circumcision is cosmetic surgery. The appearance of the penis is a matter personal preference that only the owner of the penis has the right to decide about structure and function alterations.

References
Circumcision – Answers to frequently asked questions for expectant parents; Circumcision Information Australia, 2003. [www.circinfo.org](http://www.circinfo.org)
RACP Health Policy Unit, Paediatric Policy Circumcision.htm [www.racp.edu.au](http://www.racp.edu.au)