

## POSITION STATEMENT

### Newborn Male Circumcision

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

- Newborn male circumcision is an elective procedure that should not be routinely recommended but should be considered on an individual basis within the context of risks compared to the potential benefits of the procedure.
- Within the context of shared decision-making, midwives have an ethical duty to provide evidence-based, unbiased information about newborn male circumcision during the prenatal period or to refer the family to another healthcare provider for this information.
- Cultural and religious values influence the decision to choose or decline circumcision. Midwives have an obligation to provide care that is culturally informed and acknowledges the effects of structural racism.
- 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 and willing to perform the procedure.
- While the ability to perform newborn male circumcision is not a core competency for midwifery practice, midwives may provide this service after additional education and training as an expanded scope of practice in accordance with state and credentialing regulations.

### Background

Globally, approximately 1 of every 3 males are circumcised.<sup>1</sup> In the United States, the rate of newborn male circumcision is estimated to be between 58-71%.<sup>1,2</sup> Newborn male circumcision may be performed for medical reasons or electively for cultural and personal reasons.<sup>3</sup>

Potential benefits of elective newborn male circumcision include reduction of urinary tract infection in the first year of life (risk 1.4% for uncircumcised newborns),<sup>4</sup> and in the rare risk of penile cancer caused by human papillomavirus (HPV) infection (77% reduction of 0.07% lifetime risk) among circumcised men.<sup>5</sup> The Centers for Disease Control and Prevention and the World Health Organization recommend male circumcision as part of a public health strategy to reduce HIV in areas of high prevalence and to reduce the transmission of some sexually transmitted diseases, including genital ulcer disorder, syphilis, HPV, and trichomonas.<sup>5,6</sup> Male circumcision does not eliminate the risk for HIV and sexually transmitted infections; therefore, condom use and HPV immunization remain essential public health prevention strategies.<sup>5,7</sup>

Risks associated with newborn male circumcision include infection or hemorrhage at the incision site, amputation or partial amputation of the glans, permanent damage to the penis, necrosis, scarring, and pain associated with the incision.<sup>8,9</sup> Risks associated with newborn circumcision are mitigated when performed in the newborn period by trained, experienced providers under sterile procedures in hospital settings.<sup>8</sup> The rate of adverse events from circumcision during the neonatal period is estimated to be less than 0.5%.<sup>10</sup>

The American Academy of Pediatrics (AAP) concluded in 2012 that the health benefits of newborn male circumcision outweigh the risks of the procedure; therefore, families who seek circumcision for their newborns should be supported in their decision.<sup>11</sup> Additionally, the AAP states that the medical benefits of circumcision are not great enough to recommend routine circumcision for all male newborns.<sup>11</sup> ACNM affirms that circumcision should not be routinely recommended and that evidence-based, unbiased, shared decision-making is required to support a parent's decision to elect or decline newborn male circumcision.

### **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.<sup>12</sup> The core competencies of midwifery care include “anticipatory guidance related to...parenthood,”<sup>13</sup> which should include providing factual and unbiased information to assist parents in making health care decisions for their newborns. Parents serve as proxy decision-makers for infants and children who cannot decide for themselves.<sup>14</sup> The decision to circumcise is challenging in that the procedure permanently alters the male penis but carries the least risk when performed in the neonatal period, at which time the newborn is unable to consent.

Midwives are uniquely positioned to facilitate a shared decision-making process for families considering newborn male circumcision. Providing factual, unbiased, evidence-based information on the risks, benefits, and expected outcomes of male circumcision is an essential ethical responsibility of the midwife, regardless of the personal beliefs of the individual midwife.<sup>7,15,16</sup>

### **Provision of Circumcision**

Access to circumcision for parents who desire the procedure can be affected by various barriers within hospital settings, including providers opting out for ethical or personal reasons, a lack of qualified professionals to perform the procedure, and issues with insurance coverage.<sup>17,18</sup> As a result, some families may need to identify alternative outpatient options that may be variably covered by insurance. If parents choose circumcision and the midwife does not perform the procedure, parents must be referred to reputable community resources.<sup>7</sup>

Nationally and regionally, male circumcision rates are higher for newborns whose parents have private insurance than for those whose parents have Medicaid coverage, and this disparity is most notable among Black newborns.<sup>19,20</sup> This disparity may indicate a difference in parental preferences, though studies in states that have had reversals in Medicaid coverage for newborn male circumcision have demonstrated significant declines in rates of the procedure.<sup>20</sup> Midwives may support measures to reduce insurance barriers for families who desire the procedure.

Midwives may perform newborn male circumcision as part of an expanded scope of practice.<sup>21</sup> 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 midwife as a member of the health care team. Midwives can fill gaps in the provision of elective male newborn circumcision in contexts where services are not otherwise available. The role of the midwife who chooses to perform newborn male circumcision is one of active participation. It requires the midwife to function independently in a coordinated and collaborative manner to facilitate a safe surgical procedure. Additionally, midwives must be aware of current laws and regulations that may restrict how, where, and when newborn male circumcision is provided.

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*Note:* Midwifery and midwives as used throughout this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

*Source:* Division of Standards and Practice, Clinical Practice & Documents Section  
*Approved:* ACNM Board of Directors, September 2017, Revised 2024