Circumcision Policy Statement
TASK FORCE ON CIRCUMCISION

Pediatrics 2012;130;585; originally published online August 27, 2012;
DOI: 10.1542/peds.2012-1989

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/130/3/585.full.html
POLICY STATEMENT

Circumcision Policy Statement

abstract

Male circumcision is a common procedure, generally performed during the newborn period in the United States. In 2007, the American Academy of Pediatrics (AAP) formed a multidisciplinary task force of AAP members and other stakeholders to evaluate the recent evidence on male circumcision and update the Academy’s 1999 recommendations in this area. Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV. The American College of Obstetricians and Gynecologists has endorsed this statement. Pediatrics 2012;130:585–586

POLICY STATEMENT

Systematic evaluation of English-language peer-reviewed literature from 1995 through 2010 indicates that preventive health benefits of elective circumcision of male newborns outweigh the risks of the procedure. Benefits include significant reductions in the risk of urinary tract infection in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections.

The procedure is well tolerated when performed by trained professionals under sterile conditions with appropriate pain management. Complications are infrequent; most are minor, and severe complications are rare. Male circumcision performed during the newborn period has considerably lower complication rates than when performed later in life.

Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant third-party payment for circumcision of male newborns. It is important that clinicians routinely inform parents of the health benefits and risks of male newborn circumcision in an unbiased and accurate manner.

Parents ultimately should decide whether circumcision is in the best interests of their male child. They will need to weigh medical information in the context of their own religious, ethical, and
cultural beliefs and practices. The medical benefits alone may not outweigh these other considerations for individual families. Findings from the systematic evaluation are available in the accompanying technical report. The American College of Obstetricians and Gynecologists has endorsed this statement.

**TASK FORCE ON CIRCUMCISION**

Susan Blank, MD, MPH, Chairperson

Michael Brady, MD, Representing the AAP Committee on Pediatrics AIDS
Ellen Buerk, MD, Representing the AAP Board of Directors
Waldemar Carlo, MD, Representing the AAP Committee on Fetus and Newborn
Douglas Diekema, MD, MPH, Representing the AAP Committee on Bioethics
Andrew Freedman, MD, Representing the AAP Section on Urology
Lynne Maxwell, MD, Representing the AAP Section on Anesthesiology
Steven Wegner, MD, JD, Representing the AAP Committee on Child Health Financing

**LIAISONS**

Charles LeBaron, MD — Centers for Disease Control and Prevention
Lesley Atwood, MD — American Academy of Family Physicians
Sabrina Craig, MD — American College of Obstetricians and Gynecologists

**CONSULTANTS**

Susan K. Flinn, MA — Medical Writer
Esther C. Janowsky, MD, PhD

**STAFF**

Edward P. Zimmerman, MS
Circumcision Policy Statement
TASK FORCE ON CIRCUMCISION

Pediatrics 2012;130;585; originally published online August 27, 2012;
DOI: 10.1542/peds.2012-1989

Updated Information & Services
including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/130/3/585.full.html

Citations
This article has been cited by 1 HighWire-hosted articles:
http://pediatrics.aappublications.org/content/130/3/585.full.html#related-urls

Post-Publication Peer Reviews (P³Rs)
12 P³Rs have been posted to this article
http://pediatrics.aappublications.org/cgi/eletters/130/3/585

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
Task Force on Circumcision
http://pediatrics.aappublications.org/cgi/collection/task_force_on_circumcision

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://pediatrics.aappublications.org/site/misc/Permissions.xhtml

Reprints
Information about ordering reprints can be found online:
http://pediatrics.aappublications.org/site/misc/reprints.xhtml

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2012 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.