

COUNSELING PARENTS ON NEWBORN MALE CIRCUMCISION

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Disclosures

- Presenter acknowledges personal beliefs and experiences regarding the topic
- I have no financial relationships to disclose

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Session Objectives

1. Analyze the evidence-based health benefits/risks of newborn male circumcision.
2. Demonstrate competency in providing evidence-based information to parents on care of circumcised and non-circumcised newborn males
3. Define the ethical responsibilities that APPs have for the individuals and families they serve.

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# BACKGROUND, RISKS/BENEFITS & COUNSELING PARENTS WHO ARE CONSIDERING NMC

## Part 1

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### Definitions

- Newborn Male Circumcision (NMC) – done within first 28 days after birth
- Early Infant Male Circumcision (EIMC) - performed within the first 60 days of life
- Voluntary Male Medical Circumcision (VMMC) – done to decrease transmission of heterosexual transmission of HIV in seroprevalent areas

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### Global Prevalence of Male Circumcision

1. Known figures for males from CIA data for country/territory total populations (n=237) and then, sex ratio
2. Mature males aged 15 yo or greater surveyed using country generated health surveys
3. In countries lacking health data, estimates done based on numbers of Jewish and Muslim males (99.9% with MC)
4. Calculation:

Sum of total males circumcised	1,412,252,836	= <b>38.65%</b> (Estimation of global prevalence)
Total # of males in the world	3,654,384,123	

Morris BJ, Wamai RG, Heneberg EB, et al. Estimation of country-specific and global prevalence of male circumcision. *Population Health Metrics*. 2016;14:4.

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## Global Prevalence of Male Circumcision

Prevalence	Countries N=237	Examples
Low < 25%	<b>136</b>	United Kingdom, Mexico, China, S. Sudan, India, Russia, Germany
Very Low < 10%*	113	N. Korea, Denmark, Costa Rica, Cuba, Puerto Rico, Vietnam, Sweden
Low-Mid 25 - <50%	<b>12</b>	Australia, Canada, Uganda, New Zealand
Mid-High 50 - <75%	<b>14</b>	United States, Tanzania
High 75% - 100%	<b>75</b>	S. Korea, Qatar,
Very High > 90%**	63	Israel, Afghanistan, Kenya, American Samoa, Philippines, Ethiopia

\* Subset of Low    \*\* Subset of High

Morris BJ, Wamai RG, Heneberg EB, et al. Estimation of country-specific and global prevalence of male circumcision. *Population Health Metrics*. 2016;14:4.

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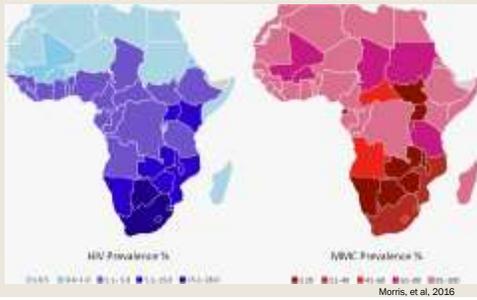
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## HIV and MC prevalence for countries in the continent of Africa, where the main mode of HIV transmission is heterosexual intercourse



Morris, et al, 2016

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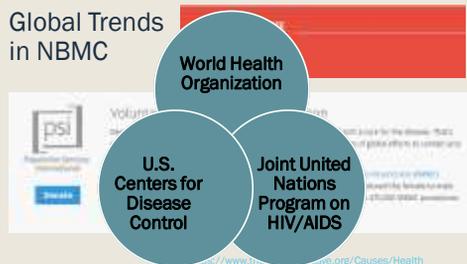
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## Global Trends in NBMC




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## Viewpoints on Function of the Foreskin: Uncircumcised

- Keratinized squamous epithelium covers both penile shaft and the foreskin
- Sebaceous glands near the frenulum produce natural emollient to protect and lubricate the glans
- Inner foreskin apocrine glands secrete substances with antibacterial properties
- Neonatal MC both removes tissue containing many fine-touch receptors
- Interferes with the natural separation process with subsequent sensory imbalance and risk of injury and tears which make the circumcised penis less hygienic

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## Viewpoints on Function of the Foreskin: Circumcised

- When the foreskin slides backwards, exposes its inner mucosal surface
- Mucosal surface has high density of target cells for HIV; Langerhans cells, CD4+ cells and macrophages
- Entry point for pathogens
- Removal of the foreskin via circumcision exposes the more keratinized penile shaft
- Diminishes entry points for pathogens

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## Diseases/Concerns of the prepuce and approaches

Disease/Concern	Notes	Approaches
Phimosis	Prepuce cannot be retracted over the glans penis without difficulty and pain; physiologic and pathologic (scarred or traumatized tissues)	Physiologic - requires no treatment, so long as the tissues healthy Pathologic - may need MC
Balanitis and balanoposthitis	Inflammation of glans penis = balanitis OR if balanoposthitis = glans and prepuce 4 - 11% in uncircumcised boys	Education
Smegma	Desquamated epithelial cells that accumulate under the prepuce; normal in little boys without fully retractile prepuce	Education
Adhesions	Residue of the fused inner layer of the prepuce and the glans	Education; complete resolution expected by the teenage years
Ballooning of the prepuce	If prepuce is not fully retractable, ballooning may occur	Education; tinge of topical steroid cream; reassurance that urinary flow not affected
Balanitis xerotica obliterans (BXO)	AKA lichen sclerosis - infiltrative lesion of the prepuce - causes pathological phimosis; pathological phimosis at puberty	If non-responsive to steroids; absolute indication for MC

Abara EO. Prepuce health and childhood circumcision: Choices in Canada. Canadian Urological Association Journal. 2017;11(1-2):supp1:555-562.

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**foreskin facts**

- Normal:** The foreskin, or prepuce, is a natural protective cap of the penis in boys and men. The foreskin under the head of the penis allows the penis to lengthen and become erect.
- Protective:** The foreskin naturally and actively shields the head of the penis from bacteria, viruses, fungi, and parasites. It also prevents all sorts of harmful microorganisms and bacteria from entering.
- Attached:** The foreskin naturally and actively shields the head of the penis from bacteria, viruses, fungi, and parasites. It also prevents all sorts of harmful microorganisms and bacteria from entering.
- Problems:** In some cases, the foreskin may become inflamed, swollen, or irritated. This is called balanitis or posthitis. It can be caused by poor hygiene, infection, or irritation from soaps, detergents, or tight clothing.
- Prevention:** Good hygiene is the best way to prevent problems. This means washing the penis with warm water and mild soap, and drying it thoroughly. It is also important to avoid using harsh soaps or detergents on the penis.

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**Should I Circumcise my son?**

PROS	CONS
<p>Protects against urinary tract infections (UTIs) during the first year of life</p>	<p>Possible risk of bloodstream infection, bleeding, gangrene, swelling, or other surgical problems can happen</p>
<p>Prevents infections under the foreskin. It also prevents genital warts/HPV</p>	<p>The procedure is painful. However, the doctor can use some anesthesia to reduce the pain.</p>
<p>Decreases the risk of getting some STDs later in life, including HIV</p>	<p>Increased compression do not cover the cost for the surgery</p>
<p>Lowest the risk of cancer of the penis. However, good hygiene offers equal protection against this very rare cancer</p>	<p>Surgery should be done during the first month of life. If not, the procedure will require a general anesthetic</p>

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### Health Benefits of Newborn Male Circumcision: UTI Prevention

- NMC affords protection against UTI, but concurrently is a natural decline in prevalence of UTI in uncircumcised infants over time
- Natural incidence of UTI - risk for symptomatic UTI by 11 years of age was 3.0% for girls and 1.1% for boys in Goteborg, Sweden (no NMC)
- Systematic review and meta-analysis (N=22) reported RR of UTI in age groups:
  - 0 to 1 year RR 9.91 (95% CI 7.49-13.1)
  - 1 to 16 years RR 6.56 (95% CI 3.26-13.2)
  - Older than 16 years RR 3.41 (95% CI 0.916-12.7) higher in uncircumcised males

Wimberg J, Andersen HJ, Bergström T, Jacobsson B, Larsson H, Lincoln K. Epidemiology of symptomatic urinary tract infection in childhood. *Acta Paediatrica*. 2014;93:1-00.  
Morris BJ, Wiswell TE. Circumcision and lifetime risk of urinary tract infection: A systematic review and meta-analysis. *The Journal of Urology*. 2013;189(6):2118-2124.

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### NMC Counseling Points: Potential Risks

- Male circumcision is a surgical procedure and therefore may be associated with bleeding, infection, or inadequate skin removal
- In newborns, complications occur less than 1% to 1.5% of the time. Most complications are minor such as bleeding and are easily treated
- The occurrence and severity of complications depend on the clinician's skill and level of training, cleanliness of conditions, and choice of circumcision method used
- Complications of male circumcision are lowest when they are performed by an experienced provider and when done neonatally or early in infancy
- Parents who are Orthodox Jewish should be advised against the practice of *metzitzah b'peh*, as this can expose the newborn to oral HSV

Melike RT. Counseling parents who are considering newborn male circumcision. *Journal of Midwifery & Women's Health*. 2013;58(6):671-682.

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### NMC Counseling Points: Potential Benefits - UTI

- Most boys are at low risk (1%-2%) for UTI
- Although NMC affords protection against UTI, it is also important to know that the prevalence of UTIs naturally declines in uncircumcised boys over time with the physiologic retraction of the foreskin
- In boys with a condition called vesicourethral reflux, UTIs are much more common (10% to 30%), and circumcision reduces recurrence of infection and may help to protect kidneys from damage

Melike RT. Counseling parents who are considering newborn male circumcision. *Journal of Midwifery & Women's Health*. 2013;58(6):671-682.

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### NMC Counseling Points: Potential Benefits - HIV

- In Africa, where in some areas up to 20% of the population is infected with HIV, 3 large studies showed that male circumcision reduced heterosexual transmission of HIV by 50% to 60%
- In the United States, the prevalence of HIV is very low in the population overall (0.27%), and most cases of HIV are transmitted by men having sex with men
- It is less clear if male circumcision confers protection from HIV acquisition in men who have sex with men; although it may offer protection for men practicing insertive sex
- Male circumcision may be beneficial in groups in the United States who have disproportionately higher rates of HIV
  - E.g. one study of heterosexual African American men in the United States who were circumcised were 50% less likely to be infected with HIV than those who were not circumcised

Melike RT. Counseling parents who are considering newborn male circumcision. *Journal of Midwifery & Women's Health*. 2013;58(6):671-682.

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## NMC Counseling Points: Sexual Satisfaction - Areas of Controversy

- One large Danish study (n=5222; men and women) reported that sexual function overall did not differ between circumcised and uncircumcised men
  - However, after adjusting for factors such as age, circumcised men were more likely to report frequent orgasm difficulties
  - Women with circumcised spouses reported more incomplete sexual needs fulfillment and more frequent overall sexual function difficulties, orgasm difficulties, and dyspareunia
  - However, in Denmark, male circumcision is rare; only 5% of the men in the study were circumcised (as newborns), and only 3.7% of the women had partners who were circumcised

Frisch M, Lindholm M, Gronbeck M. Male circumcision and sexual function in men and women: a survey-based cross-sectional study in Denmark. *Int J Epidemiol*. 2011;40:1367-1381.

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## NMC Counseling Points: Additional Points

- Counseling should include comfort measures after circumcision and care of the circumcised or uncircumcised penis
- Male circumcision is a painful procedure - preferred method to minimize pain is to choose a provider who is skilled in the use of a dorsal penile nerve block
- In resource-rich countries, promotion of safe sexual practices and HPV vaccination reduces HIV, HPV, penile cancer, and other sexually transmitted infections

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## ETHICAL ISSUES WHEN PARENTS ARE CONSIDERING NMC

### Part 3

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## Values in Bioethics

Values are an important aspect of ethical practice and are part of moral reasoning:

- Unconditional **positive regard** for the woman and her family regardless of their education, race, ethnicity, language, culture, economic status, or healthcare choices
- Desire to be of **duty or service** to others and help them to a better state of health through education, treatment, or prevention of injury or illness
- **Respect** for the patient's intrinsic value as a driver in the healthcare process

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## Ethical Principles

- **Autonomy**- freedom to make informed decisions
- **Beneficence**- actions or services that provide benefit to the recipient or society
- **Non-maleficence**- avoiding harm to the care recipient, community, or society
- **Justice**- fairness, providing the same quality services to all
- **Veracity**- truthfulness and complete disclosure of all evidence-based information available
- **Fidelity**- standing by the care recipient (woman, newborn, or family) or providing a smooth transition of care from one service provider to another

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## Autonomy as an Ethical Principle

- Each person has a moral value and has a right to reason, decide, and act without interference in personal decision making
- Encompasses values of respect, dignity, choice, self-determination, and clear communication
- Patients have rights to self-determination for treatment choices and with whom information about their treatment is shared
- By definition, both the patient and the provider share in creating patient autonomy by having transparent communication that is appropriate for the patient

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## Beneficence and Non-Maleficence as Core Ethical Principles

- Principles of beneficence and non-maleficence are the key components of medical indications for care
- Beneficence means to provide benefit to the patient
- Non-Maleficence means to avoid harm to the patient
- Each one of these ethical principles requires further exploration

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## Beneficence as an Ethical Principle

- Beneficence is an act that is done to benefit another that may include removing or preventing possible harms and may be thought of as mercy, charity, kindness while respecting the patient's autonomy
- Perhaps the most important ethical principle in healthcare because above all else what we do must benefit the patient
- A sense of duty emerges from beneficence
- Beneficence and non-maleficence (not causing harm) are often closely related in healthcare

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## Beneficence and Paternalism

- Paternalism is overriding someone's choices or preferences in that person's "own best interest"
- Paternalism often linked to beneficence but crosses boundaries
- The "means justifies the end" may be the rationalization for paternalistic actions
- Care must be taken to avoid paternalism that limits autonomy except in extreme cases

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## Non-Maleficence as an Ethical Principle

- Defined as preventing harm to the patient by an act committed or omitted on the part of the healthcare provider or producing the least harm possible when achieving a positive healthcare outcome
- Non-maleficence is commonly linked to beneficence – providers want to minimize harms from treatments and interventions and maximize benefits
- Closely aligned with personal accountability for clinical practice
- Not always clear what is meant by harm- physical, psychological, spiritual, moral, or economic distress may be experienced as harmful

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## Justice as an Ethical Principle

- Defined as the ability to access the social benefits of care which includes aspects of merit, or which population is most “deserving” of limited resources
- Includes aspects of equalization of benefits across society so that all have fair access to care
- Affordable Care Act of 2010 may be an example of justice in US healthcare and the ability of all to obtain basic services as a human right not a privilege
- Another example is universal healthcare or single payor care as modeled in Europe, Canada, and Australia

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## Principles of Fidelity and Veracity

- Have less emphasis in COE but are highly valued in midwifery and other APP professions
- Veracity means honesty when dealing with patients, families, colleagues, and co-workers
  - May be overt or covert such as failure to disclose all of the facts or withholding information
- Fidelity is the component of trust that must exist in the midwife-patient relationship
  - May not always be possible when values of the employer over ride those of the APP

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## Personal and Professional Values Clarification

- Personal values-
  - May include ethical principles
  - May include religious, cultural, or regional influences
- Professional values-
  - ACNM Code of Ethics for the Practice of Midwifery
  - American Nurses Association. (2015). Code of Ethics for Nurses
  - Guidelines for Ethical Conduct for the PA Profession

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## Why Professions Have Codes of Ethics

- Defines "good and safe" practice for professions
- Provides parameters that:
  - determine professional goals
  - define the relationship of the profession to larger society
  - describe the care provider's relationship to the care recipient
  - identifies responsibilities of the professional members to the profession as an entity

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## ACNM Code of Ethics

- ACNM philosophy "human dignity, individuality and diversity" - core of the ACNM COE
- ACNM COE outlines professional goals, duties to the woman and her family, to society at large, and to the profession of midwifery, identifies "good" practice
- Ethical principles embedded in the ACNM COE
  - Autonomy
  - Beneficence
  - Non-maleficence
  - Justice
  - Veracity
  - Fidelity

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### Values Clarification Exercise

- Participants will be encouraged to participate in an interactive session involving clarifications of personal values.
- A secondary exercise will involve clarification of professional values.

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### Application of Ethical Principles APP Clinical Practice

- Shared Decision Making
- Non-directional counseling
- Written informed consent that define risks, benefits, alternatives, and expected outcomes for procedures and research
- Full disclosure of all relevant information free from personal bias
- Cultural humility and respect for human dignity

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### Moral Distress and Conscientious Objection

- Moral Distress- the experience an individual feels when faced with situations that are incongruent with personal or professional values, belief, and goals
- Conscientious Objection-ability to decline participation in activities that are incongruent with an individual's moral reasoning.
- Professional responsibility to avoid depriving a woman or family of essential services based upon personal bias toward or against a certain healthcare practice, treatment, or procedure

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### Case Study #1 for Group Discussion

- Kami is a 24 yo G1P0 at 36 weeks. She has had a normal low risk pregnancy and is meeting with you to discuss her birth plan and newborn care. Kami's partner Tryn accompanies her. The couple ask about circumcision and want to know what you think about this practice, safety, necessity, risks, benefits and where they can obtain this service. Because this is their first baby they have lots of questions.
- What are your **ethical** duties to this couple?

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### Case Study #2 for Group Discussion

- Rebekah is a 41 yo G4 P1021 who is 22 weeks gestation with a donor egg and sperm and is in your clinic to discuss her ultrasound results and for follow up prenatal care. She is accompanied by her partner Marty. The couple are Jewish and share with you that their baby is a boy and they want to discuss medical circumcision with you. Rebekah states that Marty had a religious circumcision and that he thinks the newborn should be circumcised too. Rebekah states she is unsure of medical or religious rationale and doesn't think circumcision is safe. The couple ask you for information.
- What are your **ethical** duties to this couple?

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