

POLICY PAPER

Why NICU Circumcisions Should Cease

Executive Summary

This policy paper argues for the cessation of neonatal circumcisions performed in Neonatal Intensive Care Units (NICUs). It outlines the medical, ethical, legal, and economic concerns associated with performing circumcision in critically ill or premature infants. Given the non-therapeutic nature of most circumcisions and the unique vulnerability of NICU infants, continuing this practice lacks justifiable benefit and violates ethical norms in pediatric care. This paper urges policymakers, hospitals, and professional organizations to adopt protocols that eliminate NICU circumcisions.

Introduction

Male circumcision is the most performed pediatric surgery in the United States. The practice is almost always performed for cultural, religious, or cosmetic reasons rather than for clear medical indications. While elective circumcision in healthy newborns is controversial, the procedure becomes more ethically and medically problematic in the context of NICUs, where patients are often premature, immune-compromised, chronically stressed,¹ or otherwise in fragile health. The American Academy of Pediatrics (AAP) has no official current policy statement on circumcision nor guidance that addresses the specific vulnerabilities of NICU patients with regard to the procedure. However, a one-page online flyer called “Circumcision: A Parent’s Choice” from the AAP’s Healthy Children initiative states “A newborn must be stable and healthy to safely be circumcised.” This would seem to preclude circumcision in most if not all NICU babies.

Medical Risks in the NICU Context

Circumcision is a surgical procedure with inherent risks, including bleeding, infection, pain, and death.² These risks are heightened in NICU patients due to:

1. **Prematurity and Fragility**
Premature infants have thinner skin, immature clotting systems, and underdeveloped immune responses. Performing surgery on these patients increases the risk of complications.³
2. **Delayed Healing**
NICU infants often suffer from delayed wound healing, particularly if they are underweight or reliant on oxygen or nutritional support. Circumcision in such cases may result in delayed recovery or infections.⁴
3. **Pain and Neurological Impact**
Research shows that neonates experience significant pain during circumcision. In premature infants, pain exposure has been associated with long-term neurodevelopmental changes.⁵ This concern is compounded by the high number of invasive procedures NICU infants already undergo.

Ethical Considerations

1. **Non-Therapeutic Nature**
Circumcision in the NICU is typically elective and not medically necessary. Performing unnecessary surgery on non-consenting individuals, especially those in critical health, violates medical ethics.⁶
2. **Informed Consent**
True informed consent is questionable when parents are asked to make elective decisions for a critically ill child. Parental decision-making is often emotionally fraught and may be influenced by unclear or biased information from clinicians.

3. **Justice and Resource Allocation**

Performing elective procedures in an intensive care setting, where resources and staff are meant to be prioritized for life-saving care, raises questions of justice and efficient resource use.

Legal and Liability Issues

Hospitals expose themselves to potential legal liability when elective procedures cause harm to vulnerable patients. While circumcision-related lawsuits are relatively rare, cases involving NICU patients could represent a higher legal risk due to the fragile condition of the infant and the questionable medical necessity of the procedure.⁷

Financial Costs

Though individual circumcisions are not particularly expensive, the cumulative cost—including complications and extended hospital stays due to infections or bleeding—represents a non-trivial financial burden. When performed in a NICU, the cost is even higher due to surgical staff time, anesthesia, and post-operative monitoring.⁸ Given the non-therapeutic nature of the procedure, these costs are utterly avoidable.

International and Professional Guidelines

Globally, most countries in the West do not perform routine circumcision in medical settings; rather, it is viewed as a cultural practice.

- The Royal Dutch Medical Association has taken a firm stance against non-therapeutic circumcision, labeling it as a violation of the child's right to bodily integrity.⁹
- The American Academy of Pediatrics (AAP) does not recommend routine neonatal circumcision of all boys, and acknowledges that the surgery is a cosmetic surgery.¹⁰
- The College of Physicians and Surgeons of British Columbia states: “Routine infant male circumcision performed on a healthy infant is now considered a non-therapeutic and medically unnecessary intervention.”¹¹

(See back page)

Policy Recommendations

1. **Ban Non-Medically Indicated Circumcisions in NICUs**

Hospitals should implement a clear policy prohibiting elective circumcisions in the NICU setting. Circumcision should only be considered for valid medical indications and after discharge from intensive care.

2. **Educate Healthcare Providers**

Neonatologists, pediatricians, and nurses should receive updated training on the medical, ethical, and legal issues associated with circumcision in premature or critically ill infants.

Conclusion

The practice of performing circumcisions in NICUs is a medically unjustifiable and ethically problematic intervention on a highly vulnerable population. It violates key principles of medical ethics—including non-maleficence, autonomy, and justice—and places fragile infants at unnecessary risk. As such, healthcare institutions and policymakers must phase out this practice and focus on truly therapeutic care in the NICU.

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