Department:	Family Birthing Services and Pediatrics	Guideline #FBS-047
Approved By:	CCBG	Effective Date:
Guideline Owner:	Inpatient Pediatrics	Last Reviewed: 12/29/2025

1. Purpose:

This policy establishes a standardized approach for performing inpatient neonatal circumcision, ensuring that care is safe, ethical, culturally sensitive, and aligned with professional standards. The policy reflects current recommendations from the American Academy of Pediatrics and other relevant professional organizations.

2. Scope:

This guideline is intended for use by advanced practice providers and physicians

3. Summary of Changes

Revised to exclude all nursing-based practices and protocol content
Added more clear inclusion and exclusion criteria
Expanded inclusion criteria to include infants up to 28 days old
References/content updated to reflect most current standards of practice

4. General

The American Academy of Pediatrics (AAP) Task Force on Circumcision (2012) concludes that the health benefits of newborn male circumcision outweigh the risks, but the magnitude of these benefits is not sufficient to recommend routine circumcision for all male infants. Documented benefits include reduced risk of urinary tract infections during infancy, lower incidence of some sexually transmitted infections (including HIV), reduced risk of penile cancer, and protection against certain foreskin-related conditions. The AAP affirms that the decision to circumcise should be left to the parents, who should receive accurate, unbiased information about the potential risks and benefits in the context of their cultural, religious, and personal beliefs. When performed, circumcision should be carried out by trained professionals using sterile technique and effective analgesia.

5. Definitions:

5.1. For purposes of this guideline and its implementing procedures, these terms have the following definitions.

5.1.1. Neonate: An infant from the time of birth until 28 completed days of postnatal age. This includes both full-term (≥ 37 weeks gestation) and preterm (< 37 weeks gestation) infants.

5.1.2. Neonatal Circumcision: A surgical procedure to remove the foreskin (prepuce) of the penis, typically performed within the first 28 days of life.

5.1.3. Elective Circumcision: A non-urgent procedure performed at the request of parents or guardians for cultural, religious, or personal reasons, without medical necessity.

5.1.4. Informed Consent: The legal and ethical process ensuring that parents/guardians understand the risks, benefits, alternatives, and nature of the circumcision prior to providing written agreement.

5.1.5. Gomco Clamp: A three-part device (base plate, bell, lock); the bell protects the glans of the penis from injury while the clamp is applied circumferentially around the foreskin. The appropriate size bell will be determined by the provider based on the circumference of the glans.

5.1.6. Mogen Clamp: Two flat blades that open 3 mm. Does not protect the glans during the clamping and cutting, however 3 mm opening width minimized the chance of trapping the glans.

6. Procedure:

6.1. Pre-Procedure Phase

6.1.1. Eligibility Criteria. Only stable and healthy neonates are eligible for circumcision. Criteria include:

6.1.1.1. Infant is within the first 28 days of life
6.1.1.2. Gestational age at birth ≥ 37 weeks, or corrected gestational age ≥ 37 weeks
6.1.1.3. Weight ≥ 2.5 kg
6.1.1.4. At least 18 hours old
6.1.1.5. Clinically stable and feeding well
6.1.1.6. Has voided at least once
6.1.1.7. Has received a Vitamin K injection

6.1.2. Exclusion Criteria

6.1.2.1. Pharmacologic Exclusions
- 6.1.2.1.1 Vitamin K injection refusal or oral administration only

6.1.2.2. Anatomical exclusions
- 6.1.2.2.1 Penile length < 2 cm
- 6.1.2.2.2 Hypospadias, epispadias, chordee, torsion > 45 degrees
- 6.1.2.2.3 Penoscrotal webbing or ambiguous genitalia

6.1.2.3. Physiologic exclusions
- 6.1.2.3.1 Illness or instability
- 6.1.2.3.2 Known bleeding disorder or family history (e.g., hemophilia, thrombocytopenia)
- 6.1.2.3.3 Infants in the Neonatal Intensive Care Unit (NICU)*
  - 6.1.2.3.3.1. Note: Circumcision may be considered if discharge and all other eligibility criteria are met.

6.1.3. Pre-Procedure Responsibilities

6.1.3.1. Confirm eligibility
6.1.3.2. Educate parent/legal guardian on risks, benefits, alternatives, expected healing, and complications
6.1.3.3. Obtain written informed consent
6.1.3.4. Place medical orders in the electronic health record (EHR)
6.1.3.5. Verify setup of required supplies (e.g., circumcision board, sterile gloves, antiseptic swabs, clamp of choice, sucrose solution, lidocaine 1%, syringe, pacifier, petroleum jelly)

6.1.4. Pain Management & Positioning

6.1.4.1. Confirm the infant's identify using two patient identifiers and perform time-out
6.1.4.2. Ensure comfort measures (sucrose pacifier, swaddling)
6.1.4.3. Verify the infant is properly secured on the restrain board
6.1.4.4. Administer local anesthesia: Dorsal Penile Nerve Block or Ring Block (1% lidocaine, max dose 1 mL)

6.1.5. Procedure Steps

6.1.5.1. Clean genital area with antiseptic solution (betadine), allow it to dry, and apply sterile drape
6.1.5.2. Verify all parts of selected clamp (Gomco or Mogen) are intact and per manufacturer specifications
6.1.5.3. Perform circumcision using sterile technique
6.1.5.4. Apply petroleum jelly to surgical site
6.1.5.5. Monitor for bleeding and ensure hemostasis before diapering

6.2. Post-Procedure Phase

6.2.1. Evaluate for excessive bleeding:

6.2.1.1. A blood spot > 2.5 cm on diaper
6.2.1.2. Ongoing oozing unresponsive to gentle pressure for 5-10 minutes

6.2.2. Manage bleeding if present:

6.2.2.1. Apply direct pressure with sterile gauze
6.2.2.2. Use topical hemostatic agents (e.g., Gelfoam, thrombin-soaked gauze)
6.2.2.3. Consult pediatric urology or surgery if unresolved

6.2.3. Parental or Caregiver Instructions:

6.2.3.1. Provide verbal and written aftercare guidance including:
- 6.2.3.1.1 Apply petroleum jelly with diaper change for 7-10 days
- 6.2.3.1.2 Gently clean with warm water, avoid wipes initially
- 6.2.3.1.3 Reassure regarding normal signs: mild redness, swelling, and yellow scabbing

6.2.3.2. Advise to seek medical attention for:
- 6.2.3.2.1 Persistent bleeding
- 6.2.3.2.2 Increasing redness/swelling, or malodorous discharge
- 6.2.3.2.3 No urine output in 6-8 hours
- 6.2.3.2.4 Provide a hospital contact number for concerns

7. Documentation and Follow-Up

7.1. Document in the EHR:

- 7.1.1. Consent, time-out, technique, anesthesia administered, and procedure time
- 7.1.2. Infant's tolerance of procedure and immediate post-procedure condition
- 7.1.3. Details of parental education provided
- 7.1.4. Record any complications or adverse events in the EHR and incident reporting system (e.g., Datix)
- 7.1.5. Recommend or schedule a follow-up visit within 3-7 days

References:

1) American Academy of Pediatrics Task Force on Circumcision. (2012). Male circumcision. Pediatrics, 130(3), e756–e785. https://doi.org/10.1542/peds.2012-1990
2) American Academy of Pediatrics. (2012). Circumcision policy statement. Pediatrics, 130(3), 585–586. https://doi.org/10.1542/peds.2012-1989
3) Litwiller, A. R., Browne, C., & Haas, D. M. (2018). Circumcision bleeding complications: Neonatal intensive care infants compared to those in the normal newborn nursery. The Journal of Maternal-Fetal & Neonatal Medicine, 31(11), 1513–1516. https://doi.org/10.1080/14767058.2017.1319931 PubMed link: https://pubmed.ncbi.nlm.nih.gov/28412847
4) Srinivasan, M., Hamvas, C., & Coplen, D. (2015). Rates of complications after newborn circumcision in a well-baby nursery, special care nursery, and neonatal intensive care unit. Clinical Pediatrics, 54(12), 1185–1191. https://doi.org/10.1177/0009922815573932

Attachments:

1)