

The evidence that circumcision interferes with the breastfeeding bond between mother and son is piecemeal but compelling:

Anecdotal evidence:

A nurse with 19 years experience with nursing mothers writes:

Breastfeeding is often irreparably damaged by circumcision. At the time of most circumcisions, *many* mothers and babies are barely getting the hang of breast feeding and the baby is sometimes literally torn off the breast for his journey to the circ room. When he comes back, he is often in shock, in a deep sleep, and unarousable, or so irritable that he is inconsolable and will not take the breast, making the offer of a bottle by a healthcare professional more likely to be accepted. The main thing with getting breastfeeding going is *uninterrupted* exposure of baby to mother. *They are one*. Anything not crucial to sustaining life should be avoided. This is a huge concern in the pro-breastfeeding community.

Breast-feeding disrupted:

Howard et al conducted a "prospective, randomized, double blind, placebo-controlled, clinical trial of acetaminophen analgesia in 44 healthy full term neonates undergoing circumcision...." (They did not have an intact control group.) "Beginning two hours before Gomco circumcision, neonates received either acetaminophen...or placebo...." They found that:

"Neonates in both groups showed significant increases in heart rate, respiratory rate, and crying during circumcision with no clinically significant differences between the groups. Postoperative comfort scores showed no significant differences between the groups until the 360-minute postoperative assessment, at which time the acetaminophen group had significantly improved scores.... **Feeding behavior deteriorated in**

breast- and bottle-fed infants in both groups, and acetaminophen did not seem to influence this deterioration."

Feeding disrupted:

Marshall et al. observed mother-infant interaction in two groups of 29 babies at the same times over three days after birth. One group was circumcised on the second day, the other after all four observations were complete. The babies were all bottle-fed. The mothers were supposedly kept ignorant as to whether their babies had been circumcised yet.

"... immediately following circumcision there were differences in the feeding patterns between the two groups. The experimental [circumcised] group exhibited **fewer intervals of uninterrupted feeding** than did the control [not yet circumcised] group. ... subjective descriptions support the observations that the infants who were circumcised sucked on the bottles harder, faster and more concertedly."

Behaviour disrupted:

Marshall et al. conducted a standard battery of tests on two groups of babies, one circumcised at two days, the other at three weeks, with the experimenters kept ignorant of the circumcision status of the babies. They found:

"...our results demonstrate that **infants change behaviors after circumcision** in about 90 percent of cases."

Sleep disrupted:

Emde et al. found:

"Routine circumcision, done without anesthesia in the newborn nursery was usually followed by prolonged non-rapid eye movement (NREM) sleep. ...[W]e consider its increase to be consistent with a

theory of conservation-withdrawal in response to stressful stimulation."

Birth-recovery disrupted:

Dixon et al. compared three groups of babies: circumcised with anaesthesia, with a saline injection to simulate the trauma of injection alone, and with no anaesthetic. (They did not leave a control group intact.) After giving the babies a standard test of a variety of behaviours, they concluded:

"This report adds to the growing body of data that indicate that circumcision is a painful procedure that disrupts the course of behavioral recovery following birth."

Routine infant circumcision (RIC) became fashionable in the English-speaking world last century at the same time as the rise of bottle-feeding from birth, so any ill-effect of circumcision on the suckling reflex was not noticed.

Urinary Tract Infections:

There is also evidence that breastfeeding colonises the baby's body with the mother's benign bacteria, and so indirectly helps protect him (or her) against urinary tract infections (UTIs), one of the main, if most recent, excuses for circumcision.

Pisacane et al. found artificially-fed babies were more than 2½ times as likely to suffer UTIs as breastfed babies:

"Compared with infants who were bottle fed, breast-fed patients had a relative risk of UTI of 0.38 (95% confidence intervals 0.22 to 0.65) when a dichotomous classification (ever breast fed vs never breast fed) was used."

Painkillers:

The AAP recommends that babies be given local anaesthetic when they are circumcised, but ...

Scientists at the Karolinska Institute in Sweden videotaped 28 newborns to see how they responded to their mothers, some of whom had pain relief. ... The infants not exposed to the drugs behaved normally and reached for their mother and began to feed about an hour after birth. But the babies of mothers who had taken painkillers did not interact as much with their mother and took longer to feed.

- New Scientist, March 28, 2001

And that's only when the babies received the painkillers indirectly, from their mothers' blood-streams before birth. How much more is their behaviour affected when they are given the pain-killers directly, for circumcision?

The AAP:

In December 1997, the American Academy of Pediatrics published a policy on Breast Feeding and the Use of Human Milk which says

"Except under special circumstances, the newborn infant should remain with the mother throughout the recovery period. **Procedures that may interfere with breastfeeding or traumatize the infant should be avoided or minimized.**"

...but it does not mention circumcision directly.

The Mother-Friendly Childbirth Initiative:

"discourages non-religious circumcision of the newborn."

This initiative was ratified by La Leche League in July 1996 and the International Lactation Consultant Association, among other organizations.

La Leche League:

The League's Breastfeeding Answer Book says:

"When a baby undergoes a painful medical procedure, such as a heelstick, injection, spinal tap, or circumcision, he may shut down and be unreceptive to feedings until he is feeling better."

The League's hand-book, "The Womanly Art of Breastfeeding" said in its 1981 edition:

"The most important reason for siding against elective surgery following childbirth is that it interferes with a mother and her new baby being together and getting to know each other."

Yet the League will not take a stand on circumcision itself, claiming it is "not a breast-feeding-related issue".

References:

Suzanne Dixon, M.D., Joel Snyder, M.D., Richard Holve, M.D., Patricia Bromberger, M.D., "Behavioral Effects of Circumcision with and without Anesthesia" *Developmental and Behavioral Pediatrics* 1984 Vol. 5 No. 5: pages 246-50.

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Cynthia R. Howard, MD; Fred M. Howard, MD; and Michael L. Weitzman, MD, "ACETAMINOPHEN ANALGESIA IN NEONATAL CIRCUMCISION: THE EFFECT ON PAIN", *PEDIATRICS*, Volume 93 Number 4: Pages 641-646. April 1994.

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Marshall RE, Porter FL, Rogers AG, et al. "Circumcision: II: effects upon mother-infant interaction" *Early Hum Dev* 1982; 7:367-374.

Pisacane A, Graziano L, Mazzarella G. Breast-feeding and urinary tract infection. *J Pediatr*. 1992;120:87-89.

The Mother-Friendly Childbirth Initiative:
<http://www.motherfriendly.org/MFCI/steps.html>

Nurses for the Rights of the Child:
<http://www.cirp.org/nrc/>

From www.circumstitions.com

Copies may be downloaded from
www.circumstitions.com/Docs/nursing.pdf

Circumcision vs Breastfeeding



*Scientific evidence
that the trauma of circumcision
makes it harder for a baby
to learn how to suckle.*