Circumcision & C-Sections

Q I had an ultrasound, and my not-yet-born baby is a boy. My husband and I are discussing circumcision. What do you advise?

A Circumcision of a boy is not the same operation as female circumcision or as what is often referred to as “female genital mutilation.” This is where unqualified persons (using unsterilized knives, glass, and the like) may actually remove the labia minora and clitoris in a horrendous procedure. Nevertheless, male circumcision is not without its own risks. These include bleeding and infection, and several studies have shown changes in pain tolerance among those circumcised, compared to those uncircumcised. Phimosis, which is a narrowed or tight foreskin, may cause problems in older boys, but is relatively rare and not sufficient reason to circumcise all males.

The American Pediatric Society does not recommend circumcision; but recently, studies in Kenya and Uganda have shown that, as in South Africa, there is about a 60 percent reduction in the transmission of HIV in those circumcised. Clearly, because it is a difficult matter to get people to alter “at-risk” behavior patterns, and in a place such as Africa where risk is so high, it might make sense to recommend circumcision.

As for you and your new baby, you will have to make your own decision as you carefully weigh the pros and cons.

Q My daughter lives in Brazil, and she tells me it is fashionable to have cesarean section rather than natural childbirth. What do you say?

A We are men, so we could get into deep trouble on this one. Those “funny” letters behind our names are Canadian and South African qualifications, and the ones behind Handysides (FRCSC and FACOG) mean Fellow of the Royal College of Surgeons of Canada and Fellow of the American College of Obstetricians and Gynecologists. Nevertheless, we hereby give notice that we will not enter into a lengthy correspondence on this issue.

Childbirth is painful. How do we know? Well, my wife [Mrs. Handysides] has the
pain tolerance of a horse, but she says it hurts and I believe her. So it’s natural
that if a procedure could be done under anesthesia with lesser pain (albeit drawn
out over a longer period), some may choose it.

There! Did we ever rile up some of our readers!

But to be more serious, some of the risks associated with cesarean section
(C-section) are declining with the improvements in anesthesia and, consequently,
older arguments against C-section are often less valid (though many are still
true). Most complications are maternal and, consequently, better tolerated and
less likely to lead to litigation than is damage to a baby. This means difficult
forceps, breech deliveries, or any other threat to the baby whatsoever in labor is
taken very seriously, and a C-section is often selected.

Though normal delivery is beautiful and a “fantastic” experience for most (many
mothers have told me [Allan] this—I’ve delivered literally thousands of babies), it
can have complications. The stretching and tears that on occasion occur may
lead to problems.

An example was shown in a recent Oregon study of 8,700 women. Only 40
percent, unfortunately, completed the survey, but 27 percent of those responding
reported fecal incontinence in the 3 to 6 months post-delivery. After adjusting for
the number of children a woman had given birth to, the study found obesity,
duration of pushing, lacerations, and smoking habits were all related to the
particular problem. Many women do not talk about such difficulties, so the extent
of the problem is probably underestimated. Fecal incontinence is not likely a
long-standing problem for the majority, but such factors may influence choices
about cesarean section.

When I (Allan) was in Brazil, I discussed with some of the doctors there the high
C-section rates in that country, which are at least double those in the United
States. They felt the outcomes justified the rates.

What more do we say? We have said enough to get us into deep trouble already
from folk on both sides of this debate.

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While this column is provided as a service to our readers, Drs. Landless and Handysides
unfortunately cannot enter into personal and private communication with our readers. We
recommend that you consult with your personal physician on all matters of your health.