

Childbirth professionals represent an important and uniquely valuable resource for expectant parents because they frequently will be the only professional (or person, for that matter) to address the issues surrounding circumcision. The 1999 circumcision report by the American Medical Association notes:

“In another contemporary study, nearly half of those physicians performing circumcisions did not discuss the potential medical risks and benefits of elective circumcision prior to delivery of the infant son. Deferral of discussion until after birth, combined with the fact that many parents’ decisions about circumcision are preconceived, contribute to the high rate of elective circumcision.”

It is a tragic situation, indeed, that so many parents are making an irreversible decision without the information they need, and the time to process it. **Some will come to deeply regret this decision later, when they learn facts they did not have an opportunity to consider.**

“I was not well informed at all and now have to live with knowing what I did to my son. I have had serious guilt ever since this happened. The more I read on the subject, the worse I feel. I made the wrong decision because I was not educated on the subject, but I can’t seem to get over the grief.” - Dorin

Through no fault of their own, many expectant parents do not understand the anatomy and functions of the foreskin. Without this information, their decision to circumcise may be fallaciously based only on the comparative balance between the risks of the surgery and its potential benefits. **Without the knowledge that the foreskin is a unique, functional, and healthy part of male sexual anatomy, parents do not realize that they must weigh the potential benefits and risks of circumcision against the known loss of an important part of their son’s body.**

Moreover, in the absence of medical necessity, circumcision violates the inalienable right of the child to his normal, fully intact body.

Many childbirth books, magazine articles, and healthcare professionals, if touching on the subject at all, feel obligated to present the circumcision decision to expectant parents with numerically balanced lists of pros and cons. These lists tend to overstate potential benefits and frequently fail to acknowledge the core issues in the argument against infant circumcision. Just as presenting a fabricated list of benefits of formula feeding to counterbalance the evidence of the value of breastfeeding would not be in the best interest of children, neither are these lists of pros and cons about circumcision in the best interest of parents or their infants.

Sometimes American parents may perceive a **cultural pressure to circumcise**, which becomes emotionally exaggerated. Oftentimes, parents only need encouragement and support to awaken their innate instincts to protect and defend their child’s genital integrity. Reassuring words from childbirth professionals

are immensely valuable to people who are feeling pressure from others.

Most childbirth professionals will at some point in time encounter circumcised men who suffer from what one physician calls **“Adamant Father Syndrome.”** These men are, on the surface, insistent on circumcising their sons and are resistant to researching the issue. Childbirth professionals must be aware of this mindset and understand what these men are facing.

“Today, as a result of their repression, they [circumcision survivors] can justify the procedure as harmless and necessary. They cannot recall their repressed anger and have never grieved about what happened to them. Consequently, they inflict the same ordeal on their children without wishing to acknowledge what they’re doing to them.” -Alice Miller PhD, “Breaking Down the Wall of Silence,” p. 74, New York: Meridian, 1993.



The book *Circumcision: The Hidden Trauma*, by psychologist Ron Goldman PhD, is a valuable resource for healthcare professionals who work with circumcised fathers. These fathers need to be given a safe and supportive environment and a compassionate facilitator with whom to face their circumcision and see its effect on their desire to circumcise their sons. Frequently, the façade of defiance will be quickly shed and turn to feelings of grief, anger, or despair. Men who were circumcised as infants need to be respected and treated lovingly as they come to recognize their primal wound. This subject needs to be brought up as early as possible in the course of prenatal education in order to allow parents time to work through the emotions which may arise. When a mother protects her son from a wounded husband, she is helping the father to learn his role as protector, too.

In some cases, even nine months is not enough time. Expectant parents need to be told that one parent can refuse a circumcision to protect the baby. Some parents can benefit from knowing that, rather than having to talk the other parent out of circumcision, they can in contrast ask to be convinced that it must be done. **Putting the option of non-circumcision as the default** may be all it takes to see the issue in a new perspective.

RESOURCES

Handouts, visual aids, references, and more

The National Organization of
Circumcision Information Resource Centers
www.nocirc.org

Intact America
www.intactamerica.org

Circumcision Information and Resource Pages
www.cirp.org

The Circumcision Resource Center
(Ron Goldman's site)
www.circumcision.org
www.jewishcircumcision.org

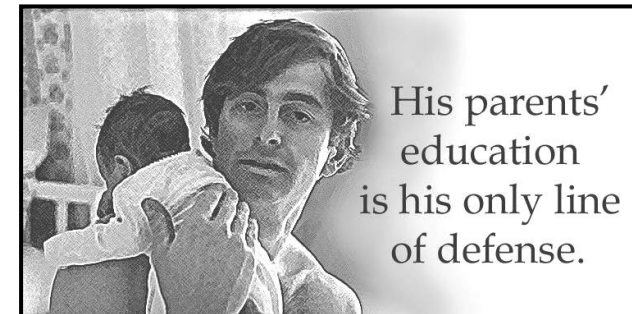
International Coalition for Genital Integrity
www.icgi.org/birth_care_providers.htm

Circumcision Decision Maker
www.circumcisiondecisionmaker.com

In-depth Genital Integrity Position Statements:
www.icgi.org/Downloads/ICGIoverview.pdf
www.doctorsopposingcircumcision.org/pdf/GenitalIntegrityStatement.pdf

A pamphlet for health care
and birth professionals

CHILDBIRTH PROFESSIONALS and CIRCUMCISION EDUCATION



His parents'
education
is his only line
of defense.

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