

that enough interest would be generated that actual scientific research about the method might be done.

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Breastfeeding Must Be Given Priority Over Circumcision

Lee¹ and Caplan² have observed that male infants who are circumcised have a more difficult time initiating breastfeeding.

Surprisingly, this problem had not been previously reported in the *Journal of Human Lactation*. Difficulty in feeding after circumcision has been documented in medical literature since 1982. Marshall and colleagues studied 59 bottle-fed mother-infant pairs and reported adverse changes in feeding behavior postcircumcision.³ More recently, Howard et al studied 44 bottle-fed and breastfed full-term infants who were undergoing circumcision. They reported,

Infants feed less frequently and are less available for interaction after circumcision. Subdued, less interactive behavior has been documented frequently. . . . Because most hospital discharges occurred 7 to 10 hours after circumcision, the data are inadequate to assess the duration of the effects on feeding. Neonatal circumcisions are often performed on the day of discharge with many neonates leaving the hospital 3 to 6 hours postoperatively. Thus the observed deterioration in ability to breastfeed may potentially contribute to breastfeeding failure. Furthermore, some neonates in this study required formula supplementation because of maternal frustration with attempts at breastfeeding, or because the neonate was judged unable to breastfeed postoperatively. This finding is disconcerting because early formula supplementation is associated with decreased breast-feeding duration.⁴

Medical authorities strongly recommend anesthesia for circumcision; however, a 1998 survey showed that 45% of doctors do not use anesthesia.⁵ Circumcision is a painful, stressful, exhausting, debilitating, and traumatic experience for many infants. Emde et al found that infants have prolonged periods of non-REM

sleep after circumcision consistent with a theory of conservation-withdrawal,⁶ so they are less capable of interaction with the mother.

Infant circumcision is a nontherapeutic procedure without documented benefit for the infant.⁷ Therefore, no harm can come to the infant from foregoing or postponing a circumcision. The Work Group on Breastfeeding of the American Academy of Pediatrics (AAP) formally recommends that such stressful procedures be avoided.⁸ The AAP "recognizes breastfeeding as primary in achieving optimal infant and child health, growth, and development."⁸ Therefore, successful initiation of breastfeeding should be given absolute priority over neonatal circumcision.

Prospective parents should be warned in advance of circumcision's interference with breastfeeding. While current informed medical opinion does not support the practice, some parents, however, still have their baby circumcised. In this case, circumcision should be avoided at least until breastfeeding is well established. Such a recommendation should be a part of all printed materials regarding breastfeeding that is provided to expectant mothers in *advance of delivery* and should be volunteered by lactation consultants in *every* prepartum counseling session.

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Culture and Ethnicity Key Considerations for Increasing Breastfeeding Rates

I read the article by Ruowei et al,¹ "Public Perceptions on Breastfeeding Constraints," with great interest.