

2006). Emphasis is on functional rather than cosmetic outcomes, and surgery can often be delayed. Reports concerning sexual satisfaction after partial clitoridectomy indicate that the capacity for orgasm and sexual gratification is not necessarily impaired. Male infants may require phallic reconstruction by an experienced surgeon.

Unfortunately, not all children with CAH are diagnosed at birth and raised in accordance with their genetic sex. Particularly in the case of affected females, masculinization of the external genitalia may have led to sex assignment as a male. In males, diagnosis is usually delayed until early childhood, when signs of virilism appear. In these situations, it is advisable to continue rearing the child as a male in accordance with assigned sex and phenotype. Hormone replacement may be required to permit linear growth and to initiate male pubertal changes. Surgery is usually indicated to remove the female organs and reconstruct the phallus for satisfactory sexual relations. These individuals are not fertile.

Nursing Care Management

Of major importance is recognition of ambiguous genitalia and diagnostic confirmation in newborns. Parents need assistance in understanding and accepting the condition and time to grieve for the loss of perfection in their newborn child. As soon as the sex is determined, parents should be informed of the findings and encouraged to choose an appropriate name, and the child should be identified as a male or female with no reference to ambiguous sex.

In general, rearing a genetically female child as a girl is preferred because of the success of surgical intervention and the satisfactory results with hormones in reversing virilism and providing a prospect of normal puberty and the ability to conceive. This is in contrast to the choice of rearing the child as a boy, in which case the child is sterile and may never be able to function satisfactorily in heterosexual relationships. If the parents persist in their decision to assign a male sex to a genetically female child, a psychological consultation should be requested to explore their motivations and ensure their understanding of the future consequences for the child.

Nursing care management regarding cortisol and aldosterone replacement are the same as those discussed for chronic adrenocortical insufficiency. Because infants are especially prone to