

Agot, et al, 2010). The [Joint United Nations Programme on HIV/AIDS \(2010\)](#) suggests long-term HIV prevention strategy is likely to include the provision of neonatal circumcision.

Research has explored the possible link between circumcision and reduced transmission of communicable illnesses, such as human papillomavirus (HPV) and HIV in later life. The [American Academy of Pediatrics Task Force on Circumcision \(2012\)](#) states that current evidence indicates the health benefits of newborn male circumcision outweigh the risks, and that the procedure should be made available to families who choose it. Despite encouraging outcome data, the health benefits are not yet great enough to recommend *routine* circumcision of all male newborns ([American Academy of Pediatrics Task Force on Circumcision, 2012](#); [Jagannath, Fedorowicz, Sud, et al, 2012](#)).

The current [American Academy of Pediatrics Task Force on Circumcision \(2012\)](#) statement emphasizes parental autonomy to determine what is in the best interest of their newborn. The policy encourages the primary care practitioner to ensure that parents have been given accurate and unbiased information about the risks, benefits, and alternatives before making an informed choice and that they understand that circumcision is an elective procedure. In addition to examining the medical benefits of male newborn circumcision, the American Academy of Pediatrics recommends that procedural analgesia be provided if parents decide to have their male infant circumcised.

Nurses are in a unique position to educate parents regarding the care of their newborns, and they must take responsibility for ensuring that each parent has accurate and unbiased information with which to make an informed decision. Parents need to know the options for pain control, and nurses must be proactive in advocating for circumcision analgesia. Despite adequate scientific evidence that newborns feel and respond to pain, circumcisions may still be performed with either insufficient analgesia or no analgesia at all. Nurses can use the American Academy of Pediatrics Task Force on Circumcision's policy statement (2012) to advocate for the use of optimal pain relief for circumcision.

A combination of nonpharmacologic and pharmacologic strategies is recommended for optimal pain prevention and control.