Re: Circumcision: A minor procedure? Paediatr Child Health 2007;12(4):311-2

To the Editor,

Many reading the Coroner's Corner report "Circumcision: A minor procedure?" in the April 2007 edition of *Paediatrics & Child Health* (1) will compare it with a commentary in the May 2007 edition of *Pediatrics* (2) stating "very minor risks associated with the procedure". They will be concerned with what information they should give to parents. The Canadian Paediatric Society (CPS) Web site for parents (3) provides information to assist parents' decision and also provides an important section on pain relief – not as dramatic as the death reported in *Paediatrics & Child Health*, although a much more common consideration.

While the report of the Paediatric Death Review Committee: Office of the Chief Coroner of Ontario correctly addresses mortality in this little boy, an important issue for providers of newborn care appears to have been overlooked – "local anaesthetic was not used". The CPS addressed the need for pain control during circumcision in their 1996 statement (4) (now under revision) and more recently in 2007 (5), but this may have limited effectiveness. With ample evidence for 20 years that newborns perceive and may be adversely affected by pain (6), it seems unconscionable that procedures of this nature are not accompanied by appropriate anesthesia.

In many parts of Canada, circumcision is no longer performed in hospitals where there may be a better degree of monitoring (and peer pressure) than in physicians' offices. The CPS needs to enhance its advocacy for children through communication with the provincial Colleges of Physicians and Surgeons to provide a directive indicating that circumcision of a newborn without any consideration for pain relief is no different than circumcision of an older child (or adult) where such an occurrence would be deemed to not meet appropriate standards of professional practice.

History would suggest that male circumcision is going to continue to be performed (although the incidence may vary with time and location). Regardless of the indications or frequency of this procedure, we need to better address relief of pain when the procedure is performed.

DD McMillan MD
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REFERENCE

1. Paediatric Death Review Committee: Office of the Chief Coroner or Ontario. Circumcision: A minor procedure? Paediatr Child Health 2007;12:311-2.
2. Dickerman JD. Circumcision in the time of HIV: When is there enough evidence to revise the American Academy of Pediatrics' policy on circumcision? Pediatrics 2007;119:1006-7.
3. Canadian Paediatric Society. Circumcision: Information for parents <http://www.caringforkids.cps.ca/babies/circumcision.htm>. (Version currrent at August 24, 2007).
4. Canadian Paediatric Society, Fetus and Newborn Committee [Principal author: E Outerbridge]. Neonatal circumcision revisited. CMAJ 1996;154:769-80.
5. Canadian Paediatric Society. A joint statement with the American Academy of Pediatrics [Principal authors: K Barrington, DG Batton, GA Finley, C Wallman]. Prevention and management of pain in the neonate: An update. Paediatr Child Health 2007;12:137-8.
6. Anand KJS, Hickey PR. Pain and its effects in the human neonate and fetus. N Engl J Med 1987;317:1321-9.

The author responds,

The purpose of our case report was to alert readers to the death of a child related to complications of a circumcision and to stimulate discussion that morbidity associated with this procedure may be higher than we think. The comment that "local anaesthetic was not used" was to rule this out as a contributing factor to the septicemia and cellulitis that led to this child's death. We agree with Dr McMillan's comments regarding pain relief for this procedure.

James T Cairns MD
Deputy Chief Coroner for Ontario,
Chair, Paediatric Death Review Committee

Re: Guidelines for detection, management and prevention of hyperbilirubinemia in term and late preterm newborn infants (35 or more weeks' gestation) – Summary. Paediatr Child Health 2007;12(5):401-7

To the Editor,

I would like to comment on the Canadian Paediatric Society statement on the guidelines for jaundice published in the May/June issue of *Paediatrics & Child Health*.

On at least two occasions the statement mentions breastfeeding being a risk factor for hyperbilirubinemia. This is an unfortunate way of putting it, is very misleading and inaccurate, as well as reinforces the prejudices of many health professionals with regard to breastfeeding. Early-onset hyperbilirubinemia is not due to breastfeeding or breastmilk, but to the lack of breastmilk. The study by Bertini et al (1), not referenced in the statement, backs up our clinic's extensive clinical experience of what is really happening and what the real issue is.

Support for breastfeeding in most Canadian hospitals is so poor that many babies are not breastfeeding well until the milk 'comes in' and are, in fact, only pretending to breastfeed. There is not a large volume of colostrum available in the first few days, but there is enough, if the baby gets it. Because of poor intake of breastmilk, one cannot say that they are breastfeeding, which leads directly to hyperbilirubinemia due to an increased enterohepatic circulation of bilirubin.

I appreciate the paragraph on supporting breastfeeding and it is well stated. But unfortunately, individuals experienced in helping mothers breastfeed well are not always easy to come by and paediatricians rarely figure among them. What is necessary is an upgrading of breastfeeding knowledge and skills of the nursing staff and physicians (particularly paediatricians) who deal with newborn babies

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REFERENCE

1. Bertini G, Dani C, Tronchin M, Rubaltelli F. Is breastfeeding really favoring early neonatal jaundice? Pediatrics 2001;107:e41.