



Informed Consent for Newborn Circumcision

I, _____, hereby consent to having a circumcision performed on my son _____ in the office of See Baby/See Baby Midwifery. The procedure will be performed by _____. I understand that there are some risks to having this procedure done, which include, but are not limited to:

Bleeding, infection, and/ or injury to penis and surrounding tissue.

Parent signature / Date

Witness signature / Date



Baby's name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Type of Delivery: _____

Birth Weight: _____

Current Weight: _____

Name of Pediatrician: _____

Address of Pediatrician: _____

Phone of Pediatrician: _____

Last visit with Pediatrician: _____

Mother's Name: _____

Address: _____

Phone Number: _____

Name of Parent: _____

Signature: _____



Post Circumcision Care

NOTE:

**Baby may be irritable for first 24 hours especially during diaper changes.
Soothe baby by wrapping or swaddling with blanket and holding him.
Penis will look red after procedure.
There may be some swelling and drainage within 24 hours after circumcision.**

CARE:

- ❖ Wash hands before and after diaper change
- ❖ Leave initial Vaseline gauze on for first 24 hours
- ❖ If Vaseline gauze falls off or its soiled replace it
- ❖ After 24 hours take off Vaseline gauze using warm water soak
- ❖ After each diaper change put a clean gauze with Vaseline or A&D ointment on penis

****This will prevent diaper from sticking to penis****

- ❖ Healing should be noticed after 1-2 days by the edges of the skin.
- ❖ Healing is complete in 1 week

****Avoid soap or alcohol on penis. Call office or pediatrician if signs of infection occur, redness, swelling, postural drainage, fever over 101°F (per rectum), lethargy, if baby is not feeding or voiding as expected.**