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Minimizing Bleeding After Outpatient Newborn Circumcision: A Quality Improvement Project

Post-procedural bleeding from outpatient newborn circumcision is a complication that can lead to caregiver stress, additional clinic and emergency department visits, and further procedures. Post-circumcision care differs across providers in terms of whether a dressing is placed at the time of the circumcision and how the wound is cared for post-procedure. This IRB-exempt quality improvement project aims to reduce post-procedure bleeding events.

This QI project includes male infants from 0 to 2 months of age experiencing clinic circumcisions at Manning Family Children's Urologic Clinic. EPIC was used to obtain baseline data for chart review. Each patient encounter has data recorded for circumcision date, provider, location, patient age, patient weight, vitamin K administration, dressing use, hemostatic measures taken at time of the circumcision, caregiver post-procedure calls and concerns, post-procedural bleeding events, and treatments required for these events.

The first phase of the project identified a baseline post-procedural bleeding rate of 5.9% (34/580) before implementation of an intervention. During the first PDSA cycle, standardized Vaseline gauze dressing was implemented following circumcision with the goal of reducing post-procedural bleeding to under 3%. The observed bleeding rate decreased to 3.2% (3/93). Findings from Cycle 1 will inform Cycle 2, which will focus on further standardizing dressing application and caregiver instructions to further reduce post-procedural bleeding.