

History of cesarean delivery: the transience of intent

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There are no disclosures for any of the five authors.

CESAREAN DELIVERIES

2025 – U.S. 1.1 MILLION

WORLD 35 MILLION

U.S. RATE – 32%
WORLD HEALTH ORG. RATE
15%
(UNDER ESTIMATE)
IDEAL 25% ?
EAPM – 15%-20%

DISCREPANCY

SUB-SAHARA	5%
GLOBAL AVERAGE	22%
LATIN AMERICAN	43%
LAGOS, NIGERIA	60%
GREECE	65%
EAST ASIA	72%
BRAZIL (PVT)	80%

**INTENT: MEDICAL INDICATION
BUT, EVOLVED OVER TIME**

CESAREAN **NOT** FOR CAESAR

CESAREAN DELIVERY IS THE
CORRECT WAY TO SAY IT

- 1) ALL LOWER CASE
- 2) DO NOT USE WORD “SECTION”

NOT AN EPONYM

SCANZONI MANEUVER
cesarean delivery

MENTIONED IN BABYLONIAN
LAW, JEWISH TALMUD,
PERSIAN, INDIAN, MEDICINE



The Birth of Siddhartha
(Buddha) from the flank of
his mother, Queen Maha
Maya

Baskett, Thomas. A
History of Caesarean
Birth.

SHAKESPEARE
IN MACBETH –
MCDUFF “NOT OF WOMAN BORN”
ROBERT OF SCOTTLAND

LEX REGIA: REMOVE FETUS
FROM DECEASED MOTHER,
SAVE A CITIZEN

(HOLD THAT THOUGHT)

MEDIEVAL INTENT

BAPTIZE FETUS

DO NOT BURY FETUS WITH
MOTHER

FIRST “RECORDED” CESAREAN DELIVERY

NUFER – SWITZERLAND

BUT

2016 DR. ANTONIN PARIZEK

CHARLES UNIVERSITY – PRAGUE

BEATRICE OF BOURBON

ROBERT FELKIN –
19TH CENTURY UGANDA



Sketch of the caesarean section in Uganda, witnessed by Robert Felkin in 1879.

Baskett, Thomas. A History of Caesarean Birth.

INTENT – SAVE MOTHER FROM
CONTRACTED PELVIS

MIDWIVES

RICKETS

CRANIOTOMY MORCELLATION



Science Museum Group.
Perforator, London,
England, 1851-1900.
A615329 Science
Museum Group
Collection Online.
Accessed 14 March 2025.
<https://collection.science-museumgroup.org.uk/objects/co95673/perforator-london-england-1851-1900>.



Description

The Thomas perforator was used for craniotomy in either a dead infant (when one tried to avoid a Cæsarean section in the mother) or in a pregnancy with a child who had developed severe hydrocephalus (even in those cases, needle puncture and drainage were preferred). The term "craniotomy", as used in obstetrics, means any operation that effects a decrease in the size of the fetal head for the purpose of facilitating its delivery. It comprises puncture of the fetal skull and evacuation of its contents.

https://touro scholar.touro.edu/nymc_archives_artifacts/1/



Science Museum,
London. *Obstetrical
Instrument Set, United
Kingdom, 1871-1900*. n.d.
Wellcome Collection.
[https://jstor.org/stable/co
mmunity.24786470](https://jstor.org/stable/community.24786470).



Demaurex. *Cephalotribe; Obstetric Tool, Geneva, Switzerland, 1750-1850.* 1750-1850. Steel, overall: 440 mm .471kg. *Cephalotribe; Obstetric Tool, Geneva, Switzerland, 1750-1850 [Co94923].* Science Museum Group; Penon. Open: Science Museum Group. Artstor. [https://jstor.org/stable/community.26439935.](https://jstor.org/stable/community.26439935)



Charrière, and Charrière.
Craniotomy Forceps.
1801-1850. Steel; ebony,
overall: 80 mm x 4000
mm x 20 mm, .809kg.
Craniotomy Forceps,
Paris, France, 1801-1850
[Co94998]. Science
Museum Group. Open:
Science Museum Group.
Artstor.
[https://jstor.org/stable/co
mmunity.26443058](https://jstor.org/stable/community.26443058).



Science Museum,
London. *Midwifery Bag*,
England, 1871-1900. n.d.
Wellcome Collection.
[https://jstor.org/stable/co
mmunity.24786174](https://jstor.org/stable/community.24786174).



California Indian birth scene. Mural by Bernard Barouch Zakheim, 1937, in the University of California Medical Center, San Francisco. Two women assist at a difficult birth, pressing on the mother's abdomen, while she bites on a stick and pulls on ropes overhead to augment her expulsive efforts and four shamans holding herbs perform a ceremonial dance.



Stripping down the abdomen, a method of treating dystocia used by the Coyotero Apaches.

MATERNAL INDICATION

1581 FIRST ADVOCACY

FRANCOIS ROUSSET

TRAITTE NOUVEAU DE L'HYSTEROTOMOTOKIE

(DON'T WAIT TOO LONG)

ARTICULO MORTIS

TRAITTE
NOUVEAU DE
l'Hysterotomotokie,
OV
Enfantement Cæsarien.

QVIEST

*Extraction de l'enfant par incision laterale du
vètre, & matrice de la femme grosse ne pou-
uant autrement accoucher. Et ce sans preiu-
dicier à la vie de l'un, ny de l'autre; ny em-
pescher la fécondité maternelle par après.*

PAR

François Rouffet Medecin.



A PARIS,

Chez Denys du Val, au cheual volant,
rue S. Iean de Beauuais.

M. D. LXXXI.

Avec priuilege du Roy.

Title page of Rousset's
Hysterotomotokie (1581)-
the first text on caesarean
delivery

Baskett, Thomas. A
History of Caesarean
Birth.

MEDECIN - LATIN

SURGEON - FRENCH

BIG CONTROVERSY

“FATHER OF CESAREAN SECTION”

1609 FRANCOIS MAURICEAU

“I DO NOT KNOW THAT THERE WAS EVER
ANY LAW, CHRISTIAN OR CIVIL, IN WHICH
BOTH ORDAIN THE MARTYRING AND
KILLING THE MOTHER TO SAVE THE
CHILD”

(HOLD THAT THOUGHT)

1721 – GILLAUME LAMOTTE
CERTAIN CASES OF
CRANIOTOMY HAD 40%
MATERNAL DEATH
BETTER TO DO A CESAREAN
DELIVERY

DR. JESSE BENNETT

JANUARY 14, 1794

(232 YEARS AGO)

FIRST U.S. CESAREAN DELIVERY

ROCKINGHAM COUNTY, VIRGINIA

(130 MILES FROM GREENBRIER)

DR. JOHN LAMBERT RICHMOND
IS GIVEN CREDIT
APRIL 22, 1827
NEWTON, OHIO



John Lambert Richmond (1785-1855), American pioneer in cesarean section. Reproduced from an old oil painting.

RURAL CABINS

19TH CENTURY – MOTHER INDICATIONS

ANESTHESIA:

ETHER 1846: WILLIAM MORTON

ROBERT LISTON

CHLOROFORM 1847: JAMES YOUNG SIMPSON

1853 & 1857 QUEEN VICTORIA USES FOR HER 8TH & 9TH

DELIVERY

NEVERTHELESS IN PARIS FROM
1787 TO 1876 (100 YEARS)

NO WOMEN SURVIVED
CESAREAN DELIVERY

1880 THOMAS RADFORD
85.7% MATERNAL MORTALITY
IN 77 BRITISH CASES

1878 ROBERT HARRIS

DON'T WAIT TOO LONG

CLOSURE OF UTERINE INCISION

1876 EDUARDO PORO

AMPUTATION OF UTERINE FUNDUS

60% SURVIVAL



Edoardo Porro (1842-1902) In 1876, after careful planning and preparation, Porro carried out the first of a series of successful caesarean hysterectomies.

Baskett, Thomas. A History of Caesarean Birth.

**STILL MATERNAL INDICATION
BETTER TECHNIQUES**

SUTURE UTERUS

J. MARION SIMS – SILVER SUTURES

FRANK POLIN 1858 – USING SIMS SILVER
SUTURES

ADOLF KEHRER AND MAX SANGER 1881 –
SILVER WIRE

ADOLF KEHRER – 9/25/1881
LOW TRANSVERSE UTERINE
INCISION

MUNRO KERR – 30 YEARS LATER
GETS ALL THE CREDIT



Munro Kerr (1868-1960)
Helped establish the
transverse lower segment
incision as the standard
technique of caesarean
section

Baskett, Thomas. A
History of Caesarean
Birth.

ANTISEPSIS

LISTER AND SEMMELWEIS
MATERNAL MORTALITY DOWN
TO 10%

SANGER TECHNIQUE

AVOID ENDOMETRIUM

HERMAN PFANNESTIEL

KERR – PFANNESTIEL
INCISIONS

ANTIBIOTICS:

SULFA 1935

PENICILLIN 1941

UTEROTONICS:

ERGOTAMINE 1935

OXYTOCIN 1951

1916 EDWARD CRAGIN

CRAGIN RULE

“ONCE A SECTION ALWAYS A SECTION”

THESE ADVANCES ALLOWED
INTENT TO BE BOTH
MATERNAL AND FETAL

FETAL MONITORING (EFM) – 1950s
WIDELY ACCEPTED 1970s

**NEVER SHOWN TO BE SUPERIOR TO INTERMITTENT
AUSCULTATION**

INTENT – OPTIMAL BABY

MEDICO – LEGAL CONCERN
EFM – RISK MITIGATION

FIRST MALPRACTICE “CRISIS” 1975

DECLINE OF OPERATIVE VAGINAL DELIVERIES

CHANGE OF INTENT

VARIABILITY OF NURSING PRACTICE

A) LOWER RATES IN ONE INSTITUTION

B) HIGHER IN OTHERS (UNIVERSITY OF FLORIDA)

**ECONOMIC INCENTIVES
(SOMETIMES BOTH WAYS)**

NEW JERSEY STUDY

16,587 NULLIPAROUS PATIENTS
INCREASE RATES AT TIMES OF
LOW UTILIZATION

POSSIBLE RACIAL DIFFERENCES

2020 – PRIVATE INSURANCE

\$17,000 FOR CESAREAN

\$11,500 FOR VAGINAL DELIVERY

STATE INTERVENTION

1990 In re A. C., 573 A.2d 1235
ANGELA CADER TERMINALLY ILL
COURT ORDERED C-DELIVERY
WITHOUT HER CONSENT.
BOTH FETUS AND MOTHER DIED

DISTRICT OF COLUMBIA
COURT APPEALS REVERSED
DISCISION.

A COMPETENT PREGNANT
MOTHER RETAINS RIGHT OF
REFUSAL OF MEDICAL
INTERVENTION

1609 FRANCOIS MAURICEAU

“I DO NOT KNOW THAT THERE
WAS EVER ANY LAW, CHRISTAIN
OR CIVIL, IN WHICH BOTH ORDAIN
THE MARTYRING AND KILLING THE
MOTHER TO SAVE THE CHILD”
(HOLD THAT THOUGHT)

IN CONTRAST

PEMBERTON V. TALLAHASSEE
MEMORIAL REGIONAL CENTER
66 F. SOPP. 2d 1247 (N.D. Fla. 1999)
THE STATE'S INTEREST IN FETAL
LIFE OUTWAYS THE MOTHER'S
RIGHT TO BODILY INTEGRITY.
(REMEMBER *LEX REGIA*)

THE FETUS AS PERSON

MELISSA ANN ROWLAND, UTAH
2004 – CHARGED WITH CRIMINAL
HOMICIDE, AFTER ONE OF HER
TWINS WAS STILLBORN AFTER
SHE REFUSED CESAREAN.

ACOG & AAP

**THE POTENTIAL BENEFIT TO FETUS
DOES NOT JUSTIFY COERSIVE
MEDICAL INTERVENTION**

ELECTIVE CESAREAN DELIVERY

INCREASING RATES OF MATERNAL REQUEST

CDC: 1999 - 41,000
2015 - 64,000

BRAZIL, CAMBODIA, CHINA,
IRAN, TAIWAN, THAILAND

THE VAGINA IS A SITE OF
SEXUAL CAPITAL AND IDENTITY;
CONCERN ABOUT LOSS OF
SEXUAL APPEAL AND
RELATIONSHIP

ECONOMIC JUSTIFICATION FOR MATERNAL REQUEST

DOES NOT HOLD UP:

A) ECONOMIC:

B) ETHICAL:

DECREASED AVAILABILITY
OF DRUGS, IV FLUIDS

2024-2025 U. OF FLORIDA

TRANSCIENCE OF INTENT

LEX REGIA

RELIGIOUS – BAPTISM,
SEPARATE BURIAL

PURELY MATERNAL –
CRANIOTOMY RISKS

MATERNAL-FETAL – EFM, ANESTHESIA, ANTIBIOTICS

MEDICO – LEGAL

ECONOMIC (BOTH WAYS)

STATE INTERVENTION

ELECTIVE – PELVIC INTEGRITY

HOW TO QUANTIFY THESE

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