

Cesarean section on demand

Is it a fad or an advance in medical practice?

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Medicine has evolved over the centuries as new discoveries have been made, and obstetrics has undergone radical changes with the advent of modern medicine. It is interesting to note just how far medical practice has come. In a textbook for nurses published in Paris in 1765, 2 easy-to-prepare potions are recommended for use with difficult childbirths. Some of the “medications” described in *Le Manuel des Dames de la Charité ou formules de médicaments faciles à préparer*¹ are still in use today; others, fortunately, are not.

1. Potion for Difficult Childbirth. Dissolve a small amount of Soap in Plain Water and have the Patient drink it.¹
2. Potion to induce labour in difficult childbirth. Place two large hulled Senna pods in a small glass of boiling water and allow to stand for an hour to make an infusion. Strain through a cloth, pressing to extract the juice. Add the juice of a sour Orange. Administer the potion immediately.¹

Note. This potion is effective for Long Labours in which the pains are light and mild and spaced far apart. It quickens them by irritating the intestine causing the muscles of the abdomen to contract, thereby facilitating the expulsion of the Foetus. One or two hours after administering the potion, a mildly purgative Enema may be administered in such a way that these two Remedies work together to trigger the Labour pains. One precaution: determine whether the Difficult Childbirth is due to tension, swelling or irritation of the natural parts rather than weakness and slackness, in which case this potion would be dangerous. In this case, Bloodletting at the Arm and Emollient Fomentations would be better Remedies.¹

The practice of performing cesarean sections began in the mid-19th century, first on women who had died in childbirth, in an attempt to save the fetuses, and later on live patients, with little success. In fact, there are no records of successful cesarean sections being performed before 1876, and what records do exist are not reliable. In 1882, uterine suturing following cesarean section was introduced, but peritonitis almost always ensued. Anesthesia was introduced in or around 1846, but was primarily reserved for patients in the dentist’s chair!

By the 1970s, advances in anesthesia and epidural injections had made cesarean sections increasingly safe for the mother and the child, and the rate of cesarean sections in Canada was 5% to 6%. By the year 2000, close to 20% of childbirths were by cesarean section. In 2011, the rate had risen to 27%. In Brazil, cesarean sections have become the norm; 80% of babies are delivered this way.

According to the World Health Organization, a cesarean section rate of 10% to 15% is considered acceptable; this rate is found in several Scandinavian countries that have perinatal mortality rates and natimortality rates comparable with those of Canada.

We must ask ourselves this question: if the rate of cesarean section can be maintained at less than 15% without endangering the health of newborns, why is the rate in Canada so high? Possibly, obstetricians believe that, even in an emergency, cesarean section is no longer cause for concern and no longer carries great risks. On-demand cesarean section, which is less risky, might easily become a low-risk option for some.

For a couple, pregnancy, childbirth, and the arrival of a new baby are among the most important life events. For a variety of reasons, some couples want maximum control over these events. Some want to avoid long-term sequelae for the mother and the child and believe that on-demand cesarean section is the solution. Conversely, many couples want to avoid recourse to cesarean section, at almost any cost. This is not rational either, as in some cases cesarean section is unavoidable.

It is difficult to predict what advances will be made in surgical techniques, anesthesia, and fetal monitoring. At the present time, cesarean section on demand is not a heresy, but it certainly warrants a meeting with a physician who is ready to discuss the advantages and disadvantages in order to ensure that the patient makes the best decision for herself and for her child.

Is on-demand cesarean section a fad or an advance in medical practice? Only time will tell. After all, many of today’s medical advances were unthinkable 20 years ago. 🌿

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Reference

1. De Nobleville LDA. *Manuel des Dames de la Charité ou formules de médicaments faciles à préparer*. Paris, Fr: Chez Debure l’aîné; 1765.

Cet article se trouve aussi en français à la page 1243.