THE COMPLEAT MOTHER

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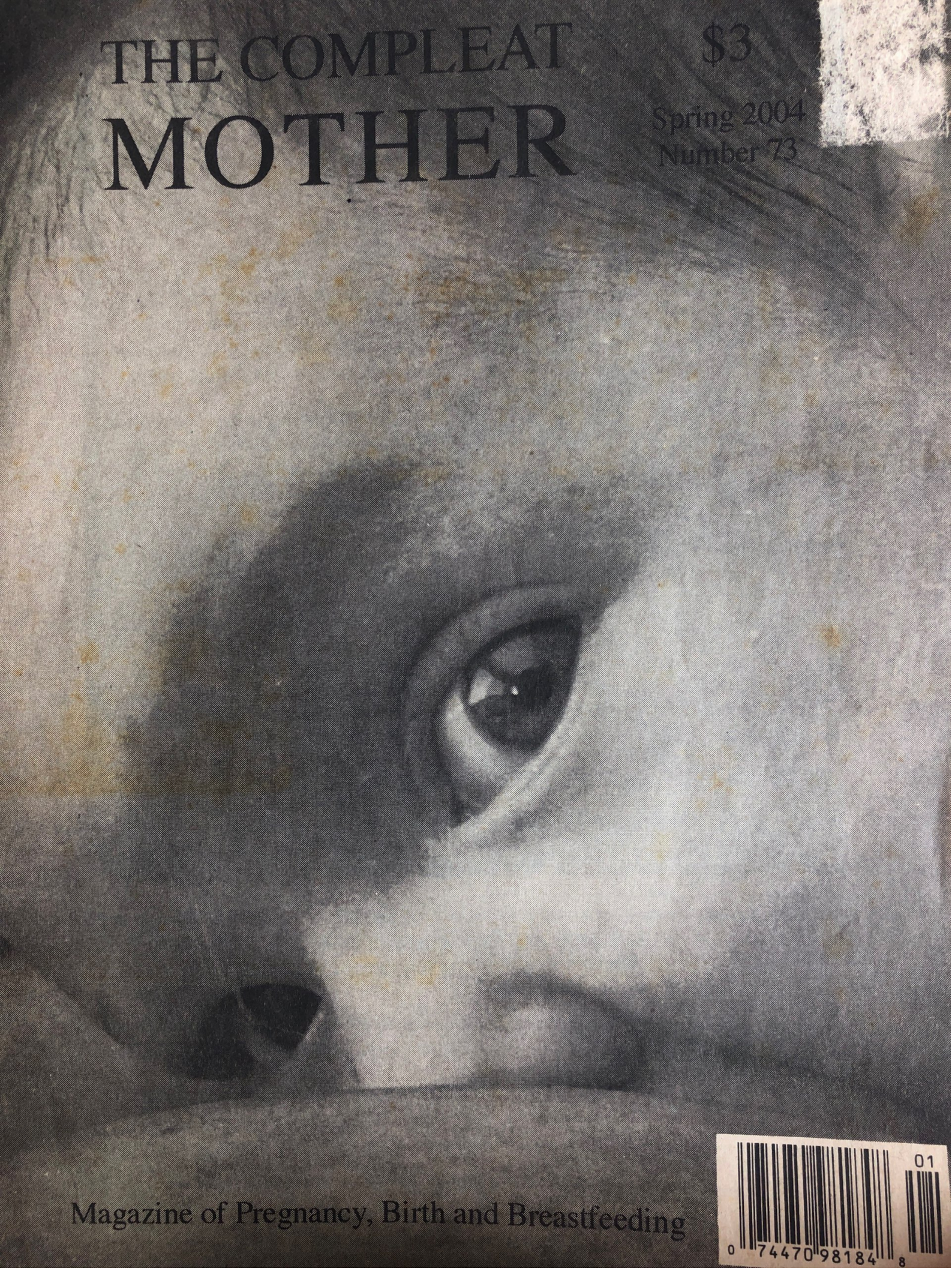

Magazine of Pregnancy, Birth and Breastfeeding

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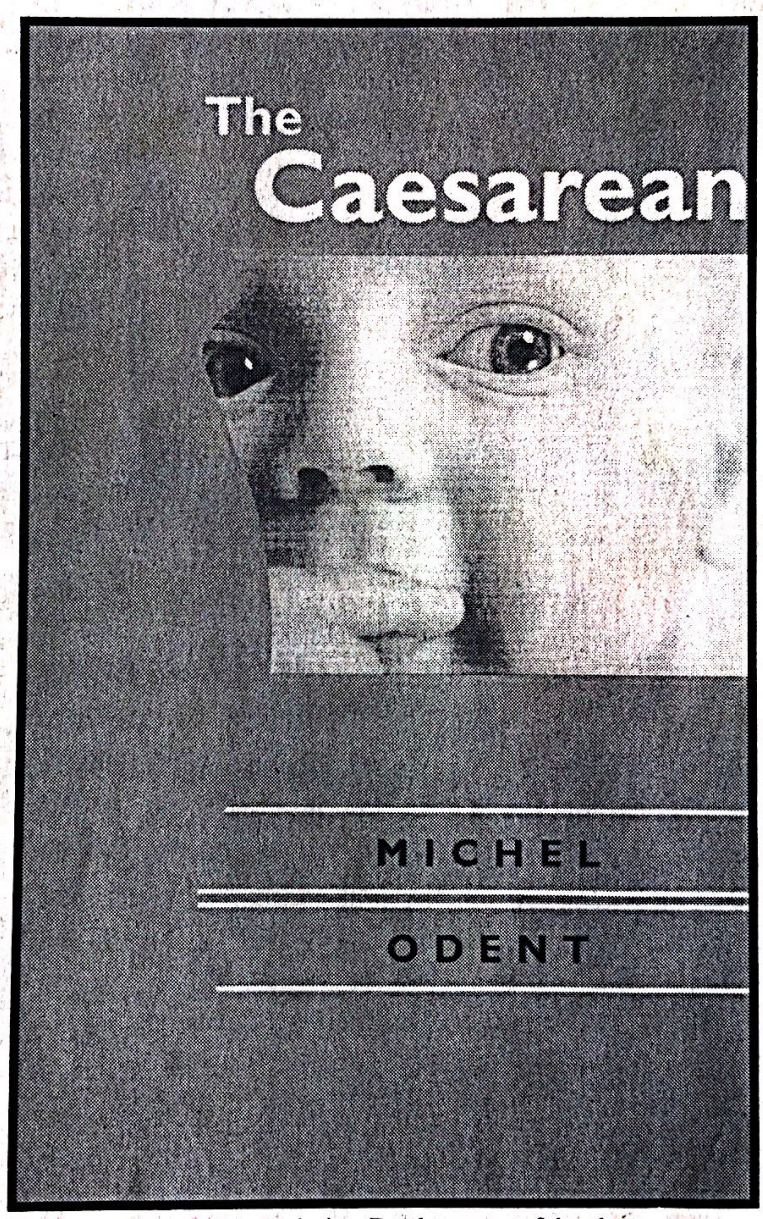
Chapter one

A MAGNIFICENT RESCUE OPERATION

from "The Caesarean" by Michel Odent

Between November 1953 and April 1954 I spent half a year in the maternity unit of a Paris hospital, as an "externe". At that time an "externe" was a selected medical student with minor clinical responsibilities. I did this period of training in obstetrics by chance, just because a post was vacant. As I had no special interest in childbirth and no intention of becoming an obstetrician, and also because I needed time to intensively prepare important exams, I spent as little time as possible in the maternity unit. However it was long enough to learn the basics of obstetrics and to realize that the history of childbirth was entering a new phase.



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My comments as an observer

I often claim that, after participating in a conference, I usually just remember what I learnt in the corridors or in the restaurant. I might say the same about what I learnt in the departments of certain hospitals. Once I had lunch with one of the "internes" of this maternity unit where I was an "externe". In the 1950s an "interne" in a Paris hospital was a selected junior doctor with vital responsibilities. During our conversation about the fast evolution of medicine since World War II, he told me his vision of the future of obstetrics. "The practice of obstetrics will be so simple. If the birth is easy and straightforward the vaginal route will be considered possible. If it is long and difficult there will be no reason for procrastination. It will be easy to do a low-segmental caesarean section". "Low segmental" is the technical term to qualify the new safe technique that was gradually spreading in the 1950s. During my half-year as an "externe" I was given one opportunity to scrub and participate in a low segmental section. That was enough to understand the main steps of the operation. The rate of C-sections at that time in that unit probably was in the region of 1%.

There were major obstacles to developing the new technique. The main one was that very few doctors involved in childbirth had a surgical background. Most of them were dependent on surgeons who had not yet learnt the new technique. They had a deep-rooted attachment to the forceps, which for three centuries had been the symbol of obstetrical practice. The informal conversation I had at lunch time with the clever "interne" probably helped me to realize that many doctors preferred to ignore the advent of the safe

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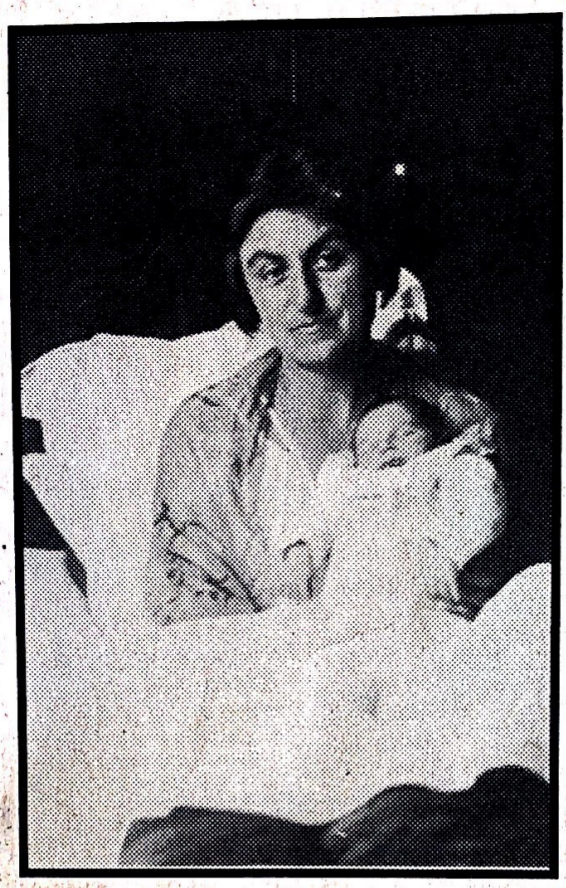
technique of the C-section, as if they felt threatened by the surgeons and their prestigious status. The fact that I was an observer and an outsider in this obstetrical milieu, since I had already decided to become a surgeon, helped me to perceive the semi-conscious motivations of different practitioners, according to their age and their background. I find it significant in retrospect that the head of the maternity unit – who gave his name to a forceps – was intriguingly silent on the topic of caesareans. I never heard him making any allusion to its future.

My comments as an actor

As soon as I became an "interne" I did all my training in surgical units because from the very beginning of my medical studies I had decided to become a surgeon. My need to be useful and efficient could not be met in medical units, performing diagnoses. (Since we were immersed in hospital activities from the very first day of our medical studies, it was easy for me to decide this.) I noticed that brilliant doctors who discussed sophisticated diagnoses had a disdain for therapeutics and were unable to influence the evolution of a disease, more often than not. Surgery was different, though. I could not forget one of the first patients I saw in a surgical unit with a strangulated hernia. A simple emergency operation saved her life.

Once when I was on duty at night in the surgical unit, it just so happened that a friend from the maternity unit called me to help him with an emergency caesarean. This is how I learnt the new technique. I could not have guessed that occasionally helping a friend in the middle of the night might one day give my career a new direction.



A photo of me as a newborn baby, with my mother still 'on another planet.' I was born on July 7, 1930 at midnight. It was at home in the French village of Bresles after a two hour labor. I was the first baby of my 35 year old mother. This photo was probably taken early on July 8.

My mother used to claim that the day of my birth was the most joyful day of her life. This photo was taken by my father with the technology of 1930.

My mother, was in charge of a nursery school and had been a pioneer in introducing in France the concepts developed by Maria Montessori. I went to school at twelve, the same age as all the children of the village.

Michel Odent, MD

Then, from 1958 to 1959, I was doing my military service in the war of independence in Algeria. I spent most of my time in the army at the hospital of Tizi-Ouzou, the main city of the Kabylia region, in the Berber part of Algeria. We were busy both day and night, performing all sorts of emergency surgery, mostly war surgery. Now and then, a woman would arrive from a mountain village with a protracted labour. By doing a low segmental caesarean, I was in a position to rescue the baby. The day after the emergency operation, the whole village was aware of what was seen as a miracle. Later, in the summer of 1960, I covered for a surgeon in Guinea, West Africa... which was another opportunity to introduce the safe technique.

In 1962 I learnt that a hospital 50 miles from Paris needed to recruit a doctor to be in charge of its surgical unit. I applied for the post without even visiting the hospital. I wanted to be outside Paris without being too far away. This is how I came to move to Pithiviers. Close to the surgical unit there was in the same building a small maternity unit with two midwives who enthusiastically welcomed me when they heard that I could do the safe modern technique of C-section. There was an older surgeon locally who was still doing the classical operation. The first time I did a C-section in Pithiviers, between a hernia repair and a gallbladder operation, I heard the senior surgical nurse exclaiming:

"What a magnificent rescue operation!"

Michel Odent, London, England

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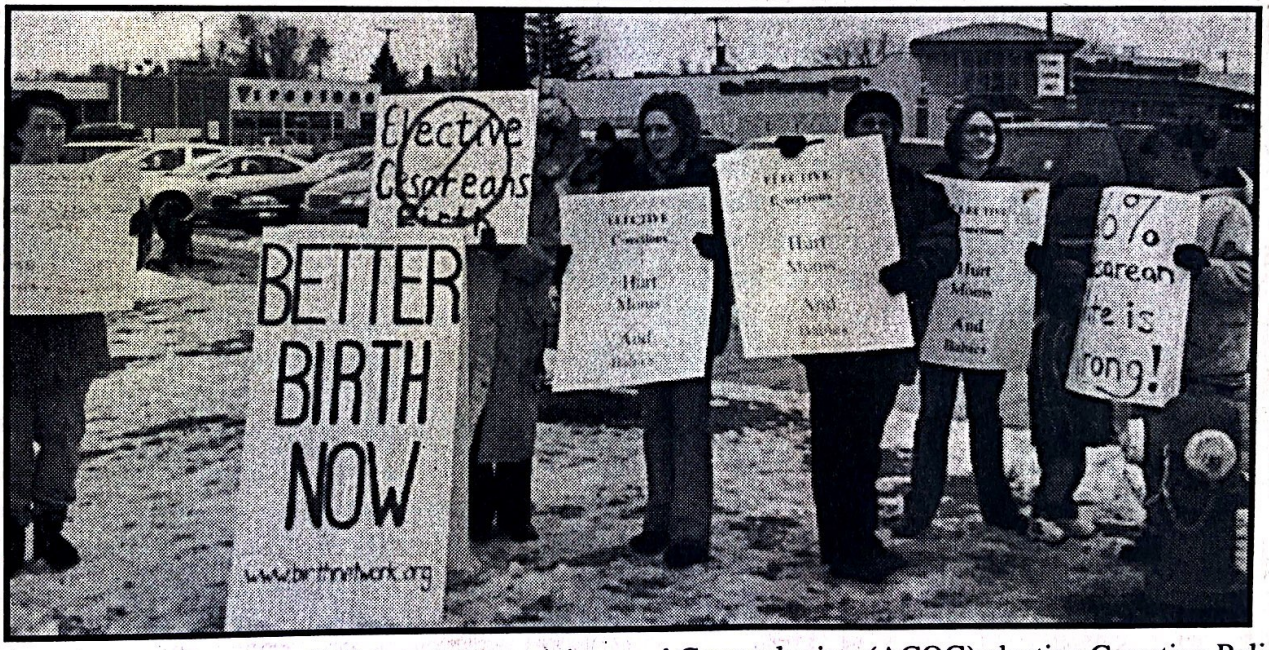
THE CAESAREAN *by Michel Odent 2004 Free Association Books*

Today, in many parts of the world, at least one in four babies is born by caesarean. This is the first book to addresses all key issues related to the caesarean. Having been involved as a participant in half a century of the history of the caesarean, Dr. Michel Odent considers these necessary and urgent questions.

How did a magnificent rescue operation become such a common way of being born?
Why is the rate 10% or less in some places, and 50% or more in other places?
Why have risky procedures, such as forceps deliveries, not been eliminated by the caesarean?
Why should we take a different approach to non-labour caesareans, labour-caesareans, emergency caesareans?
What is the birthing pool test?
What are the very first microbes met by a caesarean born baby?
Is it easy to breastfeed after a caesarean?
What do we know about the long term consequences of being born by caesarean?
What do we know about the long term consequences of giving birth by caesarean?
What do mother and her baby miss out on by not having a vaginal birth?
How did the caesarean become safer and safer?
What is the future of a la carte scheduled C-section?
Is the age of the caesarean a landmark in the evolution of brain size?
Are we going towards an unprecedented cultural diversity?
What is the future of a civilization born by caesarean?
Can humanity survive the safe caesarean?



In response to the American College of Obstetricians and Gynecologists (ACOG) elective C-section Policy Statement, birthNETWORK demonstrating in Royal Oak, Michigan on February 14, 2004. birthNETWORK is based on the belief that birth can profoundly affect our physical, mental and spiritual well-being.

Eileen Denomme, Romeo, Michigan

More than one fourth of all children born in 2002 were delivered by cesarean; the cesarean delivery rate of 26.1 percent was the highest level ever reported in the United States. The number of cesarean births to women with no previous cesarean birth jumped 7 percent and the rate of vaginal births after previous cesarean delivery dropped 23 percent. The cesarean delivery rate declined during the late 1980s through the mid-1990s but has been on the rise since 1996. The percent of low birthweight babies (infants born weighing less than 2,500 grams) increased to 7.8 percent.

Tommy G. Thompson, Secretary, US Department of Health and Human Services
http://www.cdc.gov/nchs/releases/03news/lowbirth.htm

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