Cesarean section is surgical delivery of a baby by an operation (incision through the tummy and the womb). Doctors perform this operation when it is safer for the woman, the baby, or both, than delivery through the natural birth canal (vagina). It may be performed without you going into Labour (elective) or if your Labour does not progress satisfactorily (emergency). Your doctor will explain all details at the time the decision is made.

In many developed countries, about one fourth of deliveries are cesarean sections. A surgical team of your doctor, an anesthesiologist, nurses, and a baby doctor are involved in this surgical procedure to ensure the safety of both yourself and the baby.

Use of anesthetics, fluids, medications, antibiotics, and rarely blood transfusions helps make a cesarean section safe.

Asking you to walk around soon after surgery reduces the risk of blood clots that form in the legs or pelvis and may travel to the lungs and block arteries there. If all goes well, you can be discharged within 24 hours of the surgery, you can stay longer if you prefer.

If you have a Caesarean Section delivery compared with a vaginal delivery, delivery by cesarean section results in more overall pain afterward, a longer hospital stay, and a longer recovery time.

Different medications, physiotherapy, walking and breathing exercises will, however, make this post operative recovery period a lot easier than what you think (almost as easy as vaginal delivery).

There is a higher risk of immediate or long term complications if you undergo a Caesarean section delivery than a vaginal delivery. Consequently it requires a balanced decision and if the benefits to your health and the baby health are obvious.

The incision in the skin is usually in the lower part of your tummy, in a transverse fashion and is usually known as “the bikini” line incision (cut). It is cosmetic as it leaves very little scarring and causes less postoperative pain.
If you have a Caesarean section delivery, you have three fourths chance of a vaginal delivery in your subsequent pregnancies. You will however, be offered the choice of either trying for a normal vaginal delivery or having an elective repeat Caesarean section without waiting to go into Labour.

You may be interested to read the intriguing history of Cesarean Section.

Cesarean section has been part of human culture since ancient times and there are tales in both Western and non-Western cultures of this procedure resulting in live mothers and offspring. According to Greek mythology Apollo removed Asclepius, founder of the famous cult of religious medicine, from his mother's abdomen. Numerous references to cesarean section appear in ancient Hindu, Egyptian, Grecian, Roman, and other European folklore.

Figure 1. The extraction of Asclepius from the abdomen of his mother Coronis by his father Apollo. Woodcut from the 1549 edition of Alessandro Beneditti's *De Re Medica*.

The early history of cesarean section remains shrouded in myth and is of dubious accuracy. Even the origin of "cesarean" has apparently been distorted over time.

It is commonly believed to be derived from the surgical birth of Julius Caesar; however this seems unlikely since his mother Aurelia is reputed to have lived to hear of her son's invasion of Britain (in those days the death rate after cesarean sections was very high). Roman law under Caesar decreed that all women who were so fated by childbirth must be cut open; hence, "cesarean". At that time the procedure was performed only when the mother was dead or dying, as an attempt to save the child for a state wishing to increase its population.

Other possible Latin origins include the verb "caedere," meaning to cut, and the term "caesones" that was applied to infants born by postmortem operations. Ultimately, though, we cannot be sure of where or when the term cesarean was derived.
It was a measure of last resort, and the operation was not intended to preserve the mother's life. It was not until the nineteenth century that such a possibility really came within the grasp of the medical profession.

Perhaps the first written record we have of a mother and baby surviving a cesarean section comes from Switzerland in 1500 when a sow glider, Jacob Nufer, performed the operation on his wife. After several days in labor and help from thirteen midwives, the woman was unable to deliver her baby. Her desperate husband eventually gained permission from the local authorities to attempt a cesarean. The mother lived and subsequently gave birth normally to five children, including twins. The cesarean baby lived to be 77 years old. Since this story was not recorded until 82 years later some historians question its accuracy.

In the early 1600s, the Chamberlen clan in England introduced a pair of metal tongs (obstetrical forceps) to pull from the birth canal babies that otherwise might have been destroyed, (another way of ending a difficult delivery through the natural birth canal)

The first recorded successful cesarean in the British Empire, however, was conducted by a woman.

Sometime between 1815 and 1821, James Miranda Stuart Barry performed the operation

While Barry applied Western surgical techniques, nineteenth-century travellers in Africa reported instances of indigenous people successfully carrying out the procedure with their own medical practices. In 1879, for example, one British traveller, R.W. Felkin, witnessed caesarean section performed by Ugandans. The healer used banana wine to semi-intoxicate the woman and to cleanse his hands and her abdomen prior to surgery. The tummy wound was pinned with iron needles and dressed with a paste prepared from roots. The patient recovered well.

Figure 2. Successful Caesarean section performed by indigenous healers in Kahura, Uganda. As observed by R. W. Felkin in 1879.

With increased urbanization and the growth of hospitals in the 18th & 19th centuries, the operation began to be performed routinely. Most rural births continued to be attended by midwives in the late nineteenth and early twentieth centuries, but in the cities obstetrics -- a hospital-based specialty -- squeezed out midwifery. In urban canters large numbers of uprooted working class women gave birth in hospitals because they could not rely on the support of family and friends, as they could in the countryside. It was in these hospitals, where doctors treated many patients with similar conditions, that new obstetrical and surgical skills began to be developed.

By the century’s close, a wide range of technological innovations had enabled surgeons to revolutionize their practice and to professionalize their position. Anesthetics permitted surgeons to take the time to operate with precision, to cleanse the wounds, to record the details of their procedures, and to learn from their experiences. Women were spared the agony of operations and were less susceptible to shock or infection, which had been leading causes of post-operative complications.
Medical research flourished with better understanding of our bodies and how they function. Safer anesthetic techniques were developed, new suture material were manufactured, newer generations of antibiotics to prevent infections were discovered, and advanced medical bioengineering made modern and safe equipment. It all made surgery a feasible and very safe procedure.

In numerous countries, spinal or epidural anesthesia is used to alleviate pain in normal childbirth. It has also largely replaced general anesthesia in cesarean deliveries, permitting women to remain conscious during surgery. It results in better outcomes for mothers and babies and facilitates immediate contact and bonding to occur.

In the United States almost one quarter of all babies are now delivered by cesarean section -- approximately 982,000 babies in 1990. Same percentages of Caesarean section deliveries are also observed in many other countries. The high safety of this operation has contributed not only to this increase, but also to shorter and safer labours.