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## History of the Obstetrics Clinic of the Clinical Hospital of the University of São Paulo's Faculty of Medicine

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The term “*obstetrics*”, of Latin origin, is derived from the verb *obstare* which means “*standing on the side*”, defining clearly the vocation of the Obstetrics Clinic.

Though the work performed by midwives dates back to extremely ancient records, the specialty only achieved its autonomy and was no longer a branch of surgery in 1929.

However the importance of this specialty has been long been recognized. In Brazil, the inclusion of Obstetrics teaching in medical courses dates back to the year of 1884, occurring even before the founding of the São Paulo Faculty of Medicine and Surgery that happened on January 21, 1913. At this time, the Medical schools were restricted to Bahia and Rio de Janeiro.

The need to offer education in Obstetrics made it possible for the São Paulo Free School of Pharmacy to be authorized to apply of tests for the licensing of midwives in April 1900.

Simultaneously, in 1894, Bráulio Gomes, sensitized by the lack of a location for assisting pregnant women and

their newborns, mobilized the São Paulo society in order to build a hospital for mothers in need. In this context, the São Paulo Maternity Hospital, which had as its director Syvio Maia, emerged. These initiatives were essential for the founding of the Obstetrics Clinic.

At the beginning of the activities of the São Paulo Faculty of Medicine and Surgery (1913), its first director, Professor Arnaldo Vieira de Carvalho, a gynecologist, found in the São Paulo maternity hospital the necessary structure for the teaching of Obstetrics.

Thus, in 1917, Dr. Sylvio Maia took the role of first Professor of Obstetrics in the São Paulo Faculty of Medicine and Surgery. The activities continued to be developed in the São Paulo maternity hospital, which housed 12 beds for attending pregnant women and women who had just given birth. The work of Sylvio Maia was decisive for the consolidation of the teaching of Obstetrics in the state of São Paulo and also for the creation of the Obstetrics Clinic that would be consolidated by his successors.

In 1925, Raul Briquet became the director of the

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Obstetrics Clinic imprinting his innovative vision, which prioritized the inclusion of specialists for the care of pregnant women and women who had just given birth, especially for those with high-risk pregnancies.

In 1934, the São Paulo Faculty of Medicine and Surgery, which is now the Faculty of Medicine began being a part of the University of São Paulo. Ten years later, in 1944, when the Obstetrics Clinic was transferred to the Clinical Hospital that had been inaugurated recently, on the 10th floor of its left wing, the existence of a solid group dedicated not only to care but also to education and search could be observed.

Raul Briquet disseminated knowledge and, more than that, the Obstetrics Clinic's thinking throughout Brazil. He produced highly significant works in the area such as *Obstetrícia Operatória* (Surgical Obstetrics) (1932), *Obstetrícia normal* (Normal Obstetrics) (1939) and *Patologia da gestação* (Pregnancy pathology) (1948). This way, with a great perspective of the future, Raul Briquet led the Obstetrics Clinic until September 1953, when he died at the age of 65.

The succession of Professor Raul Briquet occurred only in 1972 when Professor Bussamara Neme took the position of Full Professor of Obstetrics, being the Obstetrics Clinic's director for 13 years. In 1985, Bussâmara Neme appointed Marcelo Zugaib to be the leader of the Obstetrics Clinic and, before he turned 70, he retired, leaving as his legacy his knowledge and his fight for the valorization of obstetrics in the Faculty of Medicine and in the Clinical Hospital.

Thus, in 1986, Marcelo Zugaib takes the position of full professor of the Obstetrics Subject. In the last 30 years it is noticeable that the Obstetrics Clinic consolidated its sectoral structure with doctors and professors specialized in pregnancy diseases, providing a fruitful environment for teaching and research.

The last 30 years were marked by great advances in obstetrics, such as the reduction in maternal death, infant death, and major advances regarding fetal assessment. If we think that ultrasound, which is so ordinary nowadays, was introduced in Brazil in 1970, it is easier to analyze the speed of acquisition of knowledge in Obstetrics in recent years.

We went from the initial attention to the moment of birth to prenatal follow-up aiming at preventing complications during pregnancy and childbirth and for the comprehension of the fact that the fetus is a patient.

The prenatal care provided today in the Obstetrics Clinic deals with extremely severe situations, situations of maternal risk, but it brings the possibility of exercising motherhood to people who felt excluded from this dream.

The parturition process also underwent numerous changes, some of them were most welcome such as the use of conduction anesthesia during labor and delivery and other changes that promoted the extreme medicalization of a process that most of the times came to have its course interrupted, highlighting the importance of constant reflection on clinical practice.

If the advances of internal medicine and obstetrics brought greater reliability to pregnant women care, ultrasound is, without a doubt, the greatest advance in assisting the fetus. By means of this technology it was possible to assess fetal morphology and to diagnose malformations and also to ensure fetal well-being through tests that assess the vitality of the fetus.

Over recent years, fetal medicine evolved greatly in proposing intrauterine treatment for some cases of abnormal fetal development. The intrauterine laser therapy for twin pregnancies with fetofetal transfusion, the intrauterine use of endotracheal balloon in congenital diaphragmatic hernia and the surgeries for myelomeningocele repair during pregnancy appeared.

These advances were very significant; on the other hand, problems that have been afflicting Obstetrics for many centuries remain without elucidation such as the case of preeclampsia, the greatest responsible for maternal deaths in our country and in the world and remains without effective measures for its prevention.

Thus, the need for constant scientific investment in obstetrics to solve problems that affect a large number of women in the world without the loss of basic principles such as the defense of the teaching of obstetrics in medical schools and its vocation to "*stand on the side*" (*obstare*) becomes evident.