“Modernizing” influences such as biomedicine have unpredictable effects on maternal-child health. While Mexico’s poverty-alleviation programs have provided medical care to rural families, unexpected and potentially detrimental trends are also emerging: breastfeeding rates are declining among indigenous women and cesareans are rising among the rural poor. Cesareans contribute to poorer breastfeeding outcomes, larger child body mass, decreased maternal fertility, and a loss of women’s reproductive autonomy. Negative health outcomes are associated with medically unnecessary cesarean births, and may be exacerbated in geographically remote and pathogenic tropical environments. This talk will integrate theories from biomedical anthropology and health economics to identify processes by which the medicalization of birth and cesareans impact maternal-child health and women’s reproductive autonomy.