



CAPITAL
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INFORMATION AND CONSENT FOR TRIAL OF LABOR AFTER CESAREAN

What is a TRIAL OF LABOR after Cesarean section (TOLAC)?

Women who have given birth to a child by Cesarean section ought to be encouraged to give birth to the next child vaginally. About 50-60% of women who attempt a TOLAC after one previous Cesarean section have successful vaginal births (VBAC). Doctors are now encouraging TOLAC because labor and vaginal delivery is generally safer having a Cesarean section.

When can it be attempted?

Your doctor will consider certain facts about your previous delivery(ies) to decide whether you should attempt a TOLAC. Your doctor's main concern is that the scar on your uterus from the previous Cesarean section does not come apart during your TOLAC. Your doctor will encourage and allow you a TOLAC if:

- You have had a low segment transverse uterine incision with your previous Cesarean section. A low segment transverse incision is a crosswise incision in the lower part of the uterus. This is different from the scar on your skin.
- You have already had a successful VBAC.

TOLAC is NOT recommended for all pregnant women. Your doctor will not allow a TOLAC if:

- You have had a classical uterine incision (a vertical incision on the upper part of your uterus) for your previous C-section.
- You have had a complication in your pregnancy that suggests that labor would not be safe for you or your baby.
- You are expecting more than one baby (twins, etc)
- Your baby is not head down (ex - breech or transverse) position.

What happens during a TOLAC?

If you and your doctor agree to a TOLAC, you should go to the hospital when you are in labor or when your water breaks. Your labor will be monitored as usual. You will have blood drawn and an IV inserted into your arm. Labor will be monitored and your progress will be periodically assessed. Labor will be allowed to continue provided there is no evidence of compromise to you or your baby's health. Your contractions may be augmented with small doses of pitocin if needed. If there are signs of abnormal bleeding, non reassuring fetal heart tracing or lack of adequate labor progress, then a Cesarean section will be done.

What are the risks of TOLAC?

The most significant risk of a TOLAC is the risk of uterine rupture. This is where the site of the previous Cesarean section incision tears open. For the mother, a uterine rupture can result in profuse internal bleeding, blood transfusion and possible hysterectomy. For the baby, a uterine rupture can result in internal bleeding, premature separation of the placenta from the uterine wall and possibly, expulsion of the baby out of the uterus into your abdomen. Sometimes babies can have life long neurological injury and / or death due to these complications.

The risk of uterine rupture is 1-2%.

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**INFORMED CONSENT FOR
TRIAL OF LABOR AFTER CESAREAN SECTION (TOLAC)**

INITIALS

1. I have been given information discussing the advantages, disadvantages, benefits and risks of attempting vaginal birth after having had a prior cesarean section. I have read and understand this information. _____
2. I understand that I have had only one prior cesarean section and have the option of undergoing an elective repeat cesarean or attempting a vaginal birth after cesarean (VBAC). _____
3. I understand that approximately 60-80% of women who attempt a VBAC will successfully deliver vaginally. _____
4. I understand that the risk of uterine rupture during a trial of labor is 1 - 2%. The risk of rupture may increase with 2 prior cesarean sections. _____
5. I further understand that if my uterus ruptures during labor, it is often difficult to diagnose promptly. Even if diagnosed promptly, there may not be sufficient time to operate and to prevent the death of or permanent brain injury to my baby. Furthermore, in some cases, uterine rupture may necessitate emergency hysterectomy (surgical removal of the uterus). Emergency hysterectomy may occur in 1 in 500 TOLAC's. _____
6. I understand that a successful vaginal delivery carries a lower risk to me than does a cesarean delivery. _____
7. I understand that if I choose a VBAC and end up having a cesarean during labor, I have a greater risk of problems than if I had an elective repeat cesarean. _____

I want to attempt a VBAC

Patient Signature

Date

Patient name (print)

Date of Birth