TOLAC Counseling
(Trial Of Labor After C-section)

Patient presents for prenatal care with history of prior c-section

Obtain operative report and review for contraindications to TOLAC
- Prior classical, T or high transverse incision
- Prior uterine rupture
- Extensive transfundal uterine surgery
- Placenta Previa

Primary provider elicits patient preferences regarding mode of delivery.
Using VBAC calculator, estimate patient likelihood of successful TOLAC.
Counsel patient on IOM gestational weight gain recommendations (see box).
Document discussion of risks and benefits, patient preference, and informed consent.

Is the patient eligible for TOLAC?

Yes
- Plans TOLAC or undecided
  - High risk patient?
    - >1 prior c-section
    - Unknown/low vertical scar
    - VBAC success < 40%

No
- Counsel patient, document plan for repeat c-section in chart

OB consultation by 30 weeks' EGA to discuss timing of delivery

OB consult at UNC

35 wk clinic visit with primary OB provider
Review options and document discussion of risks and benefits, patient preference, and informed consent

Await spontaneous labor

Elective Repeat C-Section

OB consultation at UNC by 36 weeks, Schedule delivery for 39 weeks

Patient presents in labor / for indicated delivery?

Yes
- Recalculate VBAC success using "On Admission" VBAC calculator
  - Confirm patient preferences, document discussion of risks and benefits, and complete TOLAC consent form

No

>40 weeks, ongoing pregnancy

OB consultation at UNC by 41 wks: Using current cervical exam, calculate “On Admission” likelihood of successful TOLAC with induction vs. awaiting spontaneous labor vs. ERCS.

Induction
Risk of uterine rupture: 3.2%
Likelihood of success: based on calculator

Await spontaneous labor
Risk of uterine rupture: 0.8%
Likelihood of success: based on calculator

Elective Repeat C-Section
Risk of uterine rupture: 0.2%
Counsel re risks of ERCS

Guidelines goals
- Provide consistent counseling about the risks and benefits of TOLAC for patients who plan to give birth at UNC
- Identify higher risk mothers who should meet with a UNC OB provider in person prior to TOLAC
- Simplify the referral process for candidates for TOLAC

IOM GWG guidelines
BMI Recommended gain
- <18.5 28-40 lbs
- 18.5-24.9 25-35 lbs
- 25-29.9 15-25 lbs
- 30+ 11-20 lbs

Risk of uterine rupture (%)
- NIH Consensus Conference
  - ERCS 0.2
  - TOLAC 0.8
  - Spontaneous labor 0.8
  - Induction 1.5*
  - Induction >40 wks 3.2*
  - 1 prior LTCS 0.6
  - 2 prior LTCS 1.6
  - Prior SVD 0.6

Other risk factors:
- Infant >4,000 g
- Interpregnancy interval < 18 months
- Obesity
- Single-layer closure
- Unfavorable cervix at admission

*Case-control data suggest that risk of rupture with induction and a favorable cervix (≥4cm) is similar to spontaneous labor

VBAC Calculator
During pregnancy: bit.ly/V8LkZI
On Admission to L&D: bit.ly/116OtFX

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