TOLAC Referral Form

FAX TO UNC OB CLINIC AT 984-974-9023

Patient Name: _____ Referring provider: _____

Date of birth: _____ Referring clinic: _____

UNC MRN: _____ Referring clinic fax: _____

Please complete this form for any patient with a history of a c-section who is considering a Trial of Labor After C-Section (TOLAC) at UNC Women's Hospital. The purpose of this form is to ensure that patients receive consistent counseling regarding mode of delivery following c-section and to identify patients at higher risk of complications who would benefit from being seen at UNC for a high risk consultation. To minimize patient travel burden, we encourage you to **complete this referral in early pregnancy (eg by 17 weeks EGA)** so that patients needing consultation can be seen at the time of their anatomy ultrasound.

Dating Criteria

LMP: _____ EDC: _____ LMP

U/S: _____ _____ weeks EDC: _____ US

"Best" EDC

_____

Please confirm the following:

- ☐ Possibility of TOLAC has been discussed with patient and patient articulates desire for trial of labor or is uncertain regarding trial of labor vs. Elective Repeat C-section
- ☐ Patient is able to verbalize the advantages and risks of TOLAC
- ☐ Patient is aware that cesarean birth is a possibility with all labors and particularly with labors after previous cesarean birth

Documents attached

- ☐ Prenatal record, including all labs and ultrasound reports not documented in the UNC EMR

Operative report

- ☐ Copy of operative report for previous cesarean section attached
- ☐ Patient's prior c-section was performed at UNC
- ☐ Operative report is not available

VBAC Calculator Data

Maternal age: _____ years

Height: _____ inches

Pre-pregnancy weight: _____ lbs

Race/ethnicity

- ☐ African-American
- ☐ Hispanic
- ☐ Other

Any previous vaginal delivery?

- ☐ Yes
- ☐ No

Any vaginal delivery since last cesarean?

- ☐ Yes
- ☐ No

Indication for prior cesarean of arrest of dilation or descent?

- ☐ Yes
- ☐ No

Predicted chance of successful VBAC: _____

Use calculator at http://bit.ly/V8LkZI

Is this a higher risk patient?	☐ Lower Risk	☐ **Higher Risk**
Is predicted VBAC success higher than 40%?	☐ Yes	☐ **No**
What type of incision was used for the prior c-section?	☐ Low transverse	☐ **Low vertical** ☐ **Unknown**
Is the operative report for the prior c-section available?	☐ Yes, *it is attached to this form*	☐ **No, it is not available**
Has the patient had more than 1 prior c-section?	☐ No	☐ **Yes**
Any Higher-Risk indicators checked?	☐ No	☐ **Yes -> refer to UNC for OB consult**

Referring provider signature: _____ Date: _____

Request to UNC providers

☐ Patient with prior c-section desires TOLAC and meets criteria for Lower Risk. **Please review and return this form for TOLAC approval**.

☐ Trial of labor consent has been reviewed and signed by patient and referring provider http://www.mombaby.org/resources/request-consent-tolac/

OR

☐ Patient with prior c-section desires TOLAC and meets criteria for Higher Risk

☐ Patient with prior c-section is uncertain regarding TOLAC vs. Elective Repeat C-Section and wishes to meet with a UNC provider to discuss mode of delivery

☐ Patient is Lower risk, but remains undelivered at >40 weeks. Please schedule OB consultation for discussion of late term management.

UNC Provider Review

☐ Patient meets criteria for lower risk TOLAC. This patient **IS** approved for a trial of labor.

☐ Patient desires TOLAC and is higher risk. **Consultation at UNC is required** prior to TOLAC.

UNC Provider signature: _____ Date: _____

Scheduling:

☐ **Please schedule for OB consultation** OR ☐ **Consultation has been scheduled**

Call 984-974-2131 to schedule

Please fax this form with the prenatal record, dating ultrasound and operative report to the UNC Hospital Obstetrics Clinic at 984-974-9023

OB Consult Appointment Date: _____ Time: _____

☐ Completed form faxed back to referring clinic on date: _____