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Hospital's
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Information about Trial of Labor & Vaginal Delivery after Cesarean Section

PATIENT IDENTIFICATION

Many women in the United States deliver their babies by Cesarean Section, an operation where the baby is born through an incision, or cut, in the mother's abdomen or uterus. For many years doctors believed that if a mother had one cesarean section, she must have a cesarean section to deliver any other babies. Studies have shown that it is safe for most women who have had a C-section in the past to try to have a vaginal birth. This is called a "Trial of Labor After Cesarean" or TOLAC, and "Vaginal Birth After Cesarean" or VBAC.

Although it is safe for most women to try a TOLAC/VBAC, there are some women with risk factors that might make it unsafe. Your provider will review your history and records to determine if you would be a good candidate for a TOLAC/VBAC. Most experts encourage mothers who do not have risk factors to attempt a TOLAC/VBAC. At Your Hospital, we feel that is a choice for many of our patients.

There are some advantages and disadvantages to either a repeat C-section or a TOLAC/VBAC. There are some risks to both of these choices. The decision about whether to try a TOLAC/VBAC is a very personal one. This information sheet provides general facts about repeat Cesarean Sections and TOLAC/VBAC. Please discuss your personal case with your provider to help you make the right decision for you.

Advantages to having a Trial of Labor after Cesarean/Vaginal Birth after Cesarean:

Less Risk to the Mother:

Women who have a vaginal birth have a decreased chance of having an infection. Usually there is less bleeding and a lesser risk of needing a blood transfusion.

Shorter Recovery Time:

Most women can leave the hospital one or two days after a vaginal delivery. Most women stay at least three days after a cesarean section. After going home, women who have had a vaginal delivery can usually return to normal activities sooner than women who have a C-Section. This will be determined by your doctor. There is usually less pain after a vaginal delivery.

More Involvement in the Birthing Process:

Many women feel a vaginal delivery allows them to be more involved in the birthing process. After a vaginal delivery the mother can usually hold the baby right away and begin nursing. After a C-Section the mother can't hold the baby or nurse until the operation is over and she recovers from the anesthesia that is used.

Disadvantages and risks of Trial of Labor after C-Section

Unsuccessful Labor:

Not all women who try to have a vaginal delivery are successful. Mothers who need a repeat C-Section after an unsuccessful trial of labor may have a greater risk of infection, bleeding and blood transfusion or injury to nearby organs such as the bowel and bladder.

Rupture of the Uterus:

There is a chance that the scar in the uterus from a previous C-Section may rupture, or come apart during labor. If this happens an emergency C-Section is required. There is a risk that the baby may suffer serious injury or death. At Your Hospital, there are Obstetricians and Pediatricians in the hospital 24 hours a day in the event of such an emergency. Rupture of the uterus also increases the risk to the mother of injury to the nearby tissues, such as the bowel or bladder. There is also the risk with rupture that your uterus would have to be removed (hysterectomy).

Pain:

Many women worry that labor may be painful and that a C-Section will mean they don't have to go through the pain of labor. Although labor is painful, there are many different ways to relieve pain, with and without medications. Medicine can be given through an IV and this works for some patients. Epidurals (a procedure that numbs the abdomen so that the patient does not feel the labor pains) are available for women who want them after being seen by Anesthesia. Women who have a C-Section usually complain of pain from the incision longer than women complain of pain from a vaginal birth.

Pitocin:

The medicine Pitocin is used to induce (start) labor or help it along if it is not progressing normally. At Your Hospital, we use Pitocin on patients as needed.

Monitoring:

Patients trying a Trial of Labor after C-Section at Your Hospital will have continuous monitoring of the fetal heart rate and uterine contractions. This helps us to quickly identify problems and do a C-Section if needed.

Undocumented Scars:

If you have had a previous C-Section, your doctor will need to know what type of scar and the location of the incision (cut into the uterus). This is important information in determining whether you are a candidate for a TOLAC. Many times, patients who have had a C-Section in another country besides the United States may have had different types of incisions and this information from your medical record may not be readily available. If we cannot determine this information by the 36th week of your pregnancy, we cannot guarantee that a TOLAC will be possible, and a repeat Cesarean may be safer for you and your baby.

This information should help you, along with your conversation with your physician / nurse midwife, to decide whether you want a TOLAC/VBAC for the birth of your baby. Please talk to your health care provider about any questions that you have so that you can get enough information to make an informed choice.

I have read this information and have had the chance to discuss it with my health care provider. Any questions that I may have had have been answered and I fully understand the risks and benefits.

- I CHOOSE A TRIAL OF LABOR & VAGINAL BIRTH AFTER C-SECTION
- I CHOOSE TO HAVE A REPEAT C-SECTION

Patient Name (PRINTED)

Patient SIGNATURE

DATE

Provider Name (PRINTED)

Provider SIGNATURE

DATE

Witness Name (PRINTED)

Witness SIGNATURE

DATE