

Birth Choices After Cesarean Delivery

The Alaska Native Medical Center and Southcentral Foundation want to give you the best care possible. Taking part in choices about your delivery is an important part of this care. You have the added decision about how to give birth with this pregnancy because you had a cesarean birth before. We will give you information so that you can make the choice that is best for you and your family. Our goal is a healthy mother and baby, whether the birth is vaginal or cesarean.

Feel free to contact your provider with questions and for additional information.

What is TOLAC?

TOLAC stands for Trial of Labor After Cesarean.

What is VBAC?

VBAC stands for Vaginal Birth After Cesarean.

Future Child Bearing:

Do you want to have more babies? If so, then a TOLAC may be the better choice. The risk of placenta placement abnormalities and other complications increase with each added cesarean. If there is at least a 1 in 4 chance that you might want to have more children, then a TOLAC might be a better choice for you.

What are the benefits of a successful VBAC compared to a planned cesarean birth?

1. Faster time to heal after birth
2. Shorter hospital stay
3. Less risk of infection after delivery
4. Less chance of problems caused by abdominal surgery
5. Less risk that the baby will have breathing problems
6. Quicker return to normal activities because there is no pain from surgery.
7. Greater chance of having a vaginal birth in later pregnancies
8. Less risk of problems with how the placenta attaches to the womb in future pregnancies

How do women make a choice about a TOLAC?

- Having a vaginal birth is very important to some women. For many women, the benefits of trying a vaginal birth outweigh the risks. Women who have a vaginal birth have less postpartum discomfort, shorter hospital stays, and describe a feeling of wellness sooner than women recovering from cesarean delivery.
- Some women may consider cesarean birth because they are concerned about the pain of labor. ANMC has 24 hour epidural anesthesia coverage for those patients. Others may be more concerned about the risk of the uterus tearing and the risks of vaginal delivery than the risks of cesarean birth.

There may be added benefits and risks, some of them emotional, with either choice. We want you to discuss these with your provider and family.

Can all women with previous cesarean birth attempt TOLAC?

No, some women should not try TOLAC. If the cesarean scar is in the upper part of the uterus, where contractions occur, then the risk of the uterus tearing (also called uterine rupture) is high. These women should have repeat cesarean births and avoid labor.

Women with a scar in the lower part of the uterus have a lower risk of the uterus tearing and TOLAC is safe in most situations. The type of scar you have in your skin may not be the same type of scar you have in your uterus. Your doctor or midwife will review the records of your previous birth to find the location of your uterine scar.

What is the Alaska Native Medical Center's experience with TOLAC?

ANMC has been providing TOLAC since the 1980's. Nationally, 60-80% of women who have tried a TOLAC have succeeded. We have anesthesia staff, a doctor for you, a doctor for the baby, nursing and operating room services available 24 hours per day.

If a tear in the uterus were to happen, injury to the baby may occur. We have specific plans to respond once a problem is detected. There is risk associated with every pregnancy. Risk can never be completely removed. We share the same goal as you: a healthy baby delivered to a healthy mom. We will make every effort to ensure this.

What *Increases* the Chance of a Successful VBAC?

- A vaginal birth in the past
- A successful VBAC in the past
- Spontaneous labor
- Past cesarean reasons that may not happen again, e. g., breech presentation

What *Decreases* the Chance of a Successful VBAC?

- Induced labor
- Previous baby did not move down the birth canal during pushing stage

What are the risks of TOLAC?

- A tear or opening in the uterus (womb) occurs in 5 to 10 women out of every 1,000 low risk women who try VBAC (0.5% to 1.0%). This is called uterine rupture.
- Risks to the mother if there is a tear in the uterus include:
 - Blood loss that may need transfusion
 - Damage to the uterus that may need hysterectomy (removal of the uterus)
 - Damage to the bladder
 - Infection
 - Blood clots
 - Death, which is very rare.
- Risks to the baby if there is a tear of the uterus can include brain damage and death. *Not all tears in the uterus harm the baby.* About 7% of the time the baby is harmed when the uterus tears. In other words, 5 to 10 babies out of every 10,000 TOLAC tries will suffer brain damage or death (0.05% to 0.1%) due to uterine rupture.

What are the normal risks of TOLAC?

- The normal risks of having a vaginal birth are also present for TOLAC.
- If a vaginal birth cannot occur, then a cesarean birth can still be done.

What *Increases* the Risk for Uterine Rupture?

- Incision in the uterus that is vertical in the contracting part (upper part) of the uterus, or a 'T' shaped incision
- Induced labor

What *Decreases* the Risk for Uterine Rupture?

- Spontaneous labor ("natural" or not induced)
- Prior vaginal birth

What are the possible symptoms of a Uterine Rupture?

- Sudden or worsening abdominal pain
- Vaginal bleeding
- Rapid Heart rate
- Uterine contractions abnormalities
- Bleeding into the abdomen can lead to rapid feelings of weakness, dizziness, fast heart rate and paleness.
- Significant blood in your urine

Uterine rupture is a medical emergency that requires rapid evaluation and management to optimize outcomes for both mother and fetus and often resulting in an emergency c-section.

What are the risks of a planned cesarean birth, if that is my choice?

- The risk that the uterus will tear before a planned cesarean birth is 2 in 1000 (0.2%). Because you have a scar on your uterus from your prior cesarean birth, you will always be at risk for having a tear in your uterus. The tears usually occur during labor. The risks to the baby and you are the same as if the uterus tore during a TOLAC.
- Blood loss
- More scars developing on the uterus
- Infection
- Scarring inside the abdomen
- Injury to organs inside the body
- Problems with anesthesia
- Blood clots
- Future pregnancy problems with the placenta growing into scar tissue
- Death, which is very rare

If I select TOLAC, what can I expect during prenatal care and at the hospital?

- You will be asked to sign a consent form showing that you understand the risks and benefits of your choice. The form will ask you to give your choice.
- Your doctor or midwife will talk with you about when to call or come in for labor.
- You may meet with an anesthesiologist before or early in your labor.
- Constant fetal heart rate and contraction monitoring during active labor (when your cervix is 4-5 cm dilated or more).
- You will have an IV so that fluids and medications may be given to you if needed.
- Blood samples will be taken.
- Your options for pain medication during labor are not affected by your prior cesarean, e. g., you can have an epidural
- Your labor team will regularly update and check in with you during the course of your stay.

What if I change my mind?

If during your labor you have questions about continuing your TOLAC, then we encourage you to talk with your doctor or midwife. However, if delivery is about to happen, a cesarean delivery may not be possible.

VBAC Decision Key Points

What is the impact of future family size?

The first question is would you ever want to have more babies? If so, then a VBAC may be the better choice. The risk of placenta placement abnormalities and other complications increase with each added cesarean. If there is at least a 1 in 4 chance that you might want more children, then a VBAC might be a better choice for you.

What contributes to VBAC success?

Evidence suggests that women with at least 2 out of 3 chances, or 60–70%, of VBAC have equal or less maternal complication when they undergo VBAC than women undergoing elective repeat cesarean delivery.

Success rates for trial of labor after cesarean delivery by population

Overall groups	Percent success
All candidates for trial of labor after a cesarean delivery	60 to 80
Population-based studies	60+
Specific entities	
Latent phase cesarean delivery	79
Previous cesarean delivery for nonrecurring indications	75 to 86
Women with previous cesarean delivery for dystocia	50 to 80
Dilatation 5 to 9 cm at time of cesarean delivery	67 to 73
Complete dilatation at time of cesarean delivery	13

What is the VBAC risk level?

Your provider will review operative reports for all prior uterine surgeries, pertinent obstetrical and medical history.

Low Risk	Intermediate Risk	High Risk
1 or 2 prior low transverse cesarean deliveries		Classical cesarean incision (VBAC not recommended)
Current Pregnancy/Labor Factors		
Spontaneous onset of labor	Labor that requires induction or augmentation	No change in dilation or descent after 2 hours of adequate labor
		Heavy vaginal bleeding (more than 'bloody show')
Category I fetal heart rate tracing	Category II fetal heart rate tracing	Category III fetal heart rate tracing

Glossary:

Amniotomy: the bag of water is released with a small hook to help stimulate labor.

Augmentation: If your labor isn't progressing very well, your provider may try to help it along (or "augment" it) by doing something to stimulate your contractions. They may decide to do this if your contractions aren't coming frequently or forcefully enough to dilate your cervix or help move your baby down the birth canal.

Balloon: a small balloon filled with water is placed in the cervix to help soften and open it to help prepare the cervix for labor.

Breech: If your baby is breech, it means he/she is poised to come out buttocks or feet first.

Induction: If your labor doesn't start on its own, your provider can use medication and other techniques to bring on (or induce) contractions, may include amniotomy and balloon

Trial of Labor after cesarean delivery (TOLAC): A trial of labor after cesarean delivery (TOLAC) is the attempt to have a vaginal birth after cesarean delivery.

VBAC: Vaginal Birth after Cesarean is a successful attempt.