

# Review History, Presenting Symptoms, and Risk Factors. Identify as Low/Intermediate/High Risk per Guidelines for TOLAC

2023

## Low Risk:

- CNM available in-house
- OB Physician available on campus

- Women with 1-2 previous low transverse cesarean(s)
- Spontaneous labor
- Category I tracing
- Induction or cervical ripening via:
  - Amniotomy or
  - Intracervical balloon

## Intermediate Risk:

- CNM on L&D
- OB Physician in-house, readily available (Not primary surgeon in OR), and may have other patient care responsibilities

- Any induction or augmentation of labor with oxytocin
- Category II tracing

## High Risk:

- CNM on L&D
- OB Physician on L&D - no other patient care responsibilities
- Huddle to assess need for additional resources

- No change in dilation or descent after two hours of adequate labor
- Bleeding not considered "cervical show"
- Category III tracing

## All TOLACS:

- **OB Physician** review of consent with customer-owner and confirmation of desire for TOLAC.
- **OB Physician** intrapartum admission checklist.
- **OB Physician** informed of changes status and reassessed patient.
- **OB Physician** counseling and documentation with change in risk level.
- **Anesthesia** available to L&D - no other patient care responsibilities
- **Anesthesia** notification of TOLAC and assessment documented on admission
- **Anesthesia** has interviewed patient and documented interview
- **Anesthesia** available in-house
- Notify **House Supervisor** and **Pediatrician** of TOLAC and any change in risk level
- All customer-owner undergoing TOLAC have:
  - Large bore IV in place (Consider placing a 2<sup>nd</sup> Large bore IV)
  - Type and Screen, CBC
  - Continuous monitoring in active labor
  - Option for epidural
  - OB Physician with privileges for Cesarean delivery available
- Misoprostol and Cervidil are NOT used to ripen the cervix or induce labor when the fetus is potentially viable