

Information about Trial of Labor and Vaginal Delivery after Cesarean Section

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 and 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 UNM we feel that it is the best choice for many of our patients.

There are advantages and disadvantages to either a repeat Cesarean Section or a TOLAC/VBAC. There are some risks to both 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 Section and TOLAC/VBAC. Please discuss your personal case with your provider to help you make the right decision for you.

Advantages to you of having a TOLAC/VBAC:

- **Less risk to the mother.** Women who have a vaginal birth have less chance of getting an infection. Usually there is less bleeding and less 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 usually go back to normal activities sooner than those who have had a Cesarean Section. There is usually less pain after a vaginal delivery.
- **More involvement in the birth.** Many women feel a vaginal delivery allows them to be more involved in the birth process. After a vaginal delivery the mother can usually hold the baby right away and begin nursing. After a Cesarean Section, the mother can't hold the baby or nurse until the operation is over and the mother recovers from anesthesia. More than one family member may be in the room for a vaginal delivery if the patient wishes. Only one person can be in the room for a Cesarean Section. If the mother needs general anesthesia (goes to sleep) no one is allowed to be in the room.

Disadvantages of a TOLAC:

- **Unsuccessful labor.** Not all women who try to have a vaginal delivery are successful. Mothers who need a repeat Cesarean Section after an unsuccessful labor may have a greater risk of infection, bleeding and blood transfusion or injury to nearby organs such as the bowel and bladder. At UNM about two thirds of the women who try a TOLAC have a successful VBAC.
- **Rupture of the uterus.** There is a small chance that the scar in the uterus from the previous Cesarean Section may rupture, or come apart, in labor. If this happens, an emergency Cesarean Section is required. There is a risk that the baby may suffer serious injury or death. At UNM, there is staff in the hospital 24 hours a day to do an emergency Cesarean Section. In most cases the baby is delivered before it is harmed. Rupture of the uterus also increases the risk to the mother of injury to the nearby tissues, such as the bladder or bowel. There is also a risk of needing a hysterectomy.

PATIENT

Other issues:

- **Pain.** Many women worry that labor may be painful and that a Cesarean Section will mean they don't have to go through the pain of labor. Although labor is painful, there are many ways to give pain relief. Medicine may be given through an IV and this works for many patients. Epidurals (a procedure that numbs the abdomen so that the patient does not feel labor pains) are available for women who want them. Women who have a Cesarean Section usually have more pain for a longer time than women who have a vaginal birth.
- **Pitocin.** The medicine Pitocin is used to start labor or help it along if it is not progressing normally. Many studies show that Pitocin does not increase the risk of problems for women undergoing TOLAC/VBAC. At UNM we use Pitocin in patients trying a TOLAC/VBAC if it is needed.
- **Monitoring.** Patients trying a TOLAC/VBAC at UNM have continuous monitoring of the baby's heart rate and uterine contractions. Also an IV will be placed. This helps us to identify problems and do a Cesarean Section quickly if necessary.

This information should help you decide if you want a TOLAC/VBAC or a repeat cesarean section for the birth of your baby. Please talk to your provider about any questions you have so that you may get the information you need to help make this choice. It may also help to talk to family members. Either way you decide, our goal is to provide you with the best possible care for a good outcome—a healthy mother and healthy baby.

I have read the information sheet and have had the chance to discuss it with my provider. Any questions I had have been answered to my satisfaction.

_____ I choose a trial of labor and vaginal birth after cesarean section.

_____ I choose to have a repeat cesarean section.

Patient (please print)

Patient Signature

Date

Provider (please print)

Provider Signature

Date

Witness (please print)

Witness Signature

Date