PROTOCOL #32 - Maternal Fetal Medicine, University of New Mexico

TRIAL OF LABOR AFTER CESAREAN (TOLAC)

GENERAL: Trial of labor after cesarean offers a safe alternative birthing method to qualified pregnant women. The vaginal birth after cesarean is designed to allow women with a previous cesarean section a trial of labor instead of performing an elective repeat cesarean section. Between 70-80% of patients who undergo trial of labor will deliver vaginally. If we compare groups with and without trial of labor, the incidence of uterine dehiscence and rupture is similar. By this we are expecting to reduce our cesarean delivery rate between 45-50%.

GUIDELINES FOR VAGINAL DELIVERY AFTER A PREVIOUS CESAREAN BIRTH (ACCORDING TO ACOG):

1. The concept of routine repeat cesarean birth should be replaced by a specific indication for a subsequent abdominal delivery, and in the absence of a contraindication a woman with one previous cesarean delivery with a low transverse incision should be counseled and encouraged to attempt labor in her current pregnancy.
2. A woman with two or more previous cesarean deliveries with low transverse incisions who wishes to attempt vaginal birth should not be discouraged from doing so in the absence of contraindications.
3. In circumstances in which specific data on risks are lacking, the question of whether to allow a trial of labor must be assessed on an individual basis.
4. A previous classical uterine incision is a contraindication to labor.
5. Professional and institutional resources must have the capacity to respond to acute intrapartum obstetric emergencies, such as performing cesarean delivery within 30 minutes from the time the decision is made until the surgical procedure is begun, as is standard for any obstetric patient in labor.
6. Normal activity should be encouraged during the latent phase of labor; there is no need for restriction to a labor bed before actual labor has begun.
7. A physician who is capable of evaluating labor and performing a cesarean delivery should be readily available.

PATIENT SHOULD HAVE A GOOD UNDERSTANDING OF PROCEDURE:

1. Patient should sign a consent form for vaginal delivery following cesarean section.
2. Patient should understand that many factors including, but not limited to, position of baby, size of pelvis, and the force of the contractions, affect the success of attempting a vaginal delivery.
3. If patient would refuse blood products, trial of labor after cesarean is not recommended.
4. Patient should have a clear understanding of the risks and benefits:
    a. Patient should be counseled regarding the risk of uterine rupture and its implications for mother and fetus.
    b. Patient should know current data indicate maternal and perinatal mortality rates for vaginal births after cesareans are lower than those for repeat cesarean births.
    c. Patient should be told the benefits of VBAC include elimination of operative complications and shorter hospital stay.

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REQUIREMENTS:

1. Patient will have continuous internal fetal monitoring throughout active labor. (This includes fetal scalp electrode and intrauterine pressure catheter).
2. Patient will have a continuous intravenous line throughout active labor.
3. Strongly recommended that attending physician be on hospital premises throughout active labor, and anesthesiologist be within 30 minutes of the hospital.

GUIDELINES IN MANAGEMENT:

1. Upon admission:
   a. The patient should receive routine lab tests. Patient's blood should be typed and screened.
   b. The Anesthesiology Department and pediatrician should be notified upon patient's admission.
   c. The patient's assessment will include a fetal monitor strip and notification of attending physician.
2. Documentation of vital signs, FHT and contractions should be noted hourly on the nursing flow sheet until the patient is in active labor.
3. Once in active labor, nursing responsibilities include:
   a. Continuous fetal monitoring
   b. 1:1 nursing care
   c. Preparation for emergency Cesarean birth. Instruments needed to perform a hysterectomy should also be available.
   d. Complete newborn resuscitation equipment should be available.
   e. Vital signs, fetal heart, and quality/quantity of contractions will be documented every thirty minutes on nursing flow sheet.
   f. Vital signs, fetal heart will be documented every fifteen minutes during the second stage of labor.

CONSULTATION: Twenty-Four hour consultation is available by calling the Maternal Fetal Medicine service at the University of New Mexico Hospital, 1-888-866-7257.