

## **Trial of Labor After Cesarean (TOLAC)<sup>1</sup> OR Repeat Cesarean Birth Informational Sheet and Acknowledgement**

After a Cesarean birth, a woman may choose to have a planned repeat Cesarean birth or choose a TOLAC. The term TOLAC means the planned attempt to labor for a woman who has previously undergone a Cesarean birth and desires a subsequent vaginal birth. About 60% of women who attempt a TOLAC will successfully have a vaginal birth. The remainder will require an unplanned repeat Cesarean birth. There are risks that go along with every pregnancy and some specific to a decision to choose a TOLAC or a repeat Cesarean birth. We want you to understand the risks of your choices.

### **What are the risks of a TOLAC?**

In addition to the risks associated with a vaginal birth, such as injury to the bladder or rectum, severe bleeding, sterility and injury to the baby, the following specific risks are associated with a TOLAC.

- **Uterine Rupture:** A rupture or tear in the uterus (womb) occurs in about 5-10 out of every 1,000 women who attempt TOLAC (0.5% to 1.0%).
  - The risks of your uterus tearing during labor is increased with any of the following:
    - Labor that is induced (does not start on its own)
    - More than 1 previous Cesarean birth
    - Less than 18 months since your last Cesarean birth
    - Need for medicine (such as Pitocin) during labor to increase contractions
  - Risks to the baby if there is a uterine rupture:
    - Brain damage
    - Death

Not all tears in the uterus harm the baby. The exact frequency of **severe injury**, such as death or permanent brain damage, to the baby when the uterus tears is uncertain, but is about 0.05% to 0.1% (~1 out of 1000).

- Risks to the mother if there is a uterine rupture:
  - Blood loss that may need transfusion
  - Damage to the uterus that may need hysterectomy (removal of the uterus)
  - Damage to internal organs such as bowel or bladder
  - Infection
  - Blood clots
  - Death
- **Unplanned Cesarean Birth:** If a TOLAC fails (i.e., the labor does not progress to a vaginal birth), then a Cesarean birth must be done to deliver the baby. This occurs about 40% of the time (4 out of 10 TOLACs). This type of Cesarean birth carries a higher risk of complications than a planned Cesarean birth, including higher chances of

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<sup>1</sup> Previously Vaginal Birth After Cesarean (VBAC)

infection, severe bleeding, need for a transfusion, blood clots, injury to other pelvic organs, and a potential hysterectomy.

## What are the risks of a planned Cesarean birth?

- Blood loss that may require a transfusion of blood products
- Infection
- Scarring inside the abdomen can lead to complications in future surgeries.
- Injury to bowel or bladder
- Injury to ureter (tube between kidney and bladder)
- Problems with anesthesia
- Blood clots
- Uterine disease or injury requiring hysterectomy (Removal of uterus)
- Risk in future pregnancies of problems with the placenta which may require hysterectomy
- Sterility (inability to get pregnant)
- Brain damage, injury or death occurring to the fetus before or during labor and/or Cesarean birth whether the cause is known
- Maternal Death

## Patient Acknowledgment

I understand that the purpose of this document is to inform me about my options for the delivery of my baby and the risks and requirements associated with those options. By initialing on the lines and signing below, I acknowledge that my doctor and I have discussed those risks and requirements.

\_\_\_\_\_ 1. I understand that my physician will determine if I am a candidate for a TOLAC.

\_\_\_\_\_ 2. I understand that I will not be a candidate for a TOLAC if:

- I have had more than one (1) prior Cesarean birth
- I have had a previous classical (vertical) uterine incision
- I am currently pregnant with multiple babies
- At the time of the TOLAC, my baby is in a breech position

\_\_\_\_\_ 3. I understand and agree to the labor and delivery requirements for a TOLAC, which include but are not limited to:

- Continuous monitoring during labor
- Placement of saline lock (IV)
- Potential placement of intrauterine pressure catheter (IUPC)
- Potential placement of fetal scalp electrode (FSE)

\_\_\_\_\_ 4. I understand that my doctor works in a call pool and that the doctor on-call may need to change my plan of care for the safety of me or my baby.

\_\_\_\_ 5. I understand that during my TOLAC the use of oxytocin (Pitocin), a hormone to make my uterus contract, may be necessary to assist me in my vaginal delivery. I understand that the use of oxytocin to augment labor can increase the risk of uterine rupture up to at least 2%.

\_\_\_\_ 6. If my uterus ruptures during my TOLAC, I understand there may not be sufficient time to operate, which could result in permanent brain injury to, or death of, my baby and/or me.

\_\_\_\_ 7. I understand the exact frequency of severe harm to my baby when the uterus ruptures is uncertain.

\_\_\_\_ 8. I understand that if there is failure to have appropriate cervical change in labor (a failed TOLAC), I will need to undergo an unplanned repeat Cesarean birth.

\_\_\_\_ 9. I understand that in the event of a failed TOLAC resulting in an unplanned repeat Cesarean birth, there is a greater risk of complications than if an elective Cesarean birth had been chosen, such as a higher chance of infection, severe bleeding, need for a transfusion, blood clots, injury to other pelvic organs, and a potential hysterectomy.

\_\_\_\_ 10. I understand that there are risks if I deliver vaginally, including but not limited to, development, at some time in the future, of prolapse, urinary incontinence (loss of urine involuntarily), or bowel incontinence (loss of stool involuntarily).

\_\_\_\_ 11. Both options of a TOLAC and planned repeat Cesarean birth have been fully discussed with me and I have had my questions answered.

\_\_\_\_ 12. I understand that even after I have made a decision, I can change my mind at any time.

**After my discussion with my physician and based on the above, my decision is:**

\_\_\_\_ I want to attempt a Trial of Labor After Cesarean, TOLAC (assuming my physician has determined I am a candidate).

\_\_\_\_ I want to have a planned repeat Cesarean birth.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date