If you had a past Cesarean Section (C-section) birth, this information will help you make the best birth choice for you, your baby, and your family.

**What is a Trial of Labor after C-section (TOLAC)?**
TOLAC means trying to have a vaginal birth after a past C-section. A C-section birth is when the baby is delivered by making a cut (incision) into your belly (abdomen) through to your uterus (womb). For many pregnant women with two or less past C-sections, trying labor for a vaginal birth is a choice.

**Can all women with a past C-section birth try labor?**
Some women should not try labor:
- If the C-section scar is in the top part of the uterus, where labor contractions happen, the chance of the uterus tearing (called uterine rupture) is between four to nine times out of 100 times (4-9 percent). The type of scar you have in your skin may not be the same type of scar you have in your uterus. Your OB Provider will look at the records of your past birth to find the place of your uterus scar.
- If you had more than two C-section births, or other uterus operations there is a higher chance of the uterus tearing during labor.
- If your baby’s head is not down when labor starts.
- If your pelvis is not large enough for the baby's size.
- If you or your baby has a medical problem that is not safe for trying labor.

Your OB Provider will talk to you about these risks.

**What is the chance that trying labor will end up in a vaginal birth?**
Between six to eight out of 10 women (60-80 percent) who try labor will have a successful vaginal birth.

There is no perfect way to know who will have a vaginal birth. Studies have shown that women have a higher chance of a vaginal birth if you or your:
- Labor happens without medicine
- Have had a past vaginal birth
- Pregnancy length is less than 40 weeks
- Cervix is thin and open before labor starts or water breaks
- Past baby weighed less than eight pounds, 13 ounces
- Weight was normal before pregnancy and weight gain during pregnancy is normal

**What are the mother's benefits of vaginal birth over a planned C-section birth?**
- Faster time to heal after birth
- Shorter hospital stay
- Avoids a major operation
- Less complications from an operation
- Quicker return to normal activities
- More chance of a vaginal birth in later pregnancies
- Less risk of death
- Less risk of problems than a woman with more than two C-section births. The risks are bleeding, anesthesia problems, infection, and problems with the placenta (afterbirth). Afterbirth problems may cause more bleeding, and a higher chance of hysterectomy (operation to take out the uterus).
What are the baby's benefits of vaginal birth over a planned C-section birth?

Less risk of:
• Breathing problems
• Jaundice
• Harm from the C-section birth

What are the mother's risks?
• The most serious risk is a tear or opening in the uterus.
• Studies show that tears can happen in one out of 100 women (1 percent) who have a scar in the lower part of the uterus.
• Risks to the mother if there is a tear in the uterus:
  o Blood loss that may need transfusion
  o Harm to the bladder/bowel
  o Infection
  o Harm to the uterus that may need hysterectomy (taking out the uterus)

What are the baby's risks?
• The risks to the baby that could happen if the uterus tears are brain damage and death. Not all tears in the uterus harm the baby. If the uterus tears, then less than 1 out of 100 babies (less than 1 percent) will suffer brain damage or death.
• Fifty babies out of 100,000 births have a risk of death in a planned C-section. One hundred and thirty babies out of 100,000 births have a risk of death during a TOLAC. This number of baby deaths is the same as for a first time pregnant woman in labor.

What causes a higher risk of your uterus tearing during labor?
• Labor that is started with medicine
• More than one C-section birth
• Less than two years since your last birth
• Need for medicine during labor to increase contractions

### Chance of Complications in 100,000 women trying vaginal birth after C-section compared with a planned C-section birth.

<table>
<thead>
<tr>
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<th>Trying TOLAC</th>
<th>Planned C-section</th>
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<tbody>
<tr>
<td>Death</td>
<td>4</td>
<td>13</td>
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<tr>
<td>Uterus Tearing</td>
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<td>Hysterectomy</td>
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<td>Blood Transfusion</td>
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<td>1200</td>
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<tr>
<td>Blood Clot in Veins</td>
<td>40</td>
<td>100</td>
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How can I help to lessen the risks to my baby and me?
• Keep all of your OB appointments.
• Having labor start without medicines lessens the risk of a tear in the uterus. Your OB Provider will talk to you about this, taking into account your own situation.
• Having at least 18 months or more from the date of your last birth helps to make sure the uterus is stronger during this pregnancy.

What are the risks of a planned C-section birth, if that is my choice?

Doctors perform this procedure when they think it’s safer than vaginal delivery for a mother or baby or both. The risks to the baby and you are:
• More blood loss
• More scars developing on the uterus
• Infection
• Scarring inside the belly
• Injury to organs inside the body
• Problems with anesthesia
• Blood clot in a deep vein
• Risk in later pregnancies with afterbirth problems
• Death, which is very rare
How do women make a choice about trying to have a vaginal birth after a past C-section?

- Having a vaginal birth is very important to some women. For many women, the benefits of trying a vaginal birth are more than the risks.
- Think about whether you want more children, have a medical problem that makes vaginal birth risky, and if the hospital where you plan to deliver offers this option.

If I choose to try labor, what can I expect during my pregnancy care and at the hospital?

- You will be asked to sign a consent form showing that you have talked to your OB Provider and you understand the risks and benefits of your choice.
- Your OB Provider will talk with you about when to call or come in for labor.
- You may meet with an anesthesiologist before your labor.
- The baby’s heart rate and your contractions will be watched by a fetal monitor during your whole labor.
- You will have an IV so that fluids and medicines may be given to you if needed.
- Blood tests will be done.
- You will have choices for pain medicine.
- A doctor able to do an emergency C-section birth will be at the hospital during your labor.

What if I change my mind?

If at any time you have questions or want to change your mind, talk with your OB Provider or nurse. If you are close to giving birth, having a C-section birth may not be possible.

Be prepared to change your birth plan. If you choose TOLAC, some things can happen to increase your risks. If you choose a planned C-section, you may go into labor before your planned C-section date. If you are far along in your labor it may be best to think about TOLAC.

Am I comfortable with making the decision?

Each woman’s birth choice is personal. Your OB Provider will talk to you about your chances of having a vaginal birth, and the risks of a planned TOLAC and planned C-section birth. The goal is a healthy mother and baby.

References


National Institutes of Health (2010) Vaginal Birth after Cesarean Consensus Statement

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