

TRIAL OF LABOR AFTER CESAREAN DELIVERY (TOLAC) AGREEMENT

As discussed during your prenatal visits, you are a candidate for a trial of labor after previous cesarean delivery (TOLAC) in this pregnancy. In general, the success rate of vaginal birth after cesarean (VBAC) is between 60% - 80%. There are no reliable measures to determine which women will be successful. Multiple studies have shown the risk of both mother and infant to be minimal. The following is a description of the risks and benefits of a TOLAC compared to repeat cesarean delivery.

The benefits of a successful VBAC include:

- prevention of a major surgical procedure
- more rapid recovery
- shortened hospital stay
- reduced chance of excessive blood loss
- reduced risk of requiring hysterectomy following delivery

The risk of a TOLAC includes:

- 0.5 to 0.7% chance of uterine rupture
- this risk is similar to other obstetric emergency complications in laboring women including placental abruption, cord prolapse, or unexplained severe fetal heart rate decelerations

Uterine rupture is the complete separation of the uterine muscle that can cause:

- hemorrhage with need for transfusion
- decreased blood flow to the infant resulting in compromise or infant death
- need for hysterectomy if the ruptured uterus is not repairable

A repeat cesarean delivery decreased the risk of uterine rupture.

The risk of repeat cesarean includes:

- exposure to a major surgical procedure
- increased risk for blood loss
- increased risk of infection
- operative or post-operative complications such as damage to surrounding organs
- prolonged hospital stay

These risks increase with every additional cesarean delivery that you have.

If you desire to have a TOLAC, the physicians and nurses caring for you will take precautions to minimize the potential risks to you and your baby. According to the recommendation of the American College of Obstetricians and Gynecologists, all patients with a previous cesarean and meet appropriate selection criteria should consider a trial of labor. However, this is only a recommendation and we will be supportive of your decision either way.

Patient Label

NAME: _____ DOB: _____

FIN: _____ MRN: _____

PERMANENT PART OF MEDICAL RECORD

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I have read or have had read to me the above information and understand it. I have had all of my questions answered. I understand that I may change my mind at any time about this procedure by informing my doctor or the hospital staff. After discussing the matter with my doctor, I want:

_____ to attempt a trial of labor after cesarean (TOLAC)

_____ a repeat cesarean delivery

Patient/Patient's Legal Surrogate Decision Maker Signature

Date / Time

Patient/Patient's Legal Surrogate Decision Maker Print Name

Date / Time

Relationship to Patient

Witness Signature

Date / Time

Witness Print Name

Physicians's Signature

Date / Time

Patient Label

NAME: _____ DOB: _____

FIN: _____ MRN: _____

PERMANENT PART OF MEDICAL RECORD