Community Hospital Policy*
Trial of Labor and Vaginal Birth after a Previous Cesarean Birth

1. Purpose

To provide standards for the selection and management of women attempting a trial of labor following a previous cesarean birth.

2. Definitions

- **Labor:** Regular uterine contractions that cause progressive cervical change.
- **Provider capable of performing a cesarean birth**: An obstetrician, surgeon, or family practitioner who is credentialed to perform a cesarean birth.
- **Admission:** Occurs when labor has been diagnosed, or when the decision is made to deliver the patient. Observation to determine if the patient is in labor is not considered admission.
- **Anesthesia Provider:** Refers to an Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) who is privileged by the hospital.
- **OR Team:** At a minimum the team will include one person competent to scrub for a cesarean birth and one person competent to circulate during a cesarean section, the surgeon, anesthesia provider and one person whose sole responsibility is to care for the baby immediately after birth.
- **TOLAC:** Trial of Labor After Cesarean
- **VBAC:** Vaginal Birth After Cesarean
- **ACOG:** American College of Obstetricians and Gynecologists
- **NRP:** Neonatal Resuscitation Program

3. Responsibilities

OB Provider, OB Registered Nurse, OB Clinical Manager, Anesthesia, Surgery Staff and Pediatrician.

4. Policy

A. (Name of hospital) _____ is a hospital that has optimal TOLAC resources. This hospital does not schedule patients for TOLAC.

B. Pregnant women, greater than 20 weeks, presenting to this hospital will be assessed for labor by a qualified medical provider per EMTALA.

See Emergency Medical Condition / Treatment / Transfer Policy (EMERGENCY MEDICAL TREATMENT and Management of ACTIVE LABOR ACT -EMTALA) #1372 and the Assessment and Obstetrical Outpatients by RNs in Labor and Delivery Units # 13671.

C. (Name of this hospital) _____will have a plan for emergency cesarean procedures.

D. Women in labor may present to (Name of this hospital)_____ _____that does not offer optimal TOLAC resources. If transfer to another hospital is considered, the patient will be evaluated to determine safety and must comply with federal and state law (See EMTALA policy #1372).

E. Patient Refusal of Indicated Cesarean Section

1. A patient who does not meet selection criteria for attempting a trial of labor after a previous cesarean section and refuses an appropriately indicated Cesarean Section is going against medical advice. Risks of proceeding against medical advice will be discussed with the patient and documented.

2. A patient who meets selection criteria but is at a Spectrum Health hospital that does not provide optimal TOLAC resources.

a. If the patient is in active labor and is not a candidate for transfer or the patient refuses to transfer the OB provider will determine the plan of care with consideration of the patient's preferences and current medical status.

b. If the laboring patient has had a previous cesarean section and refuses a repeat cesarean section the patient will be informed of the risks of a trial of labor after a cesarean, risks of repeat cesarean and risks unique to trial of labor in community hospitals.

c. If the patient chooses TOLAC she must review and sign the "Trial of Labor after a Cesarean" form (X19668).

F. "Respect for patient autonomy supports that patients should be allowed to accept increased levels of risk, however, patients should be clearly informed of such potential increase in risk and management alternatives. After counseling, the ultimate decision to undergo TOLAC or a repeat cesarean delivery should be made by the patient in consultation with her health care provider." ACOG, 2010

G. Procedures outlined below, "Labor Management" will be followed for the safety of all women undergoing a TOLAC.

H. Hospitals not offering scheduled TOLAC services should meet the following standards.

1. The process for gathering staff needed for an emergency delivery is well defined.

2. Established referral and counseling practices so that women desiring TOLAC may be referred to an appropriate hospital based upon their risk status.

5. Procedures

A. Prenatal Management:

1. Records of prior births will be reviewed by the provider if available, including type of cesarean birth.

2. Appropriate patient education will be provided to the patient including:

a. Opportunity for patient and significant other/support person to have questions answered.

b. Risks and benefits of both TOLAC and elective repeat cesarean delivery; individual characteristics that affect the chance of complications associated with TOLAC and VBAC should be discussed

c. Provider will explain the Birth Options after Cesarean Delivery (X03631) form to the patient.

d. Provider will document in the medical record that informed consent has been obtained and patient questions have been answered

e. If the Spectrum Health hospital does not provide optimal TOLAC services there will be referral and counseling practices established so a woman desiring TOLAC may be referred to a facility that provides those services.

f. Patients with a previous uterine scar will be informed regarding signs and symptoms of uterine rupture, signs of labor and when to go to the closest hospital for care.

3. If the primary OB provider cannot perform a cesarean birth, the physician will make plans to request a consultation at the time of admission with a provider who privileged and willing to perform a cesarean birth if necessary.

4. Candidates for a planned TOLAC include the following:

a. Two or fewer previous cesarean deliveries

b. Low transverse or low vertical scar. If the type of incision is unknown the patient may be a candidate for TOLAC unless there is a high clinical suspicion of a previous classical uterine incision

c. No history of prior uterine rupture or other uterine surgery such as hysterotomy or myomectomy entering the uterine cavity

d. Single or twin pregnancy. If twins, patient must be an otherwise appropriate candidate for twin vaginal delivery

B. Labor Management:

1. Review with the patient the risks/benefits of proceeding with the TOLAC on admission.

2. Determine if the patient's risk level has changed, or patient choice has changed. This review will be documented in the medical record.

3. The provider will complete and/or update the history and physical

4. The provider will complete admission orders to include:

a. CBC and Type and Screen

b. All patients attempting TOLAC will have continuous electronic fetal monitoring per the Fetal Assessment Policy # 11179.

c. Large bore IV (18 gauge or larger) will be started and maintained throughout labor and delivery

d. If the primary obstetric provider is not credentialed to perform a cesarean birth, notify the consulted cesarean birth provider of the TOLAC patient admission. A physician who is credentialed to do a cesarean birth must be immediately available on campus.

e. Notify the anesthesia provider of TOLAC patient admission. The anesthesia provider must be on campus during trial of labor.

f. Notify the surgical team of admission and confirm a plan is in place for emergency cesarean birth. A surgical team including circulating nurse and scrub nurse or tech must be on call during the time of patient's admission.

g. Notify pediatric/neonatal providers of TOLAC patient admission

1. Notify neonatal resuscitation team of TOLAC patient admission

2. An infant resuscitation team comprised of NRP certified members with a designated team leader must be on call and available at bedside upon notification by the labor and delivery unit.

h. Medications:

1. Use of oxytocin will be at the discretion of the physician and according to Administration of Oxytocin for Induction and Augmentation of Labor (Policy # 14168).

2. Prostaglandin agents (i.e. misoprostol) are not to be used in patients attempting TOLAC. Use may be considered in the case of fetal demise and for uterine atony after birth.

3. Epidural analgesia may be used as part of TOLAC

5. Signs of Uterine Rupture may include:

a. Fetal heart rate abnormality such as bradycardia

b. Increased or decreased uterine contractions

c. Vaginal bleeding

d. Loss of fetal station

e. New onset intense uterine pain

f. Unstable maternal vital signs

g. Signs of internal bleeding or shock

h. Acute abdomen with peritoneal signs/guarding/shoulder pain

6. Revisions

(Name of hospital) _____ reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

7. References

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8. Policy Development and Approval

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9. Keywords

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