

Maine Medical

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Women's Health

A department of Maine Medical Center

Vaginal Birth after Cesarean (VBAC) Guideline

For those who are eligible, successful vaginal birth after cesarean (VBAC) is associated with lower rates of hemorrhage, thromboembolism, and infection, and a shorter recovery period compared to repeat cesarean delivery. Moreover, successful VBAC decreases the risk of maternal consequences from multiple cesarean deliveries.

All patients considering VBAC must be counseled on the risks, benefits, chance of success², and alternatives of a trial of labor after cesarean delivery (TOLAC).

Contraindications to TOLAC:

- More than two previous low-transverse cesarean deliveries
- History of unknown uterine scar type with clinical suspicion for classical incision
- Previous classical or T-shaped uterine incision
- Prior uterine rupture
- History of extensive transfundal uterine surgery
- Vaginal delivery is otherwise contraindicated, based on other obstetric factors

Patients with a prior cesarean that report contractions should be sent to the hospital immediately for evaluation. If contractions are noted, do not send the patient home.

Providers must obtain informed consent from all patients who opt for TOLAC, using Maine Medical Center's *Consent for Vaginal Birth After Cesarean Section* form. Patients must be under the care of an attending OB physician, who must be **immediately available** to perform an emergency cesarean, if this becomes necessary.

Requirements for TOLAC patients in labor or undergoing induction of labor:

- All patients must have an Anesthesia consult on admission.
- All patients must have an active type & screen and appropriate IV access.
- Continuous fetal monitoring is mandatory. Consider fetal scalp electrode, if necessary.
- Prostaglandins (i.e., misoprostol/Cytotec, dinoprostone/Cervidil) cannot be used for cervical ripening during induction of labor.
- Use of a Foley balloon may be considered for mechanical cervical ripening.
- Use of oxytocin may be considered for induction/augmentation of labor.
- Epidural anesthesia may be considered for pain relief during labor.

References:

1. Vaginal Birth After Cesarean Delivery, American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin 205, February 2019.
2. MFMU Network VBAC Calculator, available at:
<https://mfmunetwork.bsc.gwu.edu/PublicBSC/MFMU/VGBirthCalc/vagbirth.html>