VAGINAL BIRTH AFTER CESAREAN (VBAC)

I. Prenatal management
   A. Add “previous C-section” to OB problem list in EPIC
   B. Clarify details with patient (reason for C-section, uterine scar, baby’s size)
   C. Request operative report if able
   D. Discuss risks and benefits of Trial of Labor After Cesarean (TOLAC) three times (each trimester) during pregnancy and document in Epic using “.FMOBVAC”. Inform patient about need for IV, FSE (if necessary – not tracing baby well), IUPC (a must when patient is on Pitocin and contracting every 5 minutes) and OB/GYN standby (Not a consult. They just need to be aware). No need for IUPC if patient laboring well and not on Pitocin.
   E. OK for TOLAC at HCMC if:
      1. Two low transverse C-section OR unknown scar (assume LTCS). Note: a vertical abdominal scar does not always mean a vertical uterine scar)
      2. Clinically adequate pelvis
         (short stature + big baby = red flag)
      3. No history of uterine rupture
      4. Patient’s choice
      5. OB/GYN aware of patient in L&D.
   E. CONTRAINDICATIONS TO TOLAC
      1. Previous classical or vertical or T-shaped uterine scar
      2. Contracted pelvis
      3. Medical or OB complications that preclude vaginal delivery

4. Patient chooses repeat C-section
5. Three or more previous Cesarean sections.
6. If unsure, consult FM OB High Risk team for opinion

F. BENEFITS:
   1. Successful 60-80%
   2. More likely to be successful if patient has already delivered vaginally after a Cesarean section
   3. Less morbidity, shorter hospital stay
   4. Less risk of needing transfusions, reduced postpartum infection

G. CONSENTING FOR TOLAC: Make patient aware of the following:
   1. risk of rupture in labor is 1/100
      a. Rare hysterectomy (uncontrolled bleeding)
      b. Rare poor fetal outcome (secondary to rupture)
   2. IVF, FSE (if necessary due to poor tracing), IUPC (if on Pitocin), and indications for emergent Cesarean section.
   3. There is a slightly increase risk of rupture if previous C-section is less than 18 months.

H. ELECTIVE REPEAT CESAREAN SECTION
   1. Schedule HCMC OB-GYN clinic appointment at 36 weeks for preop H&P, preop teaching and schedule date of surgery
   2. Remaining prenatal care at Whittier Clinic
   3. If patient goes into labor before scheduled date, FMS team to contact OB-GYN when patient arrives in L&D to inform them that patient wants a C-section
   4. OB-GYN responsible for preop H&P and consent

5. OB/GYN follows all C-section patients in hospital. FMS follows the babies.

2. INTRAPARTUM MANAGEMENT:

A. See HCMC policy

B. No external cephalic versions

C. NO CYTOTEC OR CERVIDIL (increase risk of rupture)

D. Pitocin (low dosing) use is okay (All VBACs on Pitocin need IUPC when contracting every 5 minutes)

E. Continuous fetal heart rate monitoring

F. IV, FSE (if necessary), IUPC and OB-GYN made aware

G. If higher risk of rupture (twins, macrosomia) cross match for 2 units of blood, ready for transfusion

H. If patient changes her mind and decides on repeat C-section, notify OB/GYN ASAP.

I. Epidural anesthesia does not mask signs and symptoms of uterine rupture

3. SIGNS AND SYMPTOMS OF UTERINE RUPTURE

A. High index of suspicion

B. Sudden fetal bradycardia/distress, prolonged decels

C. Pain.

D. Loss of presenting part

E. Vaginal bleeding

F. Maternal tachycardia with hypotension

PROCEED TO EMERGENT C-SECTION (WITHIN 17 MINUTES)

4. COMPLICATIONS OF UTERINE RUPTURE

A. Blood loss (transfusion required)

B. Hysterectomy to control maternal hemorrhage

C. Maternal death

D. Fetal morbidity/mortality