# TRIAL OF LABOUR AFTER C-SECTION



A successful trial of labour after Caesarean delivery (TOLAC) can result in a successful vaginal birth after Caesarean delivery (VBAC).

## **─** WHAT IS TOLAC?

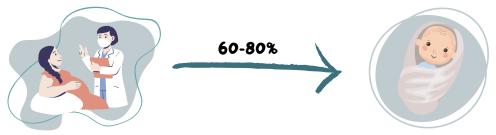
A trial of labour after Caesarean delivery, also known as **TOLAC**, is when labour is attempted by a pregnant person who has previously had a C-section.

# WHAT IS A VBAC? =

A vaginal birth after Caesarean delivery, also known as **VBAC**, is when the trial of labour is successful, thus leading to a vaginal delivery.

# — WHAT ARE THE CHANCES IT IS SUCCESSFUL? —

There is strong evidence to support that most patients that attempt a TOLAC will end up having a VBAC. However, this is based on several factors, and must be discussed with your obstetrician. Generally, **for patients that are good candidates**, a TOLAC is successful approximately three-quarters of the time.



# ── WHAT WOULD MAKE ME A GOOD CANDIDATE? ■

Good question! Here are some factors that you may make you a good candidate for a TOLAC.



Your current pregnancy has been relatively uncomplicated



You have had only one previous Caesarean section



Delivery of this baby is 18 months or longer from your Caesarean section



You are planning to give birth at a centre that has appropriate resources

NOTE: These are general examples, but specifics must be discussed with your health care provider, as there are exceptions.





# **—** ARE THERE REASONS I SHOULDN'T TOLAC?

**Definitely.** There are circumstances under which TOLAC is **not safe**, given the risk it would have for you and your baby.

Some of these reasons include:



Previous uterine reconstruction (e.g., fibroid removal through an abdominal incision or laparoscopic approach)

Previous vertical or inverted

T uterine incision

History of previous uterine rupture



If you are unsure if any of these circumstances apply to you, please speak with your health care provider as they will be able to further help and guide you.

# — WHAT ARE THE RISKS OF TOLAC? —

The risks associated with TOLAC include the risk of any labour, such as infection, shoulder dystocia, and abnormal presentation of the fetus.

The most serious risk we are concerned about is the **risk of uterine rupture**. Uterine rupture happens in **0.47% of TOLAC attempts**. Therefore, delivery in the hospital setting with continuous monitoring if your baby's heart rate is essential. Uterine rupture is an obstetrical emergency that requires emergent delivery of your baby. Usually, this means a Caesarean section.

It is extremely important to discuss whether you are a good TOLAC candidate with your health care provider.

# ARE THERE BENEFITS TO VBAC? =

**Absolutely.** If TOLAC successfully becomes a VBAC, there are several benefits, when compared to patients who have an elective repeat Caesarean section. These benefits include:



Less blood loss



Lower rates of infection



Shorter recovery period

### References

Miazga E, Shore EM. Trial of labour after caesarean delivery. CMAJ. 2022;194(1):E13.

Dy J, DeMeester S, Lipworth H et al. Guideline No. 382-Trial of Labour After Caesarean. J Obstet Gynaecol Can. 2019;41(7):992-1011.

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