

# Trial of Labour after Caesarean Section

## What you need to know

When you have had a previous caesarean section you generally have two choices on how to deliver in your next pregnancy:

- **Trial of Labour after Caesarean Section (TOLAC):** an attempt at a vaginal delivery. Most women will be successful and have a vaginal birth after caesarean (VBAC).
- **Elective Repeat Caesarean Section (ERCS):** a planned repeat caesarean section (CS).

### Are you a candidate for a TOLAC?

Most people who have had one previous CS can attempt a vaginal birth in their next pregnancy. You may **not** be a candidate if you have had:

- Multiple CS
- Previous classical CS (a longitudinal midline incision) or uterine rupture
- Pregnancy complications requiring a CS such as placenta previa or need for an urgent delivery
- A CS less than 12 to 18 months ago

Increased chance of successful VBAC if...	Decreased chance of successful VBAC if...
<ul style="list-style-type: none"><li>• You have previously given birth vaginally</li><li>• The reason for your previous CS is not a factor in this pregnancy (i.e. breech presentation, placenta previa)</li><li>• Your labour begins on its own (spontaneous)</li><li>• You are less than 40 years old with an uncomplicated pregnancy</li></ul>	<ul style="list-style-type: none"><li>• You go past your due date</li><li>• You are significantly overweight (Body Mass Index &gt; 40)</li><li>• You need to have your labour induced</li><li>• Your baby is estimated to weigh more than 4,000g (8lbs 13 ounces)</li></ul>

### Reasons you may want to choose a TOLAC:

- Shorter hospital stay, generally a quicker recovery, no activity restrictions (i.e. heavy lifting)
- Desire to experience giving birth vaginally



- Avoidance of major abdominal surgery and the risks associated with ERCS (i.e. increased blood loss, infection, future surgical complications)
- Greater chance of an uncomplicated birth in future pregnancies, as the risks of CS increase with each surgery
- Earlier start to breastfeeding and better success with breastfeeding at three to six months
- Lower risk of breathing problems in your baby immediately after birth

**Reasons you may want to choose an ERCS:**

- Ability to plan the date and time of the birth and knowing what to expect based on past experience
- Avoidance of labour and risks associated with TOLAC including risk of uterine rupture (0.5% with a TOLAC and 0.03% with ERCS)

**Risk factors to consider:**

Risks associated with a TOLAC:	Risks associated with a ERCS:
<ul style="list-style-type: none"> <li>• <b>Most common risk</b> is requiring a CS during labour which has an increased risk of blood loss, surgical complications, and infection compared to an ERCS</li> <li>• <b>Most serious risk</b> is the scar on your uterus opening during labour (uterine rupture) which happens to 1 in 200 people who attempt a TOLAC (<i>99.5% chance this will <b>not</b> happen</i>), less if you have had a previous vaginal delivery</li> <li>• <b>Uterine rupture</b> can result in serious but extremely <b>rare</b> problems for <i>your baby</i> including death or brain injury (2-3 in 10,000 babies) or for you including increased bleeding or removal of your uterus (hysterectomy)</li> </ul>	<ul style="list-style-type: none"> <li>• Infection, bleeding, blood transfusion, and surgical injury to bowel, bladder, ureters</li> <li>• Increased risk of blood clots in lungs or legs around time of delivery</li> <li>• May require a CS for all future pregnancies               <ul style="list-style-type: none"> <li>○ Each future CS carries increased surgical and pregnancy risks. The largest is the risk of an abnormal placenta in future pregnancies which may cause severe bleeding and require a removal of your uterus (hysterectomy) at your delivery</li> </ul> </li> <li>• Death to the pregnant person is higher with a ERCS than a TOLAC but overall extremely low (0.013% with ERCS and 0.004% with TOLAC)</li> </ul>

### If you are planning a TOLAC:

Go to the Assessment Room in Labour & Delivery (2SE) if you are in labour or think your water has broken. When you are in active labour you will require continuous monitoring of your baby's heart rate and regular cervical exams to ensure your labour is progressing safely. An epidural is encouraged in case a CS is required urgently. Oxytocin (a medicine to help give you contractions) can be safely used.

### Can I have my labour induced if I had a previous CS?

Yes, although there is a small increase in the risk of the scar on your uterus opening (uterine rupture) during labour with an induction. The increased risk depends on the type of induction used and ranges from no risk up to double the risk (1.1% risk of rupture). There are methods to safely induce labour when you have had a previous caesarean section. This includes using a foley catheter (balloon) to open the cervix in early labour, breaking the waters and/or using oxytocin to give you contractions. Some people choose to have an induction of labour if they do not go into labour on their own while others choose to have a repeat caesarean section if they will require an induction.

### If you are planning an ERCS:

You should discuss with your care provider what you want done if you go into labour before your scheduled ERCS. Going into spontaneous labour increases your chances of having a successful vaginal birth and many people who planned a CS will try a TOLAC if they go into spontaneous labour.

### Key Points about choosing between TOLAC or ERCS:

- TOLAC and ERCS are **safe** options for future delivery after a CS as there is a very low risk of serious harm to you and your baby with either option
- Successful TOLAC (VBAC) has the least complications for you and your baby while an unsuccessful TOLAC has the most risk for complications
- TOLAC and ERCS are safe options for future delivery after a CS as there is a very low risk of serious harm to you and your baby with either option.

### Making a Decision:

- You may find it helpful to use the table below as you decide whether to plan a TOLAC or ERCS. Add checkmarks beside reasons you would choose a birth option based on what benefits and risks matter most to you. You can also add other reasons that are important to you.

Doesn't matter     Only a little.     Matters somewhat     Matters a lot

Reasons to Plan a Trial of Labour after Caesarean Section (Vaginal Birth)	How much does it matter to you?	Reasons to Plan an Elective Repeat Caesarean Section	How much does it matter to you?
You have a greater chance of having a vaginal birth	☐☐☐	You can know the date your baby will be born	☐☐☐
You have a greater chance of having an easier recovery and no heavy lifting restrictions	☐☐☐	You know what to expect from surgery	☐☐☐
You have a smaller chance of surgical complications	☐☐☐	You have a smaller chance of having a tear in the scar on your uterus (rupture)	☐☐☐
You have a greater chance of having uncomplicated future pregnancies/deliveries (fewer placenta problems)	☐☐☐	You avoid the risk of an emergency CS	☐☐☐
You have a greater chance of having your baby with you after the birth (less admission to the nursery or NICU)	☐☐☐	You can book your CS with your obstetrician	☐☐☐
	☐☐☐	You have completed your family and you have decided to tie your tubes	☐☐☐
	☐☐☐		☐☐☐

**Helpful resources:**

Watch our informational videos on YouTube, titled "Southern Ontario Obstetrical Network"



You can also scan the QR code with your mobile phone

\*iPhone users can open their camera and hover over the QR code →



## References

- BC Women's Hospital, Best Birth Clinic Patient Information Booklet: Vaginal birth after cesarean and planned repeat cesarean birth [www.powertopush.ca](http://www.powertopush.ca)
- Ontario Prenatal Education, Vaginal Birth after Caesarean Section <http://www.ontarioprenataleducation.ca/vbac/>
- RCOG, Birth options after previous caesarean section patient information <https://www.rcog.org.uk/en/patients/patient-leaflets/birth-after-previous-caesarean/>
- SOGC, [Guidelines for Vaginal Birth After Previous Caesarean Birth](#)
- Association of Ontario Midwives, Thinking about VBAC: Deciding what's right for me <https://www.ontariomidwives.ca/vbac>
- Guise J-M, Eden K, Emeis C, Denman MA, Marshall N, Fu R, Janik R, Nygren P, Walker M, McDonagh M. [Vaginal Birth After Cesarean: New Insights](#). Evidence Report/ Technology Assessment No.191. (Prepared by the Oregon Health & Science University Evidence-based Practice Center under Contract No. 290-2007-10057-I). AHRQ Publication No. 10-E001. Rockville, MD: Agency for Healthcare Research and Quality. March 2010