

VBAC/TOLAC Info Sheet

It is a common misconception that once you have had a cesarean, your subsequent births must also be by cesarean! If you have birthed a baby via cesarean section and are pregnant again part of your planning can include choosing between a repeat cesarean or a VBAC (vaginal birth after cesarean). Use the following information to help you make the best-informed decision for you and your birth!



What Is a VBAC/TOLAC?

What is a VBAC? A VBAC is a Vaginal Birth After a Cesarean Section. Labour can begin spontaneously or by induction**

What is a TOLAC? A TOLAC is a Trial Of Labour After a Cesarean. This is where labour is allowed to begin spontaneously and progress to a certain point before a repeat cesarean. Sometimes a repeat cesarean is planned with a TOLAC and other times a TOLAC end in a cesarean for various reasons (not all emergent).

Other terms you might hear include:

VBA2/3C: Vaginal Birth After 2 (or 3) Cesareans.

CBAC: Cesarean Birth After a Cesarean (or Repeat Cesarean)

What Are the Risks?

While relatively rare, the **risk of uterine rupture**, an opening of the scar tissue from the previous cesarean, during a VBAC is very real and should be considered.

The uterine rupture causes massive internal bleeding (hemorrhage) and this can result in a **hysterectomy for the parent and the death of the baby**.

The risk of uterine rupture increases with the number of cesarean births a person has had.

A vast majority of people who choose a VBAC **will NOT experience a uterine rupture**.

With a TOLAC the absolute risk is approximately **325 in 100,000 (1/3 of 1%)** and drops to 26 in 100,000 with a repeat cesarean being the plan.

Is It Safe? ACOG and a panel of experts put together by the National Institute of Health have agreed that attempting a VBAC is safe and appropriate for most birthing people. TOLAC or VBAC is generally better for the birthing person and carries more risk to the baby. In general, however, the benefits and risks even out with the benefits and risks of a repeat cesarean.

Improve Your Chances of having a VBAC

- Choose a VBAC-position healthcare provider. Check that they have a high VBAC attempt rate and success rate of 70% +
- Hire a Doula. Ideally, one who has either had a VBAC or TOLAC themselves or who has experiences supporting them.
- Take childbirth education class.
- If you have birth trauma from a previous cesarean, consider talking to a birth counselor, childbirth educator, or Doula about your feelings.
- Avoid induction with Pitocin as they increase the risk of uterine rupture.
- Use as many non-medical pain management techniques as possible and other interventions only if necessary.

International Cesarean Awareness Network (ICAN) is a great resource for information and support! www.ican-online.org

Uterine Rupture Influences:

- The number of prior cesareans. The risk is lowest for a person who has only had 1 cesarean prior.
- Infection after a prior cesarean increase the risk.
- Less than 18 months have passed since prior cesarean.
- **while not contraindicated, induction of labour increases the risk.*

The risk of uterine rupture is highest and VBAC is considered "too risky" if:

- A prior cesarean was done with a vertical incision, T or J shaped incision.
- There has been a rupture from a previous labour.
- Ultrasound has confirmed that the scar tissue is less than 2 and 1/2 millimeters thick.

Use B.R.A.I.N to weigh the benefits and relative risks of a VBAC or TOLAC under your specific circumstances.