Community Midwives of Halton

Birth Information for Clients with History of Caesarean Section - Consent Form

As a client with a history of Caesarean section (CS) you have the choice between planning a Trial of Labour after Caesarean Section (TOLAC) or an Elective Repeat Caesarean Section (ERCS). Clients choosing TOLAC are intending to achieve a Vaginal Birth After Caesarean Section (VBAC). This decision is very individual, and your midwife will provide you with information, risks and benefits, to help you make this decision. The intent of this form is to provide you with written information regarding TOLAC and ERCS. Please ask your midwife for additional information.

Current guidelines recommend that TOLAC is offered to people with a history of CS and that 60-80% of those choosing TOLAC will achieve a VBAC. Clients choosing TOLAC who achieve a VBAC have the lowest rate of complications for both themselves and their baby compared to ERCS or TOLAC leading to CS. Absolute risk of complications remains low for all options.

TOLAC

TOLAC benefits may include shorter recovery post birth, shorter hospital stay, reduced chance of your baby having breathing difficulties after birth, avoiding the risks of surgery, increased chance of vaginal birth for future pregnancies, decreased risk of placenta complications in future pregnancies, uninterrupted skin to skin with your baby after birth and fewer breast/chest feeding complications.

The risk associated with TOLAC is primarily the risk of uterine rupture. The baseline risk of uterine rupture after one (1) previous CS with at least an 18-month interval between births is approximately 0.47%. Uterine rupture is a serious complication that can result in significant blood loss, need for blood transfusion, and/or hysterectomy for the pregnant person and injury or, rarely, death for the baby. It is important to understand that ERCS will not prevent all cases of uterine rupture. Other complications of TOLAC include those associated with any vaginal birth including risk of perineal tearing and vacuum or forceps assisted birth.

Factors increasing your chance of achieving a VBAC include: a previous vaginal birth, going into labour on your own, non-recurring indication for CS (ex. your previous CS was because your baby was breech), and an uncomplicated pregnancy. Factors decreasing your chance of achieving VBAC include needing augmentation or induction of labour, a pregnancy that goes beyond 40 weeks gestation, previous CS for a labour that did not progress, or having complications in the current pregnancy.

Community standard and current guidelines recommend that clients planning TOLAC give birth in a hospital where continuous fetal heart rate monitoring and access to timely CS are available. Continuous fetal heart rate monitoring is considered the optimal way to monitor for signs of uterine rupture allowing quicker intervention and CS. Giving birth in a hospital does not guarantee a good outcome. For clients choosing to give birth at home you accept that your choice is outside of current standard and that continuous fetal heart rate monitoring is not available. Fetal heart rate is monitored intermittently at home which may delay the identification of uterine rupture. Distance to hospital may also delay access to timely CS.

ERCS

ERCS benefits may include planning/scheduling, avoiding complications associated with vaginal birth (perineal tearing, etc.), and avoiding an emergent CS.

Risks of ERCS include surgical risks for injury to bladder, bowel, etc. increased risk of infection, longer hospital stay, longer recovery, more difficult surgery due to scar tissue from previous CS, increased risk of placental complications (previa, abruption, accreta) in future pregnancies, needing an ERCS in future pregnancies, interrupted skin to skin time post birth, and increased chance of your baby having breathing problems after birth. Relative risk of maternal death is higher with ERCS vs TOLAC and VBAC. Surgical complications and risk for placental complications increases with each CS you have.

Other discussion points

Your midwife will discuss your history and preferences with you and identify any pertinent details to help with your decision making. These may include your plans for future number of pregnancies, history of CS with a scar other than transverse in the lower uterine segment, history of more than one CS, interval of less than 18 months between births, and contraindications to vaginal birth.

Your midwife will attempt to get a copy of your previous surgical report and may recommend a consultation with an Obstetrician depending on your individual circumstances and birth preferences. For clients choosing TOLAC your midwife will discuss options if you go past your due date or if labour does not start on its own.

We ask that you consider your options and let us know your preference for TOLAC or ERCS. You can change your mind at any time.

I have read, or have had read to me, the above information and I understand it. I have discussed my birth options with my midwife and I have received the information I need to make an informed decision.

- **I would like to plan for a trial of labour after Caesarean section (TOLAC) _____ (Initial)**
- **I would like to plan for an elective repeat Caesarean section (ERCS) _____ (Initial)**

Signature of client:
Date:

Signature of Midwife:
Date: