



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS

FAQ070

LABOR, DELIVERY, AND POSTPARTUM CARE

Vaginal Birth After Cesarean Delivery: Deciding on a Trial of Labor After Cesarean Delivery

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What is a vaginal birth after cesarean delivery (VBAC)?

If you have had a previous **cesarean delivery**, you have two choices about how to give birth again:

- You can have a scheduled cesarean delivery
- You can give birth vaginally. This is called a vaginal birth after cesarean delivery (VBAC).

What is a trial of labor after cesarean delivery (TOLAC)?

A trial of labor after cesarean delivery (TOLAC) is the attempt to have a vaginal birth after cesarean delivery.

What are the some of the benefits of a TOLAC?

Compared with a planned cesarean delivery, a successful TOLAC is associated with the following benefits:

- No abdominal surgery
- Shorter recovery period
- Lower risk of infection
- Less blood loss

If you want to have more children, VBAC may help you avoid problems linked to multiple cesarean deliveries. These problems include **hysterectomy**, bowel or bladder injury, and certain problems with the **placenta**.

What are the risks of a TOLAC?

With TOLAC, the risk of most concern is the possible rupture of the cesarean scar on the **uterus** or the uterus itself. Although a rupture of the uterus is rare, it is very serious and may harm both you and your baby. If you are at high risk of rupture of the uterus, TOLAC should not be tried.

Why is the type of uterine incision used in my previous cesarean delivery important?

Some types of uterine incisions are more likely to cause rupture of the uterus than others. Low transverse (side to side) incisions carry the least chance of rupture. Women who have had one or two previous cesarean deliveries with this type of

incision can try TOLAC. High vertical (up and down) incisions carry the most chance of rupture. Women who have this type of incision should not try TOLAC.

What other factors should be considered when deciding whether to have a TOLAC?

In deciding whether to have a TOLAC, you should consider several factors in addition to the type of incision. These factors include whether you want more children, whether you have certain complications, and the hospital where the birth will take place:

- Future deliveries—Multiple cesarean deliveries are associated with additional potential risks.
- Prior uterine rupture—If you had this complication in a previous pregnancy, TOLAC is not advised.
- A pregnancy problem or a medical condition that makes vaginal delivery risky
- Type of hospital—The hospital in which you have a TOLAC should be prepared to deal with emergencies that may arise.

Whatever I decide, are there things that can happen during pregnancy or labor that may change my delivery plan?

Be prepared for changes to your delivery plan. If you have chosen TOLAC, things can happen during pregnancy and labor that alter the balance of risks and benefits. For example, you may need to have your labor induced, which can reduce the chances of a successful vaginal delivery and perhaps increase the chance of complications during labor. In the event that circumstances change, you and your health care provider may want to reconsider your decision.

If you have chosen a repeat cesarean delivery, in some situations, TOLAC may be advised. For example, if you have planned a cesarean delivery but go into labor before your scheduled surgery, it may be best to consider TOLAC if you are far along in your labor and your baby is healthy.

Glossary

Cesarean Delivery: Delivery of a baby through incisions made in the mother's abdomen and uterus.

Hysterectomy: Removal of the uterus.

If you have further questions, contact your obstetrician–gynecologist.

FAQ070: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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