

Vaginal birth after Cesarean

Appropriate candidates

Hx 1-2 C-section via low transverse hysterotomy.

Inappropriate candidates

Previous classical or T-incision, prior uterine rupture, extensive transfundal uterine surgery (ex: myomectomy), and patient with any contraindication to vaginal delivery.

[Online NICHD VBAC success rate calculator](#)

Delivery Considerations

- Misoprostol should NOT be used for TOLAC induction given elevated risk of uterine rupture
- Continuous fetal monitoring should be employed
- Maintain high suspicion for signs/sx of uterine rupture, including new onset uterine pain, loss of fetal station, new fetal heart rate tracing abnormalities (most common), vaginal bleeding and maternal hemodynamic instability
- Staff (OB and anesthesia) must be immediately available for emergent c-section

Pocket Obstetrics and gynecology by K Joseph Hurt 2nd edition

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