



American Academy
of Family Physicians

Trial of Labor after Cesarean Section (TOLAC)

AAFP State Government Relations

The AAFP Board approved a new evidence based clinical practice guideline for ***Trial of labor after Cesarean Section (TOLAC)*** as AAFP Clinical Policy in March 2005 and published July 27, 2005 of the *Annals of Family Medicine*. This updated previous policy dated 1995.

Background

The AAFP convened a panel to systematically review the available evidence on trial of labor after cesarean delivery (TOLAC) using the Agency for Healthcare Research and Quality's Evidence Report on Vaginal Birth after Cesarean (VBAC) along with additional literature review. The panel developed a comprehensive, evidence-based guideline for Trial of Labor after Cesarean (TOLAC), formerly Trial of Labor Versus Elective Repeat Cesarean Section for the Woman with a Previous Cesarean Section. This evidence-based clinical practice guideline is for pregnant women and their families, maternity care professionals, facilities, and policy-makers who care about trial of labor and maternity care for a woman with one previous cesarean.

Issue

The issue concerns the use and application of the policy to support non-physician providers (NPP) – lay/licensed/certified midwives – to seek regulatory and/or legislative support from state health agency approval to deliver VBAC patients outside of a facility setting. The issue is further complicated by the relationship between the physician community and NPPs, perceptions of midwifery, access to maternal care, the professional liability environment and current statutes and regulations.

Considerations

AAFP constituent chapters should provide access and information on the TOLAC clinical practice guideline to their members as it has been adopted by the AAFP as Clinical Policy. Additionally, constituent chapters will need to become familiar with the terminology and intent of the document as further defined by AAFP Clinical Policy staff in regard to the issue.

Terms and Definitions of TOLAC:

The panel was composed of family physicians with experience in maternity care and evidence based practice guideline development. The policy team's objective was to provide an evidence-based clinical practice guideline for pregnant women with one previous cesarean and their families, for the maternity care professionals attending their labor and delivery, for the maternity care facilities where they will labor and deliver, and for policy-makers who care about trial of labor and maternity care for a woman. A maternity care facility is a birthing facility with a labor and delivery unit which has the capacity to provide appropriate monitoring and to effect a timely cesarean section, when needed. A maternity care professional is someone who has privileges to manage normal labor and delivery.

An executive summary of the guideline, including the practice recommendations, appears in the table below.

Executive Summary of AAFP Clinical Practice Guideline on Trial of Labor After Cesarean

The American Academy of Family Physicians Commission on Clinical Policies and Research convened a panel to systematically review the available evidence on trial of labor after cesarean (TOLAC) using the Agency for Healthcare Research and Quality *Evidence Report on Vaginal Birth After Cesarean (VBAC)*. The panel's objective was to provide an evidence-based clinical practice guideline for pregnant women and their families, maternity care professionals, facilities and policy-makers who care about trial of labor and maternity care for a woman with one previous cesarean. The recommendations are as follows:

Recommendation 1: Women with one previous cesarean delivery (CD) with a low transverse incision are candidates for and should be offered a trial of labor (TOL). **(Level A)**

Recommendation 2: Patients desiring TOLAC should be counseled that their chance for a successful vaginal birth after cesarean (VBAC) is influenced by the following: **(Level B)**

Positive Factors (increased likelihood of successful VBAC)
Maternal age <40 years
Prior vaginal delivery (particularly prior successful VBAC)
Favorable cervical factors
Presence of spontaneous labor
Nonrecurrent indication that was present for prior CD

Negative Factors (decreased likelihood of successful VBAC)
Increased number of prior CDs
Gestational age >40 weeks
Birthweight >4,000 g
Induction or augmentation of labor

Recommendation 3: Prostaglandins should not be used for cervical ripening or induction as their use is associated with higher rates of uterine rupture and decreased rates of successful vaginal delivery. **(Level B)**

Recommendation 4: TOLAC should not be restricted only to facilities with available surgical teams present throughout labor since there is no evidence that these additional resources result in improved outcomes. **(Level C)** At the same time, it is clinically appropriate that a management plan for uterine rupture and other potential emergencies requiring rapid cesarean section should be documented for each woman undergoing TOLAC. **(Level C)**

Recommendation 5: Maternity care professionals need to explore all the issues that may affect a woman's decision, including issues such as recovery time and safety. **(Level C)** No evidence-based recommendation can be made regarding the best way to present the risks and benefits of TOLAC to patients.

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Specific questions addressed during the VBAC evidence synthesis covered such issues as the frequency of successful vaginal delivery in women who undergo a trial of labor after prior low transverse cesarean; accuracy of risk-assessment tools in identifying patients likely to have a successful vaginal delivery after a TOL; and relative harms associated with a TOL versus repeat cesarean, including the incidence of uterine rupture.

AAFP Policy

The AAFP Policy on Trial of Labor after Cesarean Section (TOLAC) can be viewed at:

<http://www.aafp.org/x1597.xml>

The full TOLAC report can be viewed in PDF file at:

http://www.aafp.org/PreBuilt/clinicalrec_tolac.pdf