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DESCRIPTION

Many pregnant individuals with a prior caesarean face inconsistent, unclear, or biased information when considering a Trial of Labour After Caesarean (TOLAC). These gaps can lead to uninformed decisions, reduced autonomy, and inequitable care. Shared decision-making conversations often lack standardized protocols, accessible resources, interpreter support, and proper documentation. This disproportionately affects marginalized communities and can result in unnecessary repeat Caesareans or missed opportunities for safe vaginal birth. At Humber River Health (HRH), the clinical team collaborated to identify and address these gaps by developing a TOLAC bundle based on best practice guidelines. This initiative empowers patients to make informed choices between TOLAC and Elective Repeat Caesarean Section (ERCS), promoting equitable and patient-centered care.

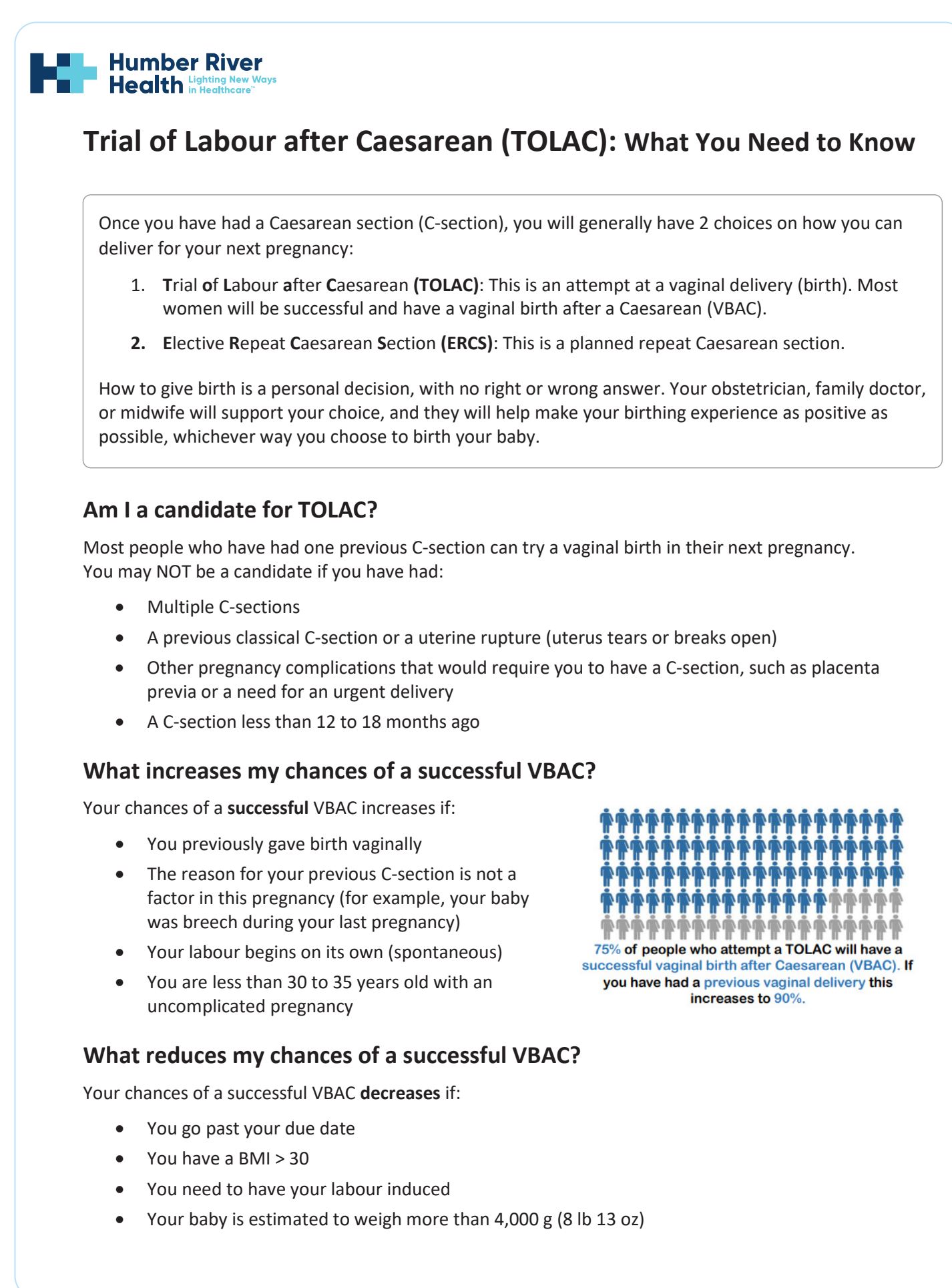
OBJECTIVE

To promote informed, equitable decision-making for patients considering TOLAC through standardizing clinical practices. All eligible patients will be offered TOLAC, supported by comprehensive, documented informed consent.

ACTIONS TAKEN

This initiative introduced standardized, evidence-based measures for TOLAC, including:

- Interdisciplinary rounds involving physicians, midwives, nursing staff, clerical staff and leadership
- Review of Healthcare Insurance Reciprocal of Canada (HIROC) risk assessment checklist to ensure compliance
- Development of a clinical pathway for TOLAC eligibility and management (Figure 2)
- Creation of a patient handout using clear, unbiased language to support informed choice and consent (Figure 3)
- Implementation of a digitized post-Caesarean letter for patients including the reason for current C-section procedure and potential for future vaginal birth
- Provision of interpreter resources to support shared decision-making conversations
- Patient referral to TOLAC Prenatal Classes through our Markham Prenatal Partnership



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Trial of Labour after Caesarean (TOLAC): What You Need to Know

Once you have had a Caesarean section (C-section), you will generally have 2 choices on how you can deliver for your next pregnancy:

1. Trial of Labour after Caesarean (TOLAC): This is an attempt at a vaginal delivery (birth). Most women will be successful and have a vaginal birth after a Caesarean (VBAC).
2. Elective Repeat Caesarean Section (ERCS): This is a planned repeat Caesarean section.

How to give birth is a personal decision, with no right or wrong answer. Your obstetrician, family doctor, or midwife will support your choice, and they will help make your birthing experience as positive as possible, whichever way you choose to birth your baby.

Am I a candidate for TOLAC?

Most people who have had one previous C-section can try a vaginal birth in their next pregnancy. You may NOT be a candidate if you have had:

- Multiple C-sections
- A previous classical C-section or a uterine rupture (uterus tears or breaks open)
- Other pregnancy complications that would require you to have a C-section, such as placenta previa or a need for an urgent delivery
- A C-section less than 12 to 18 months ago

What increases my chances of a successful VBAC?

Your chances of a successful VBAC increases if:

- You previously gave birth vaginally
- The reason for your previous C-section is not a factor in this pregnancy (for example, your baby was breech during your last pregnancy)
- Your labour begins on its own (spontaneous)
- You are less than 30 to 35 years old with an uncomplicated pregnancy

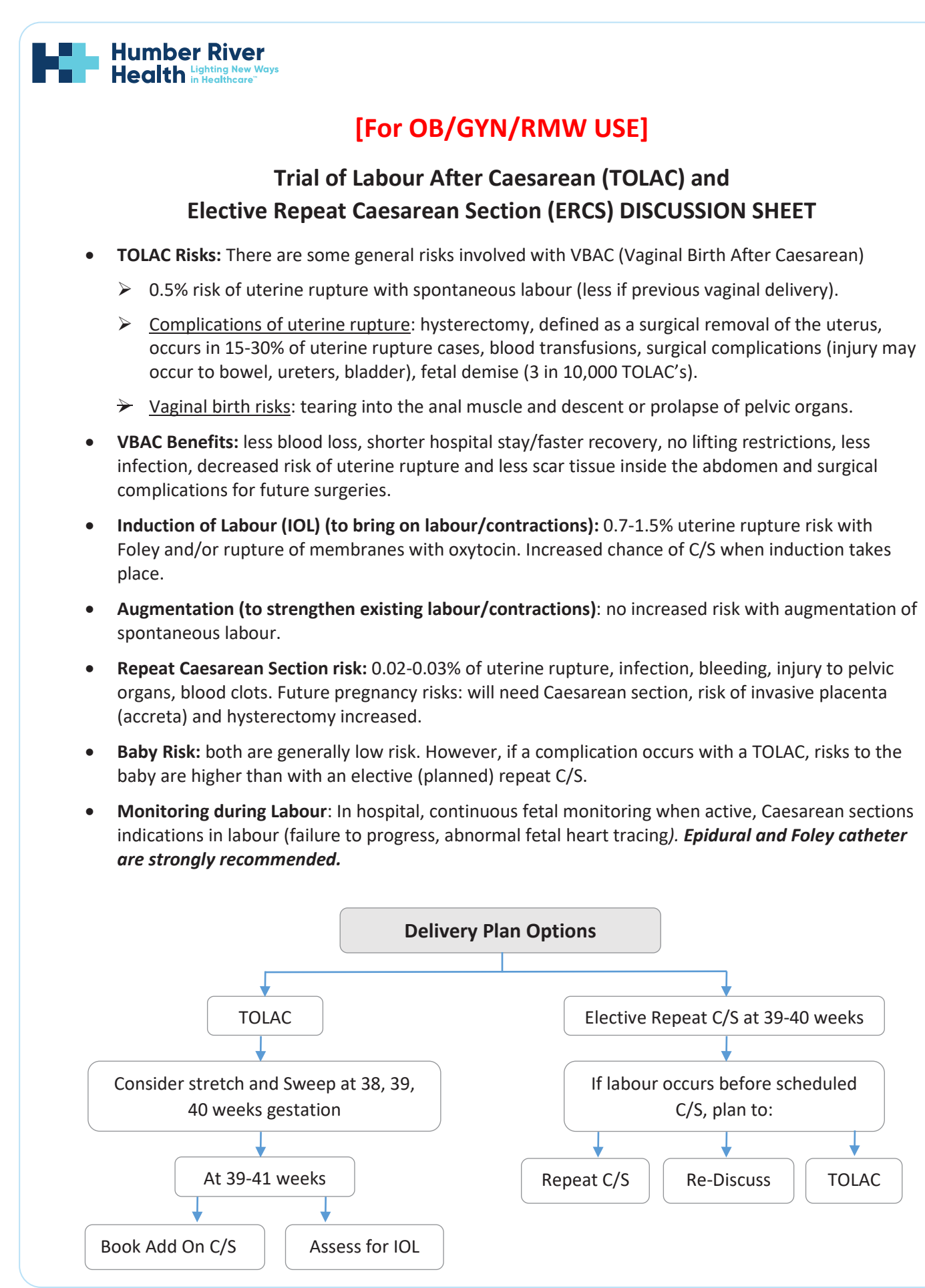
79% of people who attempt a TOLAC will have a successful vaginal birth after Caesarean (VBAC). If you have had a previous vaginal delivery this increases to 90%.

What reduces my chances of a successful VBAC?

Your chances of a successful VBAC decreases if:

- You go past your due date
- You have a BMI > 30
- You need to have your labour induced
- Your baby is estimated to weigh more than 4,000 g (8 lb 13 oz)

Figure 1. TOLAC bundle sheet for What You Need to Know Sheet for HRH Patients.



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[For OB/GYN/RMW USE]

Trial of Labour After Caesarean (TOLAC) and Elective Repeat Caesarean Section (ERCS) DISCUSSION SHEET

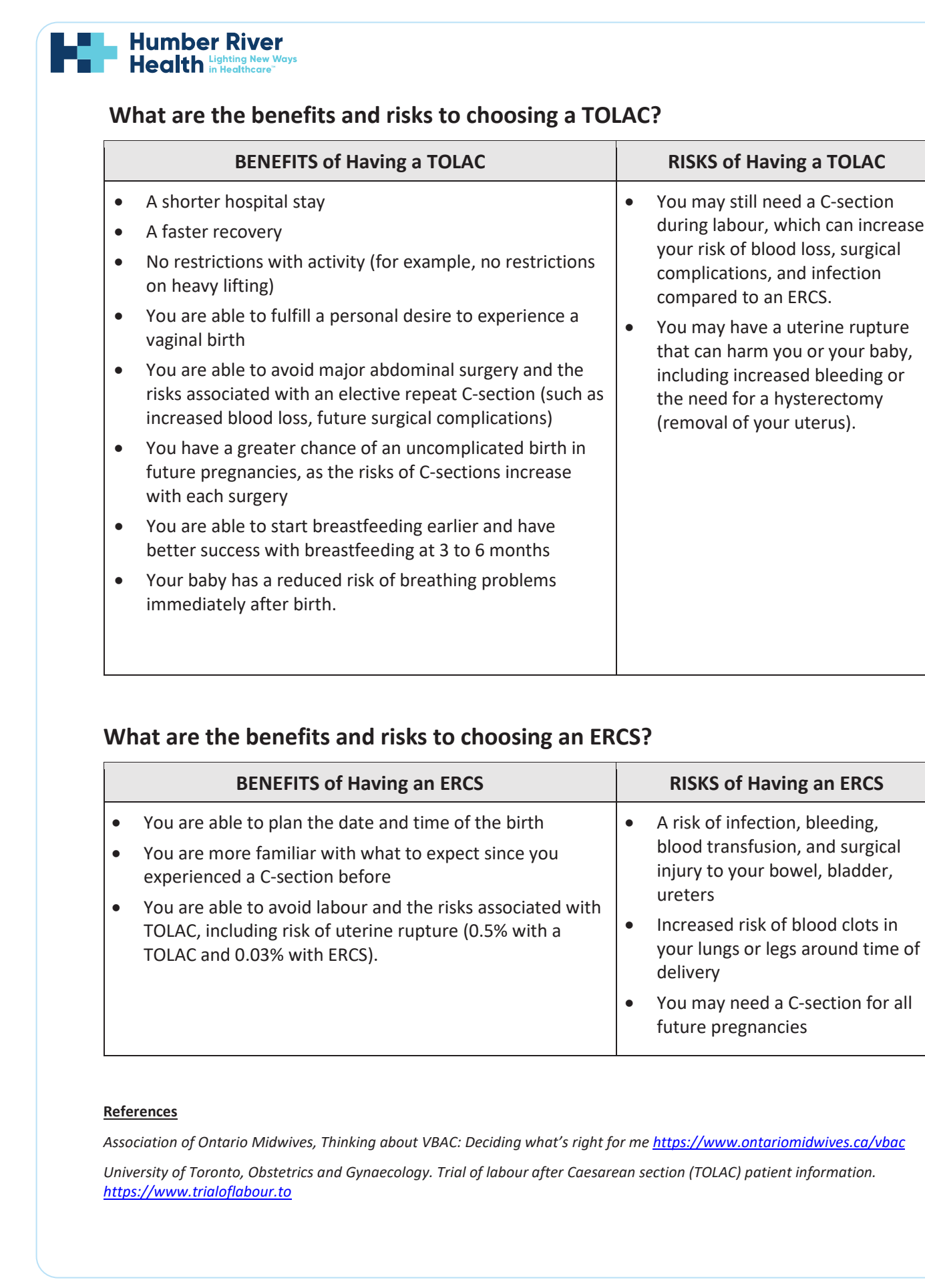
- **TOLAC Risks:** There are some general risks involved with VBAC (Vaginal Birth After Caesarean)
 - 0.5% risk of uterine rupture with spontaneous labour (less if previous vaginal delivery).
 - **Complications of uterine rupture:** hysterectomy, defined as a surgical removal of the uterus, occurs in 15-30% of uterine rupture cases, blood transfusions, surgical complications (injury may occur to bowel, ureters, bladder), fetal demise (3 in 10,000 TOLAC's).
 - **Vaginal birth risks:** tearing into the anal muscle and descent or prolapse of pelvic organs.
- **VBAC Benefits:** less blood loss, shorter hospital stay/faster recovery, no lifting restrictions, less infection, decreased risk of uterine rupture and less scar tissue inside the abdomen and surgical complications for future surgeries.
- **Induction of Labour (IOL) (to bring on labour/contractions):** 0.7-1.5% uterine rupture risk with Foley and/or rupture of membranes with oxytocin. Increased chance of C/S when induction takes place.
- **Augmentation (to strengthen existing labour/contractions):** no increased risk with augmentation of spontaneous labour.
- **Repeat Caesarean Section risk:** 0.02-0.03% of uterine rupture, infection, bleeding, injury to pelvic organs, blood clots. Future pregnancy risks: will need Caesarean section, risk of invasive placenta (accreta) and hysterectomy increased.
- **Baby Risk:** both are generally low risk. However, if a complication occurs with a TOLAC, risks to the baby are higher than with an elective (planned) repeat C/S.
- **Monitoring during Labour:** In hospital, continuous fetal monitoring when active. Caesarean sections indications in labour (failure to progress, abnormal fetal heart tracing). *Epidural and Foley catheter are strongly recommended.*

Delivery Plan Options

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graph TD
    A[Delivery Plan Options] --> B[TOLAC]
    A --> C[Elective Repeat C/S at 39-40 weeks]
    B --> D[Consider stretch and Sweep at 38, 39, 40 weeks gestation]
    D --> E[At 39-41 weeks]
    E --> F[Book Add On C/S]
    E --> G[Assess for IOL]
    C --> H[If labour occurs before scheduled C/S, plan to:]
    H --> I[Repeat C/S]
    H --> J[Re-Discuss]
    H --> K[TOLAC]
  
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Figure 2. TOLAC and ERCS Discussion Sheet from TOLAC bundle for Use By Obstetrician/Gynecologist/Registered Midwife.



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What are the benefits and risks to choosing a TOLAC?

BENEFITS of Having a TOLAC	RISKS of Having a TOLAC
<ul style="list-style-type: none"> • A shorter hospital stay • A faster recovery • No restrictions with activity (for example, no restrictions on heavy lifting) • You are able to fulfill a personal desire to experience a vaginal birth • You are able to avoid major abdominal surgery and the risks associated with an elective repeat C-section (such as increased blood loss, future surgical complications) • You have a greater chance of an uncomplicated birth in future pregnancies, as the risks of C-sections increase with each surgery • You are able to start breastfeeding earlier and have better success with breastfeeding at 3 to 6 months • Your baby has a reduced risk of breathing problems immediately after birth. 	<ul style="list-style-type: none"> • You may still need a C-section during labour, which can increase your risk of blood loss, surgical complications, and infection compared to an ERCS. • You may have a uterine rupture that can harm you or your baby, including increased bleeding or the need for a hysterectomy (removal of your uterus).

What are the benefits and risks to choosing an ERCS?

BENEFITS of Having an ERCS	RISKS of Having an ERCS
<ul style="list-style-type: none"> • You are able to plan the date and time of the birth • You are more familiar with what to expect since you experienced a C-section before • You are able to avoid labour and the risks associated with TOLAC, including risk of uterine rupture (0.5% with a TOLAC and 0.03% with ERCS). 	<ul style="list-style-type: none"> • A risk of infection, bleeding, blood transfusion, and surgical injury to your bowel, bladder, ureters • Increased risk of blood clots in your lungs or legs around time of delivery • You may need a C-section for all future pregnancies

References
 Association of Ontario Midwives, Thinking about VBAC: Deciding what's right for me <https://www.ontariomidwives.ca/vbac>
 University of Toronto, Obstetrics and Gynaecology, Trial of labour after Caesarean section (TOLAC) patient information. <https://www.triulabour.ca>

Figure 3. Sheet from TOLAC bundle with Benefits and Risks for Choosing a TOLAC or an ERCS.

SUMMARY OF RESULTS

As of October 2025, 100% of providers at HRH have access to the TOLAC bundle which includes standardized education and consents reflecting safe, effective, and patient-centered care. Feedback from Patient and Family Advisors was incorporated to ensure the bundle reflects patient perspectives. This project successfully addressed key gaps by implementing evidence-based tools, inclusive communication strategies, and clear documentation practices to support informed, equitable, and respectful care.

LESSONS LEARNED

Recognizing the need for balancing measures such as provider time per patient encounter, clinic workflow efficiency, and documentation burden was essential to ensuring sustainable and high-quality care delivery.

