



Helen Ellis Memorial Hospital

April 13, 2011

Dear Physician:

As a member of the Department of OB/GYN, there is new changes that will be discussed at your next department meeting. Attached is a proposed criteria for VBAC candidates for your review. The Department of OB/GYN & Peds is scheduled to meet on May 10, 2011 in the HEMH Boardroom.

Sincerely,

A handwritten signature in cursive script that reads "Melanie Mages".

Melanie Mages
Medical Staff Coordinator

Proposed Criteria for VBAC Candidates

ACOG Practice Bulletin #115, Aug 2010

- Prostaglandins are not to be used for cervical ripening or labor induction. Pitocin may be used for augmentation (low dose)
 - *Misoprostol should not be used for third trimester cervical ripening or labor induction in patients who have had a cesarean delivery or major uterine surgery*

- Women with more than 2 prior cesarean deliveries not candidates for TOLAC
 - *Women with two previous low transverse cesarean deliveries may be considered candidates for TOLAC*

- Patients w/ prior uterine rupture, classical or T incisions or transfundal surgery are not candidates for TOLAC
 - *Those at high risk for complications (eg, those with previous classical or T-incision, prior uterine rupture, or extensive transfundal uterine surgery) and those in whom vaginal delivery is otherwise contraindicated (eg, those with placenta previa) are not generally candidates for planned TOLAC.*

- Obstetrician and anesthesia provider need to be in house during labor
 - *College recommends that TOLAC be undertaken in facilities with staff immediately available to provide emergency care. When resources for immediate cesarean delivery are not available, the College recommends that health care providers and patients considering TOLAC discuss the hospital's resources and availability of obstetric, pediatric, anesthetic, and operating room staffs. In such situations the best alternative may be to refer patients to a facility with available resources.*