

## Trial of labor after caesarean section (TOLAC): the role of an early counselling in the choice of the mode of delivery

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DOI: 10.36129/jog.2022.S95

**Objective.** The Caesarean section (CS) rate and consequent short- and long-term complications especially in case of elective repeated CS (ERCS) continues to rise globally, therefore, in absence of contraindications, TOLAC should be proposed. Our aim was to evaluate possible factors influencing maternal choice of the mode of delivery and to investigate possible strategies to improve the TOLAC rate.

**Materials and Methods.** Monocentric retrospective cohort study on 482 women with one or more previous CS or myomectomy, delivered at Careggi University Hospital, Florence in 2021. We selected, as the study population, 301 women with only one previous CS eligible to TOLAC according to Italian guidelines.

**Results.** Out of 301 cases, 120 (40%) chose TOLAC. The success rate of vaginal birth after caesarean (VBAC) and maternal and neonatal outcomes were consistent with the literature. Com-

paring TOLAC *vs* ERCS group, no differences were found in terms of maternal characteristics or pregnancy complications influencing women's delivery choice, except for a history of previous vaginal delivery or VBAC. However, all women in the TOLAC group received an adequate counselling, whereas in the ERCS group only 62% were informed. Furthermore, the median gestational age at the first counselling was 34 weeks, even though patients informed earlier were more likely to prefer TOLAC to ERCS.

**Conclusions.** Despite the known advantages of VBAC, education and awareness on TOLAC is still poor. In order to reduce the CS rate, fully comprehensive and accurate counselling should be offered early during pregnancy and a dedicated team should be guaranteed for a standardized medical practice.