

Developing a TOLAC Bundle for Women's Group of North Florida and Gainesville OBGYN

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BACKGROUND: For many patients with one or two prior C-sections, a trial of labor after C-section (TOLAC) is a favorable alternative to scheduled repeat cesarean section. There are numerous benefits to TOLAC, including opportunity to give vaginal birth, avoiding major abdominal surgery, lower rates of certain complications (i.e. hemorrhage, venous thromboembolism, infection), shorter recovery time, and decreased risks of maternal consequences to multiple prior C-sections (i.e. unintentional injury to bowel/bladder, abnormal placentation, unplanned hysterectomy).

GOALS: To develop a bundle of quality improvement interventions including educational presentation for faculty and residents, patient handout, and standardized TOLAC counseling template to improve TOLAC rates in our patient population, with secondary goal to improve vaginal birth after cesarean section (VBAC) rates and decrease elective repeat cesarean delivery (ERCD) rates.

METHODS/MATERIALS: We developed a three-tiered approach to improving our TOLAC rate through faculty and resident education, improved patient counseling, and standardized documentation of counseling. We developed an educational presentation on TOLAC based on the corresponding ACOG practice bulletin. We gave the presentation to 11 residents and 3 faculty and compared their scores on pre and post tests to assess improvement in knowledge about TOLAC. We then developed a patient handout for distribution in the office to educate patients on TOLAC. Finally, we developed a standardized template to use in our clinic electronic medical record to document counseling on the risks/benefits/alternatives of TOLAC versus scheduled repeat C-section. Pre-intervention data was collected from January 2020 - December 2020 (n = 243). Post-intervention data was collected from April 2022 - December 2022 (n = 215). We then performed a data analysis to compare the percentage of TOLAC candidates who were counseled and offered TOLAC pre and post intervention. Secondly, we looked at the rates of VBAC (vaginal birth after cesarean), failed TOLAC, and ERCD.

RESULTS: For the educational presentation intervention, we developed a 14 question multiple choice and fill in the blank test and administered it to 11 residents and 3 attendings who participated in the presentation. The same test was administered before and after the presentation to assess improved knowledge of TOLAC. The average pretest score for the residents was 9.8 (range of 6-11), and the average post-test score for the residents was 11.9 (range 10-14). The average pretest score for the attendings was 9.3 (range 9-10) and the average post-test score for the attendings was 11 (range 9-13). Additional results pending data analysis.

This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities