

Appendices

Appendix A: Patient Survey Questions

1. Do you know why you had a cesarean birth?
2. Were you involved in the decision?
3. Were you told before you left the hospital whether or not you can have vaginal birth with your next pregnancy?
4. How do you feel about your experience since your cesarean birth?
5. Did you have a 6-weeks postpartum visit with your prenatal provider?
6. If you had a 6-weeks visit, did your provider discuss your cesarean birth with you?
7. At the 6-week visit, were you told whether or not you can have vaginal birth with your next pregnancy?
8. Which type of birth do you plan for a subsequent pregnancy?
9. If you plan to have vaginal birth, what is (are) reason(s)?
1. If you plan to have a repeat cesarean, what is (are) reason(s)?

Appendix B: Provider Survey Questions

1. Do you make it a regular part of your discharge process to have a discussion with women undergoing pLTCS about their options for future mode of delivery?
2. Do you document that discussion in the medical record? If so, where?
3. What percent of women that undergo pLTCS leave understanding the indication for that cesarean section, if you were asked to estimate?
4. What percentage of women that undergo pLTCS leave understanding their options for future mode of delivery after pLTCS, including LAC, if you had to guess?
5. Do you feel that there is insufficient or sufficient counseling surrounding TOLAC at our institution?
6. Would it be feasible within the workflow of post-partum rounding for midwives and residents to include a short (2 minute) explanation of LAC to all women who underwent pLTCS?
7. Would it be a good idea to add “LAC counseling as applicable” as a discharge checklist item in order to ensure that all women are getting this counseling?
8. Would it be feasible to create a dot phrase to document TOLAC counseling that could be included in the discharge summary?
9. Would it be feasible to ensure that “pLTCS” be included on the problem list for every woman undergoing pLTCS at BMC?

Appendix C: Text of LAC Feasibility as Assessed by the Surgeon in the Operative Note

Now part of the standard operative note for all cesarean sections:

“Surgeon’s assessment of feasibility of TOLAC in future pregnancies: _____”

Appendix D: Text of the LAC Education Provided to Women in Discharge Paperwork

"Labor and Vaginal Birth After Cesarean Section: Now that you have had a first time cesarean section, or what we call a "primary" cesarean section, you may be wondering whether or not it is safe or possible for you to have a vaginal birth in a future pregnancy. The decision about whether or not this is safe depends on each individual woman and her medical history. However, **many women DO have safe and healthy vaginal births after having a primary cesarean section. If you decide to have children in the future and are interested in having a vaginal birth, please ask your primary care doctor or your prenatal care provider about doing so."**

Appendix E: Text Included in Discharge Summary For all women after pLTCS

This patient underwent a primary cesarean delivery due to the indication of ***. This patient will benefit from counseling at her post-partum visit and subsequent prenatal visits about options for FMOB. Please refer to the operative note for further information about the surgeon's assessment of this patient's future eligibility to TOLAC. For help with risk stratification, please utilize the VBAC calculator:

<https://mfmunetwork.bsc.gwu.edu/PublicBSC/MFMU/VGBirthCalc/vagbirth.html>