



Don't routinely exclude women with one low transverse cesarean delivery from having the choice to undertake a trial of labor after cesarean (TOLAC)

There is a consensus (National Institute for Health and Care Excellence [NICE], Royal College of Obstetricians and Gynecologists [RCOG], American College of Obstetricians and Gynecologists [ACOG], National Institutes of Health [NIH]) that planned TOLAC is a clinically safe choice for the majority of women with a single previous lower segment cesarean delivery. Such a strategy is also supported by health economic modeling and would also at least limit any escalation of the cesarean delivery rate and maternal morbidity associated with multiple cesarean deliveries.

Given the risk of maternal morbidity and placenta accreta spectrum associated with multiple repeat cesarean deliveries and the large family size (6.4) among Saudi households, a trial of labor should remain an option for women with one prior low transverse cesarean delivery.

National Institute for Health and Clinical Excellence. Caesarean section. NICE clinical guideline 132. Manchester: NICE; 2011.

Royal College of Obstetricians and Gynecologists. Birth after Previous Caesarean Birth. Green-top Guideline No. 45. London: RCOG; 2015

American College of Obstetricians and Gynecologists. ACOG Practice bulletin no. 115: Vaginal birth after previous cesarean delivery. *Obstet Gynecol* 2010;116:450–63.

Cunningham FG, Bangdiwala SI, Brown SS, Dean TM, Frederiksen M, Rowland Hogue CJ, et al. NIH consensus development conference draft statement on vaginal birth after cesarean: new insights. *NIH Consens State Sci Statements* 2010;27(3)