Anesthetic Considerations for a Jehovah’s Witness Patient Undergoing Trial of Labor After Cesarean Delivery (TOLAC)

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Objectives:
Describe maternal risks/benefits of TOLAC
Describe anesthetic techniques of TOLAC
List special antenatal concerns for a Jehovah’s Witness patient undergoing TOLAC
Discuss signs and symptoms of uterine rupture
Describe blood conservation strategies in obstetric patients at high risk for bleeding

Case Stem: A 29-year-old woman, G3P2 at 36 weeks gestation is referred to the high risk obstetric clinic for consultation. She is a member of the Worldwide Association of Jehovah’s Witnesses (WAJW). Her first child was born via cesarean delivery performed for breech presentation and she had a vaginal birth after cesarean delivery (VBAC) with her second child. She plans a repeat trial of labor after cesarean delivery (TOLAC) for the current pregnancy. She reports no other significant medical history.

Key Questions:

1. What are the maternal-fetal benefits and risks associated with TOLAC? What are the ACOG guidelines with regards to performing VBAC? AG
2. Discuss the risk factors for this patient who is a member of WAJW undergoing TOLAC? AG
3. Describe the shared decision-making process in this patient? AG
4. What is the role of the anemia clinic in optimizing this patient’s Hb? SR

Case Stem Continuation: Two weeks later, the parturient presents in labor. Cervical examination reveals that her cervix is 3 cm dilated. You are asked to evaluate her for labor analgesia. Her height and weight are 5’3” and 77 kg, respectively. Her airway is Mallampati class II with otherwise normal parameters. Hemoglobin/Hematocrit/Platelets: 11.3/32.7/257.

Key Questions:
5. What anesthetic provisions/techniques should be considered, particularly in a patient undergoing TOLAC? *JP*D
6. When, if ever, is the earliest time during TOLAC that neuraxial labor analgesia may be initiated? *JP*D
7. What are the effects of neuraxial analgesia on progress and outcome of labor? *JP*D

**Case Stem Continuation:** You proceed with uneventful epidural catheter placement. The patient reports improvement in pain scores and bilateral T9 dermatomal sensory level after an epidural loading dose. An infusion of local anesthetics with opioids begins. Three hours later, you are present at the bedside in response to the patient’s complaint of intense pain.

**Key Questions:**

8. What is the differential diagnosis of the patient’s pain? *CW*
9. How would you proceed with further management? *CW*

**Case Stem Continuation:** Non-reassuring fetal heart tones develop. The obstetrician decides that emergent cesarean delivery is necessary.

**Key Questions:**

10. What is your anesthetic plan for emergent cesarean delivery? *CW*
11. What are examples of blood conservation strategies that can be employed in this patient? *CW*

**Case Stem Continuation:** Entry into the abdomen immediately reveals the fetus in the abdomen and uterine rupture. The baby is delivered and handed over to the pediatricians for resuscitation.

**Key Questions:**

12. How would you set-up cell salvage circuit/equipment when caring for a Jehovah’s Witness patient? *SR*