HOUSE OF COMMONS
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Tom Gordon MP
House of Commons
Westminster
SW1A 0AA

The Rt Hon Yvette Cooper MP
Secretary of State for Health and Social Care
Department of Health and Social Care
Ministerial Correspondence and Public Enquiries Unit
39 Victoria Street
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Our Ref: TG17847

23 July 2026

Dear Secretary of State

Congratulations on your appointment.

I am writing on behalf of a constituent who recently contacted me regarding a maternity complication called vasa praevia.

Vasa praevia occurs when fetal blood vessels run outside the protection of the umbilical cord and placenta. In some cases, these vessels cross the birth canal, making them highly vulnerable to compression or rupture during pregnancy and labour. When these vessels rupture, a baby can lose a critical volume of blood within minutes.

The condition is estimated to affect around 1 in 1,200 pregnancies, equating to approximately 500 cases in the UK each year. When vasa praevia is not detected before birth, more than half of affected babies die (including my constituent's own baby), and many survivors suffer serious brain injuries due to oxygen deprivation.

Importantly, vasa praevia can be diagnosed antenatally through a transvaginal ultrasound combined with colour doppler imaging, typically performed between 18 and 26 weeks of pregnancy. Screening is particularly relevant for women with established risk factors, including:

Velamentous cord insertion
Placental abnormalities such as a low-lying placenta or placenta praevia, even if the placenta later moves away from the cervix
Multiple pregnancies (twins or triplets)
Pregnancies conceived through IVF

My constituent had two of these risk factors, but was not screened.

Her condition was not diagnosed until she had a haemorrhage two days before her scheduled caesarean, and her baby died 7 hours after the emergency caesarean. Had she received targeted screening based on these risk factors, her vasa praevia could have been identified, and her daughter's death may well have been prevented. The coroner at the baby's inquest concluded that, on the balance of probabilities, she would still be alive today had the caesarean section been scheduled and carried out in the recommended 37th or 38th week of pregnancy.

This feels like another failing in the maternity service. It seems to me that targeted screening, based on the risk factors listed above, should be offered as a matter of course to all women, in order to prevent death and damage to the babies.

I look forward to your considered response.

Yours sincerely,

Tom Gordon MP
Member of Parliament for Harrogate and Knaresborough