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30th September 2026

Dear Sirs

Call for Topics 2026

Vasa Praevia Screening
Clear opportunity to reduce the still-birth rate and neonatal death rate in the UK by 6% through the intervention of screening for Vasa Praevia, which takes less than 2 minutes at routine antenatal appointments.

I write on behalf of myself (as a mother with lived experience of the above condition) and on behalf of the UK charity Vasa Praevia Raising Awareness (VPRA).

You will recall that the Charity Vasa Praevia Raising Awareness has made several submissions, over many years, calling for screening and presented very clear and compelling arguments for screening to the Committee. The evidence base for screening has long since been evident, and reiterated many times by the charity.

You will recall that I, personally, first wrote to the National Screening Committee on 5th December 2022 regarding the need (then) to, urgently, review the 'No Screening' policy for Vasa Praevia. For ease of reference I attach a copy of that correspondence, within which I set out full detail of the extensive evidence base for screening then available, as well as giving an account of my own personal lived experience of Vasa Praevia in 2021. I shall not repeat here the detail in that letter, but would ask that you review it's content.

As part of the subsequent UK NSC 'consultation', on 3rd June 2023, you will recall I lodged further formal submissions, and the (then) most recent studies were cited and quoted. Again, I would refer you to the content of those submission and attach.

On 28th December 2023 the National Screening Committee declare a further 'no screening' decision in relation to Vasa Praevia, citing / repeating 4 reasons for 'no screening'; namely that:-

- *it is not known how many babies are affected by it in the UK*
- *it is not known how accurate screening tests are at detecting it*
- *screening may mean some women are offered an early caesarean when they do not need one*
- *some women may be reassured by false tests and still have a problem during delivery*

All four reasons being entirely at odds with the evidence presented and attached to my own correspondence of 5th December 2022 / 3rd June 2023. I am aware that a number of leading experts from the UK, have similarly emphasised that the Committee's stated reasons for 'no screening' are inaccurate, and numerous studies before, and many more since, have now very clearly further evidenced that.

In brief, we know that Vasa Praevia impacts 1 in 1218 pregnancies. We know that the prevalence is also much higher that than in twin pregnancies (1 in 105), and in IVF Pregnancies (1 in 200). We know that screening is highly accurate, with low false positive and low false negative rates, and in turn there is almost no risk of 'women being offered an early caesarean when they do not need one'. We know that more than 500 pregnancies are impacted each year and 160 still-births could be prevented. We know that a similar number of neonatal deaths could also be prevented; and that overall the condition carries a 56% mortality rate when not detected. We know that many of the surviving babies suffer brain injury. We know that in stark contract babies are born safe and well with early diagnosis and careful management and carefully planned c-section before the commencement of labour. We know that leading experts have described vasa praevia as the most avoidable cause of stillbirth, and that the absence of timely diagnosis causes immensely traumatic births, often with catastrophic outcomes.

All of this has been known for some time and has been emphasised by myself, by the charity Vasa Pravia Raising Awareness, and by the leading experts repeatedly. Despite the evidence of harm, and a clear mechanism for prevention, the UK NSC has failed to act and instead deferred to the RCOG. Over the intervening period many more babies have been, avoidably, lost and harmed. That cannot be allowed to continue. These are entirely avoidable tragedies, and it is unacceptable that babies continue to die and be harmed from a condition which can be readily detected via ultrasound equipment which is already in place. The technology to detect the condition is already in the hands of the sonographers but is not being utilised because the condition is not part of the 20 week scan checks, but could very easily be added.

You may recall that back on 16th and 23rd April 2024, and 20th May 2024 the evidence base for screening was presented to the, then, Secretary of State for Health and Social Care Victoria Atkins MP; who requested that the National Screening Committee consider and formally respond. Within response correspondence sent to myself by Ray Smith of 23rd May 2024 it was noted that

> *'The Secretary of State, and the UK NSC recognise that Vasa Praevia is a devastating condition and want to ensure that all that can be done is being done to avoid unnecessary suffering. While the UK NSC did not find enough evidence to recommend a national screening programme for Vasa Praevia, they did note that changes could be made to clinical guidance which may reduce risk. That is why they have written to Royal College of Obstetricians and Gynaecologists (RCOG) to ask for an update to guidance'.*

I highlight at this stage that the RCOG review had now been undertaken and clear recommendations are made for routine screening (and I shall return to that point in the later part of this letter).

Within Mr Smith's correspondence to myself of 23rd May 2024 it was also stated

> 'I can assure you that the UK NSC does not routinely exclude
> *documents that are based on international studies or were carried out by international academics.*
> *Some of the papers you mention in your letter were published after the date of the*
> *review. Although they were published before the UK NSC made its final decision, the process requires a point of closure so that evidence can be compiled and presented. As new research evidence is regularly published in peer reviewed journals, the evidence map process needs to have an end point so that a report can be finalised and presented to the UK NSC. The secretariat will continue to monitor evidence on this topic. New evidence can be submitted to the UK NSC through the annual call . Your justification will need to highlight how the UK NSC recommendation would be altered by the new evidence '*

Whilst I welcomed the indication of 23rd May 2024 that international evidence would not be excluded upon future submission, and indeed I lodged further formal submissions inviting early review, it was disappointing thereafter that the committee did not act upon subsequent studies presented (including for example the 2024 International Consensus Report published by 57 leading experts, all of whom agreed on the importance of screening, https://www.ajog.org/article/S0002-9378(24)00442-3/pdf.
Indeed I wrote to the National Screening Committee with a copy of that report and formally inviting that review.

You will recall that on 29 and 30th September 2024 I wrote to the NSC and formally lodged submissions as part of the 2024 Annual Call for topics; further updating the Committee as to the ever increasing evidence base for screening. I would refer you to that correspondence in full (attached).

The committee has since failed to act on the consensus statements issued by those 57 leading experts in the field in 2024, and instead chosen to await the preparation of the updated RCOG Green Top Guidance; rejecting in 2025 and again in 2026 the call for early topic review lodged by myself, and indeed also called for by the leading experts in the field.

As you may know the matter has also been raised in Parliament several times. My own MP Connor Naismith raised the issue on my behalf on 11th February 2025. In a response to Mr Naismith's questions Karin Smyth updated parliament that the RCOG would now be reviewing the position, noting:-

> *'I am incredibly sorry to hear about Cate's experience. We want to ensure that women receive safe, personalised and compassionate maternity care and that*

women with the condition are supported. That is why we have asked the college to look at the guidance'.

I note that on 28th February 2025 the NSC also wrote to myself in the following terms

'In discussion on Vasa Praevia in the UK NSC March 2024 meeting, the UK NSC members were concerned that this especially catastrophic outcome of pregnancy could be avoided and asked that the Secretariat explore with the guideline-making bodies how the guidance might be optimised and that the clinicians be supported to ensure that the guidance is followed. Following a request from the UK NSC, in September 2024 the Royal College of Obstetricians (RCOG) confirmed that the scope of the planned review of the College's Green-top Guideline on the diagnosis and management of Vasa Praevia (GTG 27b) would include a specific question about targeted versus universal screening pathways for Vasa Praevia'

As you may be aware I met with Ms Smyth in April 2025 and on 2nd May 2025 it was again relayed the issue of screening was to be addressed by the RCOG. You may be aware that the issue, and the urgent need to prepare for roll out of routine screening has also been raised with Ahsley Dalton (when in post) via correspondence of 8th August 2025; who wrote back to me on 12th September 2025 again emphasising that the topic would be considered by the RCOG.

Thus, it has been made clear that the issue is being deferred to the RCOG, and we do now indeed have the updated RCOG guidance, as was published in April 2026. Whilst it is currently being perfected via Peer Review it is evident that the fundamental conclusions are categorically clear, well evidenced, and entirely aligned with a multitude of studies from the last decade, and the international consensus statements of 2024.

The drafted updated Green Top Guidance (GTG), like the International Consensus Report before it of 2024, and indeed other recent reports (as cited in the booklet I attach) makes clear that each of the 4 stated reasons for no-screening are inaccurate; and clear recommendations are made for routine, and life-saving screening. The evidence base for screening is spelt out in detail and supported by multiple references to high quality studies, which entirely undermine the NSC's stated reasons for 'no screening'. I hope that the National Screening Committee had already, in light of the drafted GTG (and evidence cited within it) already taken steps to prepare for a roll out of screening across the UK.

The data, most recently emphasised in the updated draft GTG, is compelling and in itself emphasised the scale of harm which is ongoing. Harm which could have been prevented in recent years had the NSC acted promptly on studies presented to it in December 2022. A strong evidence base for screening was evident in 2022, and during 2023, and over subsequent years the evidence base has become even more compelling. The DHSC and UK NSC has wanted to await the RCOG review before acting. That is now available and it's fundamental call for routine screening is categorical.

You will know that there is increasing awareness of the condition, and preventable harm arising from it, amongst MP's, Ministers. our National Maternity Advisor, and members of

the House of Lords, and indeed the issue was raised and is referred to in Baroness Amos' report (and was a topic featured in her addendum report / response to family questions); such is the concern amongst families, experts and our politicians that this is another example of failings in our maternity system which have been known about for some time but been allowed to continue.

I note for example that over recent months Lord Kamall has also raised this issue via formal parliamentary questions, as has Tom Gordon MP (within correspondence to Yvette Cooper as recently as 23rd July 2026).

I would highlight also that there are more than 23,000 signatures spanning two family led petitions for screening.

The evidence base is now vast, and the breadth and strength of the call for screening is compelling.

I have prepared in conjunction with the Charity Vasa Praevia Raising Awareness the attached booklet which summarises the findings of many of the studies since 2009 (and indeed I have previously sent to the committee an earlier version of this). **I formally submit that here and an attachment to my submission. I rely upon this booklet, and each of the studies cited within it, and formally lodge them with the UK NSC in evidencing the need for urgent action.**

I would also invite the Committee to watch the presentations on the topic as have featured at the recent Fetal Medicine Foundation World Congress of May 2026, and subsequent Fetal Medicine Foundation Webinar on the topic; each providing further compelling analysis of the evidence base and urgent need for universal screening. I do hope that members of the NSC Committee were also in attendance at that Conference and attended that Webinar also.

This Government has, upon taking office, and indeed over recent weeks, repeatedly declared it's commitment to preventing avoidable harm in our maternity system. That commitment absolutely now requires immediate steps to ensure every pregnant person is made aware of, and offered screening for, Vasa Praevia.

Given the RCOG has (in April 2026) now updated its Green Top Guidance on Vasa Praevia; and it's authors (some of the most prominent and leading experts on the topic) have made very clear recommendations for screening, it is imperative that the Government responds rapidly to prepare for national roll out of routine screening. Each days which goes by results in further avoidable harm. Each year more that 350 babies avoidably lost or harmed with exponential devastating impact on families. Preparations to introduce the screening recommended must begin now and not be further deferred; and must be expedited.

As has been repeatedly emphasised, in earlier correspondence, screening for Vasa Previa is fundamentally a means of preventing harm in our maternity system before it arises, preventing emergency care being needed, preventing trauma, loss, grief, and alleviating

from the system the very extensive and costly emergency / neonatal care and preventing any need for paediatric care that is required if the condition is not diagnosed antenatally and allowed to progress into an emergency situation (often with catastrophic consequences and long term health related issues for the surviving infant).

I again reflect on the speech if Karin Smyth during the early weeks of this Labour government when it was stated

> *'As a new Government, we want to end sticking-plaster politics; that means real and lasting change in the health service. That will take time, but we will build a better future for women in this country. That includes by making sure that all baby deaths that can be prevented will be prevented.'*

The same message has been repeated by Ms Cooper since her recent appointment.

Adhering to that commitment required immediate roll out of national screening for this condition, to ensure the prevention of harm which can, and should, be prevented. Babies will continue to be harmed today, tomorrow, and every day thereafter, until screening is embedded within all maternity pathways.

I look forward to hearing from you and also copy in Ms Copper and Ms Welsh; with a request for proactive steps to now be taken.

Regards

Cate Maddison
Enc: Previous submissions / correspondence as cited above
Evidence Booklet (VPRA)

cc:

Yvette Cooper
Secretary of State for Health & Social Care

Michelle Welsh MP
National Maternity & Neonatal Adviser

National Screening Committee Submissions

Topic – Vasa Praevia

Referenced Enclosures

(1) Copy Booklet:-
FINDINGS, DATA & ANALYSIS from Studies / Scientific Papers re VASA PRAEVIA 2019 - 2026
Information Booklet
(Updated September 2026)

(2) Copy Correspondence from CM to National Screening Committee on 5th December 2022
as has been previously published by the NSC at
https://view-health-screening-recommendations.service.gov.uk/review/vasa-praevia-2023-review/download-documents/cover_sheet/ Page 29-37

(3) Copy Submissions to VP Consultation of 3rd June 2024
as has been previously published by the NSC at
https://view-health-screening-recommendations.service.gov.uk/review/vasa-praevia-2023-review/download-documents/cover_sheet/ Page 19-27

(4) Copy 29 and 30th September 2024 correspondence from CM to the NSC / submissions as part of the 2024 annual call for topics.