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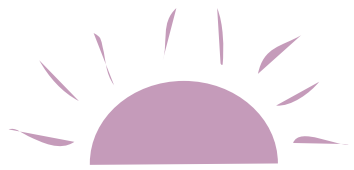
For help or further information, please
visit UK Vasa Praevia at:

www.vasapraevia.co.uk

Education and materials:
For a free presentation on diagnosis and
management of vasa praevia, please visit:

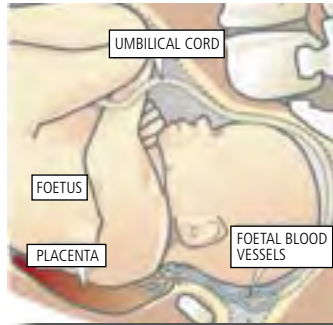
<http://thefetus.net>





WHAT IS VASA PRAEVIA?

• Vasa praevia occurs when one or more of the baby's placental or umbilical blood vessels cross the entrance to the birth canal beneath the baby.



Source: www.deseretnews.com

• When the cervix dilates or the membranes rupture, the unprotected vessels can tear, causing rapid foetal haemorrhage.

• When the baby drops into the pelvis, the vessels can become compressed, compromising the baby's blood supply and causing oxygen deprivation.

OCCURRENCE

• Vasa praevia occurs in 1:2,500 births. The foetal mortality rate is estimated to be as high as 95% if the condition is not prenatally diagnosed.

WARNING SIGNS AND SYMPTOMS

• Vasa praevia may present itself with the sudden onset of painless vaginal bleeding in the second or third trimester of pregnancy.

• Vasa praevia may also occur without symptoms, so look for risk groups too.

RISK GROUPS

- Women with painless bleeding (at any stage in pregnancy)
- Women with low-lying placenta or placenta praevia
- Women with bi-lobed or succenturiate-lobed placenta
- Women with velamentous insertion of the cord
- In-vitro fertilization pregnancies
- Multiple pregnancies
- History of uterine surgery, previous C-section or D&C.

DIAGNOSIS

- Diagnosis of vasa praevia is made by ultrasound using colour Doppler.
- During a first trimester trans-abdominal ultrasound scan, if the placenta is in the upper part of the uterus and the umbilical cord is inserted centrally with no placental lobes, it is unlikely that further screening will be necessary.
- In all cases where the placenta is low lying and/or where the cord insertion is not central these cases must be referred for further diagnostic testing.
- At the 20 week anomaly scan, women in risk groups should be reviewed again to find the exact site of the cord insertion. If risks are still present or there are warning signs, a trans-vaginal ultrasound scan using colour Doppler should be carried out.
- UK Vasa Praevia believes that all women in risk groups should be scanned for vasa praevia.

- Recent studies have shown that when vasa praevia is prenatally diagnosed, and a management plan is observed, the infant survival rate is 100% (with no other congenital defects).

WHAT IS COLOUR DOPPLER ULTRASOUND?

- Colour Doppler ultrasound is used to measure the velocity of blood flow. It can be used to listen to the foetal heartbeat, examine the foetal heart for defects and estimate placental blood flow.
- Distinct colours show the different rates of blood flow. The colours show the location of foetal vessels thereby eliminating or confirming vasa praevia.

WHAT NEXT?

- If you suspect vasa praevia and there is no one in your local NHS trust able to undertake diagnosis, UK Vasa Praevia recommends the following:

If you live in the [South](#) or [South-East](#), please contact Professor Kypros Nicolaides, c/o The Fetal Medicine Centre (see overleaf).

If you live in the [North](#) or the [Midlands](#), please contact Mr Chris Griffin, consultant obstetrician, c/o Midland Ultrasound and Medical Services (see overleaf).

- UK Vasa Praevia was set up to raise awareness about this condition and to bring about the implementation of a clinical protocol for its diagnosis and treatment. Unless this happens, up to 400 otherwise normal, healthy babies may die every year in the UK.