DIAGNOSIS AND MANAGEMENT

• Diagnosis of vasa praevia is made using colour Doppler ultrasound

• During an 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

• All cases where the placenta is low-lying and/or where the cord insertion is not central 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 transvaginal ultrasound scan using colour Doppler is needed

• It is accepted that when vasa praevia is diagnosed prenatally and a management plan is observed, the survival rate for infants is 100%

What is colour Doppler ultrasound?

• Colour Doppler ultrasound is used to measure the velocity of blood flow. It can be used to measure placental blood flow, as well as to look for heart defects and other abnormalities

• Distinct colours show the different rates of blood flow.

• The colours show the location of foetal vessels and so can eliminate or confirm vasa praevia

CONTACTS

For help and information

Vasa Praevia Raising Awareness
Confidential helpline: +44 (0) 7864 698 742
www.vasapraevia.co.uk

The Fetal Medicine Centre
Phone: +44 (0) 20 7486 0476
www.fetalmedicine.com

Midland Ultrasound and Medical Services
Phone: +44 (0) 8452 301 032
www.mums.me.uk

St George’s Fetal Medicine Unit
Phone: +44 (0) 20 8725 1911
www.fetalmedicine.ac.uk

Queen Charlotte’s & Chelsea Hospital
Phone: +44 (0) 20 8383 1111
www.imperial.nhs.uk

How can you help?

We need you to help us to continue to raise awareness of this terrible condition throughout the UK. Please share this leaflet with anyone who you know is pregnant or who is thinking about a future pregnancy. If you would like to help further, please contact us via our website or helpline number.

Thank you.
**Warning signs & symptoms**

- Vasa praevia may present itself with the sudden onset of painless vaginal bleeding in the second or third trimester and may also occur without symptoms.
- Vasa praevia may also be more common in the risk groups below:
  - Painless bleeding during pregnancy
  - Low-lying placenta or placenta praevia
  - Bi-lobed or succenturiate-lobed placenta
  - Velamentous insertion of the umbilical cord
  - IVF and twin or multiple pregnancies
  - History of uterine surgery, previous C-section or D&C

**Risk groups for vasa praevia**

- If vasa praevia is diagnosed before birth, **ALL babies can survive this condition** (assuming there are no other health problems).
- Diagnosis is simple and cheap – and we want to make it happen for every vasa praevia baby.
- At birth, **every year in the UK, there are an estimated 555 cases of vasa praevia**. Most will not be diagnosed before birth. Tragically, in up to 95% of these cases, these otherwise **healthy full-term babies will die at birth**. Even if they are lucky enough to survive, they may have to cope with serious conditions such as cerebral palsy or learning difficulties for the rest of their lives.

**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.

In late pregnancy, as the baby drops down into the pelvis, these foetal vessels can become compressed which in turn can reduce the baby’s blood supply and cause oxygen deprivation. Even worse, during the onset of labour, the foetal blood vessels can tear, causing rapid foetal haemorrhage that usually results in death of the infant.

**Vasa Praevia Raising Awareness**

- The charity aims to raise awareness about this condition and bring about the implementation of a clinical protocol for its diagnosis and treatment.
- Until this happens, over 500 otherwise healthy babies will continue to be affected by vasa praevia every year in the UK.