

Comparison of International Guidelines for the Management of Vasa Praevia

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Introduction

The incidence of vasa praevia is increasing with the rise of assistive reproductive technologies, however due to its rarity and associated high mortality, randomised controlled trials regarding its management are lacking. Without high quality randomised control trials to guide practice, various aspects of the management of vasa praevia have historically been an area of controversy, such as the role of universal screening, timing of inpatient admission, and timing of delivery. An international consensus via Delphi procedure published by Yinka Oyelese in March 2024¹ aimed to address this.

Aim

To compare the leading global governing bodies' guidelines on the management of vasa praevia.

Method

The most recent guidelines on the management of Vasa Praevia from Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)², Royal College of Obstetricians and Gynaecologists (RCOG)³, Society of Obstetricians and Gynaecologists of Canada (SOGC)⁴, Society of Maternal Fetal Medicine (SMFM)⁵, and the 2024 International consensus via Delphi procedure¹ were compared.

Results

- The 2024 International Consensus recommends against the previously routine definition of vasa praevia as placental vessels within 2cm from the cervical os.
- All sources recommend targeted screening for vasa praevia at morphology ultrasound via transvaginal doppler either in the context of risk factors, or suspected vasa praevia on transabdominal imaging.
- The role of routine antenatal hospitalisation is controversial, and outpatient management is supported by the more recent publications by SOGC and the International Consensus.
- The recommended timing of delivery by SOFM and International Consensus had an upper gestational age of 37+0 weeks, whilst RANZCOG, RCOG and SOGC give an upper limit of 36 weeks.

Table 1. Comparison of leading global governing bodies' guidelines on key management principals

	Date of publication	Timing of repeat ultrasound	Timing of routine hospitalisation	Timing of delivery
RANZCOG	Nov 2019	30-32 weeks	Consider from 30 weeks	34-36 weeks
RCOG Green top guideline No. 27b	September 2018	Third trimester	From 30-32 weeks	34-36 weeks
SOGC guidelines No.439	July 2023	Unspecified	Consider from 32 weeks, option of outpatient management	35+0 – 35+6 for singleton pregnancies, 33+0 -34+6 for dichorionic twins, 32+0 - 33+6 for monochorionic twins
Society of Maternal-Fetal Medicine	July 2015	32 weeks	Consider from 30-34 weeks	34 – 37 weeks
International consensus via Delphi procedure	March 2024	Third trimester	No agreement	35+0 – 37+0 weeks

Discussion

- Vasa praevia is uncommon and multi-faceted and all sources emphasise individualised management and shared decision-making.
- Interestingly, recommendations of the international consensus differed in certain aspects compared to that of the major international governing bodies' recommendations.
- The more recent publications support later delivery up to 37 weeks, and possible outpatient management in the asymptomatic patient.
- Lack of consensus amongst experts in various domains highlights the need for further research in this area.

References

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