

Utilizing cervical lengths as a tool to manage third trimester type 2 vasa previa in the outpatient setting

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BACKGROUND

- Vasa previa has unprotected fetal vessels traverse the fetal membranes over or near the internal cervical os
- No strict guidelines regarding optimal location of antenatal care and timing for delivery
- Many institutes admit affected patient between 28-32 weeks given significant risk of immediate fetal hemorrhage if unprotected fetal vessels are injured

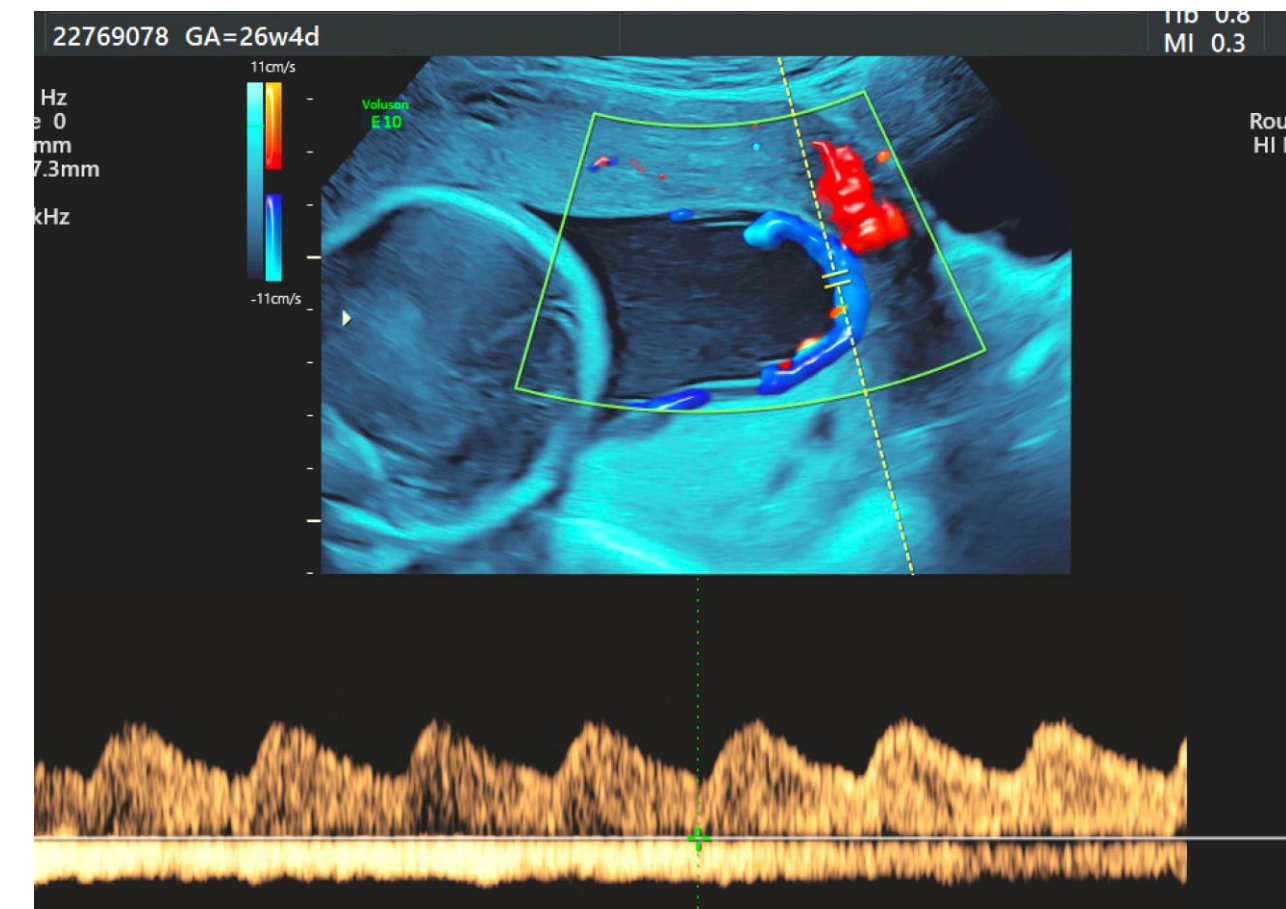


Figure 1 : Transabdominal ultrasound at 26 weeks with evidence of unprotected fetal vessels over cervix confirmed by doppler

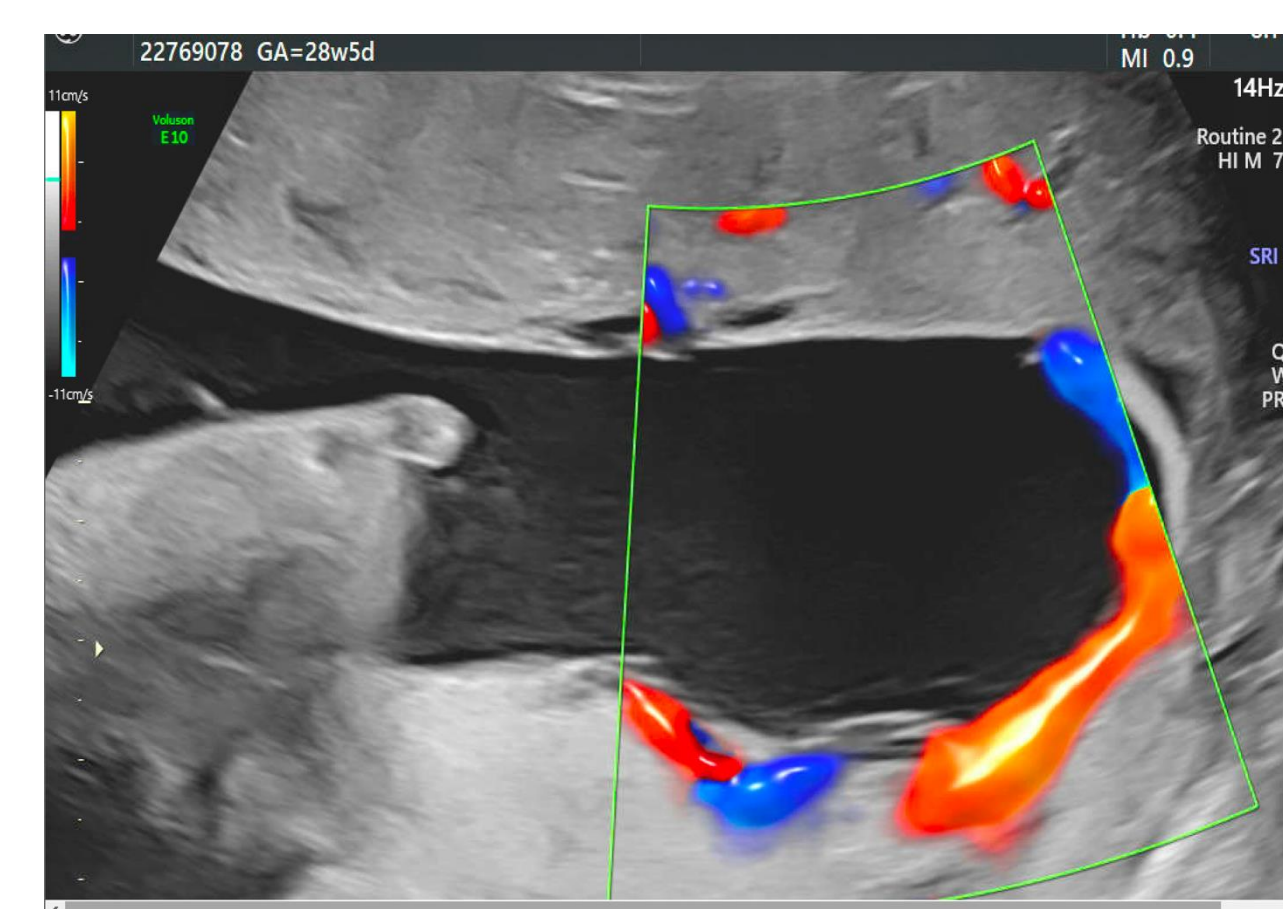


Figure 2 : Transabdominal ultrasound at 28 weeks with evidence of unprotected fetal vessels between two placental lobes: main anterior placenta and succenturiate posterior lobe

CLINICAL CASE

- 34-year-old patient gravida 4 para 0. History of 3 chemical pregnancies otherwise uncomplicated
- Pregnancy initially complicated by placenta previa later with evolving features suggestive of type II vs. type III vasa previa.
- At 20 weeks, ultrasound had been notable for an anterior placenta previa
- At 26 weeks revealed a bilobed placenta with a posterior succenturiate lobe and bridging fetal vessels over the internal os consistent with a type 2 vasa previa.
- Subsequent imaging was suggestive of a velamentous cord insertion from the posterior succenturiate lobe but the unprotected fetal vessels overlying the cervix were between two lobes, ultimately consistent with type 2 vasa previa.
- Patient declined inpatient admission between 28-32 weeks
- Shared decision making was utilized to perform transvaginal cervical lengths every two weeks in the outpatient setting
- If cervical length remained greater than 3cm, plan was to postpone inpatient admission till 33 weeks

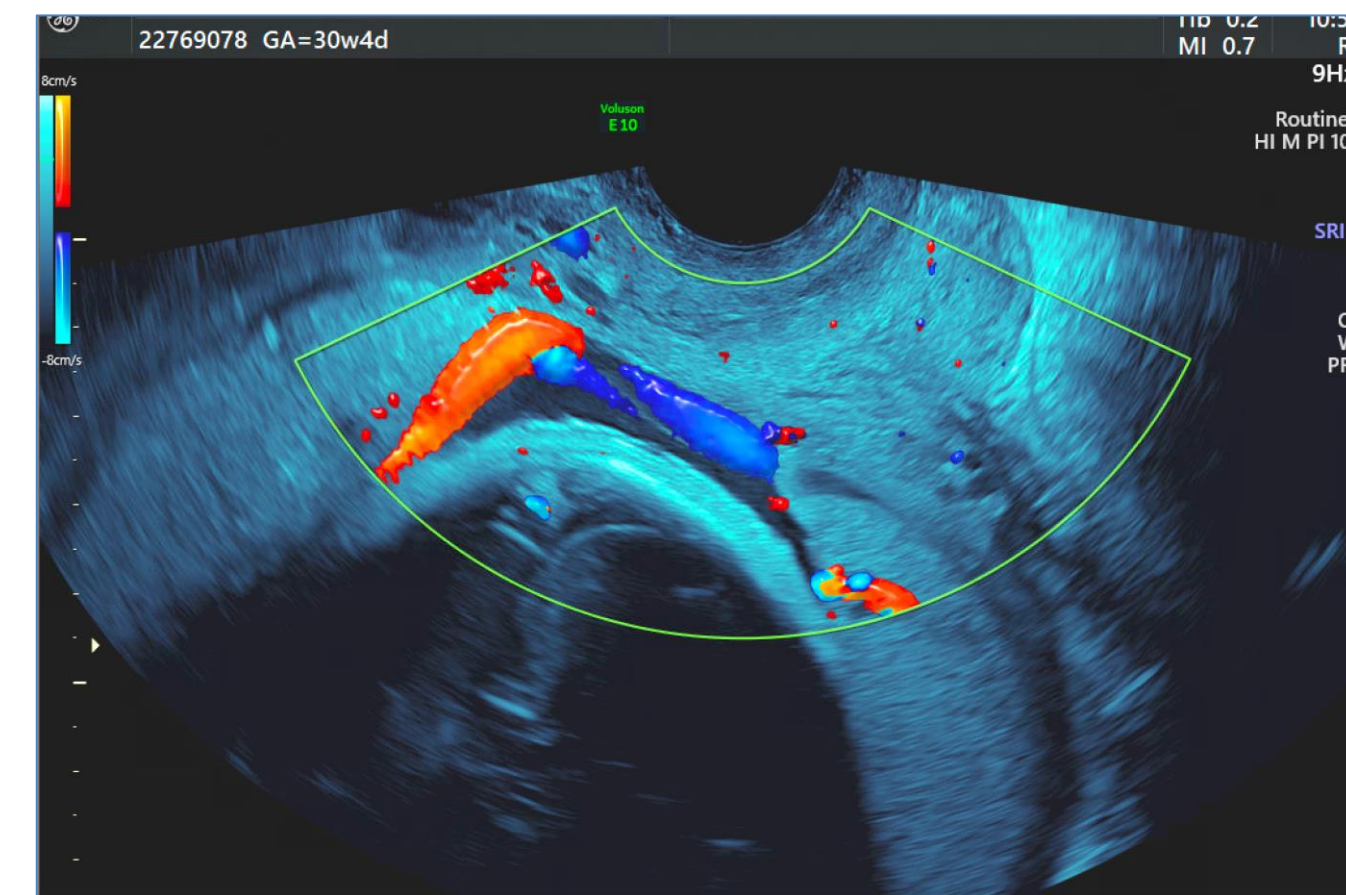


Figure 3 : Transvaginal ultrasound at 30 w with evidence of unprotected fetal vessels between two placental lobes

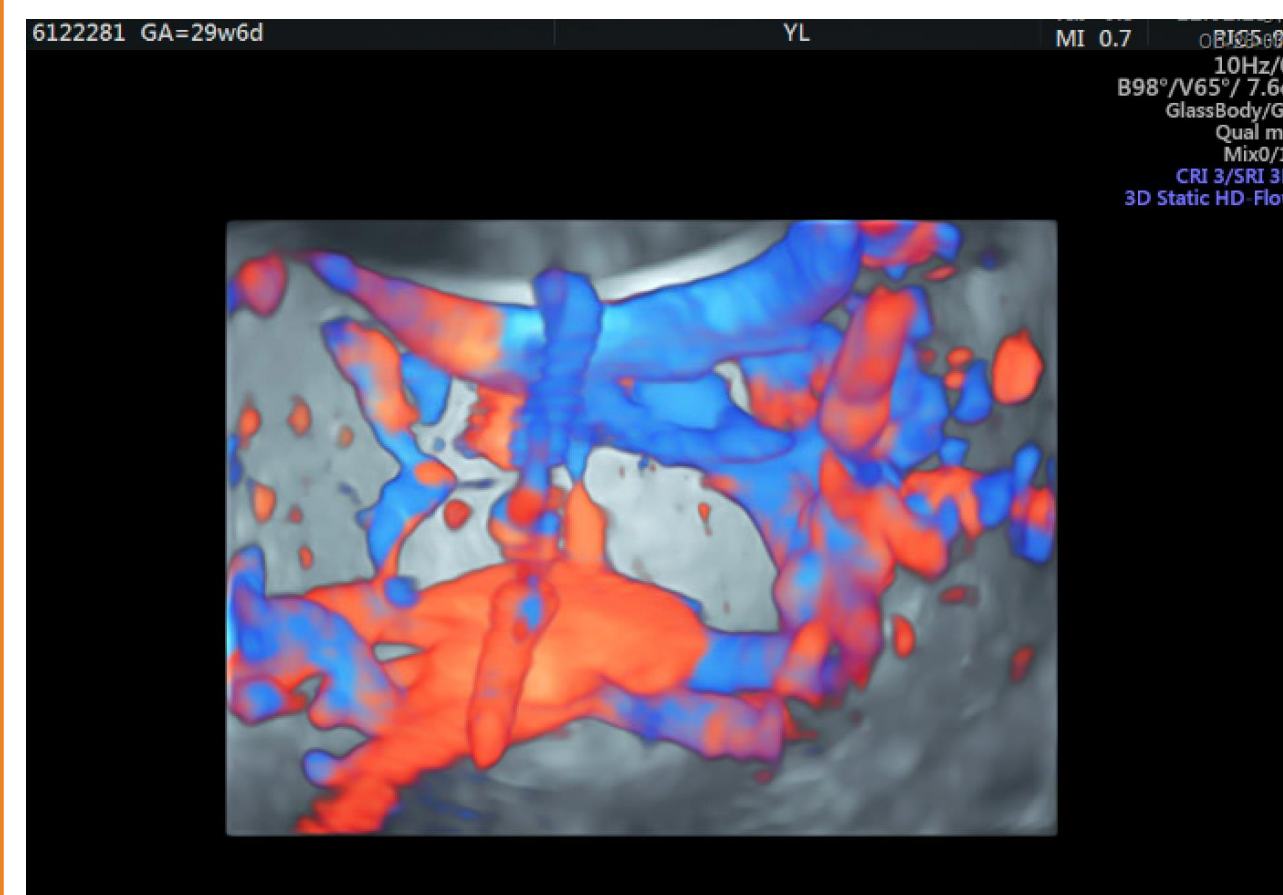


Figure 4 : Transvaginal 3D ultrasound at 29 w with evidence of large caliber vessels over the cervix

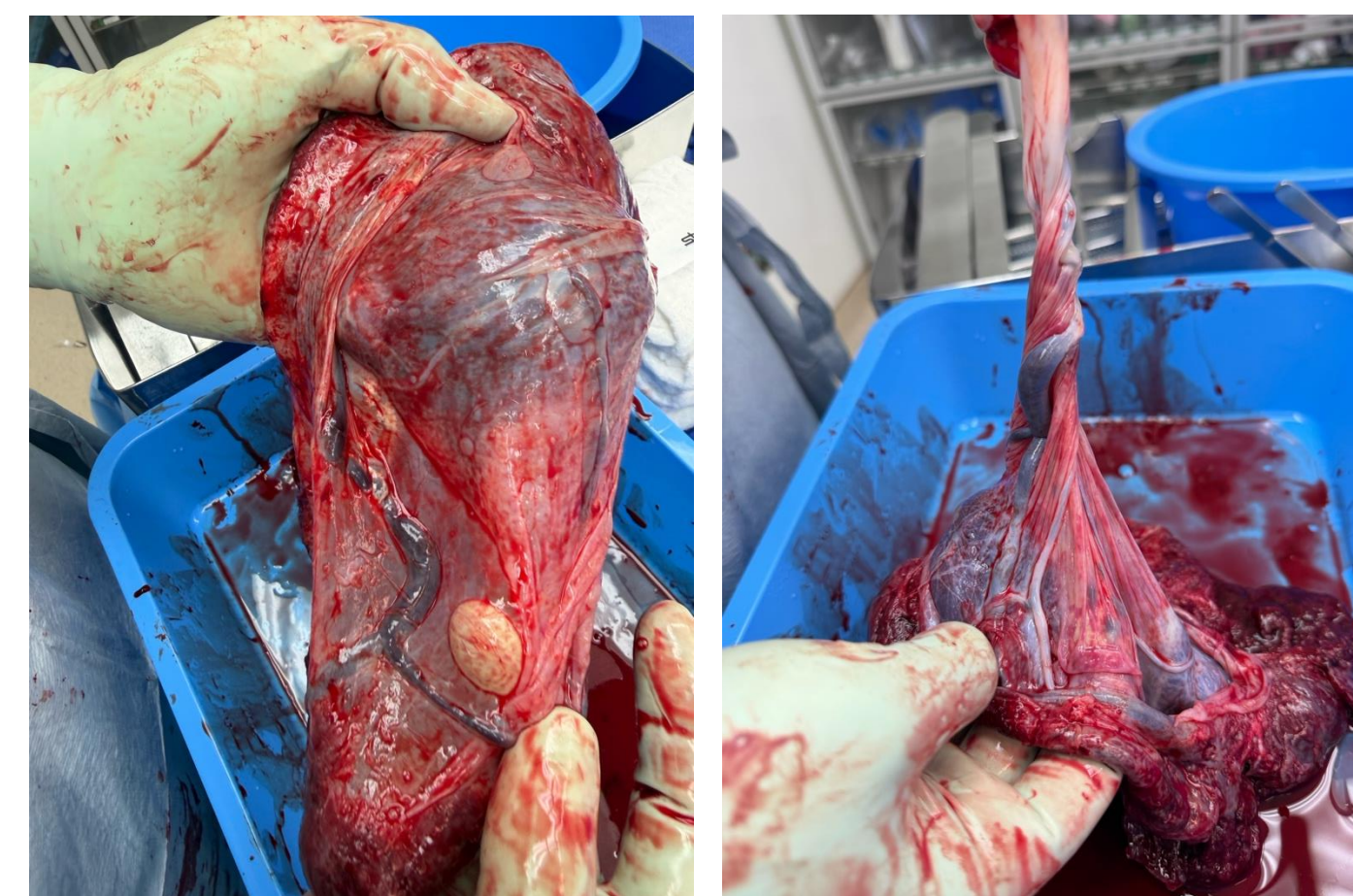


Figure 5A : Fetal vessels between the two separate placenta lobes

Figure 5B : Velamentous cord insertion from the posterior succenturiate lobe

CLINICAL OUTCOME

- Short inpatient antenatal admission from 33 weeks to 35 weeks
- At 35 weeks, the patient underwent an uncomplicated low transverse cesarean section with delivery of the fetus en caul.
- The neonate had no evidence of anemia at time of birth and was discharged home on day of life 5 from the neonatal intensive care unit

DISCUSSION

- This case highlights considerations for individualized risk assessment and outpatient management of selected patients with vasa previa
- Demonstrates the potential feasibility of outpatient management in a carefully selected patient with antenatally diagnosed vasa previa.
- Adds to the limited literature supporting individualized outpatient management of vasa previa
- In future studies, can consider outpatient management until delivery at 35 weeks if long cervical length

TAKE HOME POINTS

- In highly motivated patients without history of cervical insufficiency after thorough counseling, outpatient monitoring can be considered in patients with vasa previa