Royal College of Obstetricians & Gynaecologists

Dr Karen Henderson
His Majesty's Assistant Coroner for Surrey
HM Coroner's Court,
Station Approach,
Woking, Surrey
GU22 7AP

23 October 2026

Dear Dr Henderson

Re: Baby Jesse Samuel Parsons
[redacted]

Thank you for your Regulation 28 Report to Prevent Future deaths following the inquest into the death of Baby Jesse on 14 July 2026.

The loss of a baby is a devastating tragedy for parents, the wider family, and healthcare professionals involved. We would like to begin by extending our deepest and heartfelt condolences to Jesse's family for their profound loss.

This response has been developed following input from members of the Royal College of Obstetricians and Gynaecologists (RCOG) Guidelines Committee and Senior Officers of the College.

We recognise and respect the narrative conclusion from the inquest. The medical cause of Jesse's death was

1a. Hypoxic Ischaemic Encephalopathy
1b. Vasa Praevia and Velamentous Cord Insertion

We also recognise the matters of concern as outlined in your letter as follows,

1. *Placental cord insertion assessment at the routine 20-week anomaly ultrasound scan is not a mandatory requirement.*

To assist with this response the following definitions are provided in relation to the clinical conditions relevant to this case.

Vasa Praevia
Vasa praevia is a pregnancy complication in which fetal blood vessels travel within the membranes close to or over the cervix, rather than being protected within the umbilical cord or placental tissue. These exposed vessels are vulnerable to rupture, particularly when the membranes rupture, which can result in severe fetal blood loss.

Velamentous Cord Insertion
Velamentous cord insertion is an abnormal placental cord insertion in which the umbilical cord inserts into the fetal membranes rather than directly into the placenta. As a result, the

fetal blood vessels travel unprotected through the membranes before reaching the placenta, increasing the risk of complications, including vasa praevia.

Relationship between the conditions

Velamentous cord insertion is a recognised risk factor for vasa praevia. In some pregnancies, the unprotected fetal blood vessels associated with a velamentous cord insertion may lie close to or over the cervix, resulting in vasa praevia.

The College recognises that antenatal detection of vasa praevia is associated with improved perinatal outcomes and that earlier identification in this case may have enabled interventions that would have prevented Jesse's death.

The College's role is to produce evidence-based clinical guidance and professional standards. The current RCOG Green-top Guideline Vasa Praevia: Diagnosis and Management (Green-top Guideline 27b) is currently being updated and is due to be published in February 2027. The guideline acknowledges the evolving evidence base regarding screening approaches and supports implementation where appropriate expertise, training, quality assurance and resources are available.

Decisions regarding the introduction of a national screening programme are the responsibility of the UK National Screening Committee and NHS commissioners, who must consider evidence of clinical effectiveness, cost-effectiveness, feasibility, workforce implications and potential unintended consequences. The College is aware that the authors of our draft guidance are submitting evidence to the UK National Screening programme for their assessment.

The College will continue to review emerging evidence and to update its guidance as necessary, while engaging constructively with national organisations responsible for determining screening policy.

Thank you for bringing this to our attention. I hope this is a helpful response to this matter.

Yours sincerely,

[redacted]

[redacted]

CEO
Royal College of Obstetricians and Gynaecologists