

**PROVIDENCE HEALTH SYSTEM  
Oregon Region**

**Perinatal**

**Policy No. 280.00**

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**SUBJECT: Placental Triage, Storage and Release**

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**I. OBJECTIVES**

Provide safe, consistent, reliable mechanism to promote placental triage, storage and disposal. All placentas will receive a gross examination by the delivering care provider at delivery. When certain maternal, fetal or placental indications are present the placenta is sent promptly and appropriately for Pathology examination.

**II. POLICY STATEMENT**

Hospital systems and procedures will facilitate triage, examination, storage or retention of placentas.

Placentas are stored for one week pending a potential request for a Pathology examination. All such placentas are disposed of after one week.

Requests for retention of placentas by the patient will be in accordance with ORS 459.386 to 459.405.

Placentas needing a Pathology examination are stored in formaldehyde and cannot be released to the patient.

**III. DEFINITIONS**

**Placenta**

The term placenta is inclusive of the placenta, cord and attached membranes for the purpose of this policy.

**IV. PROCEDURE**

**A. SPECIAL CONSIDERATIONS FOR THE DELIVERING CARE PROVIDER**

1. It is the care provider's responsibility to inspect the placenta, cord and membranes.
2. "LMNOP" is a guideline to help appropriate documentation and is defined as:
  - a. Look at placenta, cord and membranes.

**NOTE:** Look at placenta at each delivery for gross abnormalities of the placenta, its membranes and the umbilical cord. Ex: meconium staining, multiple calcifications, 2-vessel cord or true knot. Be aware of indications for further exam.

- b. **Measure** cord length and note any abnormality of coiling (either overcoiling or undercoiling of the cord).
- c. **Note** findings with a written comment about the placenta in the chart.
- d. **Order Pathology** or request a photo.

**NOTE:** Include indication with order.

2. Guidelines for Placental Pathology Requests.

- a. Maternal.
  - Severe preeclampsia
  - Eclampsia
  - Rh isoimmunization
  - Rubella/other viral infection (i.e. Herpes, parvovirus)
  - Insulin dependent diabetes
  - Stillbirth
  - Prematurity of less than 34 weeks
  - Substance abuse
  - Chorioamnionitis
  - Severe oligohydramnios
  - Postmaturity of greater than 42 weeks
  - Repetitive bleeding (not first trimester)
  - Prolonged rupture of membranes greater than 24 hours
  - Severe maternal trauma
- b. Fetal.
  - Multiple gestation
  - Congenital anomalies
  - Fetal distress
  - Erythroblastosis fetalis
  - Hydrops
  - Meconium staining
  - Apgar less than 6 at 5 minutes
  - Suspected sepsis
  - Intrauterine growth retardation, less than tenth percentile
  - Urological signs
  - Seizures
  - Hypotonia
  - All perinatal deaths

## c. Placental.

- Abruptio
- Infarcts
- Vasa previa
- Acreta
- Amnion nodosum
- Cord hematomas
- Chorioangioma
- Masses
- True knot in cord
- Abnormal prenatal sonogram
- Circumvallate
- Unusual findings on gross exam
- Cord length less than 32 centimeters
- Cord length greater than 100centimeters

3. Obstetrical or newborn care provider may refer placentas for Pathology examination.

## B. EQUIPMENT/FORMS

1. Measuring tape.
2. Placental container with lid.
3. Labels.
4. Pathology slip.

## C. INTERVENTIONS/DIRECTIONS

1. Obstetric care provider responsibilities.

Perform gross examination of placenta and apply “LMNOP” guideline.

2. Perinatal nursing staff responsibilities.

- a. Discuss clinical indications with provider.
- b. Encourage provider to retain, examine and send placentas for examination when indicated.
- c. Measure and record cord length for long and short appearing cords as requested by obstetrical provider.

**NOTE:** Include length of cord section removed for cord gases in total cord length.

- d. Process placenta according to care provider “LMNOP” decision for refrigeration or Pathology examination.
  - e. Ensure proper storage of placenta.
4. Preparation.
- a. Use Pathology container or placenta basin with lid and place placenta in container without formalin.
  - b. Place label on container side. Include mother’s name, medical record number and date of delivery.
  - c. Place container in small red bag if outside of container contaminated and label outside of bag.
5. Placenta Storage.
- a. Refrigerate placenta within 2 hours of delivery.  
  
**NOTE:** Do not place placentas for routine storage in formalin.
  - b. Send placenta to appropriate area for storage per facility.  
  
**NOTE:**  

PHRH:	Perinatal unit refrigerator
PMMC:	Lab
PMH:	Perinatal unit refrigerator
PNH:	Lab
PPMC:	Perinatal unit refrigerator
PSTV:	Unit refrigerators then Morgue
PSH:	Lab
  - c. Store placentas for 7 days.  
  
**NOTE:** For placental Pathology examination request during this 7-day period, provide appropriate requisition, including indication(s).
  - d. If patient requests placenta to take home mark this information on the placenta container prior to storage. Label container: “Placenta requested by mother. Do not destroy without authority from Quality Management.”  
  
**NOTE:** Placentas that are sent to Pathology will be in formalin and not released.
6. Placental Pathology.
- a. Obtain order for Pathology examination.

- b. Transport to Pathology according to local procedure.
  - PHRH: Send to Mid-Columbia Medical Center
  - PMMC: Take to Lab
  - PMH: Take to Lab
  - PNH: Take to Lab
  - PPMC: Take to Surgical Pathology
  - PSTV: Take to Lab
  - PSH: Take to Lab
- c. Include copy of "Parturition Summary" and "Prenatals" with Pathology request form. State indication for examination and additional information as appropriate.

7. Request for release of placenta to mother.

- a. Refer to Providence Laboratory Service, Surgical Pathology Section, Regional Procedure Manual: V-3003 which states:

Human tissue cannot be released to the patient, family or physician in accordance with Oregon State Statutes – ORS 459.386-459.405. All body parts and tissues that have been surgically removed must be incinerated, unless there is a medical determination that the part cannot cause infection, disease, or an adverse health impact.

Requests for return of body parts or tissue based on a patient's religious beliefs need to be considered on a case-by-case basis.

Placenta release is coordinated through Quality Management who is responsible for seeking administrative permission and ensuring that the appropriate release forms are completed.

- b. Notify Nurse Manager, Assistant Head Nurse or Charge Nurse of request.
- c. Nurse Manager or designee to discuss state regulations regarding the disposal of infectious wastes and options with mother.
- d. If mother wishes to take placenta home, the following steps will be taken:
  - Institute Policy V-3003 as described above by sending placenta to storage per C.5.b, clearly marked to be saved for possible release to mother per C.5.d.

- Instruct mother to provide a “Patient Request to Retain Placenta” form (Attachment B) addressed to Quality Management.
- Notification of the final decision regarding the placental release will come from Quality Management.

D. DOCUMENTATION

Chart using appropriate forms.

List Cross-Reference

1. ORS 459.386 Definitions for ORS 459.386 to 459.405: Infectious Waste Disposal.
2. Providence Laboratory Service, Surgical Pathology Section, Regional Procedure Manual: V-3003.

## Attachment A

**PROVIDENCE PERINATAL – OREGON REGION  
PATIENT REQUEST TO TAKE PLACENTA HOME**

## CHECKLIST FOR RN'S &amp; MATERNITY TECHS

- ✓ Keep this form with the placenta
- ✓ Attach a copy of the patient's face sheet in a biohazard bag envelope
- ✓ Assure the placenta is properly labeled
- ✓ Call Quality Management to notify of patient's request
- ✓ Store placenta in facility specific, designated area
- ✓ If placenta requires a pathology exam (stored in formalin) it cannot be released
- ✓ Kaiser does not release placentas to their patients
- ✓ Give patient "Instructions for Parents" - detach form below

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**Staff signature that placenta is ready to go to Pathology**



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**Instructions to Patient for Obtaining Placenta**

Providence Health System and the State of Oregon require that tissue specimens be held and available for examination. Placentas are held for a period of no more than seven days in the hospital, at that point all specimens are properly disposed. Specimens that require examination by pathology and stored in formalin **cannot be released**. Specimens that may cause infection, disease, or provide a potential adverse health impact **cannot be released**.

If you would like to obtain your placenta to take home, send "Patient Request to Retain Placenta" (Attachment B) form to the hospital's Quality Management Department. Quality Management will notify you of the final decision regarding the placenta release. The phone number is on the back of this instruction sheet.

If release is approved, the placenta must be picked up from Quality Management after 8 days but no later than 15 days after the infant's date of birth. After the 15<sup>th</sup> day the placenta will be disposed. The patient must be the one to consent and receive the specimen.

### Quality Management Contact Numbers

Providence Hood River Hospital	541.387.6414
Providence Medford Medical Center	541.732.5009
Providence Milwaukie Hospital	503.513.8318
Providence Newberg Hospital	503.537.1746
Providence Portland Medical Center	503. 215.6923
Providence St Vincent Medical Center	503.216. 2243
Providence Seaside Hospital	503.717.7720



**Attachment B****PROVIDENCE HEALTH SYSTEM  
Oregon Region****Perinatal****Patient Request to Retain Placenta**

I, \_\_\_\_\_, acknowledge that Providence Health System's normal practice is to retain all placentas removed at delivery for appropriate disposal. I have asked that my placenta be returned to me. I have been instructed in the proper storage and handling of my placenta. I have been advised to avoid exposure to other people to the blood or bloody tissue of my placenta to prevent the risk of infection.

I understand that if my care provider determines that my placenta needs a pathology exam, I will not be able to have my placenta returned to me.

I hereby release the hospital, its staff, and my attending physicians from all liability associated with my request to retain my placenta. I agree to defend, indemnify, and hold the hospital, its directors, officers, agents, employees, and medical staff harmless from and against any and all claims, demands, liabilities, damages, and expenses (including attorney fees) that may result from my retaining of my placenta. I assume all risks in connection with the subsequent handling and disposition of my placenta.

I understand that I must pick up my placenta from Quality Management at the hospital between day 8 and day 15 after the birth of my child. After day 15 the placenta will be disposed.

The reason I want to retain my placenta is:

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I have carefully read this request, understand it, and have had the opportunity to have any questions about it answered.

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Patient

Date

I acknowledge the receipt of my placenta.

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Patient

Date

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Witness

Date

**PROVIDENCE HEALTH SYSTEM  
Oregon Region**

**Perinatal  
REVIEW AND REVISION DATE**

**NAME OF POLICY:** Placental Triage, Storage and Release

Current document compiled from existing Policies and Procedures of the Providence Health System-Oregon Region-Perinatal Units:

Providence Hood River Hospital  
Providence Medford Medical Center  
Providence Milwaukie Hospital  
Providence Newberg Hospital  
Providence Portland Medical Center  
Providence St Vincent Medical Center  
Providence Seaside Hospital

**Developed by:**

Providence Perinatal Practice Council

**Effective Date:**

June 2005

**Authority for Policy Review/Approval:**

Regional OB/Newborn Executive Quality Committee  
Oregon Nurse Executives

**Review and/or Revision Dates:**

Reviewed	Revised	Approved By (Name/Title)
	1/06	Regional OB/Newborn Quality Executive Committee