

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

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**PURPOSE:**

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 to Pathology for examination.

**POLICY:**

- 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 placentas are disposed of after one week.
- Placentas needing a Pathology examination are stored in formaldehyde.

**AFFECTED PERSONNEL/AREAS:** MCH DEPARTMENT/ RN'S AND LABORATORY STAFF**DEFINITIONS****PLACENTA**

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

**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.

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**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

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- 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. Placenta 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.



SECTION:

- 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 single small red bag if placenta is being sent to pathology needs to be double red bagged.

- Refrigerate placenta within 2 hours of delivery.  
**NOTE:** Do not place placentas for routine storage in formalin.
- Send placenta to Lab for storage.
- Store placentas for 7 days.

## 5. Placental Pathology

- a. Obtain order for Pathology examination.
- b. Transport to Pathology according to protocol.
- c. Include a copy of the Delivery Summary with Pathology request form. State indication for examination and additional information as appropriate.

### Charting using appropriate forms

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**REFERENCE:**

Placenta Examination: MCH Policy and Procedure.

March of Dimes. (PDF). Placental Pathology in Adverse Perinatal Outcome

**CROSS REFERENCE:**

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| Responsibility for Review and Maintenance of Policy<br>By: <b>Director of Maternal Child Health</b> |
| Department Review & Approval<br>Date:   |
| Medical Executive Committee Review & Approval:<br>Date:   |
| Board of Directors Review and Approval:<br>Date:  |

|   |
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