

Reference Number: UHBOBS391 Version Number: 1	Date of Next Review:13/07/2023 Previous Trust/LHB Reference Number: New Document
Placental Examination	
Introduction and Aim	
Histopathological examination of the placenta following a pregnancy affected by medical complications, pregnancy loss or neonatal death may provide an explanation and information relevant to the management of the current infant and/ or subsequent pregnancies.	
Objectives	
Provide evidence – based guidance for medical and midwifery staff involved in the requesting and sending of placentas to histology. Provide information relevant to the future management and on-going care of the child Provide information for the subsequent antenatal management of the woman	
Scope	
This procedure applies to all of our staff in all locations including those with honorary contracts.	
Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has not been completed. 'This is because a procedure has been written to support the implementation of the. Policy. The Equality Impact Assessment completed for the policy found here to be a no impact.
Documents to read alongside this Procedure	Royal College of Pathologists Tissue Pathway for histological examination of the placenta.
Approved by	Maternity Professional Forum

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	10/07/2020	13/07/2020	This is a new document

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2 Introduction

2.1 Rationale

Histopathological examination of the placenta following a pregnancy affected by medical complications, pregnancy loss or neonatal death may provide an explanation and information relevant to the management of the current infant and/ or subsequent pregnancies.

This is a new guideline based on the 2019 The Royal College of Pathologists' updated guidance, Tissue pathway for histological examination of the placenta..

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2.2 Objectives

- Provide evidence – based guidance for medical and midwifery staff involved in the requesting and sending of placentas to histology.
- Provide information relevant to the future management and on-going care of the child
- Provide information for the subsequent antenatal management of the woman

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3 Indications for histopathology examination

1. Stillbirth: antepartum or intrapartum
2. Early neonatal death
3. Late miscarriage
4. Termination of pregnancy for fetal abnormality – if requested by fetal medicine
5. Congenital abnormality
6. Preterm birth <34 weeks
7. Severe IUGR (less than 3rd customised centile at birth)
8. Unexpected admission to neonatal unit with fetal acidosis or following severe fetal distress (or cord ph.< 7/ neonatal blood gas ph. < 7
9. Fetal hydrops
10. Placental abruption
11. Suspected infection (clinical suspicion high enough to have triggered use of maternal antibiotics intrapartum) in a preterm delivery (less than 37 weeks)
12. Twin pregnancy with complications of TTTS, TAPS or discordant growth.

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3.1 Additional considerations

There are indications outside of the above criteria and these placentas should be discussed with Consultant obstetrician on call.

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4 Processes to be followed

The placenta should be placed in a dry pot with a sealed lid.

Complete a pathology request form.

Clinical details must include: gestation, birthweight and the indication for examination

Placentas without the documented reason for examination will be rejected by the reporting pathologist

Placental swabs and cytogenetic samples if required should be taken prior to sending to histopathology

If the placenta is being examined after a stillbirth or termination of pregnancy, send it fresh to the mortuary.

If the placenta is being examined for other reasons send it fresh to the pathology lab.

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5 References

The Royal College of Pathologists: Tissue Pathway for Histopathological Examination of the Placenta. October 2019.

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6 Appendices

6.1 Appendix 1. Indications and Information for Pathologists

PLACENTAL EXAMINATION

1. Stillbirth antepartum or intrapartum
2. Early neonatal death
3. Late miscarriage
4. Termination of pregnancy for fetal abnormality – if requested by fetal medicine
5. Congenital abnormality
6. Preterm birth <34 weeks
7. Severe IUGR (less than 3rd customised centile at birth)
8. Unexpected admission to neonatal unit with fetal acidosis or following severe fetal distress (or cord ph. < 7/ neonatal blood gas ph. < 7)
9. Fetal hydrops
10. Placental abruption
11. Suspected infection (clinical suspicion high enough to have triggered use of maternal antibiotics intrapartum) in a preterm delivery (less than 37 weeks)
12. Twin pregnancy with complications of TTTS, TAPS or discordant growth.

There are indications outside of the above criteria and these cases should be discussed with Consultant obstetrician on call.

REMEMBER:

- **GESTATION**
- **BIRTHWEIGHT**
- **INDICATION FOR EXAMINATION**

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