


<b>Release of Placenta to a Parent</b>			
	Program/Dept:	Maternal Child Program	Document Category: PC- Maternal Child Program
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	Approved by:	Maternal Child Steering Department of Obstetrics FMOG Milton Department of Obstetrics Georgetown Department of Obstetrics MAC	Reviewed Date: June/2012
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### **Purpose**

To provide guidance to health care professionals when a parent requests the release of their placenta.

### **Scope**

Registered Nurses, Registered Practical Nurses, Midwives and Physicians

### **Policy**

1. The purpose of this policy is to provide health care professionals with a standardized approach/process to ensure that requests are handled in a fair and consistent manner.
2. All requests to take a placenta home must have been assessed by a midwife or the Healthcare provider medial who has been involved in the care of the woman.
3. The release of the placenta may not be appropriate (or should be delayed) for infection prevention and control reasons (e.g. suspected active bacteremia, HIV, blood borne infection, Hepatitis B or C).
4. The Healthcare provider conducting the assessment must only release the placenta if they are satisfied that the arrangements for transport, storage and disposal will not constitute a public health risk.
5. If a patient chooses to take their placenta home, they will be educated about the risks of handling and storage of their placenta.
6. To comply with document, "Release Waiver for Release of Placenta to a Parent" form #H3405.

### **Procedure**

#### Releasing the Placenta

1. Parents should discuss their request to take the placenta home with their antenatal care provider. The woman's care provider will document requests on the Antenatal Summary Form.
2. Obtain a written and signed authorization form "Release Waiver for Release of Placenta to a Parent" form #H3405 from the patient (will be kept in the chart).

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3. The delivering practitioners should conduct and document a gross bedside examination of the placenta following all births.
4. The release of the placenta should be delayed and/or a tissue block should be obtained before the release, if a full pathological workup is required or anticipated.
5. The patient should be informed, if possible, in advance that the placenta may not be immediately released or the release of the placenta may not be clinically appropriate. A placenta that may pose a risk of infectious disease risk: including but not limited to a placenta from a woman suspected or known to carry Human immunodeficiency virus (HIV), Hepatitis B, Hepatitis C or multi resistant bacteria, confirmed maternal infection or suspected / confirmed chorioamnionitis must not be released.
6. If the placenta does not require an examination by the Department of Pathology, it will be put in a container and released to the parents directly from the Birthing Suite. Containers are available through the Department of Pathology. Each container will have a warning label affixed to it stating the following:

### **WARNING: HANDLE CONTENTS WITH CARE/CAUTION**

- DO NOT EAT/INGEST. Use rubber gloves to touch. Contents may have been treated with a preservative which is POISONOUS.
  - CONTENTS CONTAIN BLOOD. Do not allow other persons to touch, ingest, and handle as blood may contain infectious diseases.
    - Triple bag contents prior to freezing.
  - If intent is to bury the contents, ensure that contents are buried at least 3 feet under ground in an area where there are no domestic or wild animals.
7. If the placenta is sent to the Department of Pathology for examination, it must be labeled "for parent release". The parents will be contacted when the placenta is available for release.
  8. Teaching regarding the management of the placenta and the date and time of release of the placenta will be documented in the patient record by the Birthing Suite Registered Nurse.
  9. Placentas must be removed from the Birthing Suite within 24 hours after birth.

### **Safety Precautions:**

#### Handling and Storage of the Placenta

1. Inform the patient that routine precautions should be followed when handing the placenta (wearing gloves, washing hands with soap and water).
2. The placenta should be stored in a fridge (3-7 degrees Celsius) ideally one that does hold food. If the patient is planning on keeping the placenta for more than 2 days it must be frozen. The requirement to at least triple plastic bag the placenta and freeze in a deep freezer.
3. Do not consume the placenta if there is an infection, toxin or if they have been stored in formalin or other similar fixative.

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4. If the patient is to bury the placenta it must be at a sufficient depth (no less than one meter deep) to prevent scavenging by animals and infection transmission to humans.

### Preparing for Transport

1. Follow infection control and biohazard practices and inform the mother as appropriate.
2. Triple wrap the remains in clinical bags and place them in a leak-proof container.
3. Inform the patient that once in the container, the remains must be removed from the facility as soon as practical and the container should not be opened on the premises.

### Reviewed By/Consultation With:

Infection Prevention and Control

Laboratory

### Key Words:

Placenta, Home, Release, Products of Conception

### Signed by

Title

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