



Appendix 3

Placenta-Indications and Procedure for Pathological Examination

Pathological examination of the placenta can reveal the cause of fetal and neonatal death, preterm birth, fetal growth restriction (FGR) and neurological impairment. Pathological examination of the placenta may also identify the cause of chronic or acute pathology in the infant, correctly assess the type of twin pregnancy or assist with diagnosis of maternal medical conditions which can be treated in subsequent pregnancies. Information obtained can also be beneficial for medico-legal purposes and can also provide vital information for parents through the bereavement/debriefing process.

PIPER

In the event that an infant requires retrieval by PIPER it is ideal that the placenta is retained and transported with the infant. Clinicians must ensure the placenta is placed in a sealed specimen bucket and labelled. Please refer to fetal/neonatal indications for placental pathology. If the placenta has already been transported to pathology appropriate documentation should be made in the progress notes and PIPER documentation.

Placental Pathology Follow-up

It is the responsibility of the ordering clinician to follow-up placental pathology results. Discussion of any pathological investigations/findings should be included in clinician handover at change of shift to ensure timely follow-up and reporting.

Placental Pathology in the event of a Post-mortem being requested

In the event of the request for a post-mortem for a baby. The placenta must be stored in a fresh and refrigerated condition. It can be sent to the mortuary for storage and clearly labelled with the mother's bradma sticker. The placenta should then be transported with the baby to the Anatomical pathology at the Women's hospital.

Obtain pathology request form from medical practitioner. Information on the pathology request form should include: ○ Information about the pregnancy ○ Maternal age, parity and gestation

- Any maternal/fetal problems in the antenatal or intrapartum period ○ Any abnormalities of the fetus/infant
- Maternal disease (e.g. diabetes, autoimmune disease, metabolic disease, thrombopathies, Thrombophilias)
- significant maternal history (e.g. trauma, alcohol and other drug use, infections) ○ Therapeutic interventions

Use appropriate PPE equipment

Perform the routine placental examination of the cord, placenta and membranes.

Collect samples for cytogenetics and/or microbiology if indicated.

Place the placenta in the specimen bucket and seal. **Do not** add any solutions to the bucket.

The specimen bucket is labelled with the maternal medical record label and the pathology request form completed and attached. Ensure correct patient identification checking procedures applied.

The placenta should be transported to pathology as soon as possible to ensure appropriate refrigeration. Dispose of placenta tray in contaminated waste (yellow bin).

Ensure appropriate documentation in maternal/neonatal notes and Birthing Outcomes System (BOS).