



System-wide Policy: **Placenta Handling**

Reference #: SYS-PC-APCC-020

Origination Date: January 2017  
Next Review Date: June 2019  
Effective Date: January 2017

**Approval Date: June 2016**

**Approved By: Quality Council**

**System-wide Owner Group:** Allina Pregnancy Care Council

**System Information Resource:** Birth Center Patient Care Manager

<b>Stakeholder Groups</b>
Allina Health Laboratory
Risk Management Council
Peri Op Steering Committee
Emergency Medicine Program Committee
OB Leaders Group
Infection Control
Patient Educator Lead (CSL)

**SCOPE:**

<b>Sites, Facilities, Business Units</b>	<b>Departments, Divisions, Operational Areas</b>	<b>People applicable to</b>
Abbott Northwestern Hospital, Buffalo Hospital, Cambridge Medical Center, District One Hospital, Mercy Hospital, New Ulm Medical Center, Owatonna Hospital, River Falls Area Hospital, Regina Hospital, St. Francis Regional Medical Center, United Hospital	Birth Centers, ORs, ED, Lab	Registered Nurses, Providers, Hospital support staff, Lab personnel

**POLICY STATEMENT:**

Placental disposition will be managed in accordance with the current Allina Health Laboratory Policy (see [Tissue Disposition policy](#)), considering clinical indications and patient preferences. Patients may be allowed to take possession of their placental tissue following delivery if requested prior to delivery. Attempts will be made to accommodate patient requests that are made after delivery. No

placental tissue will be released that has come into contact with Formalin (formaldehyde).

## **PROCEDURES:**

Placental disposition will be documented in the nursing delivery navigator

For disposition to the hospital lab:

- 1) Communication regarding potential for placental pathology is to occur between RN and provider during pre-brief/delivery phase.
- 2) Order (#30438) placenta to pathology based on maternal, newborn or placental indications (see [addendum A](#))
- 3) The plan for placenta disposition will be documented in the Electronic Health Record (EHR). When hand off communication is warranted the plan should be communicated to the RN assuming cares.
- 4) Placenta will be placed in plastic container with a fitted cover and labeled with the patient's electronically generated label. The container should be labeled at the time of placenta procurement, not pre-delivery. Double check for accuracy to be done by a second clinically trained professional. The container will be placed in a biohazard bag for transport to lab.
- 5) Disposition of the placenta to the lab should occur as soon as possible and within 4 hours post-delivery.

For patients requesting to take placenta home\*:

Follow steps 1 and 3 above plus the following:

- 6) The patient will be provided the [Taking Your Placenta Home brochure](#) and informed that the placenta must be removed from the hospital as soon as possible and within 4 hours post-delivery or prior to changing patient location (e.g. Labor room to postpartum room).
- 7) The patient must have a person designated to be responsible for the placenta once the provider has determined no pathology is needed. This person will assume possession of the placenta after end of case.
- 8) The placenta will be contained as described in step 4. The patient or designee is responsible for providing a cooler or other means of transporting and storing the placenta outside of the hospital. Placentas may not be kept for any length of time in the hospital or patient refrigerator.

9) The patient will be required to sign the [Tissue release Form #SR-14245](#)

For Patients requesting to consume their placenta in the delivery room\*: Follow all of the above (exceptions: steps 2, 4, 5) plus the following:

- 10) Inform the patient that all patient care staff have the option to leave the room during this practice.
- 11) Ensure patient condition is stable prior to leaving the delivery room.
- 12) Inform patient that if placenta is not consumed prior to transfer to postpartum the placenta will need to be removed from the hospital.
- 13) Inform the patient and/or designee they will be responsible for the disposition of partially consumed placenta.

For hospital disposition of placentas that do not require pathology and the patient does not wish to take possession:

Placenta should be disposed of according to the Allina Health Waste Streams (see [Addendum B](#)).

\*Hospital staff should not recommend, advise or otherwise provide counsel on the practice of placental encapsulation or the consumption of placenta. The patient is responsible for independently obtaining all information regarding these practices and any required personal health and safety protocols.

## **DEFINITIONS:**

**Placental encapsulation**- the practice of ingesting the placenta after it has been steamed, dehydrated, ground, and placed into pills. (americanpregnancy.org)

## **FORMS:**

[Tissue Release Form](#)

## **ALGORITHM:** NONE

**ALTERNATIVE SEARCH TERMS:** Placenta, Placental, Fetal Tissue, Release, Specimen, placenta pathology

## **ADDENDUM:**

- A) [Suggested Indications to Send Placenta to Pathology](#)
- B) [Allina Health Waste Streams](#)
- C) Patient Education: [Taking Your Placenta Home](#)

**REFERENCES:**

**Related Regulation and Laws:** NONE

**Mosby Link(s):** NONE

**Related Policies/Procedures:**

Name of Document	Content ID	Business Unit where Originated
<a href="#">Tissue Disposition Policy</a>	Sys-pc-aml-001	System Wide
<a href="#">Disposition of Fetal Remains</a>	Sys-pc-apcc-012	System Wide
<a href="#">Infection Control</a>	Sys-ic-aipcc-018	System Wide

**Policies/Procedures Replacing:**

Name of Document	Content ID	Business Unit where Originated
NONE		