



CLINICAL PRACTICE GUIDELINE

Labour: Indications for placental examination in pathology (microbiology and histopathology)

This document should be read in conjunction with the [Disclaimer](#)

Specimen transport

1. The placenta should be checked; double bagged (plastic), labelled and placed in a plastic container.
2. Ensure a patient addressograph and date is applied on the:
 - outer plastic bag containing the placenta,
 - the container lid
 - the side of the container
3. The placenta is placed in a refrigerator (in the utility room in the Labour and Birth Suite [LBS]) with the completed paperwork until transfer to the Pathology Specimen Reception.
 - In cases of perinatal death when post-mortem is **required** the placenta is taken by the Patient Care Assistant (PCA) to Perinatology Pathology at KEMH. The labelled placenta is placed in the refrigerator in the LBS Perinatal Loss Service (PLS) room. In cases when an autopsy is **declined**, a Pathology form must be completed and sent with the placenta.

Pathology request form- information required

Information provided on the pathology request form should include:

- Consultant's details legibly written on the form
- Maternal:
 - Maternal age, parity and gestation⁷
 - Maternal disease e.g., diabetes, autoimmune disease, metabolic disease, diabetes, thrombopathies-thrombophilias¹
 - Significant history e.g. trauma, drug/alcohol abuse, infections⁷
- Pregnancy information⁷
- Antenatal / intrapartum: Any maternal/fetal problems⁷
- Fetal / Neonatal: Any abnormalities⁷
- Therapeutic interventions⁷
- Both pathological and microbiological examination must be requested

Additional information

All placentas that are not sent for examination are kept in the KEMH Pathology Department for 1 month prior to being discarded.

- All placentas that are not sent for examination are kept in the Biological waste fridge located in B block lower ground (underneath the 24 hour laboratory).
- Please do not deliver placentas for storage to 24 hour lab.

See next page for indications for examination of the placenta.

Indications for examination of placenta by Pathology and Microbiology

Maternal

- Pre-eclampsia², pregnancy induced hypertension;¹ chronic hypertension with IUGR²
- Maternal infection, maternal fever;¹ or peripartum sepsis² (Or Clinical chorioamnionitis)
- Significant maternal disease or conditions e.g. known maternal cancer;^{2, 8} collagen disease, diabetes, seizures, severe anaemia
- Prolonged rupture of membranes (ROM) (>24hrs);⁵ or Premature ROM (>36hrs)¹
- Drug or alcohol misuse⁷
- Maternal trauma (severe) ^{2, 7}
- Gestational age more than 42 weeks⁵
- Unexplained or recurrent pregnancy problems e.g. stillbirth, spontaneous abortion, preterm birth⁵
- Unexplained third trimester bleeding or excessive bleeding of > 500mL⁵
- Metastatic malignancy

Fetal

- IUGR² (birth weight < 2.5kg or 3rd centile);¹
- Prematurity (< 37 weeks)¹
- Fetal anaemia/haemorrhage
- Same sex twins, twins with undetermined chorionicity,
- Fetal abnormality;
- Severe fetal distress requiring Special Care Nursery admission;¹ or poor condition at birth (cord pH <7, Apgar ≤ 6 at 5min, ventilation>10min, severe anaemia)²
- Diseases of the neonate with possible intra uterine origin e.g. Infection/sepsis², neurological signs;¹ seizures²; or suspicion of fetal infection⁸
- Stillbirth^{1, 2} or Neonatal death²
- Birth weight > 95th percentile
- Rhesus (& other) isoimmunisation¹
- Thick or viscid meconium⁵
- Oligohydramnios / polyhydramnios²

Placental

- Abruption; ^{1, 2} or morbidly adherent placenta¹
- Abnormal placental appearance;¹ or physical abnormality of the placenta e.g. infarct, mass, vascular thrombosis, haemorrhage, malodorous, scar,² retroplacental haematoma, abnormal colouration; or placental lesions
- Small or large placental size or weight for gestational age^{2, 5}
- Abnormal cord² e.g. thrombosis, torsion, true knot, single artery, absent Wharton's jelly; abnormally coiled cord or total umbilical cord length < 32cm at term, or long cord of > 100cm.⁵
- Marginal or velamentous insertion⁵
- Invasive procedures with suspected placental injury⁵

Other: Medical request

References and resources

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Related WNHS policies, procedures and guidelines

WNHS Policy [Consent for Under 20 Week Fetal Autopsy Examinations](#)

KEMH Clinical Guidelines, Obstetrics & Gynaecology:

- [Perinatal Loss](#): Legalities and reporting; Perinatal Loss in the third trimester Management
- [Placenta being taken home: Safe Handling](#)
- Labour (Third Stage) [Retained Placenta](#)

[PathWest Test Directory](#)

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