

## Clinical Guideline for Indications for Placental Examination

<b>For Use in:</b>	Maternity Services
<b>By:</b>	Obstetric medical and midwifery staff
<b>For:</b>	Requesting and sending of placentas to histopathology
<b>Division responsible for document:</b>	Women and Children's
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<b>Compliance links:</b> <i>(is there any NICE related to guidance)</i>	Royal College of Pathologists Tissue pathway for histopathological examination of the placenta 2017
<b>If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?</b>	Not NICE guideline but complies with essential criteria from 2017 guideline

# Clinical Guideline for Indications for Placental Examination

## Version and Document Control:

Version Number	Date of Update	Change Description	Author
6	23/04/2021	Indications for histological examination	Charles Bircher Richard Haines

## This is a Controlled Document

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## Objectives

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

## Rationale

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

This guideline was originally produced following a review of the The Royal College of Pathologists' *Tissue pathway for Histopathological examination of the placenta*, September 2011 and a local audit presented in May 2014. It has been updated with the 2017 RCPATH updated guidance

## Indications for histological examination (Updated April 2021)

1. Stillbirth or Peripartum death
2. Late Miscarriage
3. Termination of pregnancy for fetal abnormality – if requested by fetal medicine
4. Prematurity of 32 weeks or less
5. Severe IUGR (less than 10<sup>th</sup> centile at birth)
6. Fetal Hydrops

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7. Severe fetal distress requiring admission to neonatal unit for example, admission to NICU with arterial pH <7.0
8. Maternal Pyrexia >38 degrees, irrespective of gestation, with suspicion of sepsis or evidence of clinical infection/chorioamnionitis/funisitis

### Additional considerations

There are indications that may be outside of the current local criteria, these placentas should be requested by Consultant Obstetrician following discussions with one of the perinatal pathologists

### Processes to be followed

- The placenta should be placed in a dry pot with a sealed lid
- Complete an ICE request form.
  - Clinical details must include: gestation, birth weight and the indication for examination.
  - Placentas without a documented indication for examination will be rejected by the reporting pathologist.
- Placental swabs and cytogenetic samples if required, should be taken prior to sending to Histology.
- 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.

### Clinical audit standards and monitoring compliance

To ensure that this document is compliant with the above standards, the following monitoring processes will be undertaken:

Audit of the placental samples sent to Histopathology yearly, to ensure that requests are appropriate and all relevant samples have been sent

The audit results will be sent to Obstetrician Consultants Presented bi-annually at *Obstetric Governance* who will ensure that these are discussed at relevant governance meetings to review the results and make recommendations for further action.

### Summary of development and consultation process undertaken before registration and dissemination

The authors listed above drafted this document on behalf of Histo path team and obstetric and neonatal depts who have agreed the final content.

This guideline was produced in collaboration with Drs X Tyler, Consultant Perinatal Histopathologist, Mr C Bircher, Consultat Obstetrician, Mr Richard Haines,

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Obstetrics Guideline lead and Dr Priya Muthukuma, CD Paediatrics to provide guidance for maternity staff

### References

1. RCPATH : [www.rcpath.org](http://www.rcpath.org) Tissue pathway for histopathological examination of placenta (2017) (G108)
2. Gibbs RS, Rosenberg AR, Warren CJ, Galan HL, Rumack CM. Suggestions for Practice to Accompany Neonatal Encephalopathy and Cerebral Palsy. *Obstet Gynecology* 2004;**103**: 778-779.