

GUIDANCE ON PLACENTAL INVESTIGATIONS FOLLOWING STILLBIRTH

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RELATED APPROVED TRUST DOCUMENTS	'Guideline for the Management of Stillbirth' Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network.		
AUTHOR/FURTHER INFORMATION	Carole Beales		
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Guidance on placental investigations following stillbirth

It has been recommended by the Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network, within the Guideline for the Management of Stillbirth, January 2015, that following stillbirth 'placental pathology should be performed and is recommended even if a post-mortem is declined. The placenta should be examined by an experienced paediatric/perinatal pathologist'

If the parents consent to a post-mortem examination of the baby, the placenta **MUST** be sent with the baby, as documented in stillbirth guideline and integrated pathway.

If parents decline a post-mortem examination then it should be discussed if they would want the placenta sent to R.M.C.H. and examined by a specialist pathologist. Written consent is not required but document in notes that the mother has given her verbal consent for this to be done.

How to send placenta to R.M.C.H. (when baby not having post-mortem):

- Complete Clinical Information for Examination of Placenta Form (found in post mortem box, Sandalwood sluice cupboard)
- Place plain white plastic bag in 20cm plastic histology specimen pot.
- Label histology pot with completed orange and white histology label
- Place placenta into bag in the pot
- Ask member of theatre team to put formalin over placenta (make sure swabs/cord sample have been taken prior to putting formalin on placenta)
- Tie up plastic bag by knotting.
- Place lid on histology pot
- Place sealed histology pot into another white plastic bag and tie/knot
- Put completed Clinical information for examination of placenta form into a clear specimen bag and tape onto sealed histology pot
- Place in red transport box (kept in Sandalwood sluice)
- Complete form on top of red box with maternity notes number and date sent to Reception, Pathology Department.
- Bleep maternity porter on 1105 and ask them to transport to Reception, Pathology Department ASAP.

Hospital transport will then collect the red transport box from Reception, Pathology Department, and take placenta to R.M.C.H. (via St Marys lab).

N.B. The hospital transport only collects at 9.30am; Monday to Friday, so the red transport box **MUST** be in Reception, Pathology Department on time. If the placenta needs to be kept overnight or at a weekend, make sure the placenta is in formalin and packaged as above and the white histology pot is stored in fridge in Sandalwood sluice. **ALSO** document on D/S board and in diary that it needs sending first thing on the next available transport day.

The red transport box will be returned to Sandalwood sluice, Delivery Suite, via path lab office.

Results will take approx. 6 weeks, via Carole Beales.

Remember to document on Stillbirth Integrated Pathway.

Please let Carole know if you have any problems with the above service/arrangements.

Clinical Information for Examination of Placenta

Mother's details (or use sticker)
Hospital Number:
NHS No:
First Name:
Last Name:
Date of Birth:
Address:
Post code:

STEPPING HILL HOSPITAL

Ward

Consultant

High risk Yes / No (circle)

Maternal History

Smoker YES / NO (circle) cigarettes per day Blood Group:

Alcohol / Drug Use YES / NO (circle)

Past Medical History

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Medication:

Parity G P A BMI

Current Pregnancy:

Gestational age at delivery weeks

Any of the following complications in labour / delivery? (circle one or more)

NONE	Antepartum Haemorrhage	Prolonged rupture of membranes
Oligohydramnios	Hypertension / Pre-eclampsia	Polyhydramnios
IUGR	Postpartum Haemorrhage	Maternal Pyrexia

Give details if any:

Liquor meconium stained: YES / NO (circle)

Delivery: Vaginal Delivery / Caesarean-section (circle) LSCS – Elective / Emergency

Placenta: Manual removal of placenta YES / NO (circle), cord accident:

Retroplacental clot: YES / NO (circle) Size:

Liveborn / Stillbirth / Neonatal Death / Miscarriage (circle)

Birthweight: g Sex: Male / Female Apgar Scores: 1 5

Admitted to NICU / SCBU: Yes / No

Clinical reason for referring placenta:

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Do you want an urgent report? Yes / No

If Yes, reason:

Monitoring template for Trust Approved Documents

Process for monitoring e.g. audit	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Audit	O&G Audit lead	3 yearly	O&G Audit meeting	O&G Audit Lead/Auditor	Quality Governance Committee 6 monthly