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Facilitated by: Jo McMullan, CMM	Issue Date: August 2012
Approved by: Maternity Quality Committee	Review date: August 2015

## Placenta for Histology Policy

### Purpose

The purpose of this guideline is to

- provide safe and effective care for women
- establish a local approach to care, that is evidence based and consistent
- inform good decision making

### Scope

- To all medical, midwifery and nursing staff employed by the Surgical, women and children's directorate, and other practitioners holding an access agreement.

### Indications

Placenta will be sent for histological examination in the following circumstances

#### Maternal

Diabetes with IUGR/macrosomia	Peripartum/intrapartum maternal sepsis
Mod/Severe preeclampsia < 34 wks	Severe maternal trauma & baby affected
Severe chronic hypertension	Malignancy during pregnancy
Placental abruption/unexplained APH	

#### Fetal

Stillbirth/neonatal death	Hydrops fetalis
Preterm <34 weeks	Amniotic band sequence
IUGR <2.7kg at term, <5 <sup>th</sup> centile	Twins with abnormal growth
Neonatal infection/sepsis	Neonatal seizures
Compromised condition at birth: Cord blood pH <7.0 Apgar <6 at 5 mins Ventilatory assistance >10mins Severe anaemia, haematocrit <35% Admitted to neonatal unit	Amniotic fluid abnormalities Severe oligohydramnios Unexplained polyhydramnios

#### Placental indications

Physical abnormality (e.g. infarct, mass, vascular thrombosis, haemorrhage, malodorous, scar)
Small / large for weight of baby
Umbilical cord abnormalities (eg thrombosis, torsion, torn fetal vessel)

**PATHOLOGICAL EXAMINATION of the placenta is NOT REQUIRED in the following circumstances UNLESS ONE of the GIVEN INDICATIONS LISTED PREVIOUSLY is ALSO PRESENT.**

**MATERNAL** Socio-psychiatric TOP  
Preterm delivery 34 -37 weeks  
History of substance abuse or toxin exposure  
Gestation >42 weeks  
Prolonged (>24hrs) rupture of membranes  
Placenta praevia  
Well controlled gestational diabetes without fetal complication

**FETAL** Abnormal karyotype if already confirmed  
Multiple gestation without other indication  
Delivery by caesarian section  
Structural abnormality with known chromosomal diagnosis  
Babies of mothers with gestational diabetes admitted to NNU for glycaemic control

**PLACENTAL** Cord lesions, true knot, single umbilical artery, with healthy infant  
Marginal or velamentous cord insertion with healthy infant  
Nuchal cord with healthy infant

**See attached form**

Appendix 1 Placental histology request form

## Appendix 1



### HUTT VALLEY DISTRICT HEALTH BOARD - LABORATORY PLACENTA HISTOLOGY REQUEST.

**PATHOLOGICAL EXAMINATION of the placenta is NOT REQUIRED in the following circumstances UNLESS ONE of the GIVEN INDICATIONS LISTED PREVIOUSLY is ALSO PRESENT.**

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<b>Place Mother's Sticky Label Here:</b>	Send Report to:
	LMC: Address:
	Consultant:
Requested by: Signature:	Copy to: Address

## Placenta Information

LMP:	Para	Gravida
Date of delivery:	Fetal weight:	M/F
Gestational age:	Placental weight	
Cord length	Gross abnormalities	
Completeness of disk/membranes		

## Clinical History:

## USS Findings:

Indications for examination: Please tick one or more.

### Maternal indications

<input type="checkbox"/>	Diabetes with IUGR/macrosomia	<input type="checkbox"/>	Peripartum/intrapartum maternal sepsis
<input type="checkbox"/>	Mod/Severe preeclampsia < 34 wks	<input type="checkbox"/>	Severe maternal trauma & baby affected
<input type="checkbox"/>	Severe chronic hypertension	<input type="checkbox"/>	
<input type="checkbox"/>	Placental abruption/unexplained APH	<input type="checkbox"/>	Malignancy during pregnancy

### Fetal indications

<input type="checkbox"/>	Stillbirth/neonatal death	<input type="checkbox"/>	Hydrops fetalis
<input type="checkbox"/>	Preterm <34 weeks	<input type="checkbox"/>	Amniotic band sequence
<input type="checkbox"/>	IUGR <2.7kg at term, <5 <sup>th</sup> centile	<input type="checkbox"/>	Twins with abnormal growth
<input type="checkbox"/>	Neonatal infection/sepsis	<input type="checkbox"/>	Neonatal seizures
<input type="checkbox"/>	Compromised condition at birth: cord blood pH <7.0 Apgar <6 at 5 mins Ventilatory assistance >10mins Severe anaemia haematocrit <35% Admitted to neonatal unit	<input type="checkbox"/>	Amniotic fluid abnormalities Severe oligohydramnios Unexplained polyhydramnios

### Placental indications

<input type="checkbox"/>	Physical abnormality (e.g. infarct, mass, vascular thrombosis, haemorrhage, malodorous, scar)
<input type="checkbox"/>	Small / large for weight of baby
<input type="checkbox"/>	Umbilical cord abnormalities ( eg thrombosis, torsion, torn fetal vessel)

\*\*\*\*\* PLEASE REFER OVERLEAF \*\*\*\*\*

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Design by Dr Diane Kenwright, Department of O&G, CCDHB.