



Standard operating procedure for sending a placenta for histology

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1.0 Introduction

This Standard Operating Procedure (SOP) provides a framework for midwives to identify which placentas need to be sent for histology following delivery, promoting uniformity of approach and ensuring basic standards are met. The main underpinning themes are risk management and infection control.

2.0 Objective

The aim of the SOP is to ensure placentas of women with indications for referral are sent for histological examination as per The Royal College of Pathologists guidance issued in 2022.

3.0 Scope

This SOP applies to all medical and maternity staff working on the maternity unit.

4.0 Main body of the document

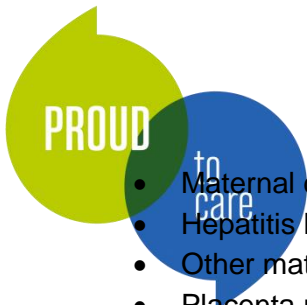
4.1 Indications for referral of placentas for pathological examination

Referral of placenta for examination is essential for singletons or multiples as indicated below:

- Stillbirth (antepartum or intrapartum)
- Miscarriage (14+0–23+6 completed weeks' gestation)
- Severe fetal distress defined as: pH <7.05 or Base Excess \geq -12 or scalp lactate >4.8mmol/l
- Preterm birth (less than 32+0 weeks' gestation)
- Fetal growth restriction defined as: birthweight below 3rd centile or drop in fetal growth velocity of >2 quartiles or >50 percentiles
- Abnormal umbilical artery Dopplers (absent or reversed end-diastolic flow)
- Fetal hydrops
- Early-onset (<32 weeks) severe pre-eclampsia requiring iatrogenic delivery
- Caesarean peripartum hysterectomy for morbidly adherent placenta
- Severe maternal sepsis requiring adult intensive care admission and/or fetal sepsis requiring ventilation or level 3 Neonatal Intensive Care (NICU) admission (following swab taken from the placenta for microbiology at delivery)
- Massive placental abruption with retroplacental clot
- Monochorionic twins with twin to twin transfusion syndrome (TTTS).

4.2 Referral is not indicated in the following conditions as histopathological examination is unlikely to provide useful information:

- Cholestasis of pregnancy
- 'Gritty' placenta
- Pruritis of pregnancy



- Maternal diabetes with normal pregnancy outcome
- Hepatitis B, HIV, etc.
- Other maternal disease with normal pregnancy outcome
- Placenta praevia
- Post-partum haemorrhage
- Polyhydramnios
- Rhesus negative mother with no fetal hydrops
- History of maternal Group B streptococcus
- Maternal coagulopathy
- Maternal substance abuse
- Uncomplicated twin pregnancy
- Congenital anomaly
- Common aneuploidies
- Low grade pyrexia in labour
- History of previous molar pregnancy
- Normal pregnancy
- Accessory lobe
- Uncomplicated velamentous cord.

4.3 Consultant request

If a consultant requests placental histology and it is not indicated, the consultant must discuss with the receiving consultant pathologist at Sheffield.

4.4 Procedure

Please note this list is not exhaustive – if you have any concerns regarding sending a placenta for histology, please consult with the pathologist at Sheffield.

The midwife must obtain verbal consent from the woman to send the placenta and document on the partogram.

If infection is suspected swab the placenta and send for culture and sensitivity.

Place the placenta in a white histology bucket (remove the plastic placenta bag and discard) – do not cover with formalin.

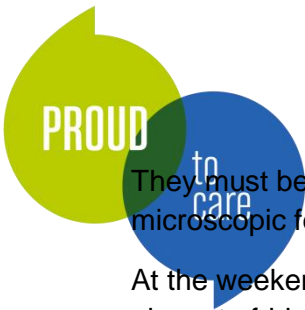
Secure the lid and label with two patient identifier labels, one on the lid and one on the bucket.

Complete the request for placental examination form which can be found in the dirty utility.

Enter the details in the placenta book including the Patient's name and unit number, the date and time of specimen. The placenta book is stored in the dirty utility near the placenta fridge on the birthing centre. Take the book with the placenta to the laboratories.

The placenta book should be signed by both the person taking the sample and the person accepting the sample in the laboratories.

All placentas that require histological examination must be taken to histology between 8am and 12pm Monday to Thursday and between 8am and 11am on Fridays. Outside this window placentas must be stored in the designated placenta fridge on the birthing centre.



They must be stored at 4°C and cannot be frozen as this will obliterate important microscopic features.

At the weekend, store the placentas that require histological examination in the designated placenta fridge.

The same procedure should be followed by midwives who have attended a homebirth if any of the indications for placental histology are identified.

For the named consultant obstetrician to review the placental histology report, the medical secretaries will pull a report from IRIS detailing all the placentas that have been sent to histology. The secretaries will chase the reports and once received they will send on to the consultant for review.

5.0 Roles and responsibilities

5.1 Midwives

Midwives have a responsibility to identify which placentas need to be sent for histopathology and to obtain consent from the woman.

Maternity staff have a responsibility to ensure the placentas are packaged and stored correctly.

Maternity staff have a responsibility to ensure the placenta is transported to the Laboratories correctly and in accordance with relevant Trust policies.

5.2 Obstetricians

Medical staff have a responsibility to review the results of the placental histology and ensure any necessary follow up is completed.

6.0 Associated documents and references

Lakshmi Thirumalaikumar, Kalaivani Ramalingam, Tamas Marton - Royal College of Obstetricians and Gynaecologists. The Obstetrician and Gynaecologist (TOG). (2019). Volume 21. Placental histopathological abnormalities and poor perinatal outcomes (pages 135-142). <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/tog.12555>

The Royal College of Pathologists (2022). Tissue pathway for histopathological examination of the placenta [online] [Microsoft Word - G108 Tissue pathway for histopathological examination of the placenta For Publication.docx \(rcpath.org\)](#)

7.0 Training and resources

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.



8.0 Monitoring and audit

Any adverse incidents relating to the management of sending a placenta for histopathology will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The procedure for sending a placenta for histopathology will be audited in line with the annual audit programme, as agreed by the CBU.

The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

9.0 Equality and Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

This section is mandatory for all Trust Approved Documents and must include the statement below:



The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



Appendix 1

Glossary of terms

TTTS - twin to twin transfusion syndrome.

Appendix 2 (must always be the last appendix)

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	N/A
Reviewed at Women’s Business and Governance meeting	16/12/2022
Approved by CBU 3 Overarching Governance Meeting	25/01/2023
Approved at Trust Clinical Guidelines Group	N/A
Approved at Medicines Management Committee (if document relates to medicines)	N/A



Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Standard Operating Procedure
Document title	Standard operating procedure for sending a placenta for histology
Document author (Job title and team)	Practice Educator Midwife, Consultant Obstetrician
New or reviewed document	Reviewed
List staff groups/departments consulted with during document development	Midwifery Obstetrics Pathology
Approval recommended by (meeting and dates):	CBU3 overarching meeting 25/01/2023
Date of next review (maximum 3 years)	25/01/2026
Key words for search criteria on intranet (max 10 words)	
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Jade Carritt Designation: Governance Midwife

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee):	CBU3 Overarching Governance
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