

## LOCAL OPERATING PROCEDURE

# **CLINICAL POLICIES, PROCEDURES & GUIDELINES**

Approved by Quality & Patient Care Committee 20 April 2017

# PLACENTA - REMOVAL FROM HOSPITAL BY PARENTS

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

#### 1. AIM

- Placenta taken home by correct parents in labelled sealed container
- · Parents given correct information on removal and disposal

#### 2. PATIENT

Postnatal parents

## 3. STAFF

Medical and midwifery staff

#### 4. EQUIPMENT

- Personal Protective Equipment (PPE)
- Plastic bags
- Sealable bucket

## 5. CLINICAL PRACTICE

- Don appropriate PPE
- Ensure placenta and membranes are checked for completeness before giving to the parents
- Place placenta, membranes and cord in 2 sealed plastic bags and then place in a sealed labeled bucket
- Instruct parents:
  - they cannot take placenta to the postnatal ward nor store it in any hospital refrigerator
  - o to take placenta home as soon as possible
  - o burial must take place within eight hours of removal from a refrigeration unit
  - the placenta should not be removed from any container in which it is stored prior to disposal
  - o the placenta is a potential infection risk and handling should be kept to a minimum
  - the placenta must be disposed of according to local council regulations
  - o placenta can be returned to the hospital for disposal as per hospital procedure
- Give the parents a copy of leaflet "Taking baby's placenta home" (Appendix 1)
- Ensure parents complete "Authorisation of the release of tissue to a patient or next of kin" and file in integrated clinical notes
- Document all discussions and findings in integrated clinical notes and in ObstetriX

## 6. DOCUMENTATION

- Integrated clinical notes
- ObstetriX
- Partogram
- SESLHD Form Authorisation of the Release of Human Tissue to a Patient or Next of Kin



## LOCAL OPERATING PROCEDURE

# **CLINICAL POLICIES, PROCEDURES & GUIDELINES**

Approved by Quality & Patient Care Committee 20 April 2017

## PLACENTA - REMOVAL FROM HOSPITAL BY PARENTS cont'd

#### 7. EDUCATIONAL NOTES

- Permission of the property owner and permission from the local council must be sought if buried in private property
- Human tissue is not to be buried in a location likely to contaminate a drinking water supply or domestic water supply: there must be no risk of contamination including to groundwater supplies
- The placenta should be buried at no les than 900mm below the natural surface of the soil, this
  is the minimum depth at which tissue should be buried to avoid accidental exhumation
  including by animals

## 8. RELATED POLICIES/ PROCEDURES/CLINICAL PRACTICE LOP

Third stage management following vaginal birth

#### 9. RISK RATING

Low

## 10. NATIONAL STANDARD

• CC - Comprehensive Care

## 11. REFERENCES

- NSW Department of Health Circular 2007\_036 Infection Control
- NSW Health PD2016 001 Donation Use and retention of Tissue from Living Persons

## **REVISION & APPROVAL HISTORY**

Reviewed and endorsed Maternity Services LOPs 11/4/17 Approved Patient Care Committee 8/5/08 Reviewed and endorsed Obstetrics Clinical Guidelines group March 2008 Replaced 'Disposal of the Placenta' approved Quality Council 15/7/02

FOR REVIEW: APRIL 2020

## **APPENDIX 1**

# If You are Taking Baby's Placenta Home

# Safety tips for Handling Baby's Placenta

- The placenta is to be placed in 2 sealed plastic bags and sealed in a labeled bucket.
- Optimal storage to prevent deterioration of the placenta is in a refrigerator or freezer as soon as possible after birth.
- It is preferable that a family member or support person attending takes the responsibility for prompt storage.
- Those handling the placenta should wear waterproof gloves to prevent transmission of any possible germs from the placenta.
- Avoid contact between blood from the placenta and breaks in the skin such as cuts, burns or sores. Avoid contact between blood and the eyes, nose or mouth.
- If blood does contaminate any of these areas of the body, wash the blood off immediately with soap and water. Exception: avoid using soap in the eyes, just wash with plenty of water.
- If blood contamination has occurred to any break in the skin or eyes, nose or mouth, seek medical advice.
- Wash hands thoroughly with soap and water after any contact with the placenta or blood and after removing gloves.
- Clean up any spills of blood using detergent and water while wearing gloves.

## **Burial of Placenta**

- Permission of the property owner and permission from the local council must be sought if buried on private property.
- Human tissue is not to be buried in a location likely to contaminate a drinking water supply or domestic water supply: there must be no risk of contamination including to groundwater supplies.
- The placenta should be buried at no less than 900mm below the natural surface of the soil, this is the minimum depth at which tissue should be buried to avoid accidental exhumation including by animals.
- Do not bury it near a river or creek and do not bury it in public land/parks /reserves.
- If you are unable to dispose of your placenta you may return it to RHW in a leak proof container and the hospital will dispose of it.

Reference NSW Department of Health Circular 2007\_036