

Placental Histology Poster

Stop! Does this placenta need to be sent for histology?

- Miscarriage (14+1-23+6 weeks).
- FGR <3rd centile or drop in growth velocity >50 percentiles.
- Fetal hydrops.
- UA Dopplers (absent/reversed end diastolic flow).
- Monochorionic twins with TTTS.
- Preterm birth <32 weeks.
- <32-week-onset severe PET.
- Severe sepsis with maternal ITU admission and/or fetal sepsis requiring ventilation or level 3 NICU (placenta swabs taken at birth).
- Massive placental abruption with retroplacental clot.
- Severe fetal distress pH<7.05 / BE≥-12/scalp lactate >4.8mmol.
- Caesarean paripartum hysterectomy for morbidly adherent placenta.

If yes to any of the above:

1. In a well-ventilated area, select a large specimen container (bucket) and ensure the lid fits tightly.
2. Put the placenta in the bucket.
3. Pour formalin (10% formal saline) over it, covering it to **about five times** the volume of the placenta.
4. Put the lid on.
5. Label the bucket **only** (not lid) with:
 - a. The patient's name and date of birth and hospital number.
 - b. The nature of **specimen** – placenta.
 - c. The ward – labour ward.
 - d. Date of specimen.
 - e. Securely attach the specimen label from ICE
6. Call porter to collect specimen.



Label
your
placenta
bags

- Stillbirth or early neonatal death (if placenta still available)
- MTOP (if requested by screening)

In cases of Stillbirth or early neonatal death or MTOP:

1. Keep the placenta in a pot but do not add formalin until you have confirmed that the placenta is to be sent for histology.
2. Remember that a live born baby at any gestation, who then dies, may require a Coroner's PM, so do not add formalin to the placenta, even if the parents do not request a PM, until this has been discussed with the Coroner.
3. **The placenta must be refrigerated in these cases.**