



CLINICAL GUIDELINE

Pathology Placenta Examination Request Form

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	3
Does this version include changes to clinical advice:	Yes
Date Approved:	22 nd April 2022
Date of Next Review:	1 st May 2027
Lead Author:	Dawn Penman
Approval Group:	Obstetrics Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

NHS GG&C Pathology Placenta Examination Request Form

Greater Glasgow and Clyde Department of Pathology, Regional Paediatric and Perinatal Pathology Services Telephone 0141 354 9513/4

Stillbirth form (to be completed by Consultant or ST7 in case of stillbirth):

Please provide additional clinical details including presence / absence of maceration, interval between IUD diagnosis and delivery and any relevant history:

If any of the following are applicable: unexpected or unexplained intrapartum death, stillbirth following concealed pregnancy, parental concerns re: care, likelihood of an Adverse Event Review, stillbirth following maternal trauma / assault, please indicate whether the case been discussed with Procurator Fiscal (Y/N):

Please supply name of fiscal, fiscal unit (SFIU / on call fiscal) and fiscal decision:

Placentas with the following are NOT indicated for examination unless there are additional relevant indications:

- Pre-eclampsia, Maternal sepsis / pyrexia, Abruption or Fetal distress not fulfilling the indications overleaf
- Maternal Group B streptococcus
- Maternal diabetes or other maternal disease with normal pregnancy outcome
- Known trisomy 13, 18, 21 / Turners
- Congenital anomaly
- Uncomplicated twin pregnancy
- Twins for assessment of chorionicity

- "Gritty" placenta
- Placenta praevia
- Post-partum haemorrhage
- Polyhydramnios
- History of previous molar pregnancy
- Cholestasis
- Hepatitis B/C, HIV
- Single umbilical artery
- Uncomplicated velamentous cord
- Placenta with accessory lobe

If placentas are received from the "not indicated" list or without adequate clinical information the obstetrician will be notified and if no further information is forthcoming the placentas will be disposed of after 3 months.