

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
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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



Patient label / Details	Lá	aboratory Number: (Lab Use Only)			
Patient Name:					
CHI number:	Son	d placenta and this request form to:	Department of		
Address:		Send placenta and this request form to: Department of Pathology, Level 3, Laboratory Medicine Building, Queen Elizabeth University Hospital, Glasgow, G51 4TF			
GESTATIONAL AGE AND CLINICAL INDICA	TION NAI	IST BE STATED ON THE BEOLI	EST EODM		
PLACENTAS WITH INSUFFICIENT CLINICAL			EST FORIVI		
LACENTAS WITH MOST TOLENT CENTRAL	DETAILS	- TONED ONE			
GESTATION: (essential)					
INDICATION(S) for examination (essential	l)				
CLINICAL DETAILS:					
Consultant Obstetrician:		Livebirth (Y/N):			
Date of Delivery:		Birth Weight and Centile:			
Gravidity: Parity:		Mode of delivery:			
Granaty. Fairty.		mode of delivery.			
Stillbirth (antepartum or intrapartum)		Consultant or ST7 to complete stillbirth form overleaf			
Miscarriage (14+0 – 23+6/40 gestation)		Complete stillbirth form overleaf			
SGA (Birth Weight < 3 rd Centile)					
FGR: Drop in fetal growth of >2 quartiles or >50 p	ercentiles				
Absent / reversed EDF on umbilical artery Dopplers					
Spontaneous preterm delivery or PPROM ≤31+6 weeks					
latrogenic preterm delivery ≤31+6 weeks		Indication			
Severe early onset (<32/40) pre-eclampsia requiri	_				
Massive abruption with retroplacental clot					
Fetal hydrops	П				
•	ш				
Severe fetal distress defined as: pH<7.05 or					
Base Excess ≥-12 or					
scalp lactate >4.8	-				
Severe maternal sepsis requiring adult ICU admiss		☐ Placenta swab to be taken for	· · · · · ·		
Severe fetal sepsis requiring ventilation / level 3 NICU		☐ Placenta swab to be taken for	microbiology at delivery		
Caesarean hysterectomy for morbidly adherent p					
Monochorionic twins with TTTS		Twin A: sexcord clam			
		Twin B: sexcord clam			
Other (at obstetrician's discretion)		Consultant or ST7 to complete form	n		
Any other information e.g maternal smoking, BMI, m	nedications v	iral infections during pregnancy. Rhesus	HIGH RISK:		
status, significant maternal co-morbidities:	realeations, v	natimeterons during pregnancy, thesas	(blood borne infection)		
			URGENT:		
Person completing the request form:					
Name: (print)		Hospital:			
Full contact number:		Date:			

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

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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.

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