



**OBSTETRICS AND GYNAECOLOGY
CLINICAL PRACTICE GUIDELINE**

Placenta being taken home: Safe handling

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	Obstetrics and Gynaecology Directorate clinical areas at KEMH, OPH and home visiting (e.g. Visiting Midwifery Services, Community Midwifery Program and Midwifery Group Practice)

This document should be read in conjunction with this [Disclaimer](#)

This guideline must be read in conjunction with the Department of Health WA:

- Mandatory Policy 0129/20: [Release of Human Tissue and Implanted Medical Devices Policy](#)
- [Guideline for the Release of a Human Fetus or Placenta](#)
- [Patient Information Sheet and Consent Form - Authorisation and Release of a Human Fetus or Placenta](#)

WNHS specific information

1. Check if placenta is not to be released:
 - See [Indications for Pathological Examination of a Placenta](#) guideline
 - See 'Exclusion Criteria' in section 3.3 in [MP 0129/20](#)
 - If unsure, contact Infection Prevention and Management for further assistance.
2. Requests to release a placenta should be discussed with the midwife, obstetrician and operating room staff prior to the birth or operative procedure when possible.
3. The [Patient Information Sheet and Consent Form - Authorisation and Release of a Human Fetus or Placenta](#) must be completed by the patient and a health professional prior to the placenta being released.
4. The placenta should be taken home on the day of birth. Short term storage **is not** available at WNHS. The container should be airtight sealed and labelled with the patient details and transported with the patient.



5. The patient is to be advised that where no request to remove the placenta from the hospital is received, the placenta will be disposed of in clinical waste as per Patient Support Service (PSS) processes.
 6. If the placenta is sent for formal pathological examination it will be retained as per PathWest protocols. If the patient wishes to collect the placenta post pathological examination;
 - Clearly document the request for placental release on the pathology request form.
 - Provide the patient with the Department of Health [Patient Information Sheet](#) and preliminary counselling about placenta release following pathological examination. This includes:
 - Advising that placentas released post pathological examination are only suitable for burial or cremation.
 - Contamination risks and procedures associated with pathological examination render the placenta inadequate for placental printing or placentophagy (ingestion of placenta / encapsulation).
 - PathWest will contact the patient directly to collect the placenta once examination is complete.
 - On collection, the releasing pathologist will complete the [Authorisation and Release of a human fetus or placenta Consent Form](#) with the patient and advise of any further management required due to examination methods.
 7. Placentophagy (ingestion of placenta / encapsulation) and lotus birth are not recommended practices at WNHS.
 - There is currently inadequate data to support claims that placentophagy has any health benefits, and due to potential infectious risks¹, people are discouraged from placental consumption.²
 - There is a lack of evidence to support lotus birth, and the practice has been associated with risks to the neonate (e.g. infection, haematological). Some women may request this practice and midwives/ obstetricians should have the knowledge and processes in place to support women in making informed choices. Neonatal safety and infection prevention principles should be followed if lotus birth.³
- Counselling includes³:
- risk of postpartum haemorrhage
 - discussion around physiological third stage
 - that the practice may not be possible if birth by caesarean section or if neonatal resuscitation required. In an elective caesarean section, leaving the cord uncut may be possible if the neonate is well at birth. This should be discussed with the obstetrician on admission and contingency arrangements developed.
 - Advice around safe disposal of the placenta (requirements in line with this guideline and state policy). Completion of [Authorisation and Release of a human fetus or placenta Consent Form](#) required if lotus birth continues at time of discharge.

References

1. Buser GL, Mató S, Zhang AY, Metcalf BJ, Beall B, Thomas AR. Notes from the field: Late-onset infant group b streptococcus infection associated with maternal consumption of capsules containing dehydrated placenta. **MMWR Morb Mortal Wkly Rep** 2017;66:677-8. Available from: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6625a4.htm>
2. Farr A, Chervenak F, McCullough L, Baergen R, Grünebaum A. Human placentophagy: A review. **American Journal of Obstetrics and Gynecology**. 2018;218(4):401.e1-11.
3. Victoria SC. Vaginal seeding and lotus births: Consensus statement n.d. Available from: <https://www.safercare.vic.gov.au/best-practice-improvement/clinical-guidance/maternity/vaginal-seeding-and-lotus-births-consensus-statement>

Related policies, procedures and guidelines

Department of Health Western Australia:

- MP 0129/20: [Release of Human Tissue and Explanted Medical Devices Policy](#)
- [Guideline for the Release of a Human Fetus or Placenta](#)

Related WNHS policies, procedures and guidelines









WNHS Clinical Guideline: Obstetrics and Gynaecology:

- [Labour: Indications for Pathological Examination of a Placenta](#)
- [Partnering with the woman who declines recommended maternity care](#)

Useful resources (including related forms)

Form and patient information sheet

- Department of Health Western Australia: [Patient Information Sheet and Consent Form - Authorisation and Release of a Human Fetus or Placenta](#)

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Version history

Date	Summary
Jan 2004	First version
Prior to Jul 2017	Archived- contact OGD Guideline Coordinator for previous versions. Original titled as B.5.14.3: 'Women Requesting to Take Home Their Placenta'. Changed in 2011 to 'Safe Handling of a Placenta Being Taken Home'.
Jul 2017	Where no request to remove the placenta from the hospital is received, the placenta will be disposed of after a month, unless it is sent for formal pathological examination in which case it will be retained as per PathWest protocols for six weeks.
Apr 2020	<ul style="list-style-type: none"> Updated with links to new Department of Health WA Mandatory Policy '0129/20: Release of Human Tissue and Explanted Medical Devices Policy' and 'Guideline for the Release of a Human Fetus or Placenta' New Department of Health WA patient information sheet and consent form to be used
September 2024	<ul style="list-style-type: none"> Consent form replaced with DoH Patient Information Sheet and Consent form Process for releasing a placenta post pathological exam expanded and confirmed with PathWest staff. Information about lotus births expanded and recommended counselling Updated to new template

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