

Clinical Directive: compliance is mandatory

Management of the Release of a Placenta for Private Use Clinical Directive

Policy developed by: SA Maternal & Neonatal Community of Practice

Approved SA Health Safety & Quality Strategic Governance Committee on:
19 April 2016

Next review due: 19 April 2019

Summary Clinical directive for the management of the release of a placenta for private use.

Keywords amniotic sac, clinical guideline, management of the release of a placenta for private use, placenta, placentophagy, umbilical cord, buried, antenatal, pregnant, cultural

Policy history Is this a new policy? **Y**
Does this policy amend or update an existing policy? **N**
Does this policy replace an existing policy?

Applies to All SA Health Portfolio

Staff impact All Staff, Management, Admin, Students, Volunteers
All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology

PDS reference CG246

Version control and change history

Version	Date from	Date to	Amendment
1.0	19 April 2016	current	Original Version

© Department for Health and Ageing, Government of South Australia. All rights reserved.

Clinical Directive
for the
Management of the
Release of a Placenta
for Private Use

in South Australian
Public Health Services

MAY 2016



SA Health

Note:

This policy provides advice of a general nature. This statewide policy has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The policy is based on a review of published evidence and expert opinion.

Information in this statewide policy is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the policy, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the policy.

This statewide policy does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with patients in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- use of interpreter services where necessary,
- advising patients of their choice and ensuring informed consent is obtained,
- providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- documenting all care in accordance with mandatory and local requirements.

National Library of Australia Cataloguing-in-Publication entry

Title: Policy for the Management of the Release of a Placenta for Private Use in South Australian Public Health Services
Dept. for Health and Ageing.

ISBN: 978-1-74243-789-7

Subjects: --Government policy--South Australia.
Body Tissue--South Australia.

Other Authors/Contributors:
South Australia. Dept. for Health and Ageing.

Work Group Participants

Professor Jodie Dodd (Chair)	Maternal Fetal Medicine Specialist Women's & Children's Health Network
Bonnie Fisher (Executive Officer)	Principal Project Manager : SA Maternal & Neonatal Community of Practice
Jackie Ah Kit	Director Aboriginal Health Division Women's & Children's Health Network
Judy Coffey	Clinical Services Consultant Delivery Suite Women's & Children's Health Network
Dr Louise Flood	Medical Consultant (public health) Communicable Diseases Control Branch System Performance and Service Delivery Division SA Health
Wendy Hermel	Midwifery Project Officer Nursing & Midwifery Office SA Health
Susan Ireland	Manager Blood, Organ & Tissue Programs Public Health & Clinical Co-ordination Division SA Health
Julie Pratt	Clinical Services Consultant Women & Children Division Flinders Medical Centre
Helen Psarras	A/Manager Health Protection Programs Public Health & Clinical Co-ordination Division SA Health
Dr Jane Raupach	Medical Epidemiologist Communicable Diseases Control Branch System Performance and Service Delivery Division SA Health
Marion Rix	Clinical Services Consultant Women's & Children's Unit Whyalla Hospital & Health Services
Jan Whitelaw	Clinical Services Consultant Infection Prevention and Control Women's & Children's Health Network

CONTENTS

GLOSSARY OF TERMS.....	5
INTRODUCTION.....	6
AIM	6
BACKGROUND	6
OUTCOME STATEMENT	7
STANDARD REQUIREMENTS.....	7
REFERENCES	9
APPENDIX 1	10

GLOSSARY OF TERMS

Amniotic sac	consists of a thin but tough transparent pair of membranes, which contains the developing embryo (and later fetus) until shortly before birth.
<i>Coroners Act 2003 (SA)</i>	South Australian legislation that provides an understanding of a range of obligations regarding coronial enquiries to ensure all deaths, suspected deaths, fires or accidents that cause injury to person or property are properly investigated and concluded. In the context of the <i>Coroners Act 2003 (SA)</i> , a placenta may be required for examination on behalf of the state Coroner as it constitutes a 'part' of a dead person under the jurisdiction of a coronial process ¹
Executive Officer	includes senior executive staff; in particular the Chief Executive Officer, Executive Officer/Directors of Nursing//Midwifery in public health services.
Informed consent	is a legal procedure to ensure a patient knows all of the risks and costs involved in a procedure. The elements of informed consent include explaining to the patient the nature of the procedure and the potential risks and benefits.
Lotus birth	which refers to not cutting the umbilical cord after the birth of the child but allowing it to dry naturally and break of its own accord ² .
Medical waste	is defined as waste consisting of human tissue, bone, organ, body part or fetus; and has the potential to cause to environmental harm or a risk to health and safety ² . Medical waste is waste from health care or related activities which has the potential to cause environmental harm or represent a risk to health and safety. Human tissue and organs are a type of medical waste ³ . Medical waste is also commonly referred to as clinical waste.
Placenta	a temporary organ that joins the mother and fetus, transferring oxygen and nutrients from the mother to the fetus and permitting the release of carbon dioxide and waste products from the fetus. The placenta is human tissue rich in blood vessels and is expelled with the fetal membranes during the birth process. Together, the placenta and fetal membranes form the afterbirth. Once expelled from the uterus, the placenta is considered medical waste. For the purposes of this policy the term 'placenta' includes the placenta, the umbilical cord and the amniotic sac.
Placentophagy	the act of mammals eating the placenta of their young after childbirth ⁵ .
Postpartum	the period beginning immediately after birth
SA Health	is the brand name for the health portfolio of services and agencies relevant to the Minister for Health and Minister for Mental Health and Substance Abuse and the Minister for Ageing in South Australia.
SA Health employees	includes any person employed in the South Australian public health system.
Umbilical cord	the connection between the developing fetus and the placenta. It provides a means of metabolic interchange with the mother.

INTRODUCTION

SA Health has developed the “*Policy for the Management of the Release of a Placenta for Private Use: SA Public Health Services*” to guide registered practitioners (that is, registered nurses, Aboriginal health workers, midwives and/or medical practitioners) working in the South Australian public health system when supporting any woman who wishes to take her placenta home.

The placenta is human tissue of both fetal and maternal origin. The mother may express a preference for how the placenta is managed after the birth. This view needs to be considered.

The placenta has the potential to harbour micro-organisms or subsequently become contaminated. Inappropriate handling or management of the placenta can result in the transmission of infection.

After the birth, the placenta is medical waste and requires handling as per local unit policy and in accordance with Environmental Protection Authority³, and the Australian Guidelines for the Prevention and Control of Infection in Healthcare³.

This policy does not cover the management of the placenta encompassed in a Lotus birth, routine disposal of the placenta or the collection of placenta for pathological investigation, or research as agreed by the mother or as dictated by the *Coroners Act 2003(SA)*¹. SA Health employees should refer to their local health unit policy and procedures for these purposes.

AIM

These standards aim to provide the pregnant woman and SA Health employees with information and clinical practices/procedures related to the safe release of placenta to the postpartum mother, ensuring there is:

- > support of cultural practices including those relevant to specific international cultures, including Aboriginal culture, and
- > compliance to the principles of prevention and control of infection when handling the placenta.

BACKGROUND

Cultural

Revered for its symbolism of life, spirit and individuality, the placenta of a baby with Aboriginal heritage may need to be buried on the home lands of his or her language group to ensure the baby secures ongoing cultural and spiritual connection to his or her Country. Other cultures from across the world, wrap, bury or process the placenta in a variety of ways to uphold cultural traditions that will bind the baby to his or her ancestral land and cultural group⁵.

Placentophagy

The human consumption of placenta in any form such as fresh, capsules, tablets, or drinks reconstituted from powder for mixing is called placentophagy⁶. Anecdotal information indicates there has been a recent increase of this practice across the state.

A number of privately operated businesses provide placentophagy services for a fee in South Australia.

Evidence of any customary human consumption of placenta is scarce. Young and Benyshek (2010) did not find any evidence of human maternal placentophagy as a traditional cultural practice among a sample of 179 societies around the globe⁵.

There is no reliable evidence to support any health benefit related to the human consumption of human placenta but there are some serious associated risks with this practice, including the risk of transmission of infection.

Prevention and Control of Infection

As medical waste, the placenta may pose a toxicological, endocrinological and infectious threat to humans who handle or ingest it, and thus has potential litigious implications for SA Health.

Other implications

In some instances SA Health employees are not permitted to release the placenta to the mother; these include:

- > in accordance with legislation such as the *Coroners Act 2003 (SA)*¹, or
- > if the woman has been diagnosed with an infectious condition, or
- > in the interim period when infectious status of the woman is being determined, or
- > in the interim period in some SA Health units where there is a local unit procedure to store the placenta until discharge of the neonate or
- > when the placenta has been assigned for research purposes as agreed by the mother.

OUTCOME STATEMENT

The release of the placenta from a public health service to the mother should not compromise the requirements outlined in this policy, or the safety of the woman, her infant, the general community or any SA Health employee.

STANDARD REQUIREMENTS

The pregnant woman, who wishes to take her placenta rather than have the health service staff dispose of it, should inform her perinatal health care provider of this during the antenatal period.

- > This request should be documented on the "Request for release of Human Placenta Form" (Sample Appendix 1) which should be then copied and a copy stored in the woman's SA Pregnancy Record⁷, and her Medical Record in accordance with the SA Department for Health and Ageing Medical Records Documentation and Data Capture Standards August 2000⁸.
- > The woman should be provided with adequate counselling and a copy of the patient information brochure "*Management of the Release of a Placenta for Private Use: South Australian Public Health Services*".

Upon request and where possible, SA Health employees should facilitate release of the placenta to the mother immediately postpartum. The mother is required to make suitable arrangements for this to occur. The placenta identified for release to the mother should not be stored on SA Health premises, unless otherwise instructed in a local unit procedure.

The placenta:

- > should be double-bagged and sealed in a plastic 'clinical waste' bag and then placed in a rigid walled, leak-proof plastic container for storage and transport, and
- > then the rigid walled, leak-proof plastic container should be labelled with a date and "Human tissue for collection by <insert patient label of the mother>", and
- > then the labelled rigid walled, leak-proof plastic container must be handed to the mother for removal from SA Health premises.

SA Health employees should provide the mother requesting to take her placenta, with an explanation about the safe handling and disposal of the placenta in the home and have her sign the "Request for Release of Human Placenta Form" (Appendix 1) and store this in her Medical Record and then provide her with a copy of the patient information brochure "Patient Information Brochure: Policy for the Management of the release of a placenta for private use". The mother should be informed that:

- > the placenta may contain toxins or micro-organisms (germs) that are harmful to humans who handle or, ingest the placenta,
- > handling of the placenta should be kept to a minimum,
- > any person handling the placenta should immediately undertake good hand washing with soap and water,
- > the placenta should be stored in a refrigerator or freezer and remain in the 'rigid walled, leak-proof plastic' container until immediately prior to disposal or burial,
- > the placenta should be buried within eight (8) hours of its removal from cold storage,
- > the placenta is considered medical waste and its handling is regulated under Environment Protection legislation. Medical waste must not be placed into the local government domestic collection service. Individuals who wish to bury the placenta should ensure it is placed at least one (1) metre deep to prevent it being scavenged by animals, and
- > if needed, the placenta can be returned to any SA Health hospital for disposal.

SA Health employees should willingly accept the return of any placenta that has been released to the mother and should dispose of this as per the local unit's disposal of medical waste procedure, in accordance with Environmental Protection Authority ³, and the Australian Guidelines for the Prevention and Control of Infection in Healthcare⁴.

REFERENCES

1. South Australian Government; *Coroners Act 2003* (SA); www.legislation.sa.gov.au/LZ/C/A/Coroners%20Act%202003.aspx
2. Burns E, *The Journal of Perinatal Education*, 23(1), 41–49, <http://dx.doi.org/10.1891/1058-1243.23.1.41>
3. South Australia Environment Protection Authority; www.epa.sa.gov.au
4. Australian Government; "Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010 " <https://www.nhmrc.gov.au/guidelines-publications/cd33>;
5. Young SM , Benyshek DC. "In Search of Human Placentophagy: A Cross-Cultural Survey of Human Placenta Consumption, Disposal Practices, and Cultural Beliefs". *Ecol Food Nutr.* 2010 Nov-Dec;49(6):467-84.
6. Selander J, et al. *Human Maternal Placentophagy: A Survey of Self- Reported Motivations and Experiences Associated with Placenta Consumption, Ecology of Food and Nutrition*, 52:93 – 115 2013 Taylor & Francis Group
7. South Australia Department Health and Ageing; www.sahealth.sa.gov.au/pregnancyrecord
8. SA Department for Health and Ageing Medical Records Documentation and Data Capture Standards August 2000; https://www.researchgate.net/publication/36722119_South_Australian_medical_record_documentation_and_data_capture_standards

Version Control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	19 April 2016	Current	Original version

During the antenatal period, please forward this completed form to the SA Health maternity unit where you are planning to give birth

<p style="text-align: center;">REQUEST FOR RELEASE OF HUMAN PLACENTA FORM</p> <p><i>Please secure a copy of the form in the patient's SA Pregnancy Record and her Medical Record</i></p>	<p>Patient Identification Label</p>
---	-------------------------------------

The following section should be completed in the antenatal period.

Iof.....

(Name of patient) (Address of patient)

request my placenta be released to me immediately after the delivery of my baby.

DATE:.....

NB: This form is not required for Lotus birth – please refer to local unit procedure

Please ✓	
• I acknowledge I have NOT consented for my placenta to be used for research. (placentas identified for research will not be released to mothers)	YES <input type="checkbox"/> NO <input type="checkbox"/>
• I have received a copy of the patient information brochure "Policy for the Management of the Release of a Placenta for Private Use: SA Public Health Services".	YES <input type="checkbox"/> NO <input type="checkbox"/>
• I have read the "Policy for the Management of the Release of a Placenta for Private Use: SA Public Health Services".	YES <input type="checkbox"/> NO <input type="checkbox"/>
• I understand there are some risks of infection; to myself, others when handling or ingesting human placenta.	YES <input type="checkbox"/> NO <input type="checkbox"/>
• I understand there are some environmental risks when burying human placenta and I must adhere to Environmental Protection Authority guidelines that govern the management of medical waste and if I bury the placenta I must ensure it is placed at least one (1) metre deep.	YES <input type="checkbox"/> NO <input type="checkbox"/>
• I understand that my placenta cannot be stored at the SA Health facility and I have made arrangements for it be transported from the SA Health facility immediately after I have received the placenta.	YES <input type="checkbox"/> NO <input type="checkbox"/>
• I acknowledge that my placenta will not be released to me: <input type="checkbox"/> • if it is required as per the Coroners Act 2003 (SA) <input type="checkbox"/> • in the interim period when my infectious status is being determined (the placenta can be released to me when/if my infectious status has been determined as 'safe')	YES <input type="checkbox"/> NO <input type="checkbox"/>
• I understand I must keep the placenta in the container in which I received it and keep it in cold storage (refrigerator or freezer) until I use/dispose or bury it.	YES <input type="checkbox"/> NO <input type="checkbox"/>
• I understand I must bury the placenta within eight (8) hours of its removal from cold storage.	YES <input type="checkbox"/> NO <input type="checkbox"/>
• I understand, if needed, I can return the placenta to any SA Health hospital for disposal.	YES <input type="checkbox"/> NO <input type="checkbox"/>

The following section should be completed when the mother takes possession of the placenta i.e. post natal.

I the above named person will assume responsibility for the safe handling and disposal of my placenta. I will not store my placenta on SA Health property (unless indicated by their local unit procedure), and have made arrangements for it to be immediately transported from the SA Health facility as soon as it is released to me.

Patient signature..... DATE:.....