RISK
NOTE

HIROC

Taking Placental/Fetal Remains Home

OVERVIEW OF ISSUE

Organizational practices surrounding the release of placental or fetal remains (i.e. fetus under 20 weeks, under 500g or for whom a death certificate or still-birth certificate has not been issued) to the mother should be guided by a standardized protocol/process to ensure requests are handled in a fair and consistent manner.

The release of the placenta may not be appropriate (or should be delayed) for infection prevention and control reasons (e.g. suspected active bacteremia, HIV, blood borne infection, Hepatitis B or C). As evident in HIROC claims, the destruction of a placenta before a full pathology workup may make it difficult for defense counsel to disprove causation arguments that the fetal insult occurred during the antenatal period versus during labour/delivery. It may also expose the subscriber to allegations of spoliation (destruction) of evidence.

KEY POINTS

- Ensure that the placenta and/or fetal remains are not needed for pathological testing before being given to the mother to take home.

THINGS TO CONSIDER

Managing Liability

- Delivering practitioners should conduct and document a gross bedside examination of the placenta following all births.
- Release of the placenta should be delayed and/or a tissue block should be obtained before the release, if a full pathological workup is required or anticipated (e.g. if the management of the labour/delivery/resuscitation potentially contributed to the infant's compromised status [e.g. Hypoxic Ischemic Encephalopathy and Cerebral Palsy cases] or the event is deemed a Coroner/Medical Examiner's case).

Releasing the Placental and/or Fetal Remains

- Implement a standardized protocol/policy to address requests for the release of placentas and fetal remains that includes:
    - Requirement of a written authorization and indemnification for the release from the patient.
    - Informing the patient in advance that it may not be possible to immediately release the fetus or placenta (e.g. may be released after a pathology examination is complete or a tissue block is obtained).
    - Clinical/infection prevention and control scenarios where the release (and/or consumption) of the placenta may not be appropriate (e.g. suspected active bacteremia and blood borne infections)
    - If not provided by the healthcare organization, have the mother bring in a leak-proof, sealed container to transport the placenta.
- Provide instructions regarding:
    - Good hygiene precautions in handling the remains (e.g. wearing gloves and washing hands after handling).
    - Storing the remains in a fridge (ideally one that does not contain food) for no more than 48-72 hours to reduce deterioration.
    - Not consuming the placenta if there is an infection, toxin or if they have been stored in formalin or other similar fixative.
    - Burying the remains at a sufficient depth (no less than one metre deep) to prevent scavenging by animals and infection transmission to humans.

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Preparing for Transportation

- Follow infection control and biohazard practices and inform the mother as appropriate.
- Double wrap the remains in clinical bags and place them in a leak-proof container.
- Inform the mother that once in the container, the remains must be removed from the facility as soon as practical and the container should not be opened on the premises.

REFERENCES

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