



## Request for Placental Examination

Delivery location: \_\_\_\_\_

<b>MATERNAL DETAILS</b> Maternal age: _____ years G _____ P _____ A _____	<b>Gestational age at delivery:</b> _____ (required)
<input type="checkbox"/> Pre-eclampsia, eclampsia, or related disorder <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Obesity <input type="checkbox"/> Confirmed or suspected TORCH infection <input type="checkbox"/> Past history of gestational trophoblastic disease <input type="checkbox"/> Maternal fever or leukocytosis in labour	
<input type="checkbox"/> Other maternal condition that can affect pregnancy (give details): _____	

FETAL / NEONATAL DETAILS		Multiple gestations:
<b>Baby _____</b> Birth weight (g): _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Ind. Apgars (1/5/10): ___ / ___ / ___ <input type="checkbox"/> Vaginal delivery or <input type="checkbox"/> C-section <input type="checkbox"/> IUGR or <input type="checkbox"/> Macrosomia <input type="checkbox"/> Oligo or <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Prolonged rupture of membranes <input type="checkbox"/> Fetal distress <input type="checkbox"/> Meconium <input type="checkbox"/> Cord entanglement/accident <input type="checkbox"/> Major anomalies / syndrome <input type="checkbox"/> Admitted to NICU <input type="checkbox"/> Fetal demise or <input type="checkbox"/> TOP <input type="checkbox"/> Suspected/confirmed abruption <input type="checkbox"/> Retained placenta <input type="checkbox"/> Abnormal placental appearance, colour, or odour (describe): _____	<b>Baby _____</b> Birth weight (g): _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Ind. Apgars (1/5/10): ___ / ___ / ___ <input type="checkbox"/> Vaginal delivery or <input type="checkbox"/> C-section <input type="checkbox"/> IUGR or <input type="checkbox"/> Macrosomia <input type="checkbox"/> Oligo or <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Prolonged rupture of membranes <input type="checkbox"/> Fetal distress <input type="checkbox"/> Meconium <input type="checkbox"/> Cord entanglement/accident <input type="checkbox"/> Major anomalies / syndrome <input type="checkbox"/> Admitted to NICU <input type="checkbox"/> Fetal demise or <input type="checkbox"/> TOP <input type="checkbox"/> Suspected/confirmed abruption <input type="checkbox"/> Retained placenta <input type="checkbox"/> Abnormal placental appearance, colour, or odour (describe): _____	Use second column for Twin B For higher-order multiples, attach another sheet Indicate: Cord clamp(s) on: _____ Please provide further details or specific clinical question: _____

Time (24 hour clock) \_\_\_\_\_ Date (yyyy/MON/dd) \_\_\_\_\_ Signature of attending Physician / Midwife \_\_\_\_\_ Print Surname \_\_\_\_\_



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## Request for Placental Examination

### FOR YOUR REFERENCE: Indications for pathological examination of placentas

The following is excerpted from **IWK Policy # 7130: Placental Examinations**, see full Policy for complete details.

All placentas meeting indications for pathological examination must be sent to the IWK Anatomical Pathology laboratory. Indications for pathological examination of placenta include but are not limited to:

#### *Maternal disease or risk factors:*

- Pre-eclampsia, eclampsia, HELLP, or other significant hypertensive disorder
- Diabetes mellitus (requiring insulin, or with suboptimal control)
- Any significant maternal disease that can impact pregnancy (ex. lupus, cancer)
- Confirmed or suspected TORCH or other infectious disease
- Maternal fever in labour (possible chorioamnionitis)
- Past history of gestational trophoblastic disease
- Late diagnosis of pregnancy / no prenatal care / unknown gestational age

#### *Pregnancy complications:*

- Severe oligohydramnios or polyhydramnios
- Preterm and/or prolonged rupture of membranes
- Confirmed or suspected abruption or other severe hemorrhage
- Fetal demise in utero or intrapartum death (stillbirth)
- Post-partum hysterectomy

#### *Fetal / neonatal disease or risk factors:*

- Admission of neonate to NICU
- Prematurity less than or equal to 36 weeks gestation
- Post-maturity greater than or equal to 42 weeks gestation
- Small for gestational age neonate
- Large for gestational age neonate
- Congenital anomalies or syndromes (excluding isolated minor anomalies ex. polydactyly)

#### *Abnormalities of placenta:*

- Unusually small or large placenta
- Abnormal placental odour (possible chorioamnionitis)
- Abnormal umbilical cord insertion (marginal, velamentous)
- Abnormal color (brown, yellow, or green)
- Mass lesion or other abnormal appearance
- Question about chorionicity or anastomoses in multiple gestation

**Note:** The above list is not exhaustive. In general, any significant maternal disease, adverse pregnancy outcome, or illness of the neonate is a reasonable indication for submission to pathology.

**Note:** Placentas from multiple gestations do not need to routinely be submitted for pathological examination unless they otherwise have an indication (ex. prematurity, small for gestational age neonates, admission to NICU).