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MEMORANDUM

**To:** CEOs of hospitals licensed to provide maternal and newborn services

**From:** Lauren Smith, MD, MPH, Medical Director and Chief Medical Officer   
Alfred DeMaria, Jr., MD, Medical Director  
Bureau of Infectious Disease Prevention, Response and Services 

**Date:** October 25, 2010

**Re:** Release of placenta to patient after childbirth

The Department of Public Health often receives inquiries about regulatory provisions concerning the retention and taking home of placentas following childbirth for religious, cultural or other purposes. In response to these inquiries, the Department is providing clarification on regulatory requirements, as well as general guidance concerning the management of this practice.

In accordance with 105 CMR 480.000: *Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code, Chapter VIII)*, the definition of medical waste includes only "discarded" materials. Therefore, the retention of placental tissues by patients is not expressly prohibited.

The placenta is normally bacteriologically sterile prior to its exposure to the birth canal. However, like all body fluids and tissues, it should be handled with standard precautions for biological material in healthcare facilities in order to avoid exposure to potential pathogens. If it is to be removed from the facility by the mother, it should be packaged appropriately and kept refrigerated.

The Department recommends that each hospital develop and implement policies and procedures relating to the patient's right to retain and take home her placenta that will be made available to patients upon request. Such policies should include, at a minimum:

- A requirement for written authorization and consent by the mother;
- A policy to ensure that placental tissues to be removed from the facility are clearly identified as not being medical waste;
- The practice of placing retained placental tissue in an appropriate, properly labeled, secured and leak-proof container;
- The implementation of control measures to ensure that there is no putrescence during transport;
- Instructions concerning safe handling of the placenta and protection of others. These precautions should include, at a minimum, instructions to wash hands thoroughly with soap and water after handling a placenta. Instructions should also direct a family that plans to prepare the placenta for consumption to wash hands thoroughly prior to handling, use similar precautions as with raw poultry and meat, and wash cooking utensils, pots and surfaces with warm soapy water after exposure to the placenta;
- A policy to ensure that families be counseled that placentas stored in formalin or other similar fixative should **not** be consumed;
- A policy to ensure that families be counseled that if the placenta is disposed of at home, they should wrap it sufficiently prior to disposal.

In the following cases, the placenta should **not** be released to the mother. Mothers and families should be counseled that the infectious risks prevent the hospital from allowing them to take the placenta home:

- Documented or suspected chorioamnionitis
- Documented or suspected active bacterial infection, including bacteremia

Hospitals may consider recommending that a mother with a documented blood borne viral infection, such as HIV, hepatitis B or C not take the placenta home. Although these women will likely be disposing of feminine hygiene products, containing blood, in the trash, the potential exposure of others to feminine hygiene products may be less than to the placenta. Therefore, additional precautions may be reasonable.