Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

MOCLI60672A

Dossier : _____

Nom, Prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa-mm-jj

NAM : _____ Exp. _____
aaaa-mm

Nom, Prénom de la mère : _____

Installation : _____

REQUEST AND CONSENT TO RETURNING THE PLACENTA

REQUEST TO RETURN THE PLACENTA

In general, placentas are human anatomical waste which, according to the requirements of the *Regulation respecting biomedical waste* (CQLR, Chapter Q-2, r. 12), must be incinerated. Nevertheless, according to the terms of the encoded circular 01.01.41.05 (2017-024) of the *Ministère de la Santé et des services sociaux* when a placenta is claimed by a parent at the birth of the child, it is no longer considered as biomedical waste and is no longer submitted to the requirements of the Regulation. For application of the present form, the expression "mother of the child" indicates the person who gives birth to the child.

SECTION RESERVED FOR THE MOTHER OF THE CHILD

I the undersigned hereby certify _____, that I wish to recover the placenta after the birth.

☐ _____ *(initials)* I understand and recognize that I have been informed of the following:

- I benefit from a maximum period of 7 days after the birth to make the request to recover the placenta, failing which the placenta will be disposed of;
- According to a recommendation issued by the *Institut national d'excellence en santé et en services sociaux* (herein after the "INESSS"), all placentas must be retained for 7 days at the place of the birth in order to monitor clinical maternal , fetal or placental indications requiring that it be sent to the anatomic-pathology laboratory for examination;
- The placenta can be remitted to one of the parents without waiting for the 7-day period of retention recommended by the INESSS if no maternal clinical, fetal or placental indication requires it be sent to the anatomic-pathology laboratory for examination and that the mother of the child signs the present form;
- A placenta which has an abnormal aspect at the birth will, obligatorily, be sent to the anatomic-pathology laboratory for examination, which creates delays before it is remitted to the mother or the parent of the child;
- When it is required to send the placenta to the anatomic-pathology laboratory for examination, it will be remitted to the mother or the parent of the child after the examination has been carried out and the report is final;
- The placenta cannot be remitted in certain situations, in particular if you are a carrier of an infection such as hepatitis B, hepatitis C, HIV, tuberculosis or any other pathogen which could pose a risk to your health or to that of your family related to handling the placenta;
- The placenta may be contaminated by infectious agents in spite of the fact that it is remitted to the mother or the parent of the child. Ingestion of the placenta is strongly discouraged since it is not handled in conditions which enable dietary hygiene to be assured.

☐ I understand that ingesting the placenta is strongly discouraged and I assume full responsibility for any prejudice to myself or to a third party which could result from ingestion of the placenta by myself or a third party._____ *(initials)*

☐ I discharge the CISSS de la Montérégie-Centre and/or the CISSS de la Montérégie-Est and/or the CISSS de la Montégie Ouest of all responsibility associated to a prejudice which could result from returning the placenta._____ (initials)

☐ (To be completed only in the event of a refusal) I refuse to leave my placenta for 7 days at the place of my childbirth, which would allow clinical or neonatal anomalies to be identified requiring it be sent to the anatomic-pathology laboratory for examination. The risks inherent in this decision have been explained to me. I understand them clearly and assume all risks inherent in this decision. _____ *(initials)*

In witness whereof I have signed on _____ at _____
Date *(yyyy/mm/dd)* Time *(h)*

Nom : Prénom : #Dossier :

Location of the birth: _____ Telephone: _____

Name of the mother (print): _____

Signature of the mother: _____

☐ I certify that I am the mother of the child.

☐ I agree that the other parent can come to fetch my placenta.

Name of the parent who will fetch the placenta *(in capitals)*:

SECTION RESERVED FOR THE PROFESSIONAL

J'ai discuté des conditions et des précautions de sécurité détaillées ci-dessus avec la mère de l'enfant et elle a exprimé sa compréhension de ces conditions.

Nom du professionnel *(en lettres moulées)*	Titre	Signature	N° de permis *(si applicable)*	Date *(aaaa/mm/jj)*

CONDITIONS FOR RETURNING THE PLACENTA

SECTION RESERVED FOR THE PARENT OF THE CHILD TO WHOM THE PLACENTA IS RETURNED

☐ _____ *(initials)* I agree to respect the following conditions when the placenta is returned:

- Handle the placenta with waterproof gloves;
- Wash my hands with soap and water after having handled it;
- Take all measures to avoid damaging the environment or any disturbance whatsoever, for example ensure that children or animals cannot have access to it;
- Do not sell, give or carry out any other transaction in which it is the subject;
- Dispose of the placenta in a manner in accordance with the municipal and provincial regulations applicable, particularly in regard to the location and depth of burying of the placenta.

☐ _____ *(initials)* I acknowledge that I assume all the risks related to my decision to take possession of the placenta and the use that will be made of it. I understand that the gynecologist-obstetrician, doctor, maternity nurse/midwife(wives) and the personnel of the Montérégie are discharged of any responsibility related to the future use which will be made of the placenta. I consequently renounce any legal action or claim against the CISSS de la Montérégie-Centre and/or the CISSS de la Montérégie-Est and/or the CISSS de la Montérégie-Ouest , members of their personnel and the physicians who exercise their profession, for any damage which could result.

☐ _____ *(initials)* I agree to hold the CISSS de la Montérégie-Centre and/or the CISSS de la Montérégie-Est and/or the CISSS de la Montérégie Ouest free of harm from any legal action posed by a third party resulting from the return of the placenta and the use that will be made of it thereafter.

SIGNATURE OF THE CHILD'S PARENT

Name of the parent *(in capitals)*	Signature	Date *(yyyy/mm/dd)*	Time *(h:min)*

☐ I certify that I am one of the parents of the child.

SECTION RESERVED FOR THE PROFESSIONAL

J'ai discuté des conditions et des précautions de sécurité détaillées ci-dessus avec le parent de l'enfant et il/elle a exprimé sa compréhension de ces conditions.

Nom du professionnel *(en lettres moulées)*	Titre	Signature	N° de permis *(si applicable)*	Date *(aaaa/mm/jj)*

Circular 01.01.41.05 of the *ministère de santé et des services sociaux* dated 2017-07-13 in regard to the disposal of placentas following a childbirth. G26 (rtss.qc.ca)