

Keeping placenta and personal choices explained



What keeping the placenta can mean

Keeping the placenta may mean taking it home for burial, ceremonial use, photography, private reflection, or encapsulation. For some families, the placenta represents the biological relationship between parent and fetus or marks the transition into parenthood. After pregnancy loss, stillbirth, or a complicated birth, seeing or keeping the placenta may also form part of mourning or meaning-making. Other parents may find the tissue distressing, medically unfamiliar, or irrelevant and may not want to handle it at all.

There is no medical requirement that a parent feel a particular way about the placenta. A preference can also change during labor or after birth. A person may initially plan to keep it but decide against doing so if the placenta is needed for examination, if the birth becomes medically urgent, or if handling and transport become impractical. Conversely, someone who had not considered it may want time to see it or ask questions.

The decision is separate from decisions about management of the third stage of labor. Whether birth is followed by physiological management or active management depends on clinical circumstances and the plan agreed with the maternity team. The placenta still needs to be delivered and checked for

completeness, because retained tissue can contribute to postpartum complications.

Why clinicians may examine or retain it

Immediately after birth, clinicians assess the placenta and membranes to determine whether they appear complete and whether there are visible abnormalities. A gross examination may include the placental shape, maternal and fetal surfaces, membranes, areas of infarction or clot, and the umbilical cord, including its insertion and vessel count. A placenta that appears incomplete can raise concern for retained placental tissue, which may be associated with ongoing bleeding or infection and may require further assessment.

In some circumstances, the placenta is sent for pathology. Indications vary by institution but may include significant fetal growth restriction, hypertensive disease, unexplained fever, suspected infection, placental abruption, unusual bleeding, preterm birth, neonatal complications, or stillbirth. Pathological examination can provide information about maternal vascular malperfusion, inflammation, thrombosis, or other lesions. It may not answer every question, but it can help clinicians interpret the pregnancy and plan follow-up.

These clinical needs can affect when, or whether, the placenta can be released. A request to take it home should not interfere with urgent care, laboratory testing, documentation, or the chain of custody required by a hospital. Ask whether the placenta will be examined locally, sent to a laboratory, returned later, or unavailable for release under particular circumstances. A clear explanation of the hospital's placental examination policy can prevent disappointment at the time of birth.

Placentophagy and encapsulation: what is known

Placentophagy refers to consuming the placenta. Common methods include raw or cooked consumption, dehydration followed by encapsulation, tinctures, smoothies, or other preparations. People may choose it because they hope it will support mood, energy, iron levels, recovery, milk production, or hormonal adjustment. Some also describe the practice as culturally meaningful or as a way to honor the organ that supported fetal development.

Current evidence does not establish these proposed benefits. Reviews of human placentophagy describe limited and low-quality research, with no strong evidence that consuming the placenta prevents postpartum depression, improves lactation, replenishes iron, or produces a meaningful energy benefit. Personal reports can feel persuasive, but they cannot reliably distinguish an effect of the placenta from sleep, nutrition, social support, natural postpartum recovery, expectation, or treatment received at the same time.

The placenta is not sterile. It may contain bacteria, viruses, or other pathogens acquired during pregnancy, labor, or handling. Dehydration and heating may reduce some organisms but do not guarantee that all infectious risks are removed, especially if preparation temperatures or procedures are inconsistent. A published report has described group B *Streptococcus* transmission concerns associated with contaminated placenta capsules. This is particularly relevant when a newborn or postpartum parent is medically vulnerable.

Encapsulation is not equivalent to pharmaceutical manufacturing. Products may not have standardized testing, validated pathogen-control processes, accurate labeling, or consistent dosing. The capsules may also contain contaminants or substances that are not apparent from their appearance. Anyone considering consumption should discuss the plan with an obstetric or midwifery clinician and the newborn's healthcare professional, rather than assuming that a commercial preparation is risk-free.

Making the decision personal and informed

Personal choice is most meaningful when it is informed by both values and relevant medical facts. Consider what you hope to gain, how important that outcome is to you, what evidence supports it, and what alternatives could address the same need. For example, fatigue may reflect normal postpartum demands, anemia, infection, thyroid disease, sleep disruption, depression, or other conditions that deserve clinical assessment rather than self-treatment with placenta products.

It can help to discuss the decision with the people who will be present at birth. Questions may include:

Do I want to see the placenta, have it explained, or take photographs?

Do I want to keep it for cultural or ceremonial reasons?

Would I consider encapsulation, and what uncertainties or infectious risks would that involve?

What would happen if clinicians need the placenta for pathology?

Who will label, package, refrigerate, transport, and receive it?

What is my backup plan if local policy does not permit release?

These conversations are not a test of whether a parent is sufficiently natural, informed, or committed. Declining the placenta is a valid choice, and requesting it does not imply distrust of medical care. Shared decision-making allows the birth team to respect preferences while explaining when safety, diagnosis, or legal requirements take precedence.

Planning with the hospital or birth team

Include the preference in a written birth preferences document, but treat it as a request subject to clinical and institutional conditions. Contact the hospital, birth center, or community midwifery service before labor to ask about its policy. Some facilities require a signed release or acknowledgment that the tissue is being accepted at the parent's own risk. Others may use specific containers, labels, consent forms, refrigeration requirements, or collection procedures.

Ask how quickly the placenta must be transferred to refrigeration and how long it can remain there before disposal or processing. A clean, leak-resistant, appropriately labeled container may be required. The person transporting it should know where it is going and how it must be stored. Do not place it in a vehicle or household refrigerator without confirming safe handling instructions, particularly if other food is present. Follow local public-health guidance and the facility's written instructions.

If the placenta is sent for pathology, ask whether it can be returned after examination and whether fixation in a preservative will affect any intended use. A placenta treated with formalin or another laboratory preservative must not be consumed. Some findings may also require the clinical team to retain the tissue for a specified period. The hospital can explain what is possible in the

relevant circumstances.

At home, avoid opening or processing the placenta near food preparation areas. Keep it inaccessible to children and animals, and follow professional instructions for disposal if plans change. If there is leakage, an unusual odor, visible contamination, or uncertainty about storage temperature or duration, contact the facility or a healthcare professional before handling it further.

When medical follow-up matters more than the plan

Keeping the placenta should never delay evaluation of postpartum symptoms or newborn illness. Contact a healthcare professional promptly for heavy or increasing vaginal bleeding, large clots, faintness, severe or worsening pelvic pain, fever, chills, foul-smelling discharge, wound concerns, or feeling acutely unwell. These symptoms may have several causes, including infection or retained placental tissue, and cannot be assessed safely through placenta handling or consumption.

For the newborn, urgent advice is appropriate for fever or temperature instability, poor feeding, unusual sleepiness, breathing difficulty, or other concerning changes. If a parent has consumed placenta products and then develops fever, gastrointestinal illness, worsening mood symptoms, breast or uterine concerns, or any other unexpected illness, tell the clinician exactly what was consumed and when. If the newborn becomes unwell, disclose the use of placenta capsules or other placenta preparations to the neonatal or pediatric team.

Postpartum depression, anxiety, intrusive thoughts, and trauma symptoms also deserve compassionate, evidence-based care. Placenta consumption should not replace screening, psychotherapy, social support, or prescribed treatment when these are indicated. Seeking help is compatible with any cultural or personal view of the placenta.