

Can you encapsulate a placenta...

... if drugs were used in labour and/or a caesarean section occurred?

It is understood that the placenta acts as a gateway, an interface between mother and baby. Metabolic toxins from the baby are sent back via the placenta to the mother's liver to be detoxified from her system. This includes drugs or medications; some of which have a very short half-life in the body. A half-life is the time it takes for the plasma concentration of a drug to reach half of its original concentration. In other words, the half-life of a drug is how long it takes for half of it to be eliminated from the bloodstream.

I have encapsulated placentas from women who have had inductions, epidurals, spinals, pethidine, syntocinon in labour, and/or for the third stage of labour, elective and emergency caesareans. These women also benefit like those who have had natural, drug-free births.

... from a waterbirth?

Typically, caregivers prefer a woman to leave the birth pool before the placenta is birthed. However, if the placenta comes sooner than this and is birthed in the water, it can still be encapsulated. Rarely, it may depend on the condition of the water the placenta is birthed into, that the 'Raw Encapsulation' (see above) method may not be suitable.

... from a lotus birth?

Yes, this is possible however there are a few logistics that need to be considered. You can contact me to discuss

... from either delayed or immediate cord clamping?

Either is fine, although I highly recommended 'delayed' cord clamping/cutting because of the benefits to your baby. Waiting at least 2 minutes or until the cord has stopped pulsing can ensure baby receives the 30% of its blood that is still circulating through the placenta and cord (outside of its body). This volume of blood belongs to the baby and is rich with all the oxygen, iron, red and white blood cells and stem cells your baby needs for the very best transition from the womb, and an optimal start to life.

... if it is stained with meconium?

Yes. Meconium is dangerous for the baby to inhale, but is otherwise harmless. Additionally, your placenta is thoroughly washed and the membranes removed before the encapsulation process is begun. The high heat of steaming and/or dehydrating kills any remnant bacteria.

... if I tested positive for Group B Strep?

Group B Strep is one of the normal inhabitant bacterias of vaginal and anal

areas. Higher levels of growth present on swabs done around 36 weeks alert caregivers to the potential for this to become a problem in labour. Some women choose to have the IV antibiotics, and some don't. Either way, the placenta can still be encapsulated as the high heat of steaming and/or dehydrating kills any remnant bacteria.

On the 30th June 2017, the Centres for Disease Control and Infection (CDC) in America published a report associating the consumption of placenta capsules by a mother with the late onset of Group B Streptococcus (GBS) infection in her infant (1). Since then there has been numerous news reports, articles, discussions within the birth and parenting worlds on social media and speculation by many. But what do we actually know about this case and about the process of placenta encapsulation? Please read the article by Placenta Services Australia, and the article by Association of Placenta Preparation Arts (APPA).

... if it was sent to pathology for testing?

It is unlikely that the placenta will still be suitable as the preserving chemicals used on the placenta are not safe for ingestion. It is also not likely to be kept sterile and/or treated as a food product.

... and also do cord blood banking?

Yes, you can do both. You will need to advise the collection agency of your intentions to keep the placenta for encapsulation, and therefore to have it handled as a food product at the time of cord blood collection.

... if it has calcifications?

Yes. Small areas of calcification within the placenta often disintegrate during the drying process. Larger deposits are removed prior to the process. They offer no benefit to the new mother, and also cause no harm.

... if I developed pre-eclampsia in late pregnancy or during labour?

Although the placenta does seem to play a role in the development of pre-eclampsia, it does not exclude using it for encapsulation. After the birth your placenta will be examined routinely for irregularities and problems yet more often than not, the placenta is fine and still fit for encapsulation. If your caregivers detect an issue or infection in the placenta, it will be sent to pathology and therefore deemed unfit for encapsulation.

... if I have placenta previa?

Yes. This has no effect on the ability to encapsulate the placenta.

... if I have gestational diabetes?

Yes. Whether diet-controlled or insulin-controlled, this does not affect the ability to encapsulate the placenta.

... if I have smoked throughout my pregnancy?

Please contact me to discuss this.

... if it has been frozen?

If the placenta was handled correctly, refrigerated soon after the birth, then correctly frozen (double bagged and protected from freezer burn), it can be encapsulated up to six months after the birth. If the placenta is frozen then the process will take a lot longer as time is needed for the placenta to completely thaw in the refrigerator. A placenta that has been frozen, thawed, and then refrozen, cannot then be thawed for encapsulation.

... if I gave birth many months ago and it is still in my freezer?

This is dependent on a few factors. If the placenta was frozen properly (ideally within the first 24 hours of the birth), shows no signs of frostbite, has been kept frozen constantly (i.e. not thawed and re-frozen), then you can have it encapsulated up to 6 months after the birth. Once the placenta is defrosted, it will be inspected for any signs of damage. If I feel it is unfit for encapsulation purposes, it will be returned and a refund will be arranged.

... if my baby was premature or of low birth weight?

Depending on the level of prematurity, the placenta may still be used. Smaller babies typically have smaller placentas, so the amount of capsules will be less than that of an average full term baby. If the hospital does not send the placenta to pathology, encapsulation is recommended! Mums of premature babies often need a little extra support for their breastmilk to come in and balancing their postpartum mood. Even if your doctor wants to culture the placenta, you can often negotiate to have just a piece of the placenta taken to pathology so you can encapsulate the rest.

... if I have twins or triplets?

Yes. As the process is likely to take more time and supplies (and yield more capsules) there is an additional fee of \$50* for twin placentas and \$70* for triplet placentas to be encapsulated together OR \$80 for twins or \$100 for triplet placentas, to be kept separate throughout. You will receive individual capsule containers for each baby.

When it is NOT possible to encapsulate a placenta?

If the placenta was poorly handled and/or not stored appropriately after the birth; if the placenta was sent to pathology for testing; if a systemic infection is suspected in mother or baby; if chorioamnionitis (also known as intra-amniotic infection, an inflammation of the fetal membranes due to a bacterial infection), is suspected.

PLEASE READ OUR BOOKING TERMS AND CONDITIONS