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For additional references & resources; or to learn more about Birth Tissue Donation, please visit:
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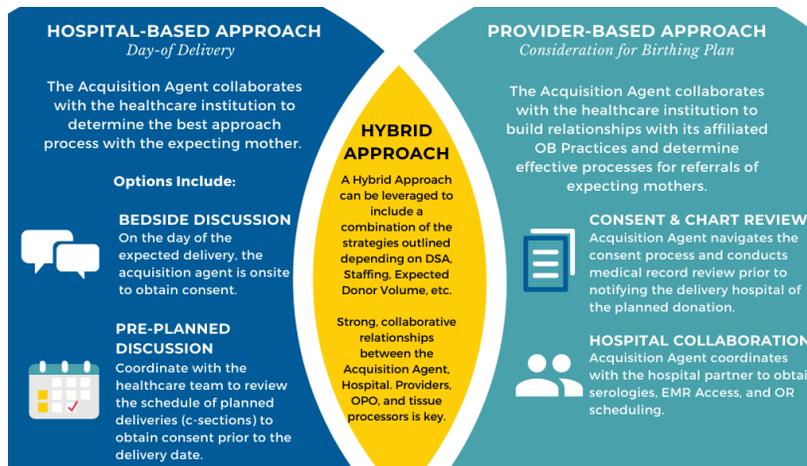
PLACENTA DONATION:

Establishing a Birth Tissue Donation Program

Placenta Donation, also referred to as Birth Tissue Donation, is the donation of the placenta, umbilical cord, and amniotic fluid following the delivery of a baby. Dependent upon the processor's specifications, mothers that deliver their baby vaginally or by way of a cesarean section (c-section) are eligible to donate their birth tissue. These tissues can be utilized to heal various eye, oral, and spinal injuries as well as heal wounds such as ulcers and burns. Tissues that would otherwise be considered medical waste are now able to be utilized to restore health and provide a new quality of life for others. The implementation of a Birth Tissue program will impact future generations through positive relationships with donation and serves as a gift for expecting mothers to consider.

How to Begin a Program

Selecting a hospital partner where there is an established relationship and culture of donation presents a valuable opportunity to implement a Birth Tissue Program. Rather than donation only being discussed following a tragic event, this changes the narrative to focus on a joyous life event that can also provide healing for others. It is beneficial to select a healthcare institution with a high volume of C-section deliveries in order for both hospital and OPO staff to get familiar with process. There are varied approaches to establishing a Birth Tissue Program and sharing the option with expecting mothers in your community. The key differences are:



* "Acquisition Agent" refers to a representative from the tissue processor or an OPO professional.

Placenta Donation falls under the category of living Donation, therefore, it is appropriate for healthcare professionals to share the opportunity of donation with expecting mothers. Unlike deceased donation, these discussions do not require a designated requestor.

Language Matters when broaching these conversations with expecting mothers so it's important to use appropriate terminology.

Key Considerations

PROGRAM IMPLEMENTATION

Recruit Program Champions: Educate champions on FAQs, Acquisition Details, Follow Up, etc. and establish a process for real-time case support.

Referral Management:

- Self-Referrals:** Expectant mothers self-identify as candidates and express Interest to OPO or provider.
- Provider Referrals:** If the provider is supplying their surgery schedule, determine the transfer method (email, FTP protocol, etc.)
This method will likely require involvement from the hospital's legal team.

INFORMED CONSENT PROCESS

Donor Risk Assessment Interview (DRAI)

Similar to the DRAI used for Organ & Tissue Donation, there is a DRAI that needs to be completed for Birth Tissue Donation. Ideally, the DRAI should be completed prior to surgery and can be completed by phone or at bedside.

Documentation

A completed copy of the consent form(s) and DRAI must be added to the patient's medical chart. It is best to determine how this will be accomplished (e.g., fax, onsite delivery)

STAFFING RESOURCES

This program requires a lot of behind-the-scenes work so consider bringing on staff who are exclusively dedicated to development and outreach.
While possible, it can be challenging for Hospital Development teams to manage both roles.

It's also beneficial to identify a contingency plan in the event of schedule changes or early deliveries. If staff resources are limited, these changes could lead to missed opportunities.

Who should the hospital report these changes to - AOC, Acquisition Team, etc.?

RELEVANT DEPARTMENTS

This program requires buy-in from Labor & Delivery, Surgery (OR), OB/GYN Providers, Beside Nurses, IT/HIM, Hospital Administration, and Security (for badge access to L&D and OR).

Engaging with OB/GYN Providers is key as they are the gateway to the other staff, and potential donors. Without their buy-in and support, it may be challenging to build hospital engagement.

Potential Pitfalls: Managing Expectations

- Physician/Provider Engagement** - Unengaged partners will inevitably lead to low donor volumes so it's important to identify champions. While engaging physicians as the leader of a practice can be valuable, other support staff can be equally influential in promoting the program; engage with the Medical Assistants, Clinic Receptionists, Nurses, Surgical Coordinators, etc.
- Financial Investment** - It's important to forecast the number of potential acquisitions to determine the return on investment (ROI). Research the number of planned c-sections within your service area and extrapolate the monthly totals. A Birth Tissue Program requires a lot of work upfront so hiring staff dedicated to outreach and program development is recommended. Allocating the necessary resources upfront is critical to the program's success.