

6. MACROSCOPICAL APPEARANCE OF PLACENTA

- 6.1. Date of investigation/filling questionnaire (dd/mm/yyyy) _ _ / _ _ / _ _ _ _
- 6.2. **Time of delivery of Placenta** _____ ☐ Not known
- 6.3. Name of midwife/nurse/auxiliary worker: _____
- 6.4. Placenta processed (gross examination, and/or blood sampling and/or biopsies)
- ☐ yes ☐ no
- 6.4.1. If not, specify why ☐ Home delivery ☐ KCMC delivery ☐ Other
- 6.4.2. If other, specify: _____
- 6.4.3. **Start time of processing placenta** _____ ☐ Not applicable

- 6.5. **Membranes** _____ ☐ NOT DONE
- 6.5.1. Normal appearance: ☐ yes ☐ no
- 6.5.2. Colour : ☐ normal clear ☐ white ☐ yellow
- 6.5.3. Other observations: _____
- 6.6. **Umbilical cord** _____ ☐ NOT DONE
- 6.6.1. Insertion: ☐ central/eccentric ☐ marginal ☐ velamentous
- 6.6.2. Distance from edge: _____ cm
- 6.6.3. Length: _____ cm
- 6.6.4. Diameter average thickness _____ mm
- 6.6.5. Number of umbilical vessels: ☐ 2 ☐ 3
- 6.6.6. Spirality : ☐ 0 spirals of few ☐ normal ☐ many
- 6.6.7. Lesions (haematoma, thrombose, knot etc.): _____
- 6.7. **Placenta** _____ ☐ NOT DONE
- 6.7.1. Size (largest diameter): _____ cm
- 6.7.2. Placental weight excluding membranes, cord, haematoma: _____ g
- 6.7.3. Thickness of the placenta (measure in the center) _____ cm
- ☐ big variation (not done)
- 6.7.4. Normal appearance ☐ yes ☐ no
- 6.7.5. If no, abnormal appear.: ☐ Extra-chorial ☐ Other shape
- 6.7.5.1. If extra-chorial : ☐ circummarginal ☐ circumvallate
- 6.7.5.2. If other shape (round/oval is normal), specify: _____
- 6.7.6. Torn ☐ yes ☐ no
- 6.8. **Chorial plate (fetal side)** _____ ☐ NOT DONE
- 6.8.1. Colour: ☐ Blue ardoise ☐ Yellow ☐ Green
- 6.8.2. Cysts: ☐ yes ☐ no
- 6.8.3. Amniotic knotty (amnion nodosum): ☐ yes ☐ no
- 6.8.4. The configuration of the blood vasculature: ☐ normal ☐ abnormal
- 6.8.5. Other features: _____
- 6.9. **Basal plate (maternal side)** _____ ☐ NOT DONE
- 6.9.1. Intact (no cotyledons missing): ☐ yes ☐ no
- 6.9.2. Torn: ☐ yes ☐ no
- 6.9.3. Colour of red: ☐ dark ☐ whitish ☐ yellowish
- 6.9.4. Calcifications: ☐ yes ☐ no
- 6.9.5. Haematomes : ☐ yes ☐ no
- 6.9.6. Infarcts: ☐ yes ☐ no
- 6.9.7. Impression (sequelae after retroplacental infarct) ☐ yes ☐ no
- 6.9.8. Other features: _____
- 6.10. **Placental parenchyma (inside placenta tissue after cutting)** _____ ☐ NOT DONE
- 6.10.1. Focal lesions (e.g. infarct) ☐ yes ☐ no
- 6.10.1.1. If yes, describe: _____
- _____

6.11. **Samples collected** ☐ NOT DONE6.11.1. Umbilical cord blood collected in ☐ EDTA 6mL ☐ Plain 6mL ☐ not done6.11.1.1. Umbilical cord blood collected ☐ Before delivery of placenta☐ After delivery of placenta6.11.2. Placental impression smear ☐ done ☐ not done6.11.3. Placental blood collected in ☐ EDTA 6 mL ☐ not done6.11.4. Biopsies collected if formalin ☐ yes ☐ no

6.11.4.1. If yes, number of biopsies _ _

6.12. Notes:

6.13. **End time of processing of placenta:** _ _ : _ _

DATA ENTRY:

1st entry done by: _____ Signature: _____ date: _ / _ / _ _ _ _2nd entry done by: _____ Signature: _____ date: _ / _ / _ _ _ _