

6. MACROSCOPICAL APPEARANCE OF PLACENTA

6.1.	Date of investigation/filling questionnaire (dd/mm/yyyy)	_ _ / _ _ / _ _ _ _
6.2.	Time of delivery of Placenta	<input type="checkbox"/> Not known
6.3.	Name of midwife/nurse/auxiliary worker:	
6.4.	Placenta processed (gross examination, and/or blood sampling and/or biopsies)	<input type="checkbox"/> yes <input type="checkbox"/> no
6.4.1.	If not, specify why	<input type="checkbox"/> Home delivery <input type="checkbox"/> KCMC delivery <input type="checkbox"/> Other
6.4.2.	If other, specify:	
6.4.3.	Start time of processing placenta	<input type="checkbox"/> Not applicable
6.5.	Membranes	<input type="checkbox"/> NOT DONE
6.5.1.	Normal appearance:	<input type="checkbox"/> yes <input type="checkbox"/> no
6.5.2.	Colour :	<input type="checkbox"/> normal clear <input type="checkbox"/> white <input type="checkbox"/> yellow
6.5.3.	Other observations:	
6.6.	Umbilical cord	<input type="checkbox"/> NOT DONE
6.6.1.	Insertion:	<input type="checkbox"/> central/eccentric <input type="checkbox"/> marginal <input type="checkbox"/> 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:	<input type="checkbox"/> 2 <input type="checkbox"/> 3
6.6.6.	Spirality :	<input type="checkbox"/> 0 spirals of few <input type="checkbox"/> normal <input type="checkbox"/> many
6.6.7.	Lesions (haematoma, thrombose, knot etc.):	
6.7.	Placenta	<input type="checkbox"/> NOT DONE
6.7.1.	Size (largest diameter):	_ _ cm
6.7.2.	Placental weight excluding membranes, cord, haemotoma:	_ _ g
6.7.3.	Thickness of the placenta (measure in the center)	_ _,_ cm <input type="checkbox"/> big variation (not done)
6.7.4.	Normal appearance	<input type="checkbox"/> yes <input type="checkbox"/> no
6.7.5.	If no, abnormal appear.:	<input type="checkbox"/> Extra-chorial <input type="checkbox"/> Other shape
6.7.5.1.	If extra-chorial :	<input type="checkbox"/> circummarginal <input type="checkbox"/> circumvallate
6.7.5.2.	If other shape (round/oval is normal), specify:	
6.7.6.	Torn	<input type="checkbox"/> yes <input type="checkbox"/> no
6.8.	Chorial plate (fetal side)	<input type="checkbox"/> NOT DONE
6.8.1.	Colour:	<input type="checkbox"/> Blue ardoise <input type="checkbox"/> Yellow <input type="checkbox"/> Green
6.8.2.	Cysts:	<input type="checkbox"/> yes <input type="checkbox"/> no
6.8.3.	Amniotic knotty (amnion nodosum):	<input type="checkbox"/> yes <input type="checkbox"/> no
6.8.4.	The configuration of the blood vasculature:	<input type="checkbox"/> normal <input type="checkbox"/> abnormal
6.8.5.	Other features:	
6.9.	Basal plate (maternal side)	<input type="checkbox"/> NOT DONE
6.9.1.	Intact (no cotyledons missing):	<input type="checkbox"/> yes <input type="checkbox"/> no
6.9.2.	Torn:	<input type="checkbox"/> yes <input type="checkbox"/> no
6.9.3.	Colour of red:	<input type="checkbox"/> dark <input type="checkbox"/> whitish <input type="checkbox"/> yellowish
6.9.4.	Calcifications:	<input type="checkbox"/> yes <input type="checkbox"/> no
6.9.5.	Haematomes :	<input type="checkbox"/> yes <input type="checkbox"/> no
6.9.6.	Infarcts:	<input type="checkbox"/> yes <input type="checkbox"/> no
6.9.7.	Impression (sequelae after retroplacental infarct)	<input type="checkbox"/> yes <input type="checkbox"/> no
6.9.8.	Other features:	
6.10.	Placental parenchyma (inside placenta tissue after cutting)	<input type="checkbox"/> NOT DONE
6.10.1.	Focal lesions (e.g. infarct)	<input type="checkbox"/> yes <input type="checkbox"/> no
6.10.1.1.	If yes, describe:	

6.11. Samples collected NOT DONE

- 6.11.1. Umbilical cord blood collected in EDTA 6mL Plain 6mL not done
6.11.1.1. Umbilical cord blood collected Before delivery of placenta
 After delivery of placenta
6.11.2. Placental impression smear done not done
6.11.3. Placental blood collected in EDTA 6 mL not done
- 6.11.4. 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: ___/___/___