

# Placental examination for healthcare professionals

## Please complete details as required

Singleton       Multiple

Baby Number  (e.g. Twin 1)

## Maternal sticker

Inc Name, DOB, UR, Address, Telephone number

## Step 1

**Accoucheur examination of the placenta, membranes and cord using sterile gloves**

<b>Cord insertion (Circle)</b>		Eccentric / Central / Marginal / Velamentous / Other:			
<b>Cord appearance (Circle)</b>		Thin / Thick / Meconium Stained / Other:			
<b>No. of cord vessels</b>		<b>Total cord length</b>	cm	<b>Cord knots (Circle)</b>	Yes / No
<b>Placental dimensions</b>	cm	<b>Placental weight</b>	g	<b>Placental odour</b>	
<b>Maternal surface (Circle all that apply)</b>		Intact / Incomplete / Gritty / Infarcts / Retroplacental Clot / Succenturiate / Circumvallate / Bipartite			

## Step 2

**Tissue sampling for chromosomal analysis**

**Prior to sending the placenta to pathology, a sample of umbilical cord should be collected using aseptic technique as outlined below. If there are any clinical indications of placental mosaicism, then a placental sample may be required as well.**

- Collect a 1cm<sup>3</sup> sample from cut end of umbilical cord using sterile surgical knife and dissection forceps
- Place in either a designated cytogenetics bottle or a sterile container, with either sterile saline solution or cell culture transport medium. Then seal the bottle and label with maternal name, UR number, date and time of collection and multiple number if appropriate

## Step 3

**Send placenta**

**Send placenta, membrane and cord to the Pathology fresh and unfixed for histopathological examination**