

The Examination of the Placenta.

The literature on the placenta is vast; its structure, its abnormalities, its diseases have given rise to wide investigation, endless theories, and much controversy, yet there still remains much that is obscure.

The midwife is concerned only with its macroscopical structure. That, however, is in itself most interesting. In her routine examination of the placenta and membranes the essential points are frequently all that are noticed, their importance is, of course, paramount, but the placenta is worthy of a more careful study, and midwives who have the teaching of pupils will find interest in it quickened, and the powers of observation developed if they point out certain peculiarities, explaining, where possible, the theories as to their cause, and their relation to the condition of the child at birth, and subsequently. The midwife has excellent opportunities of proving the value or fallacy of these, as she is so often able to follow up the history of her cases. Careful notes should be made of any peculiarity. The correct way to examine the placenta is to begin by carefully watching the mechanism of its delivery; if spontaneously delivered or skilfully expressed it normally presents by the foetal surface, falls by its own weight into the receiver, the membranes tail off, and there is little hæmorrhage. If the membranes hang back, the placenta should be grasped by disinfected hands and rotated so as to twist the membranes into a rope; gentle traction should then be made in the axis of the outlet. If there is inclination to tear, great patience and gentleness are requisite to withdraw them. The amount of hæmorrhage contained in the sac should be measured; where the third stage of labour is well managed this is small in quantity. The hand should control the uterus at the fundus, being placed rather behind it; this will efficiently prevent concealed hæmorrhage. It should be noted whether there is any relation between the amount of post partum hæmorrhage, the mechanism of delivery, and the abnormalities of the third stage. It will often be found that the maternal surface presents when there is considerable hæmorrhage, or retained membranes, or the placenta is expressed from the uterus. In order to make a thorough examination of the placenta, it is necessary to have a bowl of water, a wooden footrule, a long pin, a pen-knife, and a set of scales. The placenta should be lifted from the receiver by the cord (by this means the sac is emptied of blood), and placed in a bowl of clear water; the sac should be held up, its completeness, its size in proportion to the size of the child, and the point of rupture should be noted. The least measurement is usually three to four inches from the edge of the placenta; the position of the placenta in utero can be roughly deduced from this observation. If the sac is ruptured centrally, and the membranes measure eight to nine inches all round, the probability is that the placenta was fundal. In cases where the placenta is prævia the mem-

branes are torn away from the edge, the measurement of the other part of the sac is unusually long; if the rupture is large the measurement is of little value. The sac should next be re-inverted; if the part of the membranes which was probably at the fundus be hung over the closed fist, it is easy to demonstrate graphically the relation of the placenta and membranes to the uterine wall; the ragged and uneven surface presented by the decidua, will make it easy for the student to grasp that after delivery the surface of the uterus is denuded and raw. The area covered by the placenta should be noticed. Occasionally there are wandering lobes of the placenta (*placentæ succenturiatæ*) in the membranes, a blood vessel always runs from the main body thereto; in the event of a lobe being retained in the uterus, the torn vessel will confirm the diagnosis, there may be a hole in the membranes or chorion. The cord is sometimes vilamentous, i.e., it is inserted in the membranes, the blood vessels anastomose and run in the direction of the placenta (in rare instances these may be torn in rupturing the membranes artificially). The thickness of the sac should be noted. Where it is thick there is usually much decidua; abnormal thinness may lead to early rupture of the membranes. In examining the membranes in detail, it is not unusual in cases of late rupture of the membranes, to find the amnion already separated from the chorion. Attention should be drawn to its transparency, toughness, thinness, and silkiness, it should be compared with the chorion which is thicker but more friable. In stripping it from the chorion, a gelatinous layer may often be noticed between the two membranes. The amnion covers the cord, but cannot be stripped up beyond its insertion. Dakin says the reason for this is that Wharton's jelly is really a part of the amnion itself, being a product of the deeper layer.

The remains of the yolk sac, or umbilical vesicle may sometimes be seen on the under surface of the amnion or on the foetal surface of the placenta; in appearance this resembles a piece of yellow putty, the size of a small lentil; it is immovable. In early foetal life the yolk sac formed the bulk of the ovum, and the embryo derived a certain amount of nourishment from it; its contents being absorbed, it atrophied.

As a rule the chorion can only be stripped from the amnion up to the edge of the placenta; occasionally, however, it can be stripped off the foetal surface for some little distance, leaving a margin or collar of placenta; this varies from a quarter to three-quarters of an inch in width; the blood vessels do not as a rule extend to it; these placentæ are known as "collerette." If one attempts to strip the chorion off beyond this ring it tears and blood exudes from the foetal surface. In some cases there is a definite fold or tuck of chorion and amnion round the collar; the name of "circumvallate" has been given to this variety. Post partum hæmorrhage and abnormalities of the third stage are frequent when these occur.

The decidua may be peeled off the outer surface

[previous page](#)

[next page](#)