APPENDIX III

Fetal Examination: To be completed by delivering physician, genetics, or pathologist

	Yes	No
Foul Smelling	❑	❑
Meconium	❑	❑
Maceration	❑	❑
Skull Collapse	❑	❑
Wasting Fat/Muscles	❑	❑
Plethoric	❑	❑
Hydropic	❑	❑
Bruising/Forceps Marks	❑	❑
Micro/Macrocephalic	❑	❑
Low Set Ears	❑	❑
Ear Tags/Pits	❑	❑
Wide/Narrow Spaced Eyes	❑	❑
Up/Down Slanting Palpebral Fissures	❑	❑
Cleft Lip/Palate	❑	❑
Other Facial Defects	❑	❑
Micrognathia	❑	❑

	Yes	No
Encephalocele	❑	❑
Nuchal Cystic Hygroma	❑	❑
Abdominal Wall Defect	❑	❑
Chest Deformity/Asymmetry	❑	❑
Skeletal Deformity	❑	❑
Limb Deformity	❑	❑
Number of Digits: Hands ________ Feet _________	❑	❑
Spina Bifida		
Imperforate Anus	❑	❑
Genital Abnormality	❑	❑
Placenta Abruption	❑	❑
Tight Nuchal Cord	❑	❑
Knot or Stricture in Cord	❑	❑
Number of Vessels in Cord ________	________	

Weight: __________ ❑ Crown-rump Length or ❑ Crown-heel Length: _________

Head Circumference: ____________ Genitalia: ❑ Male ❑ Female ❑ Ambiguous

Delivery Complications: ______________________________

Description of Abnormal Findings: ______________________________

Suspected Diagnoses: ______________________________

Special Instructions for Pathologists: ______________________________

Completed By: ______________________________

Date: ______________________________

References:

1. ACOG Committe Opinion, No.383, October 2007. Evaluation of Stillbirths and Neonatal Deaths.

2. Silver, Robert. Fetal Death. Obstet Gynecol 2007; 109: 153-167.

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RTS Physician's/Genetics Check List

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