

**Department of Forensic Medicine and Toxicology**  
**All India Institute of Medical Sciences, Patna 801507, Bihar**  
**Foetal Pathological Autopsy Report**

Foetal Autopsy number: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the Father: \_\_\_\_\_ Age: \_\_\_\_\_

Name of the Mother: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. PREAMBLE**

- i. Reference Letter/Requisition No: \_\_\_\_\_ Dated: \_\_\_\_\_
- ii. Name of the Consultant: \_\_\_\_\_
- iii. Department: \_\_\_\_\_
- iv. Date and time of Commencement of the autopsy: \_\_\_\_\_
- v. CR No: \_\_\_\_\_
- vi. Date of admission and discharge: \_\_\_\_\_
- vii. Details of the parents: \_\_\_\_\_

**II. CLINICAL INFORMATION FOR FOETAL PATHOLOGICAL AUTOPSY**

**RELEVANT HISTORY:**

Maternal height: \_\_\_\_\_ cm

Previous pregnancies: G \_\_\_\_\_ P: \_\_\_\_\_

Booking weight: \_\_\_\_\_ Kg

Date	Gestation	Delivery	Sex	Outcome
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

THIS PREGNANCY: Booked/Unbooked      LMP \_\_\_\_\_ EDD \_\_\_\_\_ BMI \_\_\_\_\_

Gestation: By Dates: \_\_\_\_\_ By Scan: \_\_\_\_\_ Blood group: \_\_\_\_\_

HBsAg: Pos/Neg      Red Cell anti-bodies: \_\_\_\_\_

Trisomy screening results: \_\_\_\_\_

Medications: \_\_\_\_\_

USG Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Antenatal diagnostic procedures/results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Karyotype: \_\_\_\_\_

Threatened Abortion: No/Yes, When _____	Severe anaemia: Yes/No
Antepartum Haemorrhage: No/Yes, When _____	Infection Risk: High/Low
Hypertensions: Yes/No, Max. BP: _____	Maternal pyrexia: Yes/No When _____
Pre-eclampsia: Yes/No, when _____	Other problem: _____

**LABOUR (THIS PARTICULAR PREGNANCY):**

Onset: Spontaneous/ Induction      IOL for: IUD/TOP/Other \_\_\_\_\_

Presentation: Vertex/Breech/Other \_\_\_\_\_

Liquor volume: Normal/Reduced; Colour \_\_\_\_\_

Rupture of membranes: Date: \_\_\_\_\_ Time: \_\_\_\_\_      Augmentation: \_\_\_\_\_

1<sup>st</sup> Stage: \_\_\_\_\_ hrs \_\_\_\_\_ min; 2<sup>nd</sup> Stage: \_\_\_\_\_ hrs \_\_\_\_\_ min

Fetal heart last heard: Date \_\_\_\_\_ Time \_\_\_\_\_

Fetal distress: Yes/No; Specify: \_\_\_\_\_

Delivery: Spontaneous/ Assisted (Forceps/Ventouse)

CS (elective/emergency): Date \_\_\_\_\_ Time \_\_\_\_\_

IUFD: Date \_\_\_\_\_ Time \_\_\_\_\_

Fetus: Birth weight \_\_\_\_\_ gm, Sex – \_\_\_\_\_

**ABNORMALITIES NOTED:**

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**BRIEF SUMMARY OF LATER SYMPTOMS/TREATMENTS AND MAJOR INVESTIGATIONS (MOTHER):**

**SUSPECTED CAUSE (S) OF DEATH:**

**DEATH REGISTERED AS: Still-birth**

**III. BRIEF SUMMARY FINDINGS AT AUTOPSY**

**A. External Examination:**

i. Body weight: \_\_\_\_\_ Head circumference: \_\_\_\_\_

ii. Crown-heel length: \_\_\_\_\_ Crown-rump length: \_\_\_\_\_

iii. Gestational age: \_\_\_\_\_ Meconium: \_\_\_\_\_

iv. Fontanelles: \_\_\_\_\_

v. Eyes: \_\_\_\_\_

vi. Ears: \_\_\_\_\_

vii. Nose: \_\_\_\_\_

viii. Mouth: \_\_\_\_\_

ix. Palate: \_\_\_\_\_

x. Digits: \_\_\_\_\_

xi. Palmar creases: \_\_\_\_\_

xii. Umbilical cord: \_\_\_\_\_

xiii. Genitalia: \_\_\_\_\_

xiv. Anus: \_\_\_\_\_

xv. Dysmorphic features, congenital malformations and deformities: \_\_\_\_\_

\_\_\_\_\_

xvi. Other external findings: \_\_\_\_\_

\_\_\_\_\_

**B. Internal examination (include organ weights):**

i. **Cardiovascular system:**

ii. **Respiratory system:**

iii. **Gastrointestinal system:**

iv. **Genitourinary system:**

v. **Reproductive system:**

vi. **Endocrine system:**

vii. **Reticuloendothelial system:**

viii. **Central Nervous system:**

**C. PLACENTA:**

**D. CORD LENGTH AND VESSEL ABNORMALITIES:**

**E. TISSUES PRESERVED FOR HISTOPATHOLOGY (10% FORMALIN):**

**F. RADIOLOGICAL X-RAY REPORT:**

**G. ANCILLARY INVESTIGATION REPORT:**

**H. FINAL HISTOPATHOLOGY REPORT:**

**FINAL OPINION:**

1. SEX AND APPARENT GESTATION:
2. ADEQUACY OF GROWTH AND DEVELOPMENT:
3. CONGENITAL ABNORMALITIES:
4. MAJOR PATHOLOGICAL LESIONS:
5. EVIDENCE OF CHRONIC DISEASE:
6. DEAD BORN/ STILL-BORN/ LIVE-BORN:
7. CAUSE OF DEATH:
8. REQUIREMENT OF ADDITIONAL TESTING:

**Name and Signature of the consultant (s):**

**ANATOMY**

**PATHOLOGY**

**FORENSIC MEDICINE**