

Uterine Natural Killer (uNK) Cells	<ul style="list-style-type: none"> Identified by the presence of cell surface marker CD56. Produce vascular endothelial growth factor C. Their deficiency results in placental defects in mice. Found in close proximity to uterine spiral arteries.
Menstruation	Spontaneous cyclic shedding of uterine lining due to uterus undergoing decidualisation .
Blastocyst apposition	<ul style="list-style-type: none"> Changes in epithelial cell polarity. Pinopodes pull the blastocyst close to the endometrium. Differentiation of the trophoblast into two different cell masses. Secretion of 'homing signals' by the endometrium.
Syncytiotrophoblast	<ul style="list-style-type: none"> At implantation consists of multi-nucleic layer from fusion of cytotrophoblast cells. Entirely surrounds an embryo once completely embedded in the endometrium. Forms a syncytium. Crosses the basal lamina & penetrates into the stroma that lies below.
Gestational Lactogenesis	<ul style="list-style-type: none"> The breast is fully developed with abundant active alveoli, & partially functional. Hormone-induced differentiation of secretory cells leads to production of milk-specific lactose. Presence of lactose in urine is a marker for lactogenesis from week 10 in female pregnancy.
Pluripotency of PGCs	<ul style="list-style-type: none"> PGCs escape from differentiation commitment before the formation of embryonic disc. PGCs localise in a protected niche. Pluripotency requires down-regulation of somatic cell genes.
Foetal role in initiation of parturition	<ul style="list-style-type: none"> The release of ACTH from the foetal anterior pituitary. Lack of oxygen leading to the foetus becoming hypoxic. The production of foetal cortisol. The production of prostaglandins by the placenta.
Synepithelialchorial, cotyledonary & non-invasive (sheep)	<ul style="list-style-type: none"> Foetal cotyledon (along uterus) & maternal caruncle ('cup') come together to form a placentome. Cotyledon: In-growths of chorionic villi (finger-like projections that extend into caruncle but does not break down any maternal tissue). Vessels divide & ramify (=> capillary network) & come to lie under surface of the trophoblast. Maternal arteries supply each caruncle & capillaries between terminal villi of foetal cotyledon. Tissue between maternal & foetal blood supply (non-invasive). Distance for blood to get. Organisation of foetal & maternal vessels: Blood can flow in opposite directions (counter-exchange) in capillary beds: maximising opportunities for metabolic exchange. Mother's blood will be at a higher pressure than foetal blood & blood flows in opposite direction.
Haemochorial, discoid & invasive (human)	<ul style="list-style-type: none"> Stem villi connect chorionic plate (highly vascularised) to basal plate forming a labyrinthine series of maternal blood space (break-down of tissue, amniotic cavity with embryo). Maternal spiral artery at decidual base of placenta ejects its blood into maternal blood spaces (high pressure). Villi of chorionic syncytiotrophoblast (mature human placenta) contains mesodermal tissue that foetal blood vessels run, penetrate deep into maternal tissue to form extensive capillary network. A thin layer of chorionic syncytiotrophoblast separates foetal blood vessels from maternal blood. Capillaries are dilated at tips of terminal villi & form tortuous loops thus foetal blood flow through tips will be slow => direct exchange of metabolites with maternal blood (from maternal blood spaces into foetal capillaries).
Gonadostat Hypothesis	<ul style="list-style-type: none"> Before puberty, very low threshold of gonadal steroids, regulating the negative feedback action. At puberty, hypothalamus-pituitary become less sensitive (desensitised) to gonadal steroids. Increased levels of GnRH, gonadotrophins & gonads response: increased steroids. Steroid hormones induce: secondary sexual features (anatomical), maturity (mental) & sex drive (behavioural).
Magnocellular Neurons	<ul style="list-style-type: none"> Hypothalamic nuclei & pituitary. Makes & releases oxytocin (OT) & vasopressin (VP). Large cell bodies in paraventricular & supraoptic nuclei. Axons run down pituitary stalk & terminates in posterior pituitary. Terminals release OT into portal blood system & connects to systemic circulation.
Parvocellular Neurons	<ul style="list-style-type: none"> Hypothalamic nuclei & pituitary. Makes GnRH & other releasing factors. Small cell bodies in several nuclei. Neurosecretory/neuroendocrine (nerves release hormones). Cell body (nucleus), axons (hypothalamus) & terminates (capillary beds in median eminence). Each produces a package of GnRH that is released into portal blood system via capillaries. GnRH diffuses out of blood & acts on gonadotrophs (LH, FSH) & lactotrophs in anterior pituitary (AP) to control reproductive function; Aka: AP GnRH stimulates gonadotrophs to release LH & FSH Capillaries coalesce to form hypothalamo-pituitary portal vessels that connect capillary beds in AP