

 
North Florida Perinatal Associates, Inc.
Genetics and Prenatal Diagnosis

Amniocentesis Fact Sheet

Every pregnancy has a baseline risk of approximately 4-5% that the fetus will have some type of birth defect and/or mental retardation that is not detectable prenatally.

There is a natural risk for miscarriage of 2-3% after sixteen weeks gestation. Amniocentesis presents an additional risk for miscarriage of approximately 0.5% or less.

Recommended precautions following amniocentesis are: Avoid lifting heavy objects. Do not engage in intercourse. Increase your fluid intake. Absolute bedrest is probably not necessary, but try to avoid strenuous activity the day of the procedure. Normal activity may generally be resumed the day following the procedure.

Some women may experience mild, intermittent cramping following amniocentesis. Many women may also pass a few spots of blood or a teaspoonful of amniotic fluid the day of the procedure, this is normal. However, if cramping persists and intensifies please notify North Florida Perinatal Associates. Should you experience heavy vaginal bleeding or are leaking large amounts of amniotic fluid, contact your physician immediately.

The sonogram done prior to your amniocentesis can be quite helpful in determining if certain structural defects are present in the fetus. However, it must be understood that sonography is not a clear photograph of the fetus and many birth defects cannot be detected.

On rare occasions no amniotic fluid or an inadequate amount is obtained when the amniocentesis is attempted and a repeat attempt is necessary.

The alpha-fetoprotein test run on your sample of amniotic fluid provides limited information about your baby's spinal cord, kidneys and gastro-intestinal tract. Alpha-fetoprotein testing is not specific to one particular birth defect. Therefore, if abnormal results are obtained, further testing and counseling may be needed. It is possible that an explanation for the abnormal result may never become apparent.

In rare instances, there is no cell growth in the amniotic fluid cultures and therefore, no information about the baby's chromosomes would be obtained.

The karyotype (chromosome analysis) is felt to be approximately 99% accurate in the detection of the most common chromosome abnormalities. An absolute guarantee cannot be given, however, as factors such as maternal cell contamination, and the rare possibility that you are carrying a fetus with a mosaic pattern of cell lines (more than one type of chromosome configuration in your baby's cells) can sometimes lead to ambiguous results. If the laboratory discovers an unusual chromosome pattern in your baby, it may be necessary to test the chromosomes of both parents in order to try and determine the significance of the finding in your baby. It is possible that the significance of the unusual test results may never be known.

Thank you from the staff at North Florida Perinatal Associates, Inc.

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AMNIOCENTESIS CONSENT

I, the undersigned, request that an attempt be made to perform prenatal diagnosis of certain detectable birth defects for which my unborn child is possibly at risk.

I understand that the first step in this procedure is an examination of my abdomen by sonography (ultrasound). This involves the use of high frequency sound waves to locate the fetus and placenta, detect multiple pregnancies, determine the gestational age of the pregnancy, and look for possible structural abnormalities of the fetus.

I understand that following the ultrasound examination any significant findings will be discussed with me and I shall have an opportunity to decide whether to proceed with further studies.

I understand that the fluid required for prenatal diagnosis studies is the amniotic fluid which surrounds the developing fetus inside the uterus, and that this fluid is obtained by a process called amniocentesis, which involves the insertion of a needle through my abdominal wall and into my uterus. Cells obtained from this fluid will be grown in tissue culture and a study of their chromosomes (the structures that carry the genetic material and determine the sex of the fetus) will be performed. A sample of the fluid will also be tested to determine the concentration of alpha-fetoprotein, a chemical that may be present in elevated amounts in the setting of abnormalities of the spine, kidneys, gastrointestinal system or abdominal wall. I understand that alpha-fetoprotein screening is not specific to any particular birth defects.

I understand that these are the only prenatal studies that will be performed and that no other studies will be done unless specifically indicated.

I understand the following important points regarding the procedure:

- a. Although trans abdominal amniocentesis is an established technique that has been used extensively and the risk to me or the fetus is considered to be small (approximately .5%), there is no positive assurance that the procedure will not cause damage to me or my fetus, initiate premature labor, or result in a miscarriage.
- b. Any particular attempt to obtain amniotic fluid by amniocentesis may be unsuccessful, the fetal cells may not grow, and more than one amniocentesis may be required to obtain the necessary specimens.
- c. The chromosomes and/or biochemical analysis may not be successful due to potential laboratory complications.
- d. Although the likelihood of a misinterpretation of the chromosomal and/or biochemical analysis is considered to be small, a complete and accurate diagnosis of the condition of the fetus based on the tests cannot be assured or guaranteed.
- e. Although the test of elevated alpha-fetoprotein can detect greater than 90% of open defects in the neural tube, the structure that ultimately develops into brain and spinal cord, not all abnormalities can be identified by this test.
- f. The finding of a normal chromosomal constitution and/or biochemical status does not eliminate the possibility that the fetus may have birth defects, abnormalities and/or mental retardation that are not detectable by these methods of prenatal diagnosis. Thus, the tests provide no guarantee of a normal baby.



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This amniocentesis is being performed on me for the following reasons:

I full recognition of the possible medical risks and with full understanding of the techniques and interpretations involved in the prenatal diagnosis of my unborn child, I agree and consent to have the analysis attempted.

I have had the opportunity to ask questions regarding amniocentesis, and all of my questions have been answered fully.

I have read and fully understand the foregoing information and consent.

Signed _____
Patient Signature

Spouse or Responsible Party

Date _____

Witness _____