

*In making a decision to have Amniocentesis, we feel it is important for you to consider its risks, benefits and limitations.*

### **WHAT IS AMNIOCENTESIS?**

Amniocentesis involves withdrawing a small amount of fluid from around the baby. The fetal skin cells in the fluid are then cultured in the lab and studied to determine the baby's chromosomes. Other genetic information about the baby can sometimes be determined from the same sample. Amniocentesis is typically performed between 15 and 20 weeks gestation (counting from the first day of the last period).

### **WHAT INFORMATION CAN BE OBTAINED BY AMNIOCENTESIS?**

The major condition diagnosed with amniocentesis is a chromosome problem, such as Down Syndrome. Chromosomes are the packages of genetic information inside the body's cells that control the baby's development. The sample obtained from amniocentesis is used to determine the baby's chromosome number (including gender). It may be possible to test for a certain genetic disease present in a family member (cystic fibrosis and Tay-Sachs are examples), but these tests must be scheduled before the procedure.

It is important to realize that every pregnancy has a 3% risk for a serious birth defect. These defects, however, cannot be identified by amniocentesis. For example, amniocentesis does not provide information about birth defects such as congenital heart disease and other structural problems. Additionally, amniocentesis does not provide information about cerebral palsy, mental retardation, or autism.

### **WHY HAVE AMNIOCENTESIS?**

The most common reason for having amniocentesis is when a woman will be 35 years or older at delivery. This is because women of this age have a higher chance of having a baby with Down Syndrome or another chromosome problem. Other reasons for having amniocentesis include a structural abnormality on ultrasound, abnormal quad screen, a previous pregnancy or child with a chromosome problem or a family history of a genetic condition for which a prenatal test is available.

### **HOW IS AMNIOCENTESIS DONE?**

An ultrasound examination is performed before and during the amniocentesis procedure. Ultrasound uses sound waves (not x-rays) to determine the number of babies, locate the placenta and baby, and measure the baby. There is no evidence of harm to mother or baby from ultrasound during pregnancy.

In the ultrasound room you will be asked to lie flat on a bed. The ultrasound evaluation will be completed and the placenta will be located. Amniocentesis is then performed by a specially trained obstetrician (perinatologist). After the abdomen is cleansed, a needle is inserted into the belly (not the belly button), through the uterus and into the amniotic fluid. Approximately 2-3 tablespoons of fluid are removed by applying gentle suction to a syringe attached to the needle. The sampling procedure causes some mild discomfort and cramping but takes only a few minutes. Ultrasound is used throughout the procedure to ensure the needle is in the proper place and fetal well-being.

### **WHAT ARE THE RISKS AND COMPLICATIONS?**

The most serious risk with amniocentesis is miscarriage. Since amniocentesis is performed in the second trimester of pregnancy and miscarriage can spontaneously occur, it is difficult to know whether a pregnancy loss after amniocentesis would have happened anyway. Nevertheless, it is known that amniocentesis slightly increases the chance for a miscarriage. The chance of a miscarriage after amniocentesis is approximately 1 in 200 (0.5%) based upon older studies. The risk for miscarriage with today's technology is, in our experience, less than 0.5%. Part of the risk associated with amniocentesis is rupture of the membranes and leaking of amniotic fluid vaginally. If the membranes rupture, antibiotic treatment is begun to decrease the risk for infection and bed rest is recommended. Many times the membranes will resealed and the pregnancy will continue. If infection occurs, however, and does not respond to antibiotics, it is possible the pregnancy would need to be ended.

### **WHAT SHOULD YOU DO AFTER THE AMNIOCENTESIS?**

It is recommended that you minimize your activity for 24 hours and rest. You should avoid heavy lifting (including toddlers), strenuous activity and intercourse for 48 hours.

If your blood type is negative you will receive a Rhogam injection immediately following the procedure, before leaving our office.

## **WHEN SHOULD YOU CALL YOUR HEALTH PROVIDER?**

1. Some women have light spotting after the test; this is normal. If you have bleeding like a period you should call your health care provider.
2. You may have mild cramping similar to menstrual cramps for the rest of the day and this is also normal. However, if the pain gets worse than mild cramps or is accompanied by bleeding, you should call your health care provider.
3. If you have a fever higher than 100 degrees in the next 10-14 days.

## **WHEN WILL YOU KNOW THE RESULTS?**

It usually takes 10-14 calendar days to get your results. This is because the laboratory must grow the cells in culture before examining them. As soon as results are available, we will notify you by telephone. If the results show a problem, you will have opportunity to meet with us to discuss the results and alternatives available to you.

## **WHAT IF YOU HAVE QUESTIONS OR NEED AN APPOINTMENT?**

A genetic counselor is available to meet with you and discuss your specific situation and concerns. If you are considering amniocentesis, a consultation with our genetic counselor is arranged prior to the procedure. You can obtain additional information by calling Saint Alphonse Maternal Fetal Medicine at (208)367-5544.



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# GENETIC AMNIOCENTESIS



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