



An tOspidéal Náisiúnta Máithreachais  
The National Maternity Hospital

## AMNIOCENTESIS: INFORMATION LEAFLET AND CONSENT FORM

**Patient ID**

Amniocentesis is a test carried out to examine a baby's chromosomes. The decision to have an amniocentesis is always voluntary and the information below may help you decide whether or not to have this test.

### **What is amniocentesis?**

Amniocentesis is the removal of a small amount of fluid from around the baby (amniotic fluid). Cells from the baby's skin and bladder are in the fluid and can be grown in the laboratory for chromosome analysis. Chromosomes are tiny microscopic packages present in every cell of the body. Normally, in each human cell, there are 46 chromosomes. A missing or an extra chromosome causes many changes in the way an unborn baby develops.

### **How is an amniocentesis performed?**

Amniocentesis is generally performed from 15 weeks onwards and up to when your baby is almost due. An ultrasound scan will be done first to check the position of the baby and placenta and to find a pocket of amniotic fluid. The skin on the mother's abdomen (tummy) is cleaned with antiseptic fluid and a very fine needle is passed through the abdomen and into the womb. A small amount of fluid from around the baby (amniotic fluid) is withdrawn. The needle is carefully observed with the ultrasound scan to ensure that it is in the correct position. The test lasts 2-3 minutes and afterwards the baby's heartbeat is checked. Local anaesthetic is not usually used as the insertion of the anaesthetic is often more uncomfortable than the test itself. Occasionally it may be necessary to pass the needle into the abdomen a second time. If your blood group is Rhesus negative you will require an injection of Anti-D to prevent blood incompatibility developing between you and the baby as a result of the amniocentesis test.

### **What should I expect after amniocentesis?**

For the first 24 hours you may experience some abdominal discomfort, period like pain or a little bleeding. These symptoms are relatively common and in the vast majority of cases the pregnancy continues uneventfully. You may find it helpful to take some simple pain relief like paracetamol (this is safe in pregnancy). If there is a lot of pain or bleeding, please seek medical advice by contacting the fetal medicine midwives or go to the maternity triage assessment unit.

## When can I expect the results?

Depending on the reason for the test there can be differing reporting times. Your doctor or midwife will let you know when to expect results, some may be reported in 3-5 working days, others can take 2-3 weeks.

After the amniocentesis we will make an arrangement to contact you with the results as soon as we obtain them from the genetics laboratory. Most people are happy to receive the results over the phone but if you wish to come and obtain the results in person this can be organised. The full result will also tell whether you are expecting a girl or a boy so you may want to give some thought whilst awaiting the result as to whether you would like to have this information or not. If you have not heard from us after 3 weeks, please get in contact with us. Rarely, in 1% of cases a result is not available from the amniocentesis test, as the baby's cells do not grow in the laboratory, and in this instance the amniocentesis may need to be repeated.

## What information will I get from the test?

Amniocentesis allows us to assess the genetic makeup of the baby. This can sometimes help explain why a pregnancy is affected by a particular problem.

There are a number of laboratory tests including **QF-PCR** (a rapid test checking for conditions such as Trisomy 21, Trisomy 18 and Trisomy 13), **Karyotype** (counting and looking at the basic structure of the chromosomes of the baby) and **Microarray** (a newer, more detailed examination of the chromosomes) which may be performed on the amniotic fluid. Sometimes the laboratory test will reveal a cause for the problem found on ultrasound and sometimes it will not. Occasionally, the laboratory test will reveal a difference in the genetic code of the baby. Sometimes the significance of this is not clear and may require further testing and investigations during the pregnancy or after birth.

## What are the risks associated with the test?

Amniocentesis can cause miscarriage: for every 100 amniocentesis tests performed, one more pregnancy will miscarry than we would have expected (1%). In general, there are no ways of predicting who will miscarry. For Down syndrome and other chromosome problems the result will clearly state whether the baby is affected or not, with a high degree of accuracy >99%. A result that says that the baby does not have a chromosome problem does not guarantee that the baby is entirely normal. If there were, coincidentally, a genetic condition such as cystic fibrosis, or a structural defect as a spinal or cardiac defect, these may not be detected on amniocentesis.

## CONSENT

I have read the above and have had my questions answered about amniocentesis

I understand that there is a 1% miscarriage rate associated with the test

I consent to have an amniocentesis

Patient's name: \_\_\_\_\_

Patient's signature: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

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