



Consent for Amniocentesis

Date _____

Why are we doing an amniocentesis?

The amniocentesis is performed to find out:

- if the karyotype (the chromosomes) of the baby is (are) normal
- if there is evidence of a neural tube defect (spina bifida or open spine)
- if there is evidence that my baby may have had an infection (Toujours screen)
- if the lungs of the baby are ready to breathe

How is the amniocentesis performed?

The amniocentesis is performed under ultrasound guidance. We will first look at the baby to make sure that there is no condition that would interfere with the procedure. Then, we will select an area that we feel is appropriate to put the needle. We try to avoid going through the placenta, and we try to stay away from the baby. We will disinfect the skin, and make sure that the baby is still in the correct place. We will then insert the needle and connect it to a plastic tubing to prevent motion from being transmitted to the baby. We will insert the needle going through your skin and through the muscle of the uterus. We will take about 20-30cc (2/3 to 1 oz) of fluid. The baby will make up this fluid in about 4-6 hours. We will then remove the needle and show you the baby's heart again. The samples will be sent to the lab, and you will have to sign that you agree to have the sample tested.

Care after the amniocentesis

Complications of the amniocentesis are rare, but in order to be on the safe side, we would like you to have a relaxed end of the day. This means no lifting kids or groceries, no aerobic classes, no jogging, no intercourse or strenuous activity. By tomorrow if you feel fine, you can get back to your normal schedule. If you have any unusual cramps, bleeding, leakage of fluid, chills or fever, let us know right away.

Risks and complications of amniocentesis

There are very few risks to the mother. Risks to the baby can be divided into risks of miscarriages and risk of injuries. Injuries to the baby by the needle are exceedingly rare now that the procedure is done under ultrasound guidance. Risks of miscarriages still exist, but have also decreased. Miscarriages may result from bleeding from the baby if one of the vessels of the baby is cut by the needle (this is very rare) or may result from an infection, rupture of the membranes, or spontaneous labor. This is the reason why we clean your skin very carefully before inserting the needle. Occasionally a baby may also die after a normal amniocentesis for unexplained reasons.

The rate of miscarriage after an amniocentesis is commonly quoted to be around 1/200 (0.5%) but is probably half of that with the current ultrasound guidance and thinner needles. We therefore, only offer amniocentesis when the risk of the condition that we are trying to eliminate is greater than the risk of the procedure.

Blood Type

If you are Rh negative (Rhesus type negative) we will give you a shot to prevent your immunization against the baby's blood. MY BLOOD TYPE IS _____

I understand the risks of the amniocentesis and I authorize and consent to the performance upon myself:

_____ of an amniocentesis to be performed by Dr. _____

Signature of Patient

Signature of Witness