

## **Amniocentesis Information Sheet**

### ***General indications for the proposed procedure/treatment:***

Amniocentesis is performed to look for certain types of birth defects such as Down syndrome, a chromosomal abnormality, Sickle cell disease, Cystic fibrosis, Muscular dystrophy, or Tay-Sachs and familiar diseases. It can also be performed to determine lung maturity.

Because amniocentesis presents a small risk for both the mother and her baby, the prenatal test is generally offered to women who have a significant risk for genetic disease, including those who have an abnormal ultrasound, have a family history of certain birth defects, have previously had a child or pregnancy with a birth defect, or will be 35 or older at the time of delivery.

An amniocentesis can also be done during the third trimester of pregnancy to determine if the baby's lungs are mature enough for delivery, in cases where an early delivery may be warranted. Another indication could be to evaluate for infection in the amniotic fluid in certain situations.

### ***Description of Procedure:***

Amniocentesis is a prenatal test in which a small amount of amniotic fluid is removed from the sac surrounding the fetus and is tested. The sample of amniotic fluid (less than one ounce) is removed through a fine needle inserted into the uterus through the abdomen, under ultrasound guidance. The fluid is then sent to the lab for analysis. Different tests can be performed on a sample of amniotic fluid, depending on the genetic risk and indication for the test.

The actual procedure begins by cleansing a small area of the abdomen with antiseptic. The patient may receive a local anesthetic (pain-relieving medication) to reduce and discomfort. Guided by ultrasound, the doctor first locates the position of the fetus and placenta. Under ultrasound guidance, the doctor inserts a thin, hollow needle through the abdomen and uterus, and into the amniotic sac, away from the baby. A small amount of fluid (less than an ounce) is removed through the needle and sent for laboratory analysis.

The patient may experience minor menstrual-like cramping or discomfort; this is not unusual during the amniocentesis and for a few hours after the procedure.

### ***Risk of the Procedure:***

There is a small risk that an amniocentesis could cause a miscarriage (less than 1%, or approximately 1 in 200 to 1 in 400). Injury to the baby or mother, infection, and preterm labor are other potential complications that can occur, but are extremely rare.

### ***Procedure Alternatives, if any:***

There are no alternatives for an amniocentesis.

***Probable consequences of Declining Procedure:***

The probable consequence of refusing this procedure is the inability to accurately diagnose certain birth defects.

***Person(s) Performing the Procedure:***

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a resident/fellow who is observed by a physician who is a member of the medical staff. Residents/Fellows are licensed physicians in approved residency or post residency training programs. Parts of the procedure which they perform will be based on their level of competency.