

AMNIOCENTESIS CONSENT FORM

The purpose of Amniocentesis is to detect certain birth defects, including fetal chromosome disorders, genetic disorders and neural tube defects. Amniocentesis does not detect all problems that can occur in a baby.

Before the amniocentesis, you should drink plenty of water. Prior to, and during the amniocentesis, you will have an ultrasound to help locate the placenta and fetus. Amniocentesis involves inserting a thin needle through the woman's abdomen into the fluid in her uterus. A small amount of fluid (about 1 ounce) is taken out. There may be some mild discomfort when the needle is inserted (like having your blood drawn). However, the procedure is quite short, taking about 1-2 minutes to complete. If there is more than one fetus, the doctor may need to take a sample of fluid from around each fetus.

There are serious complications in less than 1% of amniocentesis. The most serious complication is miscarriage (there is about a 1:1000 risk). Other possible, but rare, serious complications include bleeding, infection, and injury to the fetus. These are extremely rare. Minor complications include cramping, vaginal spotting, slight leakage of amniotic fluid, and soreness where the needle was inserted. Occasionally the procedure needs to be repeated because the amount of fluid obtained was insufficient. In very rare occasions, fetal cells cannot be grown from the amniotic fluid sample.

The standard testing performed on an amniotic fluid sample is karyotype analysis, which can identify over 99% of disorders of chromosome shape or number, and AFP (alpha-fetoprotein) testing, which can identify over 98% of open neural tube defects. Testing for other conditions will not be performed unless indicated.

Normal test results do not guarantee the birth of a normal child. In addition, 3-5% of all pregnancies have birth defects, which cannot be detected by amniotic fluid or by ultrasound examination.

Other issues:

- **If you have an infection, like hepatitis or HIV, there is a chance the fetus could be infected. Please let Dr. Minior (or the covering doctor) know if this is the case.**
- **In the case of twins or other multiple fetuses, the results may pertain to only one of the fetuses.**
- **In the case of abnormal diagnostic results, the decision to continue or terminate the pregnancy is entirely yours.**
- **The decision to consent to, or to refuse the above procedure is entirely yours.**
- **No tests will be performed and reported on your sample other than those authorized by you and your doctor and any unused portion of your original sample will be destroyed.**
- **The laboratory will disclose the test results ONLY to Dr. Minior and your OB/GYN doctor, or to her employee, unless otherwise authorized by you, or required by law.**

Your signature below indicates that you have read, or had read to you, the above information, that you understand it and would like to have the amniocentesis procedure. You have had the opportunity to discuss it, including the purposes and possible risks, with your doctor or someone your doctor has designated (such as a genetic counselor). You understand that you may obtain professional genetic counseling if you wish, before signing this consent.

**I have all the information I want, and all my questions have been answered.
I consent to have an amniocentesis performed by Dr. Minior (or the covering doctor).**

Signature: _____ Date: _____

Print name: _____