INFORMED CONSENT- Genetic Amniocentesis

By signing below, I __________________________ request that Genetic Amniocentesis be performed by Dr. __________________________ for the purpose of prenatal diagnosis of certain birth defects. It has been explained to me by my doctor or by someone my doctor has designated, and I understand that:

1-- Amniocentesis is the withdrawal of a small sample (less than 1 oz) of the fluid surrounding the fetus. This fluid is obtained by inserting a needle through the abdominal wall into the uterus (womb). Ultrasound is usually performed to help locate the placenta and fetus. Ultrasound may also detect twins, maybe used to date the pregnancy, and may detect some but not all physical defects in the fetus.

2-- Amniocentesis involves a small risk to both the mother and fetus. The most common serious complication is miscarriage; in general, the risk of miscarriages from amniocentesis performed after 15 weeks of pregnancy is less than 1 in 250. Other possible but serious complications include hemorrhage, infection or injury to the fetus. Minor complications, which occur in approximately 1 in 100 woman having amniocentesis, include cramping, vaginal spotting, or slight leakage of amniotic fluid.

3-- Any particular attempt to obtain amniotic fluid may be unsuccessful. Occasionally, even if sufficient fluid is obtained, laboratory testing may not be possible or may not yield results. In these cases, the amniocentesis may need to be repeated.

4-- The standard laboratory testing preformed on the amniotic fluid sample consists of chromosome analysis, which can usually also detect a high percentage of all open neural tube defects.

5-- Testing for other kinds of birth defects will not be performed unless indicated below.

6-- Normal test results do not guarantee the birth of a normal child. As in any laboratory test, there is a small possibility of error, and maternal cells may contaminate the sample. In addition, approximately 2---3% of all pregnancies have birth defects which cannot be detected by testing amniotic fluid or by ultrasound examination.

7-- Any part of this amniotic fluid sample not used for diagnostic testing maybe stored and used for medical research or education as long as my name or any other identifying information have been removed.

The reason I am having an amniocentesis today is: __________________________________________

____________________________________  __/__/____  ____________________________  __/__/____
Patient Signature                        Date                     Witness                        Date