

# Amniocentesis

## Information Guide

### **What is amniocentesis?**

When the baby is in the womb it is surrounded by amniotic fluid. This fluid contains cells that have the same genetic make-up as the baby. This means that we can use a small amount of this fluid to check the genes or chromosomes of the baby. This may not always be the most appropriate procedure for you.

### **What are the risks associated with amniocentesis?**

There is a small risk of miscarriage associated with amniocentesis. Some studies have suggested that if an amniocentesis is carried out before 14 weeks of pregnancy there is an increased risk of miscarriage. This is why the amniocentesis is usually performed between 15 and 16 weeks.

Having an amniocentesis increases the risk of miscarriage by between 0.5% and 1% over the background risk for that stage of pregnancy (about 0.5% for all women). Unfortunately, if a woman miscarries there is no way of knowing whether this was due to the amniocentesis or whether it would have happened anyway, even if she hadn't had the procedure.

### **Where is the amniocentesis done?**

The amniocentesis will be done at St. Mary's Hospital or at your local hospital in the scan (radiology) department by a doctor and a midwife. You can bring your partner or someone else to support you during the procedure. You will usually need to have a full bladder for the scan and you can go home shortly afterwards.

### **Will the procedure need to be repeated?**

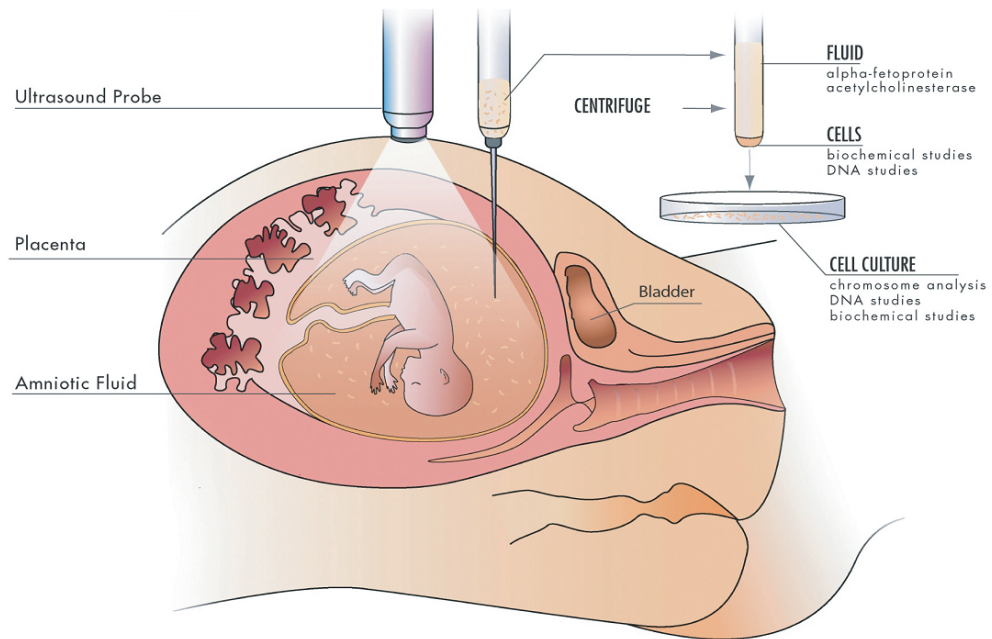
#### **How accurate is the test?**

Usually the procedure is very reliable and we are able to give you an accurate result, but sometimes a further amniocentesis may be necessary, for example if there is not enough sample to do the test, or if the cells fail to grow in the laboratory.

Occasionally the result may be difficult to interpret or give unexpected information. Your doctor would discuss these results with you at the time.

## How is the amniocentesis done?

An amniocentesis is done by passing a fine needle through the woman's abdominal wall into the fluid around the baby. The needle is carefully observed on ultrasound scan all the time to ensure that it is correctly positioned in the fluid. Approximately 15–20mls (3–4 teaspoonfuls) of fluid is taken and sent to the laboratory. Very occasionally, the amount of fluid retrieved at the first attempt is insufficient and the needle needs to be inserted again.



**Amniocentesis** (reprinted from Greenwood Genetics Centre)

## Does it hurt?

You will feel a prick as the needle goes through the skin. This is similar to the prick you feel when having a blood test. Once the needle is inside you may feel some slight discomfort, but you should not feel pain. The procedure usually only lasts a few minutes.

## Why do you need to know my blood group?

Some women are blood group Rhesus negative. It is important that we give these women an injection after the test to prevent complications related to this blood group. If you are Rhesus positive then you don't need an injection.

## HIV infection

It is important that you let your midwife or doctor know in advance if you are HIV positive, so that measures can be taken to reduce the chance of transmitting the virus to the baby.

### **What should I do after an amniocentesis?**

For the first day or two you may have some crampy pain, like mild period pain. You may find it helpful to take paracetamol which is safe in pregnancy. We advise you to take things easy for the first day or two and if possible take a couple of days off work. If you have a lot of pain, any bleeding or lose any fluid or if you develop a high temperature you should contact your GP or local hospital.

### **When will I get the results?**

This depends on the condition being tested for, but the results are usually available within 2–3 weeks. When you have the amniocentesis, we will discuss with you when we expect to have the results and how you would like to be informed.

### **What will happen after I have received the results?**

If after the result you decide not to continue with the pregnancy we will help you to liaise with your obstetrician and midwife to arrange a termination. Since the results are not usually available until 17 to 18 weeks gestation, a termination would involve induction of labour.

### **For additional information or support**

If you have any further questions about amniocentesis please ask your genetic counsellor, doctor or midwife.

You could also contact:

#### **Antenatal Results and Choices (ARC)**

Providing support and information for women during the antenatal testing process.

Helpline: 0207 631 0285 (staffed 10.00 am – 5.30 pm, Monday - Friday)

Email: [info@arc-uk.org](mailto:info@arc-uk.org)

#### **Genetic Medicine**

6<sup>th</sup> Floor, St Mary's Hospital, Oxford Road, Manchester M13 9WL

Telephone 0161 276 6506

Fax 0161 276 6145

Department staffed Monday–Friday, 9.00am to 5.00pm.

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