



## Information for women before consenting to undergo amniocentesis

**Affix patient's label if available**

Patient Name

Hospital Number

HKID No.

Sex/ Age

Ward/ Bed

Document No. OGPD0002(I)-E

Approved by: Prenatal Diagnostic and Counselling Division, TYH

**Indication:**

- Positive screening test for fetal Down syndrome
- Others: \_\_\_\_\_

**Condition to be tested for**

\_\_\_\_\_

**Chance of my baby having the condition tested for**

\_\_\_\_\_ (state estimated risk)

**Procedure of amniocentesis:**

- Fine needle through maternal abdominal wall, uterus and membranes into the amniotic sac to aspirate amniotic fluid for tests.
- No anaesthesia is needed.
- Ultrasound will be used to guide the needle insertion.

**Tests to be performed on the amniotic fluid:**

- Chromosome studies
- Conventional cytogenetics (takes about 3 weeks to obtain result, all chromosomes will be examined, can diagnose or exclude Down syndrome and other numerical chromosomal abnormalities but cannot exclude small deletions, duplications or rearrangement, cannot exclude genetic diseases, cannot exclude other congenital abnormalities).
- Rapid aneuploidy test (takes about 3 working days to obtain result; selected chromosomes will be checked for numerical abnormalities; cannot exclude chromosomal deletions, duplications, rearrangement or mosaicism; cannot exclude genetic diseases; cannot exclude other congenital abnormalities).
- Others: \_\_\_\_\_

 \_\_\_\_\_  
 (Please state test, specific purposes and limitations)

**Risks of amniocentesis:**

- Miscarriage in 0.1-0.2% of women undergoing the procedure.
- If the procedure is performed before 14 weeks of pregnancy, there is an increased risk of respiratory problems, joint deformities in the baby.
- Risk of intrauterine infection: In general, the risk of procedure related intrauterine infection is small. Women positive for hepatitis B or HIV, may have a small risk of introducing maternal virus to the fetus following amniocentesis, are advised to undergo invasive tests when all the blood results are available. Undergoing immediate test will incur a small risk of intrauterine infection.
- Other serious complications are rare.

 Group the case notes from 1 to 5.  
 Group other forms, chart, etc. in  
 Group 5.

\*PRF03020\*

 Please refer to <http://hkwc.home/webapps/Dept/HIRO>  
 for details of full version. Prepared by HIRO QMH

 Form No.: PRF03020(2.15) Eng PRF03019  
 Review date: Sep 2016  
 Next review date: Sep 2019

Information for women before consenting to undergo amniocentesis



**Affix patient's label if available**

Patient Name

Hospital Number

HKID No.

Sex/ Age

Ward/ Bed

**Care after amniocentesis:**

- Avoid heavy manual work or exercise for 1 day.
- No need for bed rest.
- Consult your doctor or the emergency department if vaginal bleeding, leaking of liquor, abdominal pain or fever occurs any time after the procedure.

**What are the implications of not having amniocentesis?**

- Confirmatory prenatal diagnosis may not be possible. For example, if a chromosomal study is not done, you will not be able to find out if the baby has Down syndrome before birth.
- The specific implications of not having the test. (please state) \_\_\_\_\_

**Are there alternatives to amniocentesis? (Delete if not applicable)**

- You can consider having screening tests for fetal Down syndrome if this has not been performed. Screening can detect 70-90% of Down syndrome, but cannot exclude all cases of Down syndrome. (Delete if Down syndrome screening is positive or the indication is not to test for Down syndrome.)
- Chorionic villus sampling or cordocentesis.
- Detailed ultrasound examination may give you some information but cannot give a definite diagnosis. e.g. if Down syndrome is more likely or less likely in your baby, but cannot confirm the diagnosis of fetal Down syndrome.
- Examination or other investigations of the baby after birth will confirm or exclude the condition to be tested for.
- Others: \_\_\_\_\_

**Other discussions:** (if needed) \_\_\_\_\_

I  agree /  disagree to storage of the amniotic fluid sample(s) after the test for research or scientific publication. I understand that the sample(s) will be anonymized.

Pregnant woman's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information for women before consenting to undergo amniocentesis

Please refer to <http://hkqmc.home/webapps/Dept/HIRO> for details of full version. Prepared by HIRO QMH.

Form No.: PRF03020(2.15) Eng PRF03019

Review date: Sep 2016

Next review date: Sep 2019

Form owner: Obs