Amniocentesis
Helping you understand your procedure and the consent form

What is an amniocentesis?

Amniocentesis (am-nee-oh-sen-tee-sis) is a procedure that allows your baby to be tested for a variety of health problems. It is also called amnio. Amnio is done during the second trimester of pregnancy, usually between 16 and 22 weeks.

How is an amniocentesis done?

- First, ultrasound is used to see your baby’s position and to decide the safest way to do the procedure. The ultrasound stays on during the entire procedure, which takes about 2 minutes.
- While watching the baby by ultrasound, the doctor inserts a thin needle into your abdomen and removes about 2 tablespoons of amniotic fluid, the liquid that surrounds the developing baby. The needle does not touch the baby.
- You are welcome to have a partner, spouse, friend, or family member with you during your amnio.

Most women are concerned about having an amnio. But, after it is done, nearly all women say that it was much simpler and quicker than they thought it would be.

What medicines will be used?

The doctor cleans the skin on your abdomen with an antiseptic soap before the amnio is done.

If your blood type is Rh negative, you will be given a RhoGAM injection after the amnio to prevent problems in future pregnancies.
What can amnio test for?

Amniotic fluid contains cells that have been shed from the baby’s skin, which is a normal process. These cells can be used to diagnose some genetic conditions. The baby’s chromosomes are examined, which will diagnose conditions such as Down syndrome and trisomy 18. If a hereditary condition such as cystic fibrosis or muscular dystrophy runs in the family, the baby’s DNA can be tested to see if the baby has inherited the disorder.

The amniotic fluid also has a protein in it called alpha fetoprotein (AFP). This protein is made by the baby. The amount of AFP in the amniotic fluid is a test for birth defects of the spine and brain, such as spina bifida.

If there is concern that the baby has an infection, the fluid can be tested for some viruses.

It may take up to 3 weeks to complete testing of the samples taken during your amnio.

What are the benefits of an amniocentesis?

1. Amniocentesis allows a clear diagnosis of some health problems. Some people find that knowing a diagnosis is better than being unsure about their baby’s health.

2. Most of the time, test results are normal. If you have been worried about your baby’s health, normal test results may make you feel better about your pregnancy.

3. Some women feel that having more information about the baby’s health will help them prepare better for the baby’s arrival. Others do not want to raise a child with special needs. Having a diagnosis allows parents to make choices, such as choosing an adoption plan or stopping the pregnancy.

What are the risks and complications of an amniocentesis?

The doctor will take steps to make the risks of the amnio as low as possible, but no procedure is completely risk-free.

The major risk from amniocentesis is miscarriage. A miscarriage may occur if an infection starts in the amniotic fluid, or if the sac surrounding the baby doesn’t heal after the procedure, allowing amniotic fluid to leak out.

Without amniocentesis, about 1% to 2% (1 to 2 out of 100) of pregnancies will miscarry between 15 and 28 weeks. Amniocentesis adds an extra 0.25% (1 out of 400) risk of miscarriage. Said another way, out of every 400 amniocentesis procedures done, 399 women (99.75%) do not have a miscarriage.

There are some limitations to amniocentesis:

- Many health problems and birth defects are not diagnosed by amniocentesis or any other prenatal tests. Having normal test results from amniocentesis does not guarantee the baby is healthy (see information on the left side of this page).

- It is not always possible to obtain amniotic fluid. Sometimes the doctor can try a second time. If the second try doesn’t work, your amnio will be rescheduled for another time.

- Sometimes the lab is not able to examine the baby’s chromosomes because cells collected from the amniotic fluid do not grow. This happens less than 0.5% of the time, or less than 1 out of 200 times.
Questions?

Your questions are important. If you have any questions about amniocentesis or the risks, benefits, or alternatives to it, talk with your provider before signing any consent forms.

Prenatal Diagnosis Clinic: 206-598-8130

Maternal and Infant Care Clinic: 206-598-4070

What are the alternatives to amniocentesis?

You may decide not to have an amnio. Doing an amniocentesis is your choice, and the decision is a personal one. Health problems that can be diagnosed by amniocentesis can also be diagnosed when the baby is born. Some women feel the risk of a health problem is so low that they are not concerned. Others decide they don’t want to risk a miscarriage and prefer to learn the diagnosis after the baby is born. Some families feel they can prepare for the birth of a child with special health needs without knowing a diagnosis.

What follow-up care is needed?

There should be no ill effects from the amniocentesis. You can return to work as long as your job does not require heavy physical activity.

For 24 to 48 hours after your amnio, we suggest that you:

- Stay off your feet as much as possible.
- Drink extra fluid.

Also avoid:

- Heavy physical activity, such as running or other exercise.
- Lifting heavy objects (10 pounds or more).
- Sexual intercourse or sexual activity.

After an amniocentesis, it is normal to have:

- Mild, menstrual-like cramping for the first few hours (you can take Tylenol for this).
- Bruising or soreness on your skin where the needle was inserted.

When to Call Your Doctor

*Call your health care provider right away if you have any of these symptoms after your amnio:*

- Spotting or bleeding from your vagina.
- Leakage of clear fluid from the vagina.
- Severe or rhythmic cramping or pain in your lower abdomen.
- Fever or chills.
- Diarrhea.
- Flu-like symptoms.