Allina Health

Amniocentesis

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Most babies born in the U.S. today are healthy. But for some couples, genetic problems or birth defects are a concern.

All pregnancies have a 3 to 4 percent chance of a birth defect and a 2 to 3 percent chance of developmental delay. But, some pregnancies may face higher risks for selected problems if:

- you are 35 years old or older at delivery
- there is a family history of certain genetic disorders or birth defects
- there is an increased concern about unusual ultrasound results or an abnormal serum screen.

A genetic counselor can help clarify what areas, if any, are of increased concern, if an amniocentesis is right for you, or if there are other options. Amniocentesis cannot address all concerns.

Who Should be Offered Amniocentesis?

Talk with your doctor or genetic counselor about your family history, other concerns about your baby or both. Amniocentesis may be an option if **you**:

- are 35 or older at the time of delivery
- and/or your partner have a family history of an inherited disease (such as cystic fibrosis or Tay sachs disease) and if carrier tests have shown the pregnancy to be at risk
- or your partner have a family history or an open birth defect such as spina bifida
- or your partner have a child with Down syndrome or other chromosome disorder
- or your partner carrier a balanced chromosome rearrangement
- became pregnant by certain assisted reproductive technologies
- have a positive serum screen or an abnormal ultrasound suggesting an increased risk for certain birth defects (A serum screen is a blood test that assesses the "odds" of having a child with some birth defects.)
- are concerned about chromosome abnormalities and want to know if your baby has one of these specific birth defects. The American College of Obstetricians and Gynecologist now recommends that all couples, regardless of age, have the option of prenatal diagnosis after careful consultation.

How is an Amniocentesis Done?

- An ultrasound will be done before the amniocentesis. This checks for the gestational age of the pregnancy, finds the placenta, identifies twins, and finds a safe pocket of amniotic fluid to do the procedure.
- When the doctor finds the right spot, they will insert a thin needle into your lower abdomen (not through the belly button) and into the amniotic sac.

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- The doctor with withdraw a small amount of amniotic fluid (about 1 ounce).
- The doctor removes the needle.

The amniotic fluid has cells the baby has shed. These cells are sent to the lab for testing. Routine chromosome analysis takes 10 to 14 days. In special situations, there may be quicker tests. Other unique gene tests may take longer.

When is an Amniocentesis Done?

This procedure is usually done between 15 and 18 weeks after your last menstrual period. This can be done at other times in the pregnancy depending on your situation. If it is done earlier, there may be greater risks. If it is done later, there may be fewer options.

What are the Risks and Side Effects?

Your doctor or a genetic counselor can talk about the risks in more detail with you. The chance of a miscarriage is likely less than one-half of 1 percent above the chance that the average person has in pregnancy.

After the amniocentesis, you may have some mild menstrual-type cramping. There might also be minor bleeding or leaking of amniotic fluid. The person who performs the procedure will give you more specific information.

What if a Problem is Found?

If the procedure finds a genetic disorder or birth defect, you and your partner are encouraged to talk with your doctor or genetic counselor about your options and to learn more about the baby's problems and the available services to answer your concerns.

Whom can You Call for More Information?

For more information, call a genetic counselor at:

- Abbott Northwestern Hospital at 612-863-4502
- Mercy Hospital at 763-236-8438
- United Hospital at 651-241-6270.

Visit allinahealth.org for more information on finding a doctor or genetic counselor.

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