WHAT IS A GENETIC AMNIOCENTESIS (AM-NEO-SEN-TEE-SIS)?

A genetic amniocentesis is a test done on the amniotic fluid (bag of water) to find out if the baby has a chromosome problem, like Down Syndrome or Trisomy 21.

How is an amniocentesis done?

When you have an amniocentesis, you will start by having an ultrasound or sonogram of the baby. This ultrasound is done on your abdomen or tummy. The person doing the ultrasound will look at the baby and make sure the baby is in a good position for the test. If you have any questions about the test, you should ask the doctor before the test. You will also sign a consent allowing the doctor to do the test.

- The doctor will clean your tummy with a solution to make sure there are no germs that can get to the baby.
- Your tummy will be covered by a sterile or germ free drape.
- The person doing the ultrasound will find a good view of the baby and the amniotic fluid.
- The doctor will insert a very thin needle into your tummy while watching the baby to be sure the baby is away from the needle. It’s important (but sometimes scary) to know that the needle used for this test is very long—it is long so that the doctor has room to work outside of your body. The entire needle does not go into your tummy. Most women describe a small pinch and say it is much better than getting their blood drawn. Some women ask if numbing medication is used—but we have found that numbing medication is usually more painful than having an amniocentesis.
- The needle is in the amniotic fluid for less than a minute. A small amount of fluid is taken out and sent to the lab for testing. While this is being done, the baby is already making more amniotic fluid to replace what has been taken out.
- After the fluid is taken out, the person doing the ultrasound will watch to make sure the baby is doing ok.
- Your tummy is wiped off and you are given a sheet of instructions to follow after having the amniocentesis.

Why is an amniocentesis done?

If a mother is over 35, has a family history of chromosome problems, or the baby has formed differently, the mother may choose to have an amniocentesis, or the doctor may offer the mother the choice of doing an amniocentesis. It is important to remember that you never have to have an amniocentesis. Because the needle is going inside you, this is called an invasive test. This also means that there are risks to doing this test. If an amniocentesis is done at or after 16 weeks in the pregnancy, there is a risk of miscarriage—1 person out of every 500 people who have an amniocentesis could have a miscarriage because of the test. It is always your choice and you are never forced to do this test.

Why would I want to do the amniocentesis?

Some women choose to have a genetic amniocentesis because they want to know for certain whether or not the baby has a chromosome problem.

- If the baby does not have a chromosome problem, they will have peace of mind.
- If the baby does have a chromosome problem, some women want to know this ahead of time,
- To prepare to deliver the baby at a Level III Perinatal Center or hospital that can care for a baby with special needs.
- To prepare herself, her partner, other children or family to care for a child with special needs.
- So that she can choose to give the baby up for adoption.
- Because she may not be able to support a baby with special needs at this time in her life, she may choose to terminate the pregnancy.

We are here to inform the mother and her support persons of the options, the chances of problems, the reasons they may want to do the test or not, and then support the mother in the decision she makes.