Intermountain® Healthcare

Amniocentesis

What is it?

Amniocentesis is a prenatal test that is usually done between 15 and 20 weeks of pregnancy. It involves testing a very small sample of the **amniotic fluid**, the special fluid that surrounds your developing baby. Amniocentesis is called an invasive test because it requires going into your **uterus** (womb) to get the test sample.

Amniocentesis is a highly accurate way to determine if your pregnancy is affected by a genetic disorder such as Down syndrome, trisomy 18, or cystic fibrosis. It can also screen for neural tube defects such as spina bifida.

Why do I need it?

As with all prenatal tests, amniocentesis is optional, not required. Women who choose amniocentesis (or a similar test called CVS) are often those who:

- Are older at the time of the pregnancy, as the risk of genetic disorders increases with the mother's age
- Have a family history of a disorder that can be detected by amniocentesis
- Have had prenatal screening results suggesting an increased risk of a genetic disorder
- Seek reassurance about their pregnancies

Talking to your doctor or a genetic counselor can help you decide whether amniocentesis is right for you.

How is it done?

During amniocentesis, a doctor inserts a thin, hollow needle through your abdomen into your uterus. Ultrasound shows the doctor where to safely put the needle. Once the needle is in place, the doctor withdraws a small amount (less than one ounce) of fluid. The needle is then taken out, and the sample is sent to a laboratory for testing.

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What happens before?

Before you have amniocentesis, you will discuss the test with your doctor. You may also meet with a **genetic counselor** — a medical professional who can also help you evaluate your risk and your options for prenatal testing. Topics for discussion include:

- **Your risk for a child with a genetic disorder.** Your provider and genetic counselor can help evaluate your risk based on factors such as your family history, age, ethnic group, and so on.
- **Amniocentesis's potential benefits, risks, and alternatives.** In addition to the general information in the table below, your doctor will discuss any potential benefits, risks, or alternatives that may apply to your situation.
- **What the test results can tell you about this pregnancy.** Amniocentesis results can detect almost all neural tube defects. And with more than 99% accuracy, results can tell you whether your pregnancy is affected by a genetic disorder. You and your provider can discuss which genetic disorders amniocentesis should test for. Some disorders, such as Down syndrome, are routinely tested for, but tests for other problems must be specifically ordered. Note that a normal result does not guarantee a normal baby.

Prior to the amniocentesis, your blood type will be reviewed. If you are Rh negative (a particular blood type), you may need an injection after this or any other procedure during pregnancy.

Besides discussion and a review of your blood type, there is no special preparation needed for amniocentesis.

What happens after?

- After amniocentesis, you can return to normal activities. Results are available in 10 to 14 days.
- Some women have mild cramping or spotting (small amount of bleeding from the vagina) for the first day following amniocentesis.
- For the first 24 hours after the procedure, don't take antiobiotics — and only take one dose of Tylenol if you need it to relieve cramping.
- Follow the guidelines below to know when to call your doctor.

When should I call the doctor?

If you have any of the following, call your doctor:

- Vaginal spotting that becomes heavy bleeding
- Mild cramping that becomes severe cramping
- Flu-like symptoms (aches, chills) or a fever of 100° F or higher

If you have any of these symptoms and can't reach your doctor, go to a hospital emergency room.

Potential benefits	Risks and potential complications	Alternatives
• **Highly accurate genetic test results.** Amniocentesis is more than 99% accurate in detecting genetic disorders in a fetus. • **Detection of neural tube defects.** Amniocentesis can detect about 99% of neural tube defects (such as spina bifida). • **Detection of abdominal wall defects.** Amniocentesis can detect most abdominal wall defects.	• **Pregnancy loss (miscarriage).** With an experienced doctor, this happens in fewer than 1 out of 300 to 500 procedures. • **Leaking of amniotic fluid.** This happens 1 to 2 times per 100 procedures. • **Fetal injury.** Needle injuries to the fetus are very rare. • **Soreness at needle insertion site.** • **Mild cramping and spotting.** • **No results.** You may not get results from this procedure if a sample of the fluid cannot be obtained, or if the fluid cells do not grow in the laboratory. • **Inaccurate results.** Less than 1% of the time, the results do not reflect the genetic makeup of the fetus.	• No prenatal testing • Chorionic villus sampling (CVS) • Carrier testing (on you and your partner to determine the risk of passing on an inherited disorder) • Maternal serum screening • Ultrasound

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