Sistema Socio Sanitario
Regione Lombardia
ASST Sette Laghi

Filippo Del Ponte Hospital
TERRITORIAL SOCIAL HEALTH COMPANY OF THE SEVEN LAKES

SC Gynecology and Obstetrics
Director: Prof. Fabio Ghezzi

DIAGNOSIS CENTER

PRENATAL INFORMATION AND CONSENT TO AMNIOCENTESIS

I, the undersigned .... Born on ....

in……..declare that I have been informed that:

- amniocentesis is aspiration of 15 -20 ml of amniotic fluid via a needle through the maternal abdomen under ultrasound guidance.
- It is carried out from the 15th week of gestation and preferably no later than the 18th week.
- It is performed under ultrasound control which allows to detect the fetal heartbeat, the position of the fetus, the presence of any impediments or contraindications to the execution of the sample.
- There is no anesthesia. Most patients who undergo blood sampling report tolerable discomfort.
- The sampling is preceded by a thorough disinfection of the abdomen.
- After performing the amniocentesis, the parameters of fetal viability (heartbeat and movements) are confirmed.
- In case of Rh incompatibility (Rh negative pregnant and Rh positive partner), an intramuscular dose of anti-D immunoglobulin is administered with prior informed consent; the Coombs test performed in the three months following the administration of the gamma immunoglobulin will be positive.
- The results of the examination are available after approximately ***3 weeks*** and includes karyotype analysis (both on "direct" and cultured preparation) and, when indicated, the CGH-array (comparative genomic hybridization on microarray).

Maternal risks: extremely rare. Small leaks of amniotic fluid generally have no significance for the continuation of the pregnancy, but an ultrasound check of fetal viability and the amount of residual amniotic fluid is useful.

Fetal risks: the additional risk of abortion after amniocentesis is estimated to be around 0.5-1% in the international literature and is confirmed in our experience. Abortion can be caused by rupture of the amniotic sac, contractions, infections.

The amniotic fluid withdrawn is used for cytogenetic analysis (fetal karyotype) and, if indicated, for CGH array execution (comparative genomic hybridization on microarray).

It may be necessary to perform a second amniotic fluid and / or fetal blood sampling (funiculocentesis) when:

- A sufficient culture for chromosome analysis is not obtained
- A fetal mosaicism is identified (the coexistence of two chromosomal lines, one normal and one with chromosomal alteration). These cases are explained and discussed in a specific interview with the geneticist.

The laboratory techniques used to arrive at the cytogenetic report have a high degree of reliability. However, there are particular situations that cannot be identified: it is possible that the growth of cultures of maternal cell lines or the presence of fetal mosaicism is not found in the cells examined.

Having fully understood what has been reported and having been able to discuss and clarify my doubts regarding the limits, risks and complications of the exam during the preliminary interview, I decide the exam to be carried out and, with this consent, I request it.

Signature Date..... ....

I, the undersigned Dr……have verified the understanding of the patient.

Signature Date..... ....