



Affix Patient Label

Patient Name:

Date of Birth:

This information is given to you so that you can make an informed decision about having an amniocentesis.

**Reason and Purpose of the Procedure:**

An amniocentesis is a test done on amniotic fluid. This is the fluid that surrounds an unborn baby (fetus). This test may help identify certain birth defects or other conditions that may affect you or your fetus.

An ultrasound examination of your abdomen is done before the test. Ultrasound uses sound waves to locate the fetus and the placenta. This helps the doctor find the safest area to remove amniotic fluid.

Using a needle the doctor takes a sample of amniotic fluid from your uterus (womb).

- The doctor may have to try more than once to get a sample.
- It may not be possible to get a sample.

The fluid can be used to test your baby’s chromosomes, genes and biologic chemicals. Cells from the fluid are cultured (grown in the lab) to do testing.

The tests that are planned for you are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The doctor may do more tests on the fluid once the results are obtained.

Things to know about growing cultures and this type of testing:

- The tissue culture may not grow.
- The doctor may not be able to get a diagnosis from the fluid.
- The test does not find physical abnormalities. Cleft palate or heart defects are examples of physical abnormalities.
- A normal result does not guarantee a normal baby.

**Benefits of the Procedure:**

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- You may be reassured
- You may be able to prepare better during your pregnancy
- Your doctor may be able to advise you on your pregnancy based on the testing
- You may be able to make decisions about your pregnancy based on the testing

**Risks of the Procedure:**

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor can’t expect.

**Risks of this procedure to the mother:**

- Bleeding. You may need a blood transfusion.



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- Injury to an abdominal organ. This may need surgery to repair.
- Infection. This would need antibiotics to treat.
- Blood group sensitization for women who are RH negative. This could cause problems in future pregnancies. You will be given Rhogam. This medication will reduce your risk.
- Complications for the mother are considered infrequent.

**Risks of this procedure to the fetus:**

- Miscarriage or loss of pregnancy. The fetus could die. This happens once in every 300-500 attempts.
- Injury. This will be watched closely.
- Rupture of membranes. This will be watched closely. You may need antibiotics.
- Infection. This would need antibiotics to treat.
- Premature labor. You will be watched closely and given medication.
- Complications for the fetus are considered infrequent.

**Risks associated with smoking:**

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks associated with obesity:**

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation. It can also increase the risk of failed amniocentesis.

**Risks specific to you:**

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**Alternative Treatments:**

Other choices:

- Talk to your doctor about other tests that may be available.
- Do nothing. You can decide not to have the procedure.

**If you chose not to have this treatment:**

- We will continue to treat your pregnancy without the information from this test.

**General Information:**

- During this procedure, the doctor may need to perform more or different procedures than I agreed to.
- During the procedure the doctor may need to do more tests or treatment.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



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**By signing this form I agree:**

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Amniocentesis**
- I understand that my doctor may ask a partner to do the procedure.
- I understand that other staff may help with the procedure. The tasks will be based on their skill level. My doctor will supervise them.

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Relationship:**  Patient  Closest relative (relationship) \_\_\_\_\_  Guardian

**Interpreter's Statement:** I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Teach Back**

Patient shows understanding by stating in his or her own words:

\_\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_

\_\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_

\_\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Risk(s) of the procedure: \_\_\_\_\_

\_\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_

Or

\_\_\_\_ Patient elects not to proceed: \_\_\_\_\_

(Patient signature)

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_