



Southern Colorado Maternal Fetal Medicine

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Amniocentesis Consent

By signing below, I, _____, request that genetic amniocentesis be performed by Dr. _____ for the purpose of prenatal diagnosis of certain genetic conditions.

It has been explained to me by my doctor or by someone my doctor has designated and I understand that:

1. Amniocentesis is the withdrawal of a small sample (less than 1 oz.) of the fluid surrounding the fetus. This fluid is obtained by inserting a needle through the abdominal wall into the uterus (womb). Ultrasound is performed to help locate the placenta and the fetus.
2. The chance of complication is approximately 1 in 400. Complications may include: rupture of membranes, bleeding, pregnancy loss, or injury to the fetus.
3. Any attempt to obtain amniotic fluid may be unsuccessful. Occasionally, even if sufficient fluid is obtained, laboratory testing may not be possible or may not yield results. In these cases, the amniocentesis may need to be repeated.
4. The standard laboratory testing performed on the amniotic fluid sample consists of chromosome analysis, which can usually detect a high percentage of all chromosomal disorders, and amniotic fluid AFP (alpha-fetoprotein), which can usually detect a high percentage of all open neural tube defects.
5. Normal test results do not guarantee the birth of a normal child. As in any laboratory test, there is a small possibility of error, and maternal cells may contaminate the sample.
6. The reason for amniocentesis is _____

Signature of Patient

Date / Time

Witness

Date / Time