



MOUNT KISCO MEDICAL GROUP PC

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Amniocentesis Consent Form

Amniocentesis is a procedure in which a needle is inserted through the mother's abdomen into the amniotic cavity. Fluid is then withdrawn and analyzed in a laboratory to obtain information about the fetus. Amniocentesis is usually performed to determine whether or not the fetus is affected by major chromosomal abnormalities. It does NOT detect all abnormalities. Amniocentesis is occasionally performed late in pregnancy to determine fetal lung maturity.

Women with negative blood types must have a Rhogam injection after the procedure.

In the special case of multiple pregnancies, the procedure may be performed separately for each fetus.

The risks of amniocentesis include but are not limited to:

- Miscarriage with loss of pregnancy
- Rupture of membranes
- Infection
- Allergy to the antiseptic solution
- Inability of the laboratory to obtain a conclusive result, requiring repeating the procedure

Common after effects include:

- Mild cramping
- Pain or redness at the site of the needle insertion

Please feel free to ask any questions prior to completing the informed consent below:

The procedure has been fully explained to me, and I have had the opportunity to ask any questions. I have been informed of the risks and the reason for this procedure. I have read and understand the information above.

I hereby request and authorize Dr. _____ to perform amniocentesis.

Print Name: _____ Date _____

Signature: _____