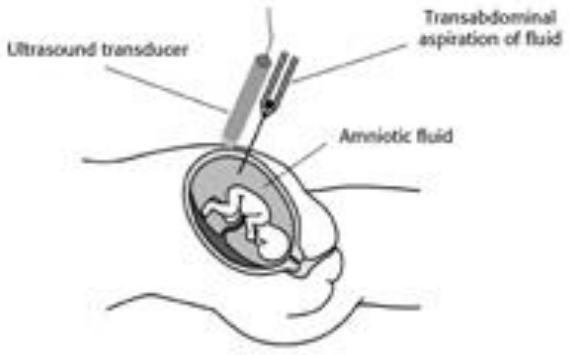
Worcestershire Acute Hospitals NHS Trust

AMNIOCENTESIS

Key Document code:	WAHT-TP- 094	
Key Documents Owner/Lead:	Dr Hillman	Consultant Obstetrician
Approved by:	Maternity Governance Meeting	
Date of Approval:	15th November 2019	
Date of review:	15th November 2022	

Key Amendments

Date	Amendments	Approved by



- Ensure the woman's notes and results are available and data has been checked to confirm that they are correct.
- Rhesus negative women will require anti-D immunoglobin post procedure as per guideline D2
- Ensure the woman and partner (if present) are fully aware of the risks and implications of amniocentesis, and of their options.
- Complete 'Discussion prior to Amniocentesis' sheet (Appendix 1) and provide patient information leaflet (Appendix 2).
- Written consent should be obtained from the women before amniocentesis
- Experience of the operator: Independent performance of amniocentesis should only occur following adequate training, which should include the use of a clinical skills model, assessment of interaction with patients and supervised procedures.

  Adequate training and maintenance of skills are of crucial importance.
- Amniocentesis is a sterile procedure performed under ultrasound control using an echogenic tip needle. Sterile probe cover should be used for Ultrasound probe
- Amniocentesis and maternal viral infection: Invasive prenatal testing in the first or second trimester can be carried out in women who carry **hepatitis B or C**. The limitations of the available data should be explained.

If amniocentesis is being contemplated in HIV positive women, then advice should be sought from the fetal medicine specialists and the HIV Care team about concomitant antiretroviral therapy (if not already receiving treatment). It should be explained that it is uncertain whether invasive diagnostic tests are a route for maternal/child transmission. Every effort should be made to avoid inserting the needle through the placenta. **If HIV status is unknown then HIV in-house testing (which takes approximately 90 minutes) should be offered.**

- Before the procedure confirm the gestational age and an ultrasound scan should be performed to confirm fetal heart beat and placental site.
- A transplacental approach may be appropriate if it provides easy access to a pool of amniotic fluid but care should be taken to avoid the cord insertion.
- Amniocentesis in multiple pregnancies will be referred to Birmingham Women;s Hospital Fetal Medicine Unit.
- Post procedure; confirm presence of fetal heartbeat with ultrasound scan.
- Ensure specimen is CLEARLY and CORRECTLY labelled, and cytogenetics form has been completed in full.
- Amniotic fluid specimen is dispatched to cytogenetics laboratory by taxi booked in accordance with Trust transport arrangements.
- The Screening Coordinator or Clinic Midwife should call the cytogenetics laboratory to inform them of the pending sample and request a confirmation of receipt.
- Give anti-D immunoglobulin if required.
- Ensure medical notes and patient handheld records are completed.
- Ensure the woman is aware how long results will take and how she will receive them. Also document in the notes how she wishes to be notified of the results if an abnormality is detected. Ensure that the telephone number in the record for communication of the results is current.
- Advise the woman not to go home unaccompanied.
- Advise her to rest for 48 hours and to report any bleeding, pain or suspected amniotic fluid loss to the EGAU/EPAU if <20/40 and Maternity Triage if >20/40. .

Reporting of results

- All results will be reported directly to the Antenatal Screening Coordinator by email from the cytogenetics laboratory at Birmingham Women's Hospital.
- Normal results will be communicated to the woman by telephone and a copy of the results will be filed in the hospital notes.
- If an abnormality is found the woman will be contacted by telephone and advised that a face-to-face consultation with the screening team has been arranged to discuss these results further and to devise a plan of care.
- Community Midwives will be informed of all results.

Appendix 1

DISCUSSION PRIOR TO AMNIOCENTESIS

Please attach patient sticker here or record: *Name:……..* *NHS No:* ☐☐☐☐☐☐☐☐☐☐ *Unit No:* ☐☐☐☐☐☐☐☐☐☐ *D.O.B: ____/____/_____ Female* *Consultant: …… Ward: ……...*	**Reason for referral** Maternal request ☐ Increased screening results ☐ Previous anomaly ☐ Other reason ……

Worcestershire Acute Hospitals NHS Trust

Risks

Risk Misc. 1% ☐

Failed culture 1 : 200 ☐

Risk infection <1 : 1000 ☐

Amn. Fluid leakage 1% ☐

PCR

Not available if bloodstained ☐

Communication of results ☐

PCR T13 ☐ T18 ☐ T 21 ☐ (No charge)

Result 72-96 hours ☐

Full Kayotype 2-3 weeks (Cytogenestics cost £190)

Fetal Sex (Cytogenetics cost £70)

Method of TOP ☐

Aware of signs of miscarriage ☐

Amniocentesis Date:____/____/_____

Placental site _____

Transplacental tap Yes ☐ No ☐

Attempts _____

Failed Yes ☐ No ☐

Clear tap / Blood tap / Other

Swab count correct Yes ☐

Performed by: _____

Signed:_____

HIV Result _____

Blood Group _____

Gestation in weeks _____

Anti D

Not required ☐

Given ☐

Batch No: _____

Signed: _____

Outcome

Declined test Yes ☐ No ☐

Date of Delivery _____/_____/_____

Gestation

Pregnancy Miscarriage ☐
Live Birth ☐
Stillbirth ☐

Sex M ☐ F ☐ Wt:_____ g

Signature:

Midwife _____

Patient. _____

Community Midwife to visit Yes ☐ No ☐

FOLLOWING DELIVERY PLEASE FILE IN THE WOMAN'S OBSTETRIC RECORD IN HER MEDICAL NOTES