

Los Olivos Women's Medical Clinic
Statement of Refusal for Genetic Counseling and Amniocentesis

1. The purpose of amniocentesis is to detect certain birth defects, including fetal chromosome disorders and neural tube defects. Amniocentesis is recommended because of your age. It is the standard of care to have genetic counseling, a Level II ultrasound and a genetic amniocentesis if you are 35 years old. Genetic counseling is an educational process which provides risk assessment for individuals or families who are concerned about the possibility of genetic exposure related abnormalities in their offspring.
Additional risk factors: _____
2. After the genetic counseling, a comprehensive ultrasound examination is performed to help locate the placenta and fetus. Ultrasound may also detect twins, incorrect dating of the pregnancy, and some, but not all, physical defects in the fetus.
3. Amniocentesis involves inserting a needle through the women's abdomen into the fluid in her uterus which surrounds the fetus. A small amount of fluid (less than one ounce) is taken out and tested. There may be some discomfort when the needle is inserted.
4. The standard laboratory testing performed on an amniotic fluid sample consists of chromosome analysis, which can identify over 99% of chromosomal disorders, and AFP (alpha-fetoprotein) testing, which can identify over 90% of open neural tube defects. Testing for other kinds of birth defects will not be performed unless indicated in #1 above.
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. In addition, approximately 3-5% of all pregnancies have birth defects which cannot be detected by testing amniotic fluid or by ultrasound examination. In the case of twins or triplets, the results may pertain to only one of the fetuses. In the case of abnormal results, the decision to continue or to have the pregnancy terminated is entirely mine.
6. The decision to consent to accept or to refuse genetic counseling, a Level II ultrasound and amniocentesis is entirely mine. My signature below indicates that I have read, or had read to me, the above information and I understand it. I have had an opportunity to discuss it, including the purpose and possible risks of amniocentesis, with my doctor or with someone my doctor has designated. I have received all of the information I want. All my questions have been answered.

I DECLINE to have genetic counseling. I understand and accept the consequences of this decision. Should I elect to pursue genetic counseling at a later date, my testing options and/or treatment alternatives may be limited due to the gestational age of the fetus.

Signed: _____ **Date:** _____

I DECLINE to have a Level II ultrasound. I understand and accept the consequences of this decision.

Signed: _____ **Date:** _____

I DECLINE to have amniocentesis. I understand and accept the consequences of this decision.

Signed: _____ **Date:** _____

Witnessed By: _____ **Date:** _____