

Patient Information regarding Chorionic Biopsy (Sampling of the Placenta)

Name:

First Name:

Date of Birth:

This information is meant as a supplement to the explanations given to you by your doctor prior to the planned **sampling of your placenta (chorionic biopsy)**. Please do not hesitate to ask your doctor about anything that seems unclear or is particularly important to you. Please indicate prior to the procedure, if you feel sufficiently informed or would like to receive more information about the procedure itself or about possible results and/or complications.

A chorionic biopsy allows the examination of both the number and structure of the chromosomes (the carriers of the genetic code) in order to test for genetic disorders of the unborn child, in as much as these are detectable with modern technology. The procedure is usually carried out after the 11th or 12th week of pregnancy.

You should carefully consider all the pros and cons of a chorionic biopsy before you decide to have this procedure done and allow yourself sufficient time for deliberation. It is a very personal decision, which you should make without undue outside influence. You are absolutely free to refuse this procedure, as there is always, especially with genetic disorders, the "right **not** to know".

Method: First, an ultrasound exam determines the exact position of the baby, placenta and amniotic fluid. Then, under continuous ultrasound control, a thin needle is introduced through the wall of the mother's belly into the placenta and a small amount of tissue is removed and sent to the lab for evaluation. This can usually be done without a local anesthetic as the thin needle is much less uncomfortable than the anesthetic would be.

Risks and possible complications: Even with perfect technique, in about 1 out of 100 diagnostic chorionic biopsies there will be a complication. The rarest complications are death of the baby or premature birth (after the 24th week of pregnancy). Also rarely, there will be a slow leaking of amniotic fluid, which generally slows down and stops after a few days and the pregnancy continues normally. In very rare cases a drastically reduced amount of amniotic fluid can lead to an impairment of fetal lung or joint development.

After the Procedure: Occasionally there will be some abdominal discomfort due to contractions of the womb or some bleeding into the belly wall. If your blood type is Rh-negative, you will need an injection with antibodies against Rh-positive blood cells in order to prevent your body from producing these antibodies on its own, which could hurt the development of your baby.

Result: Examination of the chromosomes and genetic testing is very reliable, but does not guarantee a healthy baby. Rarely there are unexpected or difficult to interpret findings (i.e. with the sex chromosomes or with so called 'mosaics'), which might necessitate follow-up examinations (such as sampling of the amniotic fluid). Unexpected or unfavorable results can be extremely taxing psychologically. We therefore offer you additional help by specially trained counselors. If a severe abnormality of the fetus is found, you may want to consider with your doctor, possibly after a further thorough consultation with a specialist, whether you would like to continue the pregnancy or not.

Costs: If there is a medical indication for the procedure, i.e. with an increased risk of a chromosomal anomaly or with a suspicion of fetal malformation, your Swiss health insurance usually covers the costs of the chorionic biopsy and the necessary laboratory examinations.

Your Questions:

This document serves as proof of the genetic counseling and associated laboratory examinations required under Swiss GUMG art. 18 and the signed contract below indicates your agreement to the genetic testing. The counseling centers of the various cantons are available for further consultation under Swiss GUMG art. 15.

Informed Consent Discussion:

Translator: _____

Proposed Procedure(s) :

Diagram:

Notes by the physician regarding this informed consent discussion (such as the decision not to inform regarding certain risks including the reasons for doing so, and personal risk factors specific to this patient etc.).

Alternative treatment options:

Date:

Time:

Duration of the Discussion:

Contract and Permission to Treat:

Dr. _____ had an extensive informed consent discussion with me. I understand all the explanations presented to me and all my questions regarding the issues of interest to me were answered to my satisfaction. I received a copy of the protocol of this discussion. I have had sufficient time to consider my decision and agree to the proposed procedure and laboratory examinations.

Place, Date _____ Patient _____

The Text on the first page of this document was discussed with the patient in detail, all her questions were answered to her satisfaction and she received a copy of this informed consent discussion protocol.

Date, Time _____ Physician _____