Information Protocol for Placenta Puncture (Chorionic Villus Sampling)

Name: First name: Date of birth:

This information completes the personal consultation your doctor has conducted or will conduct with you in preparation for the planned placenta puncture (chorionic villus sampling). During the consultation, please ask about anything that is unclear or important to you. Please say before the procedure whether you feel sufficiently informed and whether you would like to know more about the procedure and possible results.

Chorionic villus sampling makes it possible to check the number and structure of chromosomes (carriers of genetic material), as far as can be seen under a microscope, and test for certain genetic diseases. The procedure is generally carried out from 11 to 12
weeks of pregnancy.

You should decide whether or not to go ahead with chorionic villus sampling after careful consideration and sufficient time to decide. This is a personal decision that you should make without being influenced by external parties. Of course, you may decide not to go ahead with the procedure. With regard to the investigation of hereditary diseases, there is always a "right not to know".

Method: The precise position of the child, placenta and amniotic sac are determined using ultrasound. A thin needle is then introduced through the mother's abdomen into the placenta under constant ultrasound control. A small amount of tissue is removed.

Risks and complications: In approx. 1% of chorionic villus sampling procedures, there are complications despite the procedure being carried out properly, including, in rare cases, miscarriage. Rarely, amniotic fluid leakage occurs. Generally, this subsides again after a few days and the pregnancy usually then continues as normal.

After the procedure: After the procedure, mild abdominal pain can occasionally be experienced. This may be due to uterine contractions or a haematoma in the abdominal wall. If your blood type is rhesus negative, you will be given an injection of rhesus positive blood cells. This will prevent your body producing these antibodies itself and potentially harming the development of the fetus.

Result: Chromosome and genetic disease testing is very reliable, but does not guarantee that you will have a healthy child. In rare cases, there are unexpected or difficult to interpret findings (e.g. sex chromosomes and "mosaics"), which can make further tests such as amniocentesis necessary. Unexpected or unfavourable results can be very difficult psychologically. This is why, in such cases, we will offer you the assistance of other specialists. In the case of severe fetal anomalies, after another comprehensive, specific consultation (if necessary with other specialists), you can make a decision with your doctor as to whether or not you would like to continue the pregnancy.

Cost: If there is a medical indication for the test, for example an increased risk of a chromosomal anomaly or suspected fetal malformation, the cost of the chorionic villus sampling and necessary laboratory testing is covered by your health insurance.

Your questions:

This document serves as proof of genetic consultation and further laboratory tests pursuant to Article 18 of the Federal Act on Human Genetic Testing (Bundesgesetz ueber genetische Untersuchungen beim Menschen; GUMG) and the following treatment contract serves as consent for genetic testing. For further consultation, the relevant Cantonal counselling centres are also available (pursuant to Art. 15).

Explanatory consultation Interpreter:

Proposed operation:

Outline:

Doctor's notes on explanatory consultation (waiver of explanation stating reason, individual risk factors etc.).

Alternative treatment possibilities:

Date: Time: Duration of explanatory consultation:

Treatment Order

Dr_____carried out an explanatory consultation with me. I have understood the explanation and could ask any questions I had. I have been given a copy of the consultation protocol. I have had enough time to decide and consent to the planned procedure and tests.

Place, date Patient:

The text on the front page has been discussed with the patient, any questions answered, and a copy of this information protocol has been given to the patient.

Date, time Doctor:
