

AMNIOCENTESIS AND CHORIONIC VILLUS SAMPLING

Most women in the United States give birth to healthy babies. Despite this, many women worry about birth defects. Some women are at higher risk than others for having a baby with a birth defect. While not all birth defects can be found before delivery, certain tests can help to find some birth defects during pregnancy. Two such tests are amniocentesis and chorionic villus sampling (CVS). This pamphlet will tell you more about:

- Birth defects and genetic problems
- Who should be tested
- How each test is done

Amniocentesis

- It is done at 16-18 weeks of pregnancy in most cases.
- Injury to the fetus during amniocentesis is rare. All pregnancies have some chance of ending in a miscarriage – whether a test is done or not. Very early in pregnancy, the risk of natural miscarriage is higher. Later in pregnancy, it is lower. The normal risk of miscarriage at the time when amniocentesis would be done is 2-3%. The risk of miscarriage is increased very slightly with amniocentesis – less than 1 in 200 women who have the test will have a miscarriage that they would not have had otherwise.

Chronic Villus Sampling

- CVS can be done earlier in pregnancy than amniocentesis. In most cases, it is done about 10-12 weeks from the woman's last menstrual period.
- CVS can detect most of the same defects as amniocentesis. One defect that cannot be detected by CVS is open neural tube defects. If you have CVS, you may want to think about having a blood AFP test later in the pregnancy to screen for neural tube defects.
- CVS may carry a slightly higher risk of miscarriage than amniocentesis. The rate is higher than that for amniocentesis because CVS is done earlier.

* Please see brochure in link