



UNION HOSPITAL

Healthcheck



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Prenatal Diagnosis

Who needs prenatal diagnosis?

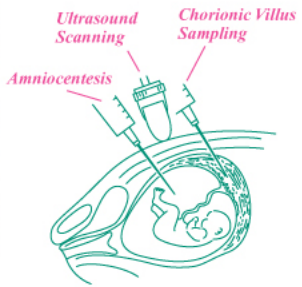
- Woman aged 35 or above.
The risk of having babies with chromosomal abnormality increases with maternal age. This is commonly seen in babies with Down's syndrome. The risk of having a Down's baby at the maternal age of 35 is 1:360, whereas the risk will be increased to 1:100 at the age of 40.
- Woman who had delivered a child with abnormality (e.g. child with Down's syndrome or with other chromosomal abnormalities).
- Woman who has family history of inheritable diseases.
- Pregnant woman whose foetus is detected to have structural abnormalities by ultrasound scanning.
- Woman aged under 35, but with positive Down's screening test.

Common procedures used in prenatal diagnosis:

- Ultrasound scanning
- Amniocentesis
- Chorionic villus sampling

Ultrasound Scanning

Foetal anomaly scan is best carried out at 20 weeks of gestation. It can detect most of the foetal congenital structural abnormalities, e.g. anencephaly, hydrocephaly, dwarfism, exomphalos, hydrops foetalis etc. Ultrasound scanning is a non-invasive procedure which carries no harmful effect on the foetus.



Amniocentesis

Amniocentesis can detect all chromosomal abnormalities and is accurate in diagnosing Down's syndrome. The test is usually performed between 16-18 weeks of gestation. No fasting or sedation is required. Meals can be taken as usual before and after the procedure.

The doctor will commence with an ultrasound scan before the procedure to determine the best site for the insertion of the needle, avoiding the placenta and the foetus. The skin will be cleaned with an antiseptic solution. A special needle will be passed through the abdomen into the uterus under the ultrasound guidance, 20ml of amniotic fluid will be withdrawn for chromosomal analysis and the needle will be removed. Protective spray will then be applied to the needle site.

You can go home after a short rest. You should try to rest in bed for the rest of the day and avoid heavy lifting or strenuous exercise, and can work normally the next day. It is advisable that you are accompanied by a friend or relative on the day of the procedure. The risk of miscarriage after amniocentesis is around 0.2%. Apart from this, no other serious complications will result from the procedure.

Amniotic fluid PCR (Chromosomes 13, 18, 31 and sex) result will be available in 3-5 days and the final culture result will usually be available in 3 weeks time. The report will be sent to your doctor-in-charge as early as possible. He or she will then explain the result to you in details.

Chorionic Villus Sampling

The information obtained from chorionic villus sampling (CVS) is similar to that obtained from amniocentesis. CVS is performed between 11-14 weeks. The procedure involves introducing a needle under ultrasound guidance through the abdominal wall, reaching the placental site and obtaining a small amount of placental tissue for chromosomal analysis. Local anaesthesia will be given at the needle insertion site. The risk of miscarriage is around 1-2%. CVS PCR (Chromosomes 13, 18, 21 and sex) result will be available in 3-5 days and a final report from cell culture will be available in 3 weeks.

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