



Waxbarashada Bukaanka

Kiliiniga Baadhista Uur-ku- jirta



Amniyoosentasis (Amniocentesis)

Ka caawintaada Fahmida Nidaamka iyo Foomka ogolaanshaha

► **Fadlan akhri qoraalkan ka hor inta aanad akhriyin ee aanad saxeexin foomka “Ogolaansho gaar ah ee Nidaamka Daawaynta UH0173.”**

Qoraalkani wuxuu sharaxayaa waxa aad ka filan karto amniyoosentasis (amniocentesis).

Waxyaabaha ku jira waxaa ka mid ah faa’iidooyinka, halisaha iyo dhibaatooyin iyo waxyaabaha badalka noqon kara.

Qoraalkani wuxuu kuu soo raacayaa hadalka aad la yeelatay daryeel caafimaad bixiyahaaga. Waxaa aad muhiim u ah inaad si buuxda u fahanta macluumaadka, sidaas darteed fadlan bogagan si taxadar leh u akhri.

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Waa maxay amniyoosentasis (amniocentesis)?

Amniyoosentasis (amniocentesis) waa nidaam ogolaanaya in ilmahaaga laga baadho mashaakilaad caafimaad oo kala duwan. Sidoo kale waxaa la yidhaa *amniyo*. Amniyo-ga waxaa la sameeyaa kal marka uurku yahay saddex-lix bilood, inta badan inta u dhaxaysa 16 iyo 22 usbuuc.

Siddee loo sameeyaa amniyoosentasis (amniocentesis)?

- Marka hore, *altarasownd*, ayaa la isticmaalaa si loo eego meesha ilmahaaga iyo si loo go’amiyo habka ugu badbaadsan ee loo samaynayo. Altrasowndku wuu shidnaanayaa inta lagu gudo jiro nidaamkan, taas oo qaadanaaya ilaa 2 daqiiqo.
- Iyaddoo ilmaha laga daawanayo altarasowndka, dhakhtarku wuxuu irbad dhuuban galinayaa calooshaada waxaanu ka soo nuugayaa in ku dhow laba qaado oo *dheecaan amniyootiga ah*, kaas oo ah dheecaanka ku wareegsan ilmaha koraya. Irbadu ma taabanayso ilmaha.
- Waa la soo dhawaynayaa inaad soo kaxaysato lamaane, xaas, saaxiib, ama qof ehel ah inta lagu gudo jiro amniyo-ga.

Dumarka badankoodu way ka warwaraan inay maraan amniyo. Laakiin, kadib marka la mariyo, ku dhawaad dhawaan dumarku waxay sheegaan inay aad uga fududayd oo ka dhakhso badnayd sidii ay moodayeen.

Dawooyin nooc ee ah ayaa la adeegsan doonaa?

Dhakhtarka ayaa dubka calooshaadaa ku nadiifinaya *saabuun dawaaysan* ka hor inta aan la samayn amniyo-ga.

Haddii nooca dhiigaagu yahay Rh taban (negative), waxaa lagu siin doona *irbad RhoGAM* kadib amniyo-da si mustaqbalka aanay u dhicin dhibaatooyin xaga uurka ahi.

Bogga 2

Kiliiniga Baadhista Uur-ku- jirta
Amniyoosentasis (Amniocentesis)

Maxaa baadhitaanka amniyo lagu ogaan karaa?

Dheecaanka amniyootigu wuxuu ka kooban yahay dhamaan unugyada ka soo duulay maqaarka ilmaha, kaas oo ah hab caadi ah. Unugyadan waxaa loo adeegsan karaa in laga baadho xaalado hiddaha la xidhiidha. Waxaa la baadhaa koromosoomyadda ilmaha, kaas oo baadhi doona xaaladaha sida *Dhoon Sindorom (Down Syndrome) iyo tirisomi 18*. Haddii xaalad hidaha la xidhiidha sida sistic faybroosis (cystic fibrosis) ama muruq daciifka (muscular dystrophy) uu qoysku soo lahaan jiray, DNA-da ilmaha ayaa la baadhi karaa si loo eego bal in ilmuhu dhaxlay cuduraddan.

Dheecaanka amniyootigu sidoo kale wuxuu leeyahay booratiin la yidhaa *alfa fetobooratiin (alpha fetoprotein- AFP)*. Booratiinkani waxaa sameeya ilmaha. Qadarka AFP ee ku jirta dheecaanka amniyootigu waa tijaabo sheegaysa dhantaalanka lagu soo dhasho ee laf dhabarta iyo maskaxda, sida *isbina bifida (spina bifida)*.

Haddii uu jiro warwar ku sahabsan in ilmuhu qabo caabuq, dheecaanka ayaa laga baadhi karaa qaar ka mid ah fayrasyadda.

Waxaa laga yaabaa inay qaadato ilaa 3 usbuuc in lagu dhamaystiro baadhitaanka muunadaha la qaaday intii aad ku jirtay amniyooda.

Waa maxay faa'iidada amniyoosentasis (amniocentesis)?

1. Amniyoosentasis wuxuu samaxayaa in si cad loo baadho caafimaad darooyinka qaarkood. Dadka qaarkood ayaa aaminsan in cudurka oo la ogaadaa ay ka fiican tahay caafimaadka ilmaha oo aan la ogaan.
2. Inta badan, natiijooyinka baadhistu waa caadi. Haddii aad ka warwarsanayd caafimaadka ilmahaaga, natiijadda baadhitaanka oo caadi noqdaa waxay kugu dhalinaysaa inaad uurkaaga ku faraxdo.
3. Dumarka qaarkood ayaa dareensan in macluumaad ay ka sii hayaan caafimaadka ilmahoodu ay ka caawindoonto iyaga inay si fiican ugu diyaar garoobaan imaatinka ilmaha. Qaarkood ma doonayaan in koriyaan ilmo leh baahiyo gaar ah qaba. Is baadhitaanku wuxuu u ogolaanayaa waalidka inay sameeyaan doorasho, sida inay doortaan qorshe korsasho ilma ama joojin uurka.

Waa maxay halista iyo dhibaataada amniyoosentasisku?

Dhakhtarku wuxuu qaadi doonaa talaabooyin uu ku yaraynayo halista amniyada, laakiin nidaam khatar ka xor ahina ma jiro.

Halista ugu wayn ee amniyoosentasisku waa dhicin. Dhicintu waxaa laga yaabaa inay dhacdo haddii caabuq uu ka bilaabmo dheecaanka amniyootiga, ama haddii baaga ilmaha ku wareegsani aanu bogsan nidaamka kadib, taas ogolaanaysa in dheecaanka amniyootigu liigo.

Amniyoosentasis la'aantii, ku dhawaad 1% ilaa 2% (1 ama 2 , 100-kiiba) uurarka ayaa dhicin doona inta u dhaxay usbuuca 15 ilaa 28. Amniyoosentasis wuxuu ku darayaa halista dhiciska 0.25% dheeraad ah (1, 400-ba). Haddii si kale loo yidhaa, 400 ee amniyoosentasis ee la sameeyaba, 399 dumar ah (99.75%) **ayaan** dhicin doonin.

Waxaa jira waxyaabo xadidaya amniyoosentasiska:

- Dhibaatooyin caafimaad oo badan iyo nuqsamo lagu soo dhasho oo badan ayaan lagu ogaan karin amniyoosentasiska ama baadhis uur-ku-jir kasta oo kale. Natiijadda baadhitaanka amniyoosentasis oo caadi noqota ma damaanad qaadayso in ilmuhu caafimaad qabo (fiiri macluumaadka dhinaca bidix ee bogan).
- Had iyo goor suurtoagal maaha in la helo dheecaanka amniyootiga. Mararka qaarkood dhakhtarku wuxuu isku dayi karaa mar labaad. Haddii mar labaadku shaqayn waayo, amniyo-daada dib ayaa waqti kale jadwal loogu samayn doonaa.
- Mararka qaarkood shaybaadhku ma awoodi doono inuu baadho koromosoomyadda ama hida-sidayaasha ilmaha sababta oo ah unugyada la soo qaaday dheecaanka amniyootigu ma koraan. Tani waxay dhacdaa wax ka yar 0.5% xil walba, ama wax ka yar 1, 200 ee goorba.

Suaalo?

Su'aalahaagu waa muhiim. Haddii aad qabto wax su'aal ah oo ku sahabsan amniyoosentasis ama halisaha, faa'iidooyinka ama waxyaabaha lagu badalan karo, la hadal adeeg bixiyahaaga ka hor inta aanad saxeexin foomka ogolaanshaha.

Kiliiniga Baadhista Uur-ku-
jirta: 206-598-8130

Kiliiniga Daryeelka
Dhalaanka iyo Hooyadda:
206-598-4070

Maxaa lagu badalan karaa amniyoosentasiska?

Waxaa laga yaabaa inaad go'aansato in aan lagugu samayn amniyo. Samaynta amniyoosentasisku waa doorasho adigu aad leedahay, go'aankuna waa mid khaas ah. Dhibaatooyinka caafimaad ee lagu baadhi karo amniyoosentasis waxaa sidoo kale la baadhi karaa marka ilmuhu dhasho. Dumarka qaarkood ayaa dareensan in halistu aad u yar tahay madaama aanay ku lug lahayn. Kuwo kale waxay go'aansadaan in aanay diyaar u ahayn halista dhiciska oo waxay door bidaan inay baadhitaanka sameeyaan kadib marka ilmuhu dhasho. Qoysaska qaarkood ayaa dareensan inay isku diyaarin karaan dhalashada ilmaha baahida caafimaad ee gaara qaba iyaga oo aan sii baadhin.

Waa noocma daryeelka dabagalka ee loo baahan yahay?

Waa in aanu jirin cafimaad daro ka dhalata amniyoosentasisku. Waad ku noqon kartaa shaqadaada haddii aanay ahayn mid hawl jidheed culus la qabanayo.

Laga bilaabo 24 ilaa 48 saacadood kadib amniyadda, waxaanu soo jeedinaynaa in:

- Aad lugahaaga ku joogsato inta ugu badan ee suurtoogalka ah.
- Aad cabto dareere dheeraad ah.

Sidoo kale iska ilaali:

- Hawl gacmeedka culus, sida orodka ama jimicsiga.
- Qaadista waxyaabaha culus (10 bownd ama ka badan).
- Galmadda amah awl galmo.

Kadib amniyoosentasiska, waa caadi inaad yeelato:

- Xanuunkii cadaada oo kale oo dhexdhexaad ah dhowrka saacadood ee u horeeya (tan waxaad u isticmaali kartaa Tyleno).
- Nabarka ama bararka jidhka ee meeshii irbada lagaaga muday.

Marka aad wacayso dhakhtarkaaka

Adeeg bixiyahaaga caafimaad la hadal markiiba haddii aad yeelato mid ka mid ah calaamadahan kadib amniyo-da:

- Dhegdheg ama dhiig ka yimaad macdanta (vagina).
- Liigid dheecaan cad oo ka yimaad macdanta.
- Xaruun daran oo ah qaybta hoose ee caloosha.
- Xumad ama qandho.
- Shuban.
- Calaamado kuwii durayga oo kale ah.

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Amniocentesis

*Helping you understand your procedure
and the consent form*

► **Please read this
handout before reading
and signing the form
“Special Consent for
Procedural Treatment
UH0173.”**

**This handout describes
what to expect from an
amniocentesis. Included
are benefits, risks and
complications, and
alternatives.**

**This handout is in addition
to the talks you have with
your health care providers.
It is important that you
fully understand this
information, so please read
these pages carefully.**

What is an amniocentesis?

Amniocentesis (am-nee-oh-sen-tee-sis) is a procedure that allows your baby to be tested for a variety of health problems. It is also called *amnio*. Amnio is done during the second trimester of pregnancy, usually between 16 and 22 weeks.

How is an amniocentesis done?

- First, *ultrasound* is used to see your baby’s position and to decide the safest way to do the procedure. The ultrasound stays on during the entire procedure, which takes about 2 minutes.
- While watching the baby by ultrasound, the doctor inserts a thin needle into your abdomen and removes about 2 tablespoons of *amniotic fluid*, the liquid that surrounds the developing baby. The needle does not touch the baby.
- You are welcome to have a partner, spouse, friend, or family member with you during your amnio.

Most women are concerned about having an amnio. But, after it is done, nearly all women say that it was much simpler and quicker than they thought it would be.

What medicines will be used?

The doctor cleans the skin on your abdomen with an *antiseptic soap* before the amnio is done.

If your blood type is Rh negative, you will be given a *RhoGAM injection* after the amnio to prevent problems in future pregnancies.

What can amnio test for?

Amniotic fluid contains cells that have been shed from the baby's skin, which is a normal process. These cells can be used to diagnose some genetic conditions. The baby's chromosomes are examined, which will diagnose conditions such as Down syndrome and trisomy 18. If a hereditary condition such as cystic fibrosis or muscular dystrophy runs in the family, the baby's DNA can be tested to see if the baby has inherited the disorder.

The amniotic fluid also has a protein in it called *alpha fetoprotein (AFP)*. This protein is made by the baby. The amount of AFP in the amniotic fluid is a test for birth defects of the spine and brain, such as *spina bifida*.

If there is concern that the baby has an infection, the fluid can be tested for some viruses.

It may take up to 3 weeks to complete testing of the samples taken during your amnio.

What are the benefits of an amniocentesis?

1. Amniocentesis allows a clear diagnosis of some health problems. Some people find that knowing a diagnosis is better than being unsure about their baby's health.
2. Most of the time, test results are normal. If you have been worried about your baby's health, normal test results may make you feel better about your pregnancy.
3. Some women feel that having more information about the baby's health will help them prepare better for the baby's arrival. Others do not want to raise a child with special needs. Having a diagnosis allows parents to make choices, such as choosing an adoption plan or stopping the pregnancy.

What are the risks and complications of an amniocentesis?

The doctor will take steps to make the risks of the amnio as low as possible, but no procedure is completely risk-free.

The major risk from amniocentesis is miscarriage. A miscarriage may occur if an infection starts in the amniotic fluid, or if the sac surrounding the baby doesn't heal after the procedure, allowing amniotic fluid to leak out.

Without amniocentesis, about 1% to 2% (1 to 2 out of 100) of pregnancies will miscarry between 15 and 28 weeks. Amniocentesis adds an extra 0.25% (1 out of 400) risk of miscarriage. Said another way, out of every 400 amniocentesis procedures done, 399 women (99.75%) do **not** have a miscarriage.

There are some limitations to amniocentesis:

- Many health problems and birth defects are not diagnosed by amniocentesis or any other prenatal tests. Having normal test results from amniocentesis does not guarantee the baby is healthy (see information on the left side of this page).
- It is not always possible to obtain amniotic fluid. Sometimes the doctor can try a second time. If the second try doesn't work, your amnio will be rescheduled for another time.
- Sometimes the lab is not able to examine the baby's chromosomes because cells collected from the amniotic fluid do not grow. This happens less than 0.5% of the time, or less than 1 out of 200 times.

Questions?

Your questions are important. If you have any questions about amniocentesis or the risks, benefits, or alternatives to it, talk with your provider before signing any consent forms.

Prenatal Diagnosis
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What are the alternatives to amniocentesis?

You may decide not to have an amnio. Doing an amniocentesis is your choice, and the decision is a personal one. Health problems that can be diagnosed by amniocentesis can also be diagnosed when the baby is born. Some women feel the risk of a health problem is so low that they are not concerned. Others decide they don't want to risk a miscarriage and prefer to learn the diagnosis after the baby is born. Some families feel they can prepare for the birth of a child with special health needs without knowing a diagnosis.

What follow-up care is needed?

There should be no ill effects from the amniocentesis. You can return to work as long as your job does not require heavy physical activity.

For 24 to 48 hours after your amnio, we suggest that you:

- Stay off your feet as much as possible.
- Drink extra fluid.

Also avoid:

- Heavy physical activity, such as running or other exercise.
- Lifting heavy objects (10 pounds or more).
- Sexual intercourse or sexual activity.

After an amniocentesis, it is normal to have:

- Mild, menstrual-like cramping for the first few hours (you can take Tylenol for this).
- Bruising or soreness on your skin where the needle was inserted.

When to Call Your Doctor

Call your health care provider right away if you have any of these symptoms after your amnio:

- Spotting or bleeding from your vagina.
- Leakage of clear fluid from the vagina.
- Severe or rhythmic cramping or pain in your lower abdomen.
- Fever or chills.
- Diarrhea.
- Flu-like symptoms.

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