What if the results are abnormal?

Arrangements will be made for you to receive your results, either by telephone or appointment in the clinic, depending on your preference. Most women who have a CVS will get normal results. However, if the CVS reveals that your baby has an abnormality, we will provide you with full details about what the abnormality means and all the options available to you. You may also have the opportunity to discuss these details with paediatricians or genetic specialists if you and your partner prefer. It is important to remember that you will be offered support, no matter what you decide to do.

What are the risks associated with the test?

The risk of miscarriage due to CVS is about 0.5% (1 chance in 200) to 1% (1 chance in 100). If a miscarriage is going to occur, you will usually have symptoms within the first 2 to 3 days after the test.

• In less than 1% of cases, there may be maternal contamination (which means that the mother's cells may have also been collected in the sample). A further blood sample from the mother may be required to help detect the correct cells.

• If you decide to have the optional test, sometimes the test may fail to give a result. Sometimes, even if the rapid test does not find a problem, the final test may show an abnormality when the result becomes available about 2 weeks later.

It is important to remember that a normal CVS test does not guarantee a normal baby, as it cannot exclude all genetic or fetal abnormalities. It is recommended that you have a Fetal Anomaly Scan at 20 weeks to check for other structural abnormalities.



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The details for this specific leaflet are included in the brackets above.

Date: Version:

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Caring for Generations Since 1745



Maternity Care

FETAL MEDICINE CENTRE

Chorionic Villus Sampling (CVS)





What is Chorionic Villus Sampling (CVS)?

CVS is a test which takes a small sample of tissue, the chorionic villi, from your baby's placenta. The placenta almost always has the same genetic results as the baby. The placenta sample can be tested directly for chromosomal problems, like Down syndrome or DNA abnormalities, like cystic fibrosis.

Who may be offered CVS?

A CVS is always voluntary and only you can decide if you should have this test. The information below may help you decide whether or not to have this test.

The most common reason to have CVS is for those worried about the chances that the baby may have a chromosomal problem, like Down syndrome. This might include:

• Women with a First Trimester Screening (FTS) test suggesting an increased chance of having a baby with a chromosomal problem.

• Women who are anxious about the risk problems, often because of their age.

• Women who have had a previous pregnancy affected by a serious medical or genetic problem with the baby.

• Where ultrasound findings suggest that there may be a problem with the baby.

How is the CVS test performed?

CVS is performed in one of two ways, transabdominally or transcervically, depending on the position of the placenta, as shown in the picture.

A fine needle is passed through the mother's abdomen and a sample from the placenta is taken. The needle is carefully directed to the right area using ultrasound.

Alternatively, a thin plastic straw is passed through the vagina and cervix into the placenta, similar in approach to a cervical smear. Ultrasound is also used to direct the straw to the right area.



When is the CVS test performed?

Ideally the test is performed between 11-12 weeks gestation. However, it may be performed as early as 10 weeks or as late as 14 weeks gestation.

What preparation do I need before the test?

A moderately full bladder is preferable. This brings the pregnancy up into the abdominal cavity and therefore easier accessibility for the needle. A scan is first performed to make sure that the baby is alive and of the correct size, to check if there are twins and to check the position of the placenta. It is possible that you may be asked to empty or re-fill your bladder in order to make sure that your uterus is in the best position.

It is very important to inform the medical staff at the Prenatal Diagnosis Clinic if you are taking medication such as "blood thinning" agents (Heparin or Aspirin) that may need to be stopped prior to your procedure. It is important to know what your blood group is before the test. If possible please ask your doctor or midwife to provide this information to you, or bring along your blood donor card. If you have a negative blood group you will also need to have an injection of anti-D after the CVS test.

What should I expect after the CVS procedure?

For the first couple of days after the procedure you may experience some abdominal cramping, like period pains, or a little bleeding from the cervix only if the procedure has been done transcervically. These are relatively common and the vast majority of cases are of no importance. You may find it helpful to take painkillers like Paracetamol. If there is a lot of pain or bleeding or if you develop a temperature, please seek medical advice immediately from your obstetrician or midwife, or from the Rotunda Fetal Medicine Centre.

When can I expect my results?

The results for Down syndrome and other major chromosomal problems are usually available within 2-3 weeks. However, if you wish to get your results sooner that this, you can choose to have a portion of the CVS sample sent to a special laboratory that can provide some results in 2-3 days. The results for other special genetic conditions may take 2 weeks or longer. We will call you with your results as soon as they are available.

Will the procedure need to be repeated?

In approximately 1% of cases an invasive test will need to be repeated because the test results are inconclusive, or if not enough placenta sample is obtained through the needle. In this situation you have the option to undergo an amniocentesis at about 16 weeks gestation.

