

MEXICO WOMEN'S HEALTH SPECIALISTS

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MATERNAL SERUM CYSTIC FIBROSIS TESTING INFORMATION AND CONSENT / REFUSAL

The American College of Obstetrics and Gynecology has recently recommended that all couples who are pregnant or planning to become pregnant be offered the option for CF carrier testing.

Cystic Fibrosis (CF) is a common autosomal recessive disease that affects about 1 in 3,300 people in the United States. CF causes the body to produce thick mucous which leads to pneumonia, diarrhea, poor growth and infertility. People with CF have normal intelligence. The average lifespan for a person with CF is approximately 30 years. Since CF is autosomal recessive, each parent must be a carrier of a mutation in the CF gene in order for a child to be affected. When both parents are carriers, the risk to each pregnancy is 25% or 1/4 to be affected. The carrier testing detection rate differs between ethnic backgrounds. DNA testing for the 87 most common mutations detects approximately 85% of mutations in Caucasians, 60-80% in African Americans, and 95% in people of Ashkenazi Jewish background. Turn around time is approximately 7-10 days. In the event that both parents are found to be carriers prenatal diagnosis by chorionic villus sampling or amniocentesis is available.

IMPORTANT POINTS TO REMEMBER

1. An abnormal Cystic Fibrosis test does not mean your baby has Cystic Fibrosis.
2. The Cystic Fibrosis test is a screening test. A positive test only says the pregnancy is at higher risk and that further testing is recommended.
3. Further testing which may be recommended includes:
Testing of the baby's father and if also abnormal then testing of the baby by amniocentesis or chorionic villus sampling.
4. If your baby is found to have Cystic Fibrosis you will be provided with genetic counseling and any decisions regarding the management of your pregnancy will be yours.
5. The Cystic Fibrosis test cannot detect all the Cystic Fibrosis mutations.

CONSENT:

I _____ have read this form and received information provided by my doctor and have had any questions answered.

I choose do not choose to have Cystic Fibrosis testing performed.

Signed _____ Date _____