

Amniocentesis at or Beyond 28 Weeks' Gestation: Indications, Procedural Safety and Neonatal Outcomes in a 7-Year Institutional Series

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Objective

To describe indications, patient characteristics, procedural safety and neonatal outcomes of amniocentesis at or beyond 28 weeks in a high-volume tertiary centre.

Methods

- Retrospective cohort, Lis Maternity Hospital, 2018 - 2025
- All amniocenteses performed ≥ 28 weeks' gestation.
- Indications: fetal structural anomaly or chromosomal/genomic workup (CMA/WES), and suspected fetal infection.
- Complications recorded within 14 days of the procedure

Results

334 Procedures

6.9% of all amniocenteses

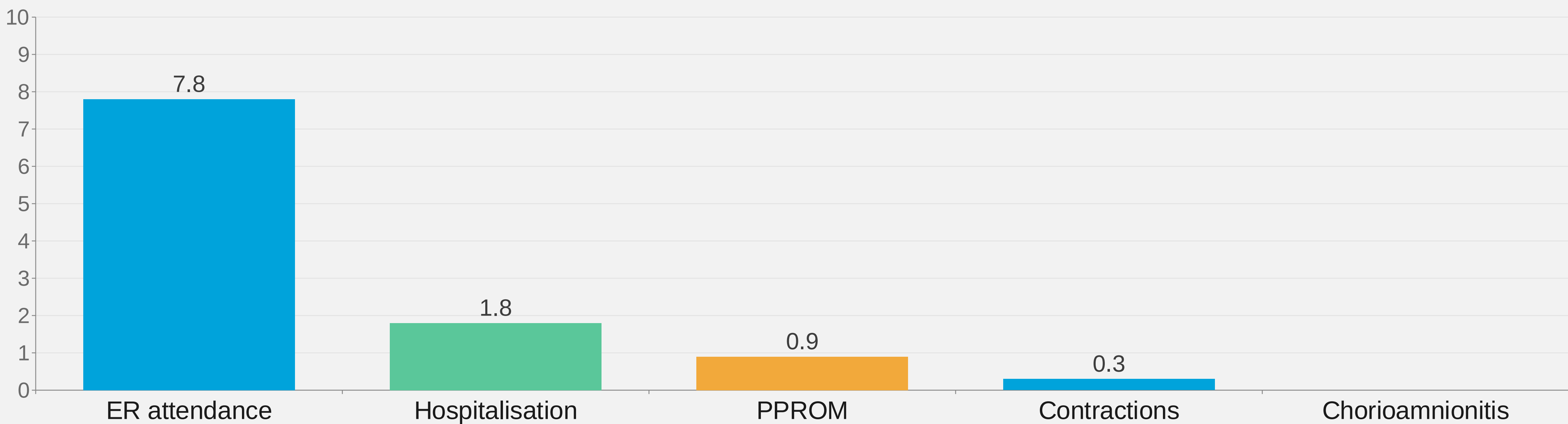
0.9% PPROM

within 14 days, all resulting in live birth

0 fetal losses

Procedure-related

Complications within 14 days (%)



Cohort characteristics and outcomes

Variable	Value
Anomaly or genomic workup (CMA/WES)	307 (91.9%)
Suspected fetal infection	27 (8.1%)
Mean gestational age at procedure	32.9 weeks (28 to 38.7)
Mean maternal age	32.2 years; 79.9% under 35
Live births among cases with delivery data	210 of 227 (92.5%)
Mean birthweight; 5-min Apgar below 7	2,966 g; none

Conclusion Amniocentesis at ≥28 weeks, performed for genetic/anomaly workup or suspected fetal infection, appears safe: PPROM occurred in 0.90%, all resulting in liveborn late preterm delivery, with no chorioamnionitis and no procedure-related fetal loss identified.