UW Medicine
VALLEY
MEDICAL CENTER

**What can I expect from a genetic counseling session?**

One of the first things you can expect is completing a family history. A family history is a screening tool used in genetics. It helps a genetics professional visualize and track how certain traits or conditions are inherited in a family. Standard topics included in a family history are reviewed in the next section.

Sometimes difficult topics come up in a genetic counseling session. For example, we may discuss conditions that result in pregnancy loss, are incompatible with life, or severely shorten a lifespan. We may discuss pregnancy management options including continuing a pregnancy with a known or suspected abnormality, pregnancy termination, and adoption. We encourage the sharing of personal beliefs, values, and expectations in these conversations.

**What is included in a family history?**

The family history taken in a genetic counseling session will be scanned into the medical record. Some questions that a genetic counselor might ask during a family history may be unexpected. You have the right to decline all or part of a family history. Standard topics include:

- Complete pregnancy history, including live births, losses, and terminations.
- Family members with birth defects or intellectual disability.
- Family members who have died young or unexpectedly.
- Recurrent pregnancy loss.
- Known genetic or inherited disease.
- Interpersonal relationships between individuals who are biologically related (full siblings vs half siblings).
- Consanguinity (i.e. if members of a couple have recent common ancestry, such as first cousins). Consanguinity is commonly practiced in some cultures. We ask this question because people who are closely related have more genetics in common with each other, and this can increase the risk of some genetic conditions. Knowledge of consanguinity may change recommendations for certain types of genetic screening.
- Family members with major medical issues. Many common health concerns can run in a family, however, there may not be appropriate genetic tests available for every condition. Adult onset conditions like type II diabetes, high blood pressure, and high cholesterol are important for your health, however unlikely to impact genetic risk assessment for your pregnancy. We recommend discussing these histories with primary care providers to discuss appropriate screening recommendations and risk-reducing behavior. Other medical conditions that are unlikely to impact a fetal risk assessment are: asthma, seasonal or food allergies, sleep apnea, use of corrective eyewear, etc.

- Ethnic background, such as African, Ashkenazi Jewish, Asian, etc. The reason we ask this question is because certain genetic disorders are more common in some populations compared to others and this may change genetic screening recommendations. Someone's nationality may not accurately reflect their ethnicity.

**How can I prepare for my genetic counseling session?**

We recommend that you gather information from family members related to the standard topics included in the family history. We typically ask about children, siblings, nieces, nephews, parents, aunts, uncles, and first cousins. If any individuals have undergone genetic testing, we strongly encourage asking these individuals for a copy of their genetic testing results, when appropriate. We understand that not everyone has access to a complete family history, and that families may not discuss private or personal medical information in detail. We will review whatever information you are able to provide.

Prior to coming to your appointment, you may wish to collect family history information about:

- Congenital birth defects (heart defects, clubfoot, cleft lip/palate)
- Intellectual disability, cognitive delay, autism spectrum disorder
- Recurrent pregnancy loss (three or more)
- Stillbirths
- Infant or childhood death
- Sudden, unexplained death at any age

**What happens if I decide to have prenatal genetic screening or diagnostic testing?**

The decision whether to proceed with prenatal genetic screening or diagnostic testing is personal. Some patients choose to pursue testing for reassurance or planning purposes, while others may consider pregnancy termination if a fetal genetic disorder is ultimately diagnosed. This is typically an option in Washington state until about 24 weeks gestation. Individuals who choose to continue a pregnancy with a diagnosed fetal genetic condition receive recommendations for continued pregnancy care and delivery as well as referrals to appropriate specialists and support groups.

**Contact Information**

Prenatal and preconception genetic counseling is available through the Valley Medical Center Maternal Fetal Medicine department. Please call 425-690-3477 with questions about genetic counseling.