EMORY UNIVERSITY SCHOOL OF MEDICINE

Department of Human Genetics
Division of Medical Genetics
www.genetics.emory.edu

Reproductive Genetic Counseling

What is Genetic Counseling?
Genetic Counseling is a professional assessment of risk factors regarding one's family history and/or a pregnancy. The goal of genetic counseling is not only risk assessment, but also to explain cause/inheritance of a disorder, availability of testing, prognosis, medical management, and treatment options. Genetic counseling sessions typically last one hour, depending on the complexity of the case.

What is a Genetic Counselor?
Genetic Counselors have a minimum of a master's degree in genetic counseling or a related field, which includes extensive training in both human genetics and psychology. All Genetic Counselors at Emory Genetics are Board-Certified or Board-Eligible through the American Board of Genetic Counseling and work under the supervision of a Board-Certified M.D. Clinical Geneticist.

What happens in a genetic counseling session?
Typically, the components of a genetic counseling session include the following:

- Obtaining a medical, reproductive, and environmental history.
- Obtaining a family history of at least 3 generations (including siblings, nephews/nieces, parents, aunts/uncles, cousins, and grandparents) and documenting all health concerns and genetic conditions.
- Explaining the risk for or diagnosis of a genetic disorder, the inheritance, recurrence risk, prognosis, management, and treatment options.
- Explaining testing options for a current or future pregnancy.
- Supporting the individual, couple or family in whatever decision best suites them, with regards to the information received and their personal, religious, and moral values.

Why would I be referred for reproductive genetic counseling?

- Maternal age of 35 years or greater at delivery.
- First trimester screening or maternal serum screening indicating an increased risk for neural tube defects (spina bifida, anencephaly), Down syndrome, or trisomy 18 or 13.
- Abnormal prenatal ultrasound examination or diagnostic results.
- One or both parents is a carrier of a genetic condition (i.e. cystic fibrosis, sickle cell anemia, Tay Sachs, hemophilia, balanced chromosomal translocation, etc.)
- Previous child or family history of the following: mental retardation, neural tube defects, chromosome abnormality (i.e. Down syndrome, trisomy 18, Klinefelter syndrome, etc.), cleft lip/palate, congenital heart defects, short stature, single gene disorders (i.e. cystic fibrosis, muscular dystrophy, hemophilia, PKU, etc.), hearing or visual impairments, learning disabilities, psychiatric disorders, cancers, multiple pregnancy losses (miscarriages, stillbirths, early infant deaths) or other disorders which could be genetic.
- Persons in specific ethnic groups or geographic areas with a higher incidence of certain disorders, such as Tay Sachs disease, sickle cell disease, or thalassemias.
- Maternal factors such as schizophrenia, depression, seizures, alcoholism, diabetes, thyroid disorder and others in which fetal abnormalities may be associated either with the disease process or with common medications prescribed for the disease.
- Fetal or parental exposure to potentially harmful agents (i.e. drugs, chemicals, radiation, infections).
- Couples who are close blood relatives.
- Premarital or preconception counseling in couples at high risk for genetic disorders based on family or personal medical history or couples experiencing infertility.
- Couples requiring assisted reproduction techniques to achieve pregnancy, or individuals donating eggs or sperm for those purposes.

Genetic Counselor On-Call 1-800-366-1502: A Genetic Counselor is on call from 8:30 am – 5:00 pm, Monday through Friday, to answer patient or physician inquiries regarding genetic conditions or related topics.