



# Do you have 22q11 deletion syndrome?

**Are you planning to have a baby?  
Do you want to find out if the  
pregnancy has 22q11?**





This Easy Read leaflet is for people with **22q11 deletion syndrome** who are thinking about having a baby.



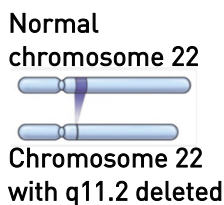
**22q11 deletion syndrome** or **DiGeorge syndrome** is a condition you may have from birth.



**22q11 deletion syndrome** can cause a range of lifelong issues, like heart problems and learning difficulties.



**22q11 deletion syndrome** is also called **Velo-cardio-facial syndrome** or **VCFS**.



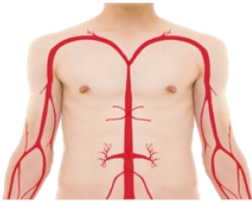
If you read this leaflet it will:

- help you to **choose** what to do
- give you information about testing for **22q11 deletion syndrome** in pregnancy

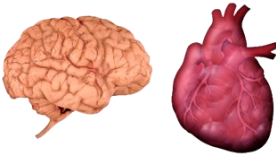
If you have **22q11 deletion syndrome** and are thinking about having a baby, **a test** could help you.

**22q11 deletion syndrome** happens when a piece of **chromosome number 22** is missing.

Everyone has **chromosomes** in their body.



**Chromosomes** tell our body how to work.



The missing piece of **chromosome 22** tells the brain and heart how to work.



The missing piece of **chromosome 22** explains some of the issues that people with **22q11 deletion syndrome** have.



So, if you have a child, there is a high chance that they have:

Normal  
chromosome 22



Chromosome 22  
with q11.2 deleted

- **chromosome 22** that has not changed
- **chromosome 22** with a piece missing



The chances of having an affected child is **50% (1 in 2)** for **each** pregnancy.



Every person with **22q11 deletion syndrome** is different and has different issues.



If your child has **22q11 deletion syndrome**:

- they may have more serious medical problems than you do
- they may only have mild medical problems



Doctors **cannot** tell you what these problems might be.



But it is your choice if you want to have a baby.



## 22q11 deletion syndrome when you are pregnant

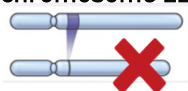


Many people have **22q11 deletion syndrome** because their Mum or Dad has it too.



It may not worry you if your child has **22q11 deletion syndrome**.

Normal chromosome 22



Chromosome 22 with q11.2 deleted

Or you might not want your child to have **22q11 deletion syndrome**.



If you want to find out how **testing** could help you, ask your GP to make a hospital appointment.



## Testing and pregnancy



When a baby grows in the womb, it gets protected by water called **amniotic fluid**.



The **amniotic fluid** helps to protect the baby as it grows in the mother's womb.



**Tests** can be carried out early in the pregnancy when the baby is very small.



**Amniotic fluid**

You can find out if the baby has **22q11 deletion syndrome** by testing some of the **amniotic fluid** around it.



A **needle** is put into the mother's stomach to take some **amniotic fluid** from around the baby.



The mother takes **medicine** so that she does not feel the needle when it goes into her belly.



Then the amniotic fluid is tested to see if the baby has **22q11 deletion syndrome**.



There is a small risk that you could **lose your baby** when you have this test.





If the baby has **22q11 deletion syndrome**, you could choose to **end the pregnancy**.



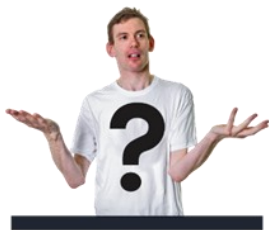
When you end a pregnancy, this is called **abortion** or **termination**.



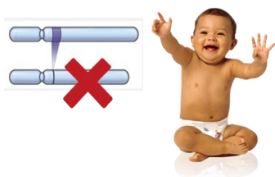
You could also choose to **continue the pregnancy** and have more regular checks.



To have an abortion, the mother must take **medicine** or have an operation.



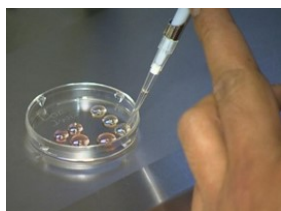
## Tests before you have a baby



This part of the leaflet tells you what you can do to stop your baby from getting **22q11 deletion syndrome**.



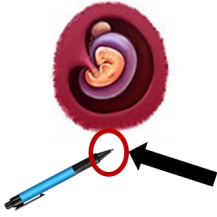
You start by taking an **egg** from the mother and a **sperm** from the father.



Then the **sperm** and **egg** are put together in a laboratory to make an **embryo**.



An **embryo** is the first **8** weeks of a baby. It does not look human at this stage.



A baby starts as an **embryo** and it is very small, about the same size as the tip of a **pen**.



We can test the **embryo** for **22q11 deletion syndrome**.



If the embryo does not have **22q11 deletion syndrome**, it is put in the mother's womb to grow.



This test is called **Preimplantation Blood Diagnosis** or **PGD**.



Some people with **22q11 deletion syndrome** have used **PGD** to have a child that does not have **22q11 deletion syndrome**.



It is important to know that the **PGD test** can make the mother feel ill.



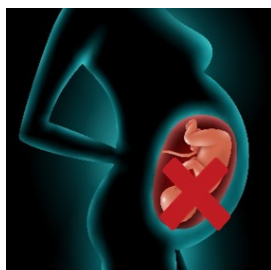
Some **medicines** that help the mother to produce an egg may make them **feel ill**.



Your GP can tell you what is good and what is not so good about the **PGD test**.



If you have a **PGD test**, it might not work.



**Not all embryos** put into the womb will grow into a baby.



Also, you may need to have **more than 1 PGD test** before it works.



The hospital pays for the **PGD test**.



You **cannot** have a PGD test if you:



- already have a child that does not have **22q11 deletion syndrome**



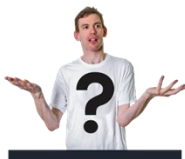
- **smoke**



- **are overweight**



It can take a long time to get PGD treatment.



## Do you want to find out more about PGD?



First, you must ask your GP to make an appointment to see a **specialist doctor** at a hospital about **PGD**.



The **specialist doctor** is called a **Clinical Geneticist**.



You should make the appointment about **1 year** before you want to have a baby.



If you talk to your GP about **PGD**, you **do not** need to have the **PGD test** when you have a baby.



It is **your** choice.

# Inform Network Support



Understanding Chromosome & Gene Disorders

Rare Chromosome Disorder Support Group

The Stables, Station Road West, Oxted, Surrey RH8 9EE, UK

Tel: +44(0)1883 723356

info@rarechromo.org | [www.rarechromo.org](http://www.rarechromo.org)

Join Unique for family links, information and support.

Unique is a charity without government funding, existing entirely on donations and grants. If you can, please make a donation via our website at [www.rarechromo.org/donate](http://www.rarechromo.org/donate) Please help us to help you!

This leaflet was made possible by a contribution from The Galton Institute.



This leaflet was co-produced with Camden People First and IC Works Ltd.



Unique mentions other organisations' message boards and websites to help families looking for information. This does not imply that we endorse their content or have any responsibility for it.

This information guide is not a substitute for personal medical advice. Families should consult a medically qualified clinician in all matters relating to genetic diagnosis, management and health. Information on genetic changes is a very fast-moving field and while the information in this guide is believed to be the best available at the time of publication, some facts may later change. Unique does its best to keep abreast of changing information and to review its published guides as needed.

This booklet was written by Dr. Alisdair McNeill, Senior Clinical Lecturer & Consultant in Clinical Genetics, University of Sheffield, UK and compiled by Unique (CA) in 2020. Version 1.1 (AP) 2021.

**Copyright © Unique 2021**

Rare Chromosome Disorder Support Group Charity Number 1110661

Registered in England and Wales Company Number 5460413