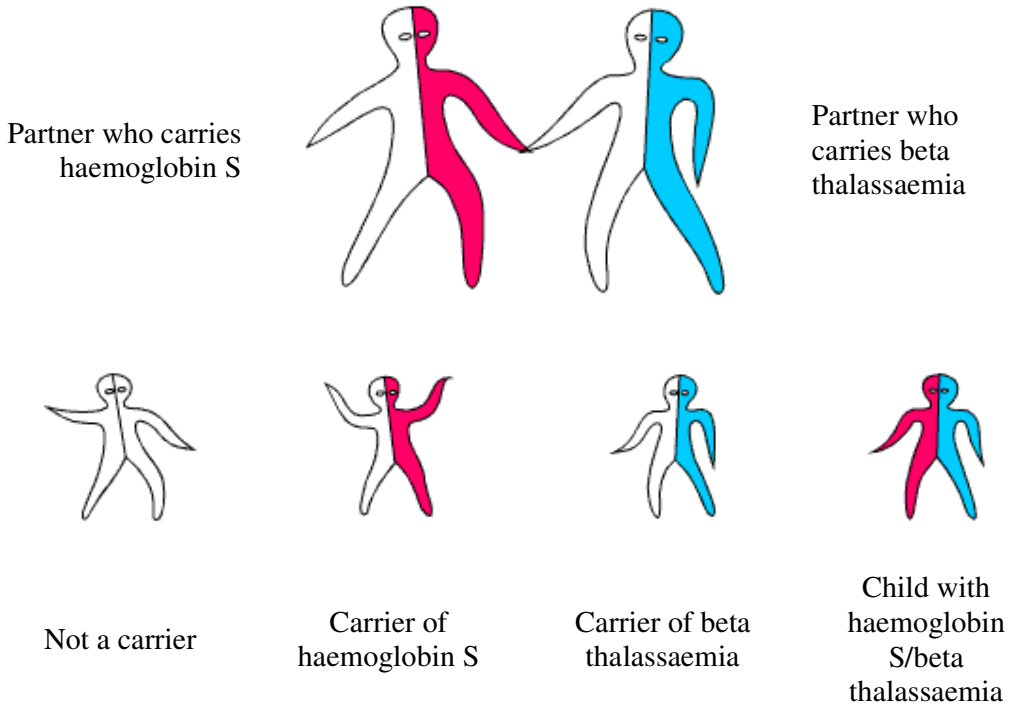
Implications for a Child when One Partner carries Haemoglobin S (Sickle Cell) and the Other carries Beta Thalassaemia (*APoGI website)*

This couple could have a child with haemoglobin Sl/beta thalassaemia.



In each pregnancy, there are four possibilities:

- The child may not carry any haemoglobin disorder.
- The child may carry beta thalassaemia. This is harmless.
- The child may carry haemoglobin S (sickle cell). This is harmless.
- The child may inherit beta thalassaemia from one parent and sickle cell from the other. This child would have a serious inherited anaemia called ***haemoglobin S/beta thalassaemia***.

In each pregnancy there is a *3 out of 4* chance of a healthy child, and a *1 out of 4* chance of child with haemoglobin S/beta thalassaemia.

Haemoglobin S/beta thalassaemia...

...is a *sickle cell disorder*. Children with haemoglobin S/beta thalassaemia have an increased risk of serious infections, and need to take antibiotics daily. A few people with haemoglobin S/beta thalassaemia are healthy all their life, but most have anaemia and many have attacks of severe pain in joints or other parts of the body from time to time. A few have severe health problems and need frequent admissions to hospital. People with haemoglobin S/beta thalassaemia should attend a *sickle cell clinic* regularly for a check-up and advice.

We cannot reliably predict whether a couple could have children with a mild, moderate or severe type of haemoglobin S/beta thalassaemia.

It is possible to test a baby for Haemoglobin S/beta thalassaemia early in pregnancy. This couple should see an expert counsellor in haemoglobin disorders to discuss their options, before starting a pregnancy, or as early in pregnancy as possible.