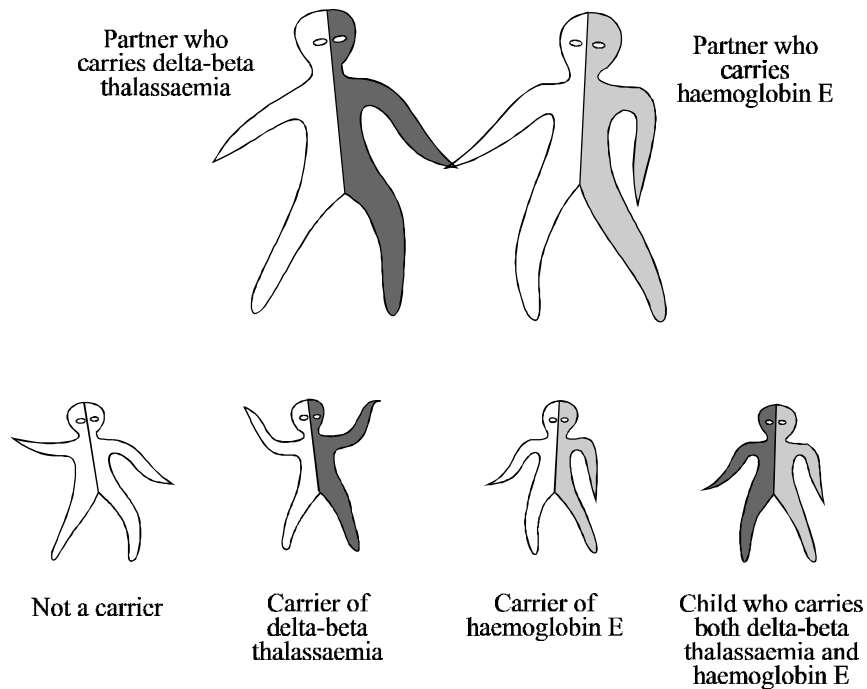


# Implications for a Child when One Partner carries Delta-beta thalassaemia and the Other carries Haemoglobin E

This is an unusual combination that has not been reported in the literature. The following information is based on general experience with these types of thalassaemia, and available scientific knowledge.

**This couple could have a child with haemoglobin E/delta-beta thalassaemia.**



**In each pregnancy**, there are four possibilities.

- The child may not carry any haemoglobin disorder.
- The child may carry delta-beta thalassaemia. This is harmless.
- The child may carry haemoglobin E. This is harmless.
- The child may inherit delta-beta thalassaemia from one parent, and haemoglobin E from the other. This child would have an inherited anaemia called **haemoglobin E/delta-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 E/delta-beta thalassaemia.

**Haemoglobin E/delta-beta thalassaemia** is a type of *haemoglobin E/beta thalassaemia*. Some people with haemoglobin E/beta thalassaemia are healthy all their life. Most are anaemic and need extra care. Some need a blood transfusion every month, for life. *Haemoglobin E/delta-beta thalassaemia* is very rare and it is not possible to describe it with confidence. Current scientific knowledge suggests that it is one of the mildest forms of haemoglobin E/beta thalassaemia.

We cannot reliably predict which couples could have children with severe or milder haemoglobin E/delta-beta thalassaemia.

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

*Counselling for haemoglobin disorders is provided in your area by:*