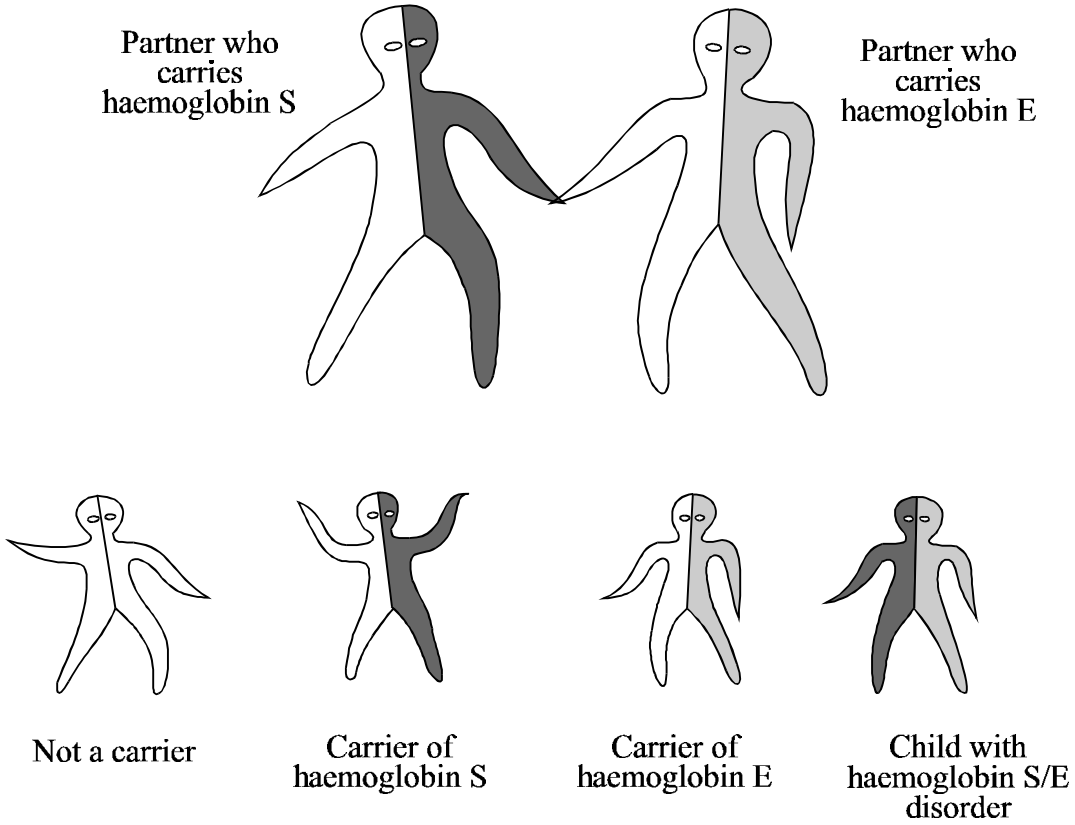
Implications for a Child when One Partner carries Haemoglobin S (Sickle Cell) and the Other carries Haemoglobin E

This couple could have a child with haemoglobin S/E disorder.



In each pregnancy, there are four possibilities:

- The child may not be a carrier at all
- The child may carry haemoglobin E. This is harmless.
- The child may carry haemoglobin S (sickle cell). This is harmless.
- The child may inherit haemoglobin E from one parent and haemoglobin S from the other. This child would have ***haemoglobin S/E disorder***.

In each pregnancy there is a 3 out of 4 chance of a healthy child, and a 1 in 4 risk of child with haemoglobin S/E disease.

Haemoglobin S/E disorder is a *sickle cell disorder*. It is rare, and we are not able to describe it with complete confidence. It is generally thought to be a mild type of sickle cell disorder. Children with a sickle cell disorder have an increased risk of serious infections, and need to take antibiotics daily. Some are completely healthy all their life. Some are anaemic, and have attacks of severe pain in joints or any other part of the body from time to time. A few have severe health problems and need frequent admissions to hospital. People with haemoglobin S/E disorder should attend a *sickle cell clinic* regularly for a check-up and advice.

At present, it is not possible to predict whether a particular couple could have children with mild, moderate or severe sickle cell disorder.

It is possible to test a baby for haemoglobin S/E disorder 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.

Counselling for haemoglobin disorders is provided in your area by: