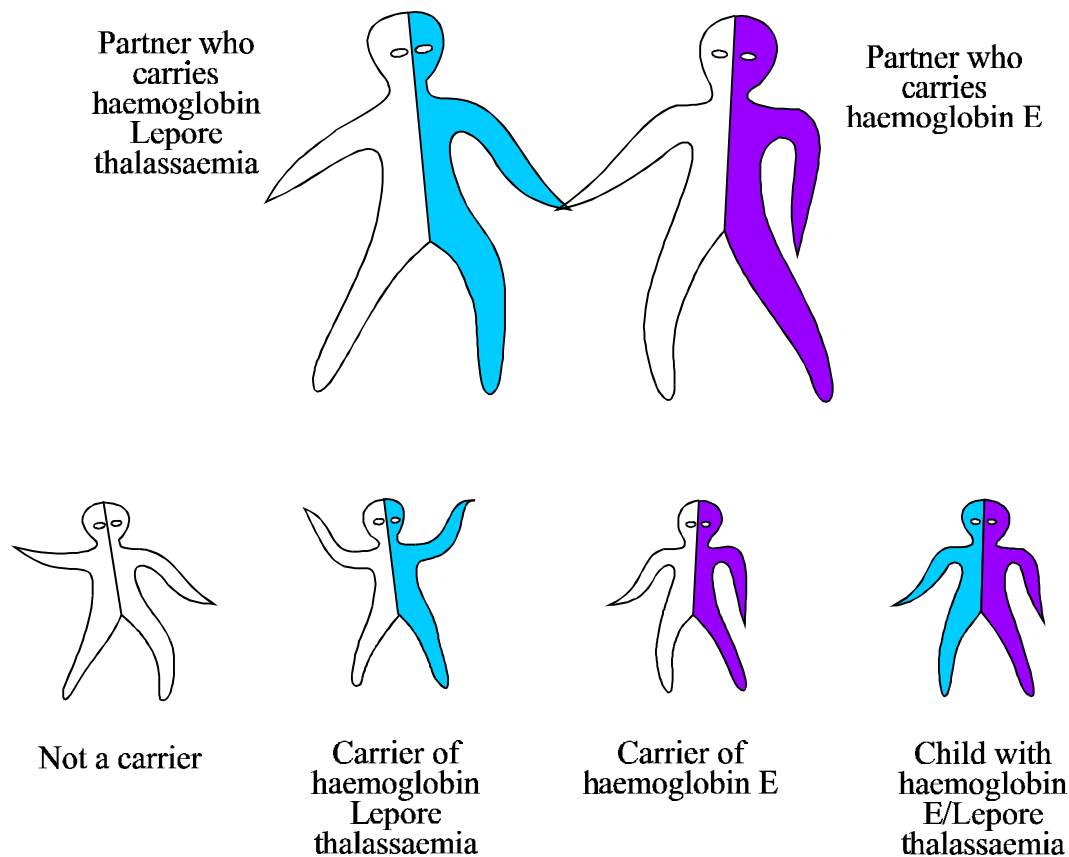


Implications for a Child when One Partner carries Haemoglobin Lepore thalassaemia and the Other carries Haemoglobin E

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/Lepore thalassaemia**.



In each pregnancy, there are four possibilities.

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

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

Haemoglobin E/Lepore thalassaemia is a form of haemoglobin E/beta thalassaemia. This is a serious inherited anaemia. A few 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.

We cannot reliably predict which children will have mild, moderate or severe haemoglobin E/Beta thalassaemia.

It is possible to test a baby for Haemoglobin E/Lepore 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: