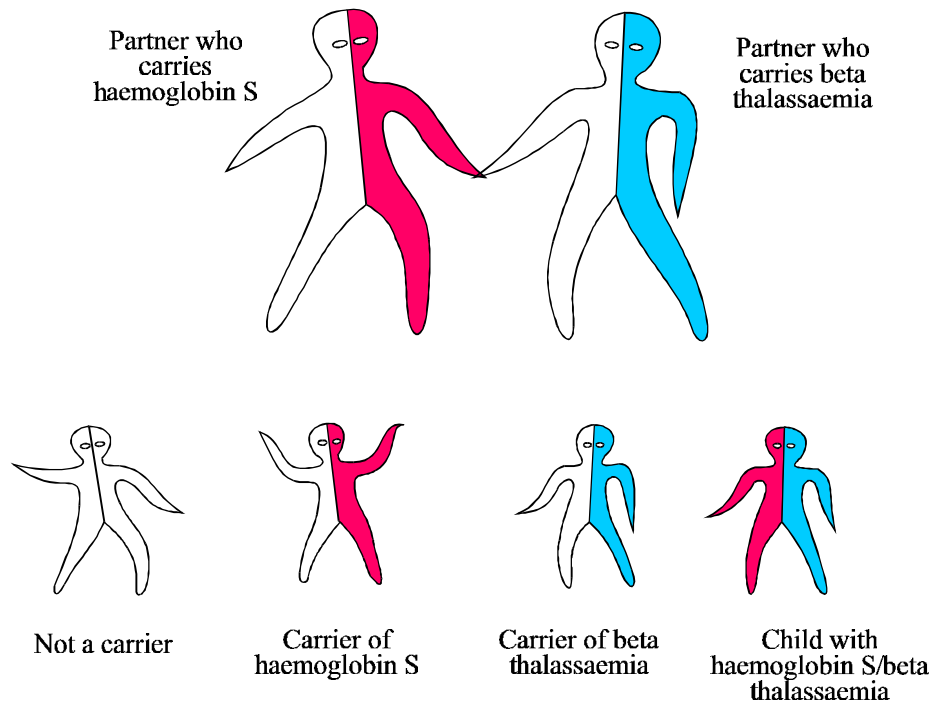


# Implications for a Child when One Parent carries Beta Thalassaemia and the Other carries Haemoglobin S (Sickle Cell)

*This couple could have a child with haemoglobin S/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.

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