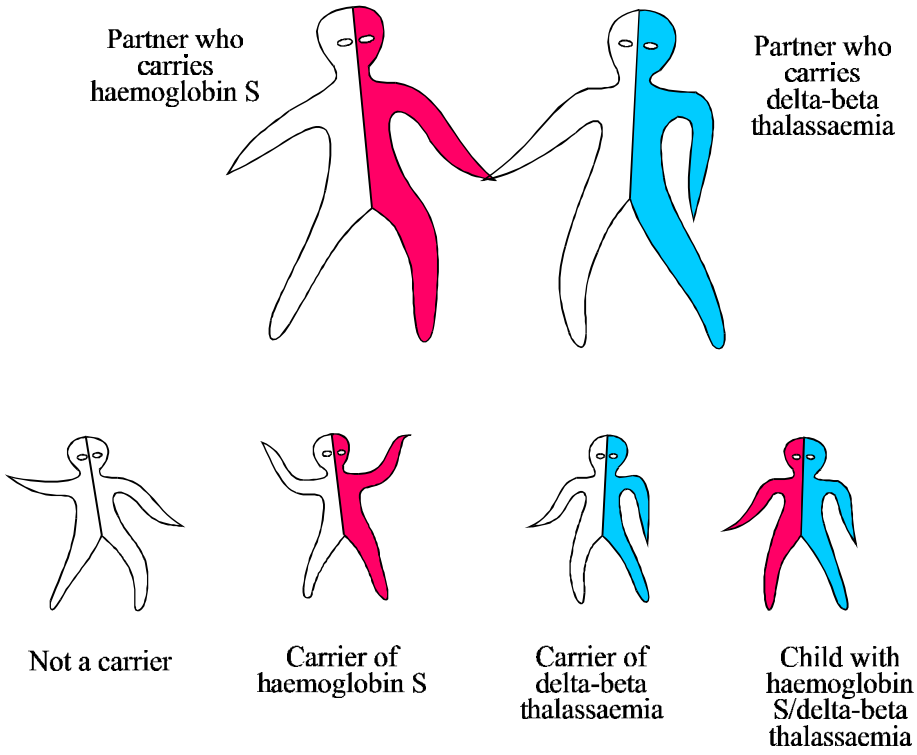
Implications for a Child when One Parent carries Haemoglobin S and the Other carries Delta-Beta Thalassaemia

This couple could have a child with haemoglobin S/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 S (sickle cell). This is harmless.
- The child may inherit delta-beta thalassaemia from one parent and sickle cell from the other. This child would have a serious inherited anaemia called ***haemoglobin S/delta-beta thalassaemia.***

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

Haemoglobin S/delta-beta thalassaemia is a *sickle cell disorder*. Children with haemoglobin S/delta-beta thalassaemia have an increased risk of serious infections, and need to take antibiotics daily. Some people with haemoglobin S/delta-beta thalassaemia are healthy all their life, but most have anaemia and some have attacks of severe pain in joints or other parts of the body from time to time. People with haemoglobin S/delta-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/delta-beta thalassaemia.

It is possible to test a baby for Haemoglobin S/delta-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: