

# Pregnancy advice for women with Sickle Cell Disease

Information and advice for patients

## *Sickle Cell & Thalassaemia*

The majority of women with sickle cell disease (SCD) go through pregnancy without complications but it is important to have the right care and planning before, during and after pregnancy and birth.

### **What are the possible problems that can occur during pregnancy?**

Pregnant women with sickle cell disease are at an increased risk of the following complications:

- **More frequent sickle cell crises (painful events)** - Sickle cell crises may occur more often during pregnancy. A painful sickle crisis during pregnancy is treated in the same way as usual - with painkillers, rest and fluids.
- **More frequent infections, especially urine infections** - It is important that you report any symptoms of an infection to your doctor as soon as possible as you may need antibiotics. The symptoms of a urine infection are:
  - A burning sensation when passing urine
  - Passing urine more frequently
  - Foul smelling urine

Other signs of infection include:

- High temperature
- Shakes
- Cough with coloured sputum (phlegm)
- **Developing blood clots** - These can occur either in the legs (deep vein thrombosis) or in the lung (pulmonary embolus) and are very serious. Please report to the nearest ED (Emergency Department) if you develop any of the following symptoms:
  - Sudden pain and swelling in the calf muscles
  - Sudden chest pain
  - Shortness of breath

SCD can also increase the risk of:

- Miscarriage
- Pre-eclampsia (high blood pressure which develops during pregnancy)
- Poor growth of the baby in the womb
- Going into labour early

Women with sickle cell trait do not have these risks.

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### **Would my baby also have sickle cell disease?**

If your partner has normal haemoglobin (blood) your baby would have sickle cell trait. If your partner has abnormal haemoglobin (including sickle cell trait, among others) there is a 50% chance that the baby could have a form of SCD. In some circumstances it is possible to determine whether the baby is affected during pregnancy; please discuss this with your midwife, doctor or sickle cell nurse. For further information, please see our 'Sickle Cell Trait' leaflet.

### **Before becoming pregnant**

It is important that women with SCD plan any pregnancies carefully because of the increased risks. You are encouraged to use contraception to reduce the risk of an unplanned pregnancy and can use any form of contraception (see back page of leaflet for a website link to more information).

If you are thinking of becoming pregnant please discuss this with us. We can offer your partner a blood test to determine whether the baby would be at risk of having SCD.

### **Medication**

If you are taking hydroxycarbamide (also sometimes known as hydroxyurea) you will need to stop this at least 3 months before trying to become pregnant. If you become pregnant whilst on hydroxycarbamide then stop this medication and seek advice from your doctor as soon as possible. In addition, if your partner is also on hydroxycarbamide, he will also have to stop taking hydroxycarbamide 3 months before you are trying for a baby.

### **During pregnancy**

#### **Antenatal Care**

Early and regular antenatal care is important for pregnant women with sickle cell disease. The healthcare team for a pregnant woman with sickle cell disease would include a haematologist, obstetrician and midwives working closely together.

During pregnancy you should be seen at least every 4 weeks until 28 weeks of pregnancy, every 2 weeks until 36 weeks and more regularly thereafter. In addition, you will have regular blood tests, blood pressure checks, blood sugar tests and ultrasound scans to monitor your health and your baby's health closely.

#### **Medication**

If you take regular penicillin V you should continue to take this throughout your pregnancy. You should also take folic acid 5mg daily as your body requires this vitamin to make blood cells.

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Most of the medications that are used to treat a painful crisis such as paracetamol, codeine, and opioid painkillers are safe to use in pregnancy, but diclofenac and ibuprofen are not safe.

### **Blood transfusions**

Blood transfusions are not routinely given in pregnancy but may be required in some circumstances. If you require a blood transfusion during your pregnancy your healthcare team will discuss this with you.

### **Labour and birth**

The best place for you to have your baby is usually in hospital so that you and your baby can be monitored closely during labour and birth. Unless you have any specific problems, it is best for you to go into labour naturally and have a normal vaginal birth. Caesarean sections are only needed in some circumstances.

Whilst you are in labour you may be given fluids through a drip into a vein to help keep you hydrated and may be given extra oxygen.

Your midwife and doctor will give you more information about your individual care during labour and delivery and you can discuss any concerns with them.

### **After giving birth**

Some women with sickle cell disease are at a high risk of developing a blood clot after giving birth, particularly if they have had a caesarean section. In this case, they may need injections to reduce this risk. If you need this treatment you will be given the leaflet 'DVT in pregnancy' for more information.

Before you leave the hospital your midwife or doctor will discuss contraception with you. Shortly after birth, your baby will have a heel prick test to test for SCD and other conditions; this will be arranged by your health visitor.

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### **Contact details**

If you have any questions or concerns please contact the Sickle Cell and Thalassaemia Centre.

### **Sickle Cell & Thalassaemia Centre**

City Hospital  
Dudley Road  
Birmingham  
B18 7QH

Tel: 0121 507 6040

Monday, Wednesday & Thursday 9am – 5pm

Tuesday 9am – 6pm

Friday 9am – 4pm

### **Further information**

For more information about the NHS Sickle Cell & Thalassaemia Screening Programme:

<http://sct.screening.nhs.uk/>

For more information about the various forms of contraception available:

### **NHS Choices**

[www.nhs.uk/conditions/contraception](http://www.nhs.uk/conditions/contraception)

For more information about our hospitals and services please see our websites

[www.swbh.nhs.uk](http://www.swbh.nhs.uk) and [www.swbhengage.com](http://www.swbhengage.com), follow us on Twitter @SWBHnhs and like us on Facebook [www.facebook.com/SWBHnhs](http://www.facebook.com/SWBHnhs).

### **Sources used for the information in this leaflet**

- Sickle Cell Society, 'Standards for the clinical care of adults with sickle cell disease in the UK', 2008

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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