

Pregnancy and Sickle Cell Disease

Women with sickle cell disease can become pregnant and have healthy babies.

Some women have no change in their disease during pregnancy. Others may have more trouble with their disease. Women with sickle cell disease should talk with their hematologist **before** getting pregnant.

The ability of the blood cells to carry oxygen is very important in pregnancy.

The sickling and anemia may result in lower amounts of oxygen going to the baby. This can cause slow growth of the baby. Because sickling affects so many organs and body systems, women with the disease are more likely to have problems during pregnancy.

Early and regular prenatal care is important for pregnant women with sickle cell disease.

Women with sickle cell disease are usually managed by a high-risk obstetrician. Frequent prenatal visits allow the medical provider to watch the disease and baby closely. General pregnancy care includes a healthy diet, prenatal vitamins, folic acid supplements, and preventing dehydration.



What are some problems or risks for the mother?

- Infection. This includes the urinary tract (especially kidney) and lungs.
- Gallbladder problems, including gallstones.
- Enlarged heart and heart failure from anemia
- Kidney disease, starting or worsening
- Sickle cell pain episodes

What are some problems or risks for the baby?

- Miscarriage
- Poor growth of the unborn baby or fetus
- Preterm birth (before 37 weeks of pregnancy)
- Low birth weight (less than 5.5 pounds)
- Stillbirth and newborn death
- Anemia