Hydroxyurea is a teratogen. Reproductive Planning is very important. Discuss recommendation for Long Acting Reversible Contraceptive (LARC) for adolescent females if on Hydroxyurea. Progesterone-only contraception may be preferable.

Current recommendation is to discontinue Hydroxyurea for men and women before a planned pregnancy and for women while breastfeeding.

Co-managing Hydroxyurea* monitoring for Pediatric Patients with Sickle Cell Anemia

Child ≥ 9 months with Sickle Cell Anemia (HbSS, HbSβthal)

On hydroxyurea?

Yes

Consistently taking doses? (missing no more than 1 dose per week?)

No

Consult with Sickle Cell Specialist about need to initiate.

Yes

On stable dose for at least 2 months?

No

Consult with Sickle Cell Specialist about dose and monitoring until stable dose. Monitoring typically every month until stable.

Yes

Dose is within range of 20-30mg/kg

No

Hold dose and consult with Sickle Cell Specialist about needed dose change.

Yes

Monitor CBC, reticulocyte count at least every 3 months while on stable dose

Absolute Neutrophil Count (ANC) ≥2,000/μL
Platelets ≥80,000
Absolute Reticulocyte Count (ARC) ≥80,000

No

Yes

Continue on current dose*