

Early Pregnancy and Emergency Gynaecology Unit

What is a Molar Pregnancy (Hydatidiform Mole)?

You are probably reading this leaflet because you have been told that you have a hydatidiform mole, or molar pregnancy and you may be feeling confused, upset and anxious. You may also be grieving for the loss of your baby.

This leaflet will explain what a molar pregnancy is and why it is important for you to have a follow up by the screening centre at Charring Cross hospital in London, and what it means for the future.

What is a molar pregnancy?

In a normal pregnancy, the placenta feeds the growing baby and removes its waste products. The placenta is made up of millions of cells known as trophoblasts. In a molar pregnancy these cells are abnormal and cause the placenta to overgrow. It grows in an uncontrolled fashion to fill the womb. It occurs in about 1 in 1200 pregnancies.

Sadly a molar pregnancy is a definite indicator of early pregnancy loss. This means there is no possibility that your pregnancy can survive.

Normal Conception

Each of our cells contains 23 pairs of chromosomes, one of each from the mother and one from the father. In a normal conception, a single sperm with 23 chromosomes fertilises an egg with 23 chromosomes, making 46 in all.

There are two types of molar pregnancy: a **complete** and a **partial hydatidiform mole**.

Complete Mole

This condition results when the sperm fuses with an egg that does not carry any genetic material. When this fertilised egg grows, no embryo is present in the pregnancy sac, only the placenta. The whole placenta is abnormal and usually grows very rapidly.

Partial Mole

These are more common and usually mimic the appearance of an incomplete miscarriage. In this condition the egg allows two sperms to fertilise it. The embryo has three sets of chromosomes instead of the usual two. With too much genetic material, the pregnancy develops abnormally, with the placenta outgrowing the baby. There may be evidence of a foetus but it will be abnormal and cannot survive.



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Symptoms

Some women will have no noticeable symptoms of a molar pregnancy; however some will have the normal symptoms of pregnancy or miscarriage. There may be increased nausea and sometimes it can cause high blood pressure and thyroid problems. The overgrown placenta tends to produce excessive amounts of the pregnancy hormone hCG (human Chorionic Gonadotrophin). The high hormone levels cause most of the symptoms of a molar pregnancy.

Diagnosis is made by:

- Very high levels of hCG in the blood
- An ultrasound scan showing the particular appearance of a molar pregnancy
- Examination of the tissue by the pathologist

Treatment: Surgical Evacuation

You will be admitted to hospital to have an ERPC (Evacuation of Retained Products of Conception) – suction of the womb under general anaesthetic.

You will usually be discharged the same day. However the admission on Ward 23 (Gynaecology) may involve an overnight stay. The staff in the clinic will advise you about the arrangement.

In some cases of partial molar pregnancies, medical treatments to empty the uterus may be necessary

Why are molar pregnancies followed up?

Occasionally the molar tissue may persist and grow deeper into the wall of the uterus and spread; this is an **invasive mole**.

Very rarely a hydatidiform mole can develop into a choriocarcinoma, which is a form of cancer, and the cure rate is almost 100%. This is the reason why molar pregnancies are followed up.

Follow up

Blood levels of the pregnancy hormone hCG are measured weekly following a molar pregnancy. You will be registered at the follow-up centre in Charing Cross Hospital, London by your consultant. You will receive a letter from the follow up centre confirming that you have been registered for follow-up care.

You do not normally have to travel to London. The screening centre will send the necessary kit to you. There will be a letter for your GP and tubes for urine and blood samples in the kit. Follow the instructions given.

The results of the follow-up will be sent to your GP and your Consultant.

The normal level of the pregnancy hormone hCG in the blood is less than 5 IU/l. Once the blood tests are normal, only urine samples will be needed.

The minimum period for follow-up of complete and partial moles is 6 months. If you need treatment then you are followed up until your hCG values remain normal.

Your feelings

Having a molar pregnancy can be frightening; you may feel upset after losing the pregnancy. Also you may be worried about the molar pregnancy settling down. As time

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passes, more often than not, you learn to cope with your loss. If you need to talk to us please contact us on the number below.

Future Pregnancy

You will be advised not to become pregnant whilst you are being followed up. It will become difficult to know if your hCG levels are rising due to pregnancy or re-growth of the mole. You will have to wait 6 months after the hCG levels have returned to normal. It is very important to tell the follow-up centre if you become pregnant.

Contraception

You will need to discuss contraception with your GP or consultant. It is not advisable to use the contraceptive pill because if your hCG levels are still above normal use of the pill may prolong the life of any remaining molar tissue. However the contraceptive pill can be used safely after the hCG levels have returned to normal. The coil is also best avoided until your hCG levels are normal. Condoms or caps may be used.

Chances of another Hydatidiform Mole

Chances of having a perfectly normal pregnancy are very good. The risk of a further molar pregnancy is low (1:55).

Contact information

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www.hmole-chorio.org.uk

The Miscarriage Association

01924 200799

www.miscarriageassociation.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 and we will do our best to meet your needs.

The Trust operates a smoke free policy

Document History

Author	Anna Rudkin
Department	Emergency Gynae Unit
Contact Tel	27000
Published	April 2011
Reviewed	November 2018
Review	November 2020
Version	4.1
Reference No	HIC/LFT/1206/11