

Molar pregnancy

Information for patients



This leaflet is for women with a definite or suspected diagnosis of molar pregnancy.

The purpose of this information leaflet is to explain:

- What a molar pregnancy is.
- What the treatment options are for molar pregnancy.
- What the follow-up involves and why it is important.
- What things you may want to consider after you have received treatment for molar pregnancy.

Molar pregnancy is one of a group of uncommonly occurring conditions called gestational trophoblastic disease (GTD) that occurs when a pregnancy does not develop properly. There are two types of gestational trophoblastic disease:

- Molar pregnancy.
- Gestational trophoblastic neoplasia- this condition will not be covered in great detail in this leaflet.

What happens in the development of a normal pregnancy?

In a normal pregnancy an embryo (baby) develops when a sperm (from the father) fertilises an egg (from the mother).

The genetic material from each combines to produce a baby which has half its chromosomes (genetic material) from each parent.

What is a molar pregnancy?

A molar pregnancy is sometimes also known as a hydatidiform mole. It occurs in less than 1 in 700 pregnancies.

It is abnormal from the very moment it is formed. It is the result of an imbalance in the number of chromosomes supplied from the mother and the father. It cannot develop into a normal baby.

There are two types of molar pregnancy:

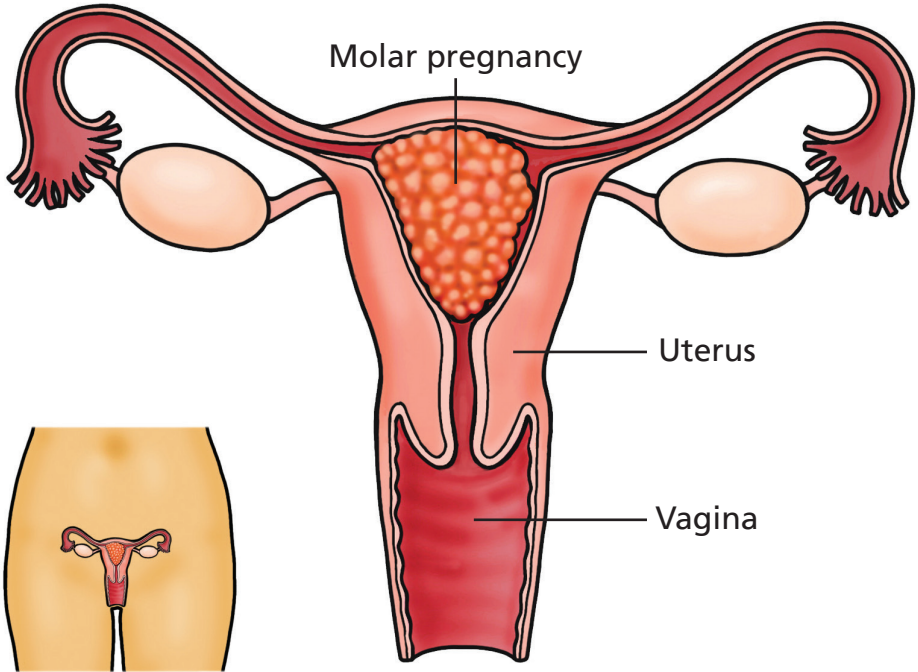
- **Complete molar pregnancy**

In this type of pregnancy there is no development of the fetus (baby) and only the placental tissue (afterbirth) grows. It is the more serious of the 2 types and is more likely to need additional treatment.

- **Partial molar pregnancy**

In this type of pregnancy, there is some early development of the fetus but the baby has three sets of chromosomes (two sets of chromosomes are normal) and the pregnancy always fails. The placenta grows abnormally.

The only way to definitely diagnose a molar pregnancy is to send the pregnancy tissue to the pathology lab and test it.



Why does a molar pregnancy happen?

Any pregnant woman could have a molar pregnancy as this normally happens by chance. However, some women are at increased risk than others.

These include:

- Women of Asian (Indian, Pakistani, Bangladeshi) origin.
- Teenagers.
- Women over the age of 40.
- Women who have previously had a molar pregnancy.

What symptoms can you get with a molar pregnancy?

Some women with molar pregnancy do not get any symptoms at all and are diagnosed when they have an ultrasound scan during pregnancy. Some women do get symptoms.

These include:

- Missed period and a strong positive pregnancy test.
- A lot of nausea (feeling sick) or vomiting.
- Irregular bleeding from the vagina.
- Symptoms similar to those experienced in a miscarriage.

How is a molar pregnancy diagnosed?

• **Pelvic ultrasound Scan**

Complete molar pregnancies can be strongly suspected on an ultrasound scan because they have a particular appearance on scan. Partial molar pregnancies are harder to diagnose by ultrasound scan.

• **Test of pregnancy tissue (Histology)**

The only definite way to diagnose a molar pregnancy is to examine the pregnancy tissue in a laboratory. Most molar pregnancies are diagnosed in this way after you have had surgical treatment for miscarriage. At the end of the procedure the pregnancy tissue that has been removed is sent to be examined with your permission.

It may take several weeks for these results to be processed. If molar pregnancy is diagnosed you will be informed.

How is a molar pregnancy treated?

If you either have a definite or suspected diagnosis of molar pregnancy you will be offered treatment.

There are two ways to treat a molar pregnancy. Your doctor will discuss them with you and may recommend one over the other. These options include:

- Medical management
- Surgical management

Surgical management

This is the preferred choice of treatment in most molar pregnancies. If your doctor suspects that you have a complete molar pregnancy you will be offered surgery. This is usually done under general anaesthetic. The pregnancy tissue is removed from your uterus and sent to the pathology laboratory to check the diagnosis. You are normally able to go home the same day but may need to stay overnight.

Medical management

This is an alternative option if a complete molar pregnancy is not suspected however it can be more difficult to obtain sufficient tissue for the laboratory to make a definite diagnosis.

Medication is given (either by mouth or into the vagina) to cause the molar pregnancy to miscarry. You may need to stay in hospital until you have passed the pregnancy tissue. The pregnancy tissue is then collected and sent to the pathology laboratory to check the diagnosis.

Expectant management (wait and see)

This option is not recommended when a molar pregnancy is suspected.

Anti-D

You only need anti-D if your blood group is rhesus negative and you receive surgical management of your suspected molar pregnancy.

Registration with a centre specialising in molar pregnancy

If you are confirmed to have a molar pregnancy we recommend that you are entered into a specialist follow up programme. The doctor will ask you if your personal details can be registered with a specialist centre that deals with the treatment and follow up of women with molar pregnancy. This is so that your treatment can be coordinated and provided by doctors who are experts in this field.

There are three such centres in the UK. The nearest one for our local population is the Trophoblastic Screening and Treatment Centre in Weston Park Hospital in Sheffield (**see contact details on page 13**).

If your pregnancy tissue result confirms that you had a normal pregnancy then you do not need further follow up.

What is the follow up after a definite diagnosis of molar pregnancy?

There may have been a suspicion after your scan that your pregnancy was a molar pregnancy or it may have been discovered only after pregnancy tissue was sent to the pathology lab for testing after a miscarriage.

If the tissue sample sent to the pathology lab confirms that you have had a molar pregnancy you will be referred to the Trophoblastic Screening and Treatment Centre in Weston Park Hospital in Sheffield. The centre will contact you and you will be followed up by doctors there for at least six months.

This follow-up involves measuring the pregnancy hormone (hCG) either through urine specimens initially at 2 weekly intervals. There are usually blood tests at the time of diagnosis and 3 months later. Fortunately, you don't usually need to travel to Sheffield for this follow up. The centre will post you the pack for the tests and the information/instructions you need to your home.

You will need to go to either your GP surgery or local hospital to get blood tests done. You can collect the urine test at home.

If your hormone levels are falling it is unlikely that you will need more treatment than the original surgery or medicine you were given.

Why is follow up important?

Even when your pregnancy hormone levels fall back to normal you will be asked **not to get pregnant** and to continue being monitored through Weston Park Hospital **for at least six months**. This may seem extremely frustrating especially if you are keen to conceive again.

However, it is extremely important not to get pregnant for two reasons:

- To increase your chances of being completely cured. The programme of registration and follow up has meant that 98-100% of women are completely cured of molar pregnancy and it does not recur.
- To reduce the chance of the molar pregnancy progressing to gestational trophoblastic neoplasia (GTN).

What happens if my pregnancy hormone levels don't fall?

1 in 20 women with complete molar pregnancy need to have further investigations and possibly chemotherapy.

What is gestational trophoblastic neoplasia (GTN)?

GTN is a rare form of cancer. It has a cure rate of over 99% if it develops after a molar pregnancy.

It occurs when some of the molar pregnancy tissue persists. It is usually diagnosed if your HCG levels do not return to normal which is why follow-up is so important. It can also occur after a miscarriage or after a normal birth but this is much rarer.

If you have persistent irregular bleeding after a miscarriage or birth you should perform a pregnancy test and see your GP if it is positive.

If you are diagnosed with GTN you can get more information from Weston Park Hospital, Sheffield ([see contact details on page 13](#)).

When is it safe to start having sex again?

Medically, it is safe to have sex once any vaginal bleeding and discharge have stopped. However, if you are feeling tired and/or you are still sore or in pain you may want to wait longer. Emotionally, you may also want to wait longer.

However, it is extremely important that you do not get pregnant again until the follow up is complete as this will increase the chance of a recurrence.

What contraception can you use?

While you are being followed up after a diagnosis of molar pregnancy you should use barrier contraception such as condoms or femdoms until your pregnancy hormone levels are normal. You can also use the combined oral contraceptive pill.

What effect does a molar pregnancy have on future pregnancies?

Having a molar pregnancy does not affect your chances of having another baby. You should not aim to get pregnant until your follow-up programme is complete. For most women

this is at least six months. Effective contraception needs to be used until then.

The risk of a molar pregnancy happening again is 1 in 250 that means that if 250 women had a molar pregnancy, only one of them would go on to have another one. If you have a complete molar pregnancy the chance of recurrence is 1 in 80.

Since molar pregnancies can recur after the end of any future pregnancies, regardless of the outcome (i.e. live birth, miscarriage or ectopic), **you should contact Weston Park Hospital and arrange to have a hCG level or urine test done.**

It is important to take the advice given to you by the specialist centre.

Emotional recovery

Everyone deals differently following a molar pregnancy.

You may feel some of the following;

- Upset or fear over the experience.
- Worry about getting pregnant again.
- Grief or shock.
- Guilt or blame over what has happened.

Please feel free to talk about these concerns to the doctors and nurses on the gynaecology assessment and treatment unit, your GP or the Miscarriage Association who also deal with women who have had a molar pregnancy (**see contact details on page 13**).

Twin Pregnancy with Molar Pregnancy

Rarely, a woman can have a twin pregnancy where one pregnancy is normal and the other is a molar pregnancy. The outlook for such pregnancies is poor. Only one in four of these pregnancies end with a live baby.

The risks associated with such a pregnancy include:

- Miscarriage.
- Preterm delivery.
- High blood pressure in pregnancy.

If your gynaecologist suspects that you have this type of twin pregnancy this will be discussed with you and your pregnancy care will involve the input of a centre specialising in the treatment and follow up of molar pregnancy.

Further information and support

The Acute Gynaecology Unit (24 hours)

- Level 2 Chancellor Wing, St James's University Hospital, Beckett Street, Leeds, LS9 7TF
- Please ask for our counselling service
- Telephone: 0113 206 5724

The Early Pregnancy Unit

- Level 2 Chancellor Wing, St James's University Hospital, Beckett Street, Leeds, LS9 7TF
- Telephone: 0113 206 5473

Trophoblastic Screening and Treatment Centre

- Weston Park Hospital, Sheffield, S10 2SJ
- Telephone: 0114 226 5205
- Website: www.chorio.group.shef.ac.uk/index.html

The Miscarriage Association

- 17 Wentworth Terrace, Wakefield, WF1 3QW
- Helpline: 0192 420 0799
- Website: www.miscarriageassociation.org.uk



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