

Patient information

Hydatidiform Mole

You have been diagnosed as having a **molar pregnancy**, although highly treatable this is still a serious condition and requires careful follow-up. This leaflet will explain fully what molar pregnancy is and why it is important for you to have follow-up by the screening centre located in London.

What is Hydatidiform Mole?

A molar pregnancy, or as it is known medically, a hydatidiform mole, is a pregnancy in which the placenta develops into a mass of fluid-filled sacs that resemble clusters of tiny grapes. It grows in an uncontrolled fashion to fill the womb. It occurs in about 1 in 700 pregnancies. Sadly a molar pregnancy is destined not to develop normally and becomes early pregnancy loss. This means there is no possibility that your pregnancy can survive. 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. These complete moles are derived entirely from the cells of the father. When this fertilised egg grows, no embryo is present in the pregnancy sac, only the placenta.

Partial Mole

These are much 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 so the baby would be abnormal and could never survive. Very rarely a partial mole may develop into an invasive mole, but seldom develops into a cancer.

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 very high. This is the reason why molar pregnancies are followed up.

What are the symptoms with molar pregnancy?

A molar pregnancy will probably bleed and the womb will seem bigger than it should be. There may occasionally be passage of tiny grape-like tissues. Sometimes it can cause high blood pressure and thyroid problems. There may be increased nausea and sickness. The overgrown placenta tends to produce excessive amounts of the pregnancy hormone hCG (human Chorionic Gonadotrophin). Most of the symptoms of a molar pregnancy are caused by the high hormone levels.

How to recognise molar pregnancy?

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

What is the treatment for molar pregnancy?

Surgical Evacuation of the womb is the mainstay of treatment. You will be admitted to hospital to have this procedure under general anaesthesia. If your admission is organised to take place at the Day Surgery Unit, you should be able to go home on the same day. However admission on Gynae Ward may involve an overnight stay. The staff in the clinic will advise you regarding the arrangement.

What happens after surgery?

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 Gynaecologist. You will receive a letter from the follow up centre confirming that you have been registered for follow-up care. There are other regional centres for registration of a molar pregnancy in Sheffield and Dundee.

You do not have to travel to London. The necessary kit will be sent to you by the screening centre. 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 Gynaecologist. The normal level of the pregnancy hormone hCG in the blood is less than 5IU/l. Once the blood tests are normal, only urine samples will be needed. Remember that the urine samples should always be the first urine of the day.

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.

How will I feel afterwards?

You may well feel upset after losing the pregnancy. Also you may be worried about the molar pregnancy settling down. As time passes more often than not you learn to cope with your loss. If you need to talk to us or a counsellor please do not hesitate to pick up the phone.

What about future pregnancy?

Do not get 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.

What type of contraception should I use?

You will need to discuss contraception with your GP/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.

Will I have molar pregnancy in next pregnancy?

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

Hand Hygiene

In the interests of our patients the Trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Alcohol gel is widely available

throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other sources of information

Early Pregnancy Assessment Unit
Mirrlees Ward
Conquest Hospital
The Ridge
St Leonards-on-Sea
East Sussex, TN37 7RD
Tel: (01424) 755255 Ext: 7047

Early Pregnancy Assessment Unit
Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex, BN21 2UD
Tel: (01323) 417400 Ext: 4158

Molar Pregnancy - www.hmole-chorio.org.uk

Miscarriage Association - www.miscarriageassociation.org.uk
Clayton Hospital
Northgate
Wakefield
West Yorkshire WF1 3JS
Helpline 01924 299799

Early Pregnancy Information Centre - www.earlypregnancy.org.uk

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Mr David K C Chui, Miss Nicky Roberts

The directorate group that have agreed this patient information leaflet:

The EPAU Working Group

Next review date: May 2021
Responsible Clinician: Mr DKC Chui