Management of Molar Pregnancy

Initiated By	Cwm Taf Morgannwg University Health Board Women and Children Care Group
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AUTHORSHIP, RESPONSIBILITY AND REVIEW

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Table of Contents

Guideline Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions. They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Purpose

To assist all medical and nursing staff in the general management of a molar pregnancy. Many complaints come from poor communication and contradictory advice. The guideline aims to minimise this by standardising the information, advice and treatment that we provide to those couples who are experiencing a diagnosed molar pregnancy.

Scope

For all staff, medical, nursing and clerical, to provide uniformity in the management of patients diagnosed with a molar pregnancy.

Roles and Responsibilities

In seeking further advice on any uncertainties contained in this document, or if you feel that there is new or more updated advice it is your responsibility to contact the guideline author or Approval Group manager so that any amendments can be made. The guideline Approval Group is responsible for disseminating this guideline to all appropriate staff. The guideline author or a named alternative is responsible for updating the guideline along with any amendments that they become aware of or are highlighted to them. All health professionals are responsible to ensure that the guideline is utilised effectively, and to ensure that they are competent and compassionate in the implementation of it.

Training Requirements

There is no mandatory training associated with this guideline.

Monitoring of Compliance

- By audit and review of complaints relating to miscarriage diagnosis and management.
- The Governance Department will collate any complaints and distribute to the relevant individuals for comments, and share any learning points.
- The Service Lead will oversee any governance issues, make relevant recommendations to the directorate, and advise the Clinical Director or the directorate of any matters that require implementation.
- The Health Board reserves the right, without notice, to amend any monitoring requirements in order to meet any statutory obligations or the needs of the organisation

Complaints

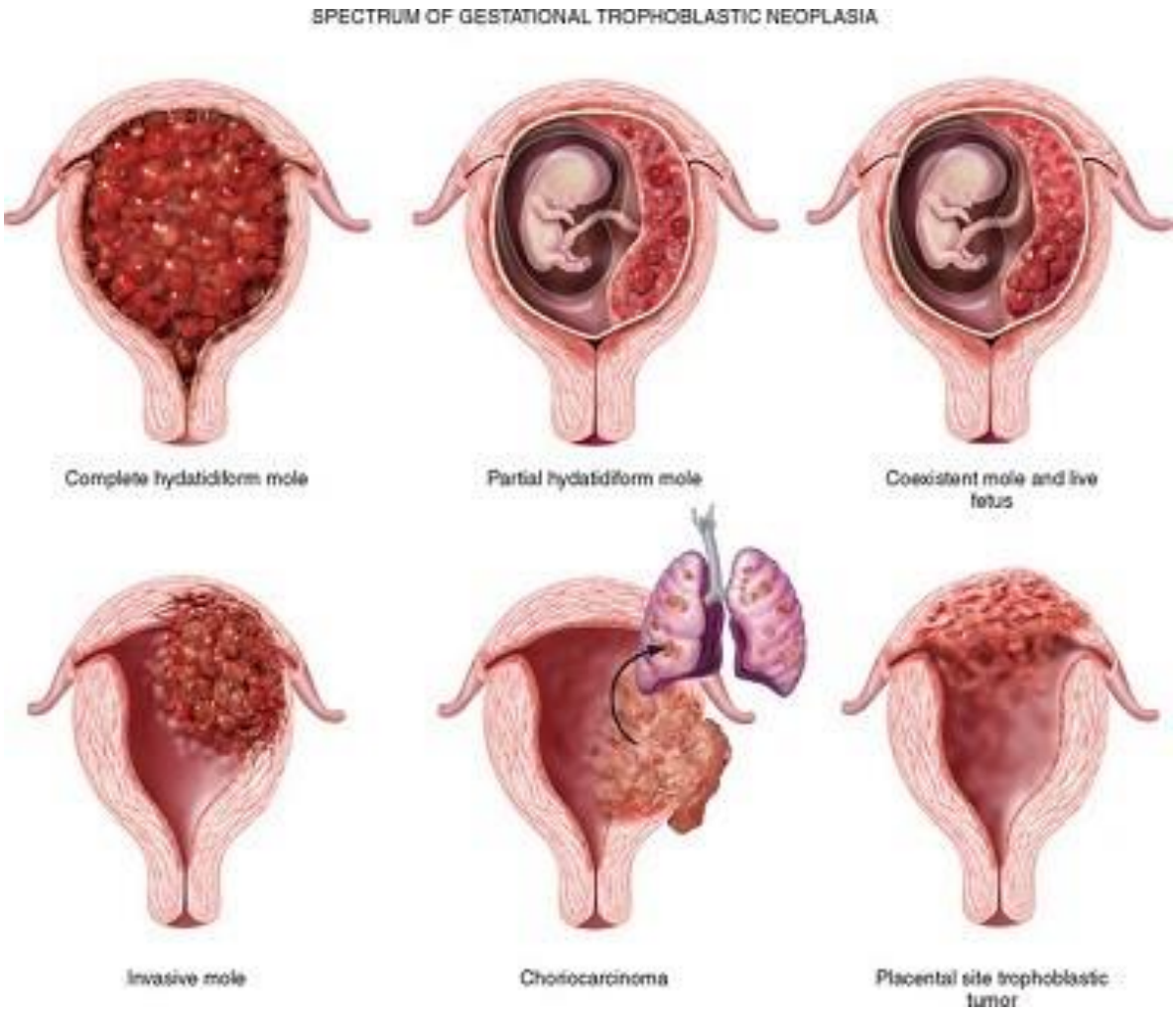
All complaints should try to be resolved with the patient during any contact to avoid escalation. There concerns should be listened to and documented. If it is not possible to

address any concerns at the time, or if the complaint is of a serious nature, the patient's complaint should be discussed with the consultant in charge for the day, or the patient should be given details of how to raise a formal complaint via the local governance department.

Background

Gestational trophoblastic disease includes complete and partial molar pregnancies as well as the rare malignant conditions of invasive mole, choriocarcinoma and placental site trophoblastic tumour[1]. Occasionally, a molar pregnancy can co-exist with a normal foetus in a twin pregnancy.

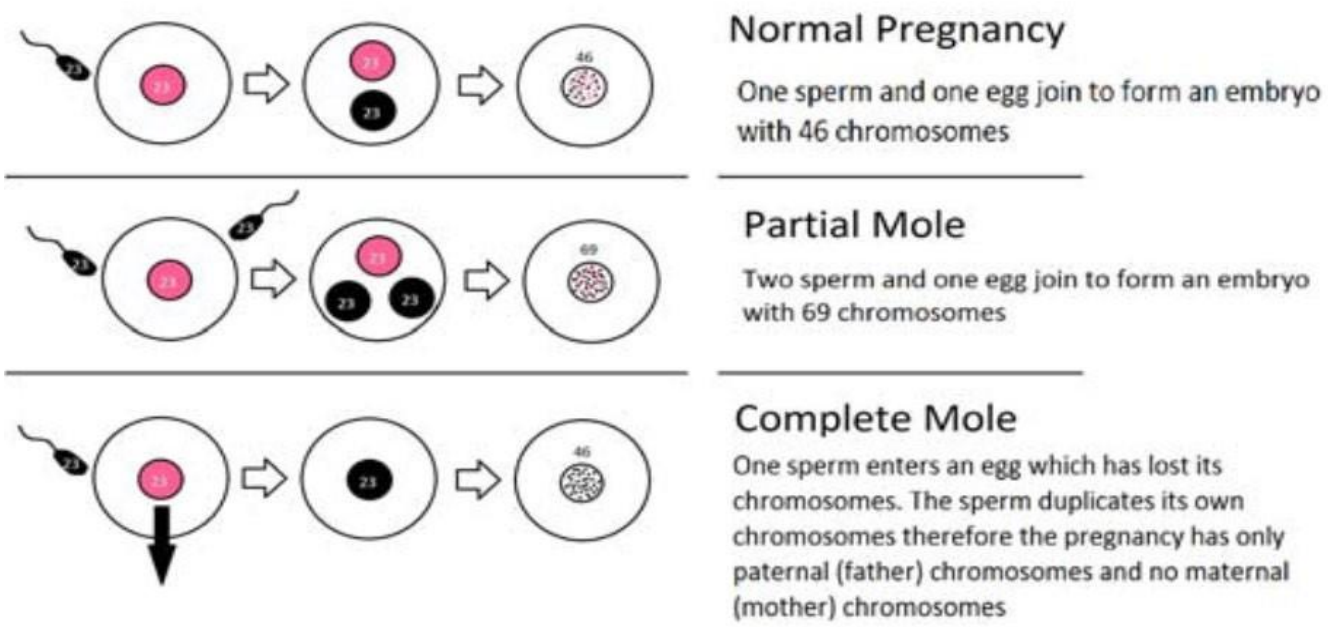
Gestational trophoblastic disease occurs in approximately 1 in 600 pregnancies in the UK and is more common in women of Asian origin, teenagers and women over the age of 40.



[1] BJOG - 2020 - - Management of Gestational Trophoblastic Disease.pdf

Complete mole usually forms when one sperm (rarely two sperm) fertilizes an empty egg and duplicates. No fetal tissue develops in this condition.

Partial mole forms when two sperm fertilize one egg. A non-viable fetus or some fetal tissue can develop.



Presentation:

The classic features of molar pregnancy are irregular vaginal bleeding, hyperemesis, excessive uterine enlargement and early failed pregnancy[2]. This is one reason why early ultrasound scans for hyperemesis patients are needed.

Rarer presentations include hyperthyroidism, early onset preeclampsia or abdominal distension due to theca lutein cysts. Very rarely, women can present with acute respiratory failure or neurological symptoms such as seizures; these are likely to be due to metastatic disease.

Diagnosis:

Diagnosis of a molar pregnancy can be unexpected, with ultrasound diagnosis reported in approximately 56% of cases. The figures for the UK in 2011 show that there were 1784 molar pregnancies registered in England and Wales and that there were 700,000 live

[2] Symptoms of molar pregnancy | Gestational trophoblastic disease (GTD) | Cancer Research UK

births. From past data, this equates to around 1 molar pregnancy for every 500 babies born. This means that for each obstetric unit molar pregnancies are quite rare perhaps 1 or 2 cases per year, but for the treatment centres they are quite common with 1200 patients registered at Charing Cross and 120 treated.[3] Many histologically proven complete moles are originally diagnosed as a silent miscarriage or anembryonic pregnancy. Hence products of conception (POC) should be sent for histological examination, following surgical or medical management of miscarriage. Diagnosing a partial mole is more complex but cystic spaces, abnormal shaped gestational sac and elevated bhcg level (which is double the normal) is suggestive.

Suspected Molar Pregnancy

1. Discuss the condition with the patient and give the molar pregnancy patient information leaflet 

PIL Molar pregnancy RCOG Se
2. Book the patient for surgical evacuation
    a. Ensure you document suspected molar pregnancy in the notes and inform the on call gynaecology registrar.
3. CEPOD booking – the anaesthetist needs to be aware of increased bleeding and importance of trying to avoid syntocinon, misoprostol and ergometrine use. **ENSURE THAT THE USE OF THESE DRUGS ARE DISCUSSED WITH THE ANAESTHETIST TO ENSURE THAT PRODUCTS HAVE BEEN REMOVED, AS MUCH AS IS REASONABLY/CLINICALLY POSSIBLE, FROM THE UTERUS PRIOR TO ADMINISTRATION.**
4. If booking within the next 3 days, take group and save/ check rhesus status/ FBC.
5. Discuss with patient disposal of products after histological examination and sign the form with them.
6. Discuss need for contraception until histological results are known.
7. Discuss follow up and fertility implications if molar is diagnosed to the level that the patient wishes to know now.

Surgical Management

1. Suction curettage is the preferred method for management of suspected molar pregnancies.

    a. Sometimes fetal parts in partial mole are too large to allow this method and then medical management is used. (Medical management is generally avoided

[3] FAQs – Charing Cross Gestational Trophoblast Disease Service (hmole-chorio.org.uk)

because of the theoretical concern that uterotonics could disseminate trophoblastic tissue.)

2. Anti D
    a. Anti-D should be given to all Rhesus negative women with suspected molar pregnancy who undergo surgical management.
3. It is safe to prepare the cervix with *misoprostol* if needed.
4. Surgeon experience
    a. Because of the increased bleeding risk, a senior surgeon supervising the surgical evacuation is advised.
5. Send histology urgent (USC) as suspected molar pregnancy.
6. Do not biopsy suspected secondary deposits *in the vagina* due to the significant risk of haemorrhage.

Molar Pregnancy Confirmed

The patient will be informed of the histology results and their information sent to Charing Cross by appropriate consultant or on call team as appropriate.

Charing Cross registration forms can be found on their website: http://www.hmole-chorio.org.uk

The following diagnosis should be registered:

1. Complete hydatidiform mole
2. Partial hydatidiform mole
3. Twin pregnancy with complete or partial hydatidiform mole
4. Limited macroscopic or microscopic molar change suggesting possible partial or early complete molar change
5. Choriocarcinoma
6. Placental-site trophoblastic tumour
7. Atypical placental site nodules.

Contraception is needed as it is important to avoid pregnancy until Charing Cross follow up is complete – this may help prevent progression to cancer and improve treatment success. Barrier or hormonal contraception is recommended with avoidance of intrauterine devices. Recent evidence suggests that hormonal contraception does not increase the risk of invasive conditions. (Please see -FSRH Guideline Contraception After Pregnancy).

However, reassure women that their chance of further molar pregnancy is only 1% and they will have no increased obstetric risks for further normal pregnancies.

The Charing Cross registration and treatment programme is very effective. 15% of patients after complete mole and 1% after partial mole will need further treatment. It is important for patients to understand and comply with the program, whose goal is to detect any progression to gestational trophoblastic neoplasia (choriocarcinoma, invasive mole,

placental site trophoblastic tumour) early and ensure prompt and complete treatment. With appropriate treatment, cure rate for these cancers is 99%

EPAU follow up

EPAU will take and send the blood samples required for Charing Cross using their provided kit. Patients should use EPAU as their first contact in case of any symptoms. Generally this would be regarding abnormal vaginal bleeding and may require additional ultrasound. Patients should also be advised to report any shortness of breath.

Charing Cross Follow up

Complete Molar Pregnancy:

If bhcg levels have returned to normal within 56 days (around 8 weeks) from surgical evacuation then follow up will be for 6 months from surgery date. If the hCG takes longer to normalize then follow up will be 6 months from normalization.

Partial Molar Pregnancy:

Follow up is more individualized, requiring blood and urine every two weeks until normalization of bhcg and then another test 4 weeks later.

Future Pregnancies:

The screening centre should be notified at the end of any future pregnancy whether miscarriage, termination or delivery, so that bhcg levels can be tested 6-8 weeks after the end of the pregnancy to exclude disease recurrence.

Future issues:

If patients have persistent high bhcg levels, abnormal bleeding etc, discuss with Charing cross prior to arranging further surgical treatment or investigation. Charing Cross will contact the unit if further surgical management or chemotherapy is required. We prescribe and provide the chemotherapy regime as advised by Charing Cross.

Email address for patients and clinicians:

www.hmole-chorio.org.uk

References:

1. RCOG GTG: 38. The Management of Gestational Trophoblastic Disease.
2. Charing Cross Gestational Trophoblast Disease Service www.hmole-chorio.org.uk/info-for-clinicians

3. Curry SL et al. Hormonal contraception and trophoblastic sequelae after hydatidiform mole (a Gynaecologic Oncology Group Study.) *Am J Obstet Gynecol. 160: 805-9.*
4. *FSRH Contraception after pregnancy*

Appendix

Summary of UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) categories for women who have/had gestational trophoblastic disease

Gestational trophoblastic disease (GTD)	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC
a) Undetectable hCG levels	1	1	1	1	1	1
b) Decreasing hCG levels	3	3	1	1	1	1
c) Persistently elevated hCG levels or malignant disease	4	4	1	1	1	1

CHC, combined hormonal contraception; Cu-IUD, copper intrauterine device; DMPA, depot medroxyprogesterone acetate (progestogen-only injectable); hcg, human chorionic gonadotropin; IMP, progestogen-only implant; LNG-IUS, levonorgestrel-releasing intrauterine system; POP, progestogen-only pill.

UKMEC Definition of category

Category 1 - A condition for which there is no restriction for the use of the method.

Category 2 - A condition where the advantages of using the method generally outweigh the theoretical or proven risks.

Category 3 - A condition where the theoretical or proven risks usually outweigh the advantages of using the method. The provision of a method requires expert clinical judgement and/or referral to a specialist contraceptive provider, since use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable.

Category 4 - A condition which represents an unacceptable health risk if the method is used.