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## **Molar Pregnancy**

### **Information for patients**

This leaflet is to provide information for women with a suspected or confirmed diagnosis of molar pregnancy.

#### *What is a molar pregnancy?*

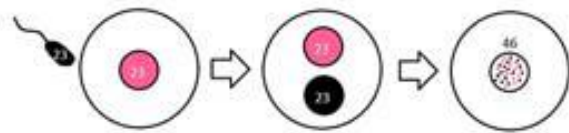
Molar pregnancy is one of a group of uncommon conditions known as gestational trophoblastic disease (GTD) that results when a pregnancy does not develop properly. It occurs in approximately 1 in 600 pregnancies in the UK and is more common in women of Asian origin, teenagers and women over the age of 40.

#### *Why does molar pregnancy occur?*

In a healthy pregnancy, a baby develops when a sperm fertilizes an egg, with each parent contributing half of the genetic material that combines and eventually produces a baby. A molar pregnancy develops from an imbalance of genetic material from the father and mother.

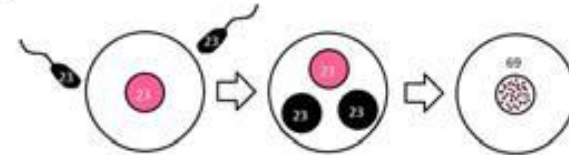
There are 2 types of molar pregnancy: a complete mole and a partial mole.

- Partial mole develops when 2 sperm fertilize a normal egg, leading to a pregnancy containing 3 sets of chromosomes
- Complete mole develops when one sperm (or rarely 2 sperm) fertilizes an empty egg and the sperm copies its' own genetic material.



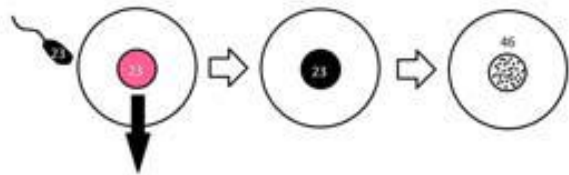
### Normal Pregnancy

One sperm and one egg join to form an embryo with 46 chromosomes



### Partial Mole

Two sperm and one egg join to form an embryo with 69 chromosomes



### Complete Mole

One sperm enters an egg which has lost its chromosomes. The sperm duplicates its own chromosomes therefore the pregnancy has only paternal (father) chromosomes and no maternal (mother) chromosomes

*Is there a baby?*

A molar pregnancy can be thought of as a type of miscarriage, where a baby is either not formed (complete mole) or an abnormal embryo (baby) develops (partial mole.) Often there is a large amount of abnormal placental tissue (the afterbirth which feeds the baby during a pregnancy) which produces high levels of hCG. This hormone level will be monitored closely to make sure your treatment has been successful.

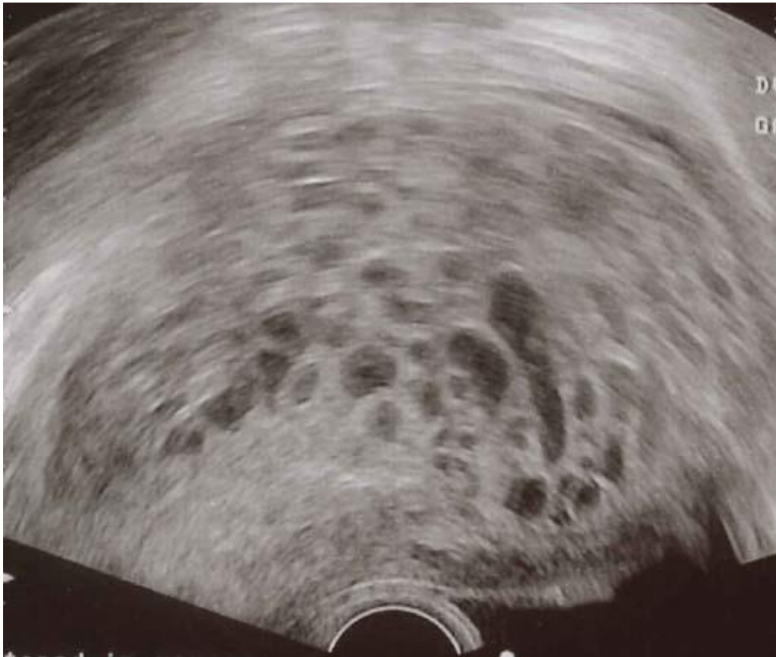
*What symptoms might you experience?*

- Excessive nausea due to increased hCG (pregnancy hormone) levels.
- An enlarged uterus (womb)
- Irregular or heavy bleeding.

*How is a molar pregnancy diagnosed?*

An early pregnancy ultrasound may show signs of a molar pregnancy, though in some cases this may turn out to be a “normal” miscarriage. It is only possible to diagnose a molar pregnancy by looking at the pregnancy tissue under a microscope.

An ultrasound scan showing a complete molar pregnancy.



*How do we treat a molar pregnancy?*

The recommended treatment for a complete molar pregnancy is an operation to empty the uterus. This is usually performed under a general anaesthetic. Medication may be given to soften the cervix before the operation, then the cervix is stretched open and a suction device used to remove all of the molar pregnancy tissue from inside the uterus.

In a partial molar pregnancy, an operation is the preferred treatment unless the fetus (baby) has become too large to remove in this way. In this rare situation, medication will be offered to induce a miscarriage. The medical team looking after you will discuss this with you in more detail should it be required.

*Will I need Anti-D?*

If you have a Rhesus negative blood group and you had a surgical procedure, you will be offered an anti-D injection to prevent your body from developing antibodies which could affect the blood cells of future babies.

*Why is it important to know if I have a molar pregnancy?*

The majority of molar pregnancies are treated successfully with the surgical or medical treatment described above. In a small number of cases the molar tissue may persist in the uterus where it can grow and spread, which is why it's important to receive specialist follow up as you may need further treatment. The risk of needing further treatment is about 15% after a complete molar pregnancy and 1% after a partial molar pregnancy.

### *What is GTN?*

Molar pregnancy is pre-cancerous condition which can occasionally develop into a cancerous form of GTD known as gestational trophoblastic neoplasia (GTN.) GTN is a rare form of cancer which can develop from an invasive mole (more commonly from a complete mole), choriocarcinoma and placental site trophoblastic disease. It has a cure rate of over 99% with chemotherapy where it has developed from a molar pregnancy.

### *What follow up will I need?*

All patients who have a confirmed molar pregnancy are asked if their details can be registered with a specialist centre for on-going follow up. Our nearest specialist centre is Charing Cross Hospital in London.

Your blood tests can be arranged through the Early Pregnancy Assessment Unit (EPAU). If it is difficult for you to attend EPAU your doctor can discuss alternative arrangements with you.

The length of follow up you need will depend the type of molar pregnancy and on your hCG levels.

#### Complete Molar Pregnancy:

- If your levels of hCG return to normal within 8 weeks of your operation, then you will usually be asked to provide blood and urine samples for 6 months.
- If your hCG levels take longer to return to normal, you are usually followed up for 6 months from the date when your tests returned to normal.

#### Partial Molar Pregnancy:

- You will need to provide blood and urine samples every 2 weeks until your hCG level returns to normal.
- Once your hCG level is normal, a urine sample will be required after 4 weeks to complete your monitoring.

### *Contraception*

It is important not to become pregnant until your follow up programme has been completed, as this may improve your chance of being completely cured and reduce the risk of a molar pregnancy becoming a GTN.

Taking hormonal contraception such as the contraceptive pill before the hCG level has returned to normal does not appear to increase your risk of developing an invasive molar pregnancy or a cancer. An intrauterine contraceptive device (coil) should be avoided until your hCG levels are normal due to a higher risk of uterine perforation.

### *Future pregnancy*

A molar pregnancy will not prevent you from having a future pregnancy. A second molar pregnancy is very rare, occurring in approximately 1% of cases. In any future pregnancy we would arrange an early scan in EPAU to put your mind at rest.

Should you need further advice you can contact:

Early Pregnancy Assessment Unit

Level 4, B Block.

Singleton Hospital.

01792 286868

### *Support*

If you are diagnosed with a molar pregnancy, then Charing Cross Hospital have a specialist counsellor should you feel that counseling would benefit you or your partner.

### *Internet*

The following websites can provide you with extra information:

- Royal College of Obstetricians and Gynaecologists. Gestational trophoblastic disease. Information for you. London: RCOG; 2011.
- Charing Cross Gestational Trophoblast Disease Centre ( [www.hmole-chorio.org.uk](http://www.hmole-chorio.org.uk))
- Molar Pregnancy- support and information ( [www.molarpregnancy.co.uk](http://www.molarpregnancy.co.uk))
- Miscarriage Association ( [www.miscarriageassociation.org.uk/information/molar-pregnancy](http://www.miscarriageassociation.org.uk/information/molar-pregnancy))