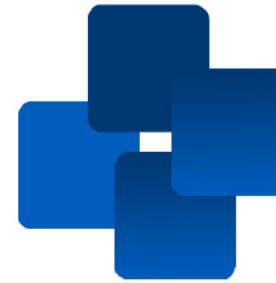
East and North Hertfordshire
NHS Trust

Patient Information

Molar Pregnancy

Women's Services



Introduction

A molar pregnancy arises when a problem occurs at the time of conception, when the egg and sperm join together. This results in the formation of cells that grow very rapidly but are unable to form the placenta and fetus of a normal pregnancy.

Molar pregnancies are fairly rare, happening with roughly 1 case for every 600 pregnancies in the UK. There are two types of molar pregnancy:

Complete molar pregnancy

In a complete molar pregnancy the genetic material is just from the father as the original nucleus containing the mother's genetic material is lost at the time of conception or whilst the egg is developing in the ovary.

Partial molar pregnancy

In a partial molar pregnancy there is genetic material from both the father and the mother but an imbalance, with two sets from the father. In a partial molar pregnancy there can be a foetus visible on an early ultrasound, but it is always abnormal and cannot develop into a baby as it does not survive beyond the first 3 months of the pregnancy.

What causes a molar pregnancy?

No definite cause has been identified, but the following may increase the risk of having a molar pregnancy:

- Age – molar pregnancies are more common in teenage women and women over 45
- Ethnicity – molar pregnancies are about twice as common in women of Asian origin

- Previous history of molar pregnancy (1 in 80) - see page 5 of this leaflet 'Having had a molar pregnancy, what are the risks in any future pregnancy?'
- Possible ovulatory disorders
- History of miscarriage
- Women who have a diet low in carotene (a form of vitamin A)

What are the symptoms of molar pregnancy?

Most molar pregnancies are now detected early before the onset of symptoms. Although some women may have no symptoms, when they occur they can include the following:

Common symptoms - Vaginal bleeding
Severe nausea and vomiting
Tummy pain or cramp

Less common - High blood pressure
Coughing (sometimes with blood)
High levels of thyroid hormone

How is the diagnosis made?

Ultrasound - Most molar pregnancies are suspected on ultrasound scan, although the diagnosis of partial molar pregnancy is more difficult on ultrasound. These tend to be initially classified as a missed miscarriage. The absolute diagnosis of partial molar pregnancy is then only made after examination of tissue by a pathologist.

Histology - The majority of cases are diagnosed after examination of the tissue obtained by surgical management of a miscarriage (ERPC). Sometimes, however, the diagnosis is made when pregnancy tissue is examined following a miscarriage that has happened either naturally or with medical management of a missed or incomplete miscarriage.

What is the treatment of molar pregnancy?

Once a molar pregnancy is confirmed the first step is to remove the cells from the uterus. This is normally done via a small surgical procedure (often termed a D and C) but occasionally, particularly with a partial molar pregnancy, this is done with the use of tablets that make the uterus contract and expel the cells.

Why is it important that the diagnosis of molar pregnancy is made correctly?

Molar pregnancies carry a risk of needing further treatment for residual tissue.

Overall, the risk of needing this treatment is about 1 in 10 after a complete molar pregnancy and 1 in 100 after a partial molar pregnancy. At present, there is no accurate way of predicting immediately after the cells have been removed whether the molar pregnancy will need further treatment, so it is policy in the UK that all women who have had a molar pregnancy enter the surveillance programme.

How does the surveillance programme work?

In the UK, all cases of molar pregnancy should be registered for ßhCG (the pregnancy hormone) based follow-up. We will arrange for you to be registered and followed up at Charing Cross Hospital in London as this is a specialist unit for molar pregnancy management.

Once registered, the Trophoblastic Disease Service at Charing Cross Hospital will make arrangements for you to send blood and/or urine specimens for measurement of the ßhCG level that allows the activity of any residual molar tissue to be monitored.

You will be asked to send samples every 2 weeks. The results allow the team to see if the level is falling, or to arrange for treatment if, in the minority, the level is static or rising.

What is ßhCG and how is it measured?

In all cases of molar pregnancy, ßhCG level is important for making the diagnosis and for monitoring treatment. The abbreviation ßhCG is short for human Chorionic Gonadotrophin, the pregnancy hormone that is detected in home pregnancy tests. In pregnancy (normal and molar) when the egg is fertilised it starts to produce ßhCG and then, as the pregnancy develops, the placental cells take over the production of ßhCG. After a molar pregnancy, the level of the ßhCG gives an accurate measure of the number of abnormal cells left and a rising ßhCG level after removal of the cells is a pointer that further treatment is likely to be needed.

Having had a molar pregnancy, what are the risks in any future pregnancy?

Women who have had one molar pregnancy do have an increased risk of developing another molar pregnancy when they are next pregnant. However, this risk is still quite low; we would estimate it at around 1 in 80. Put more positively, of the women who have had one molar pregnancy, 79 out of 80 will not have a molar pregnancy next time they are pregnant.

It is advisable not to conceive until advised safe by the Trophoblastic Disease Centre at Charing Cross Hospital. This is usually 6 months after ßhCG levels have been normal and if no additional treatment has been needed.

If further treatment is required what does this involve?

The majority of women who have a molar pregnancy will not need any further treatment after the abnormal cells are removed.

The two main reasons women need further treatment is because either the ßhCG level starts to rise, it reaches a plateau or because there is heavy vaginal bleeding.

The majority of women who need further treatment are treated with chemotherapy as this has a very high success rate. Normally, women who require chemotherapy treatment will be notified from Charing Cross Hospital and admission arranged for investigations and to start treatment.

Fortunately the overall cure rate for women who need treatment after a molar pregnancy is over 99% and the aim is to use treatments of low toxicity to achieve this.

We acknowledge that the diagnosis of molar pregnancy may feel overwhelming at this time, particularly in light of your recent pregnancy loss and we would like to support you as much as possible with either information or time to talk through the diagnosis.

Please feel free to contact us at the Woodland Clinic for advice or support. We have also provided some additional contact details on the back page to help you seek the support you need at this time.

Please use this space to write down any notes or questions you may wish to ask:

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists' (RCOG) guideline Gestational Trophoblastic Disease (Green Top Guideline no38) Published 2010, reviewed 2014 and to be revised at a later date.

The guideline contains a full list of the sources of evidence we have used. You can find it online at: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg38/

Also based on "The Miscarriage Association 2010". Registered Charity Number 1076829 (England &Wales) SC039790 (Scotland). A company limited by guarantee, number 3779123

Useful contact telephone numbers

Woodlands Clinic (Early Pregnancy Unit) ☎ **01438 286190**

- Monday to Friday, 8am - 8pm
- Saturday and Sunday, 9am - 5pm

Ward 10AN - Gynaecology ☎ **01438 286195**

Further information

If you feel that you, or your partner, need more help coming to terms with losing your baby, here are some contact numbers which may be useful:

Bereavement Midwife ☎ **07770 280868**

The Miscarriage Association ☎ **01924 200799**
(Mon-Fri, 9am-4pm)
www.miscarriageassociation.org.uk

Charing Cross Hospital Trophoblast Disease Service
Advisory service (9am - 1pm, 2pm - 4pm) ☎ **0203 311 1409**
http://hmole-chorio.org.uk/patients_info.html

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www.enherts-tr.nhs.uk

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