

INFORMATION FOR PATIENTS

Molar pregnancy

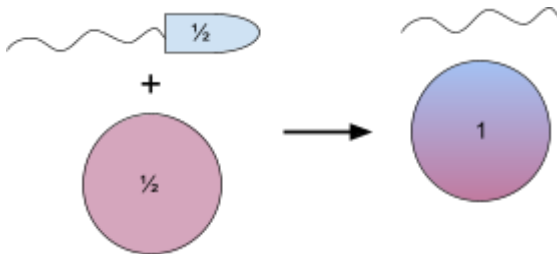
What is a molar pregnancy?

A molar pregnancy happens when an egg is fertilised abnormally and implants in the womb. The placenta then grows too quickly, leading to an abnormal pregnancy.

The cells of the placenta that grow too quickly are called trophoblasts and therefore molar pregnancy is sometimes called **gestational trophoblastic disease**. You may also hear of molar pregnancy being called a **hydatidiform mole**.

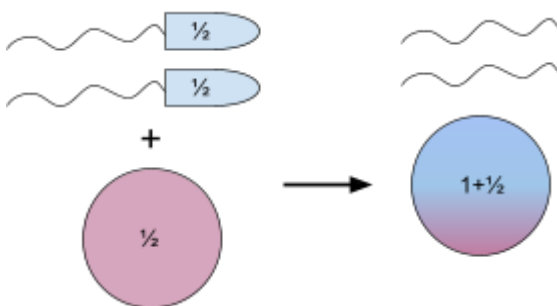
In the United Kingdom (UK) approximately one in 600 pregnancies are complicated by a molar pregnancy. In the UK management of molar pregnancies is supported by excellent national screening centres (see details below).

Normal pregnancy



In a normal pregnancy, half the set of instructions (chromosomes) that make a baby are carried in the sperm and half in the egg. These combine inside the egg to give a complete set of instructions.

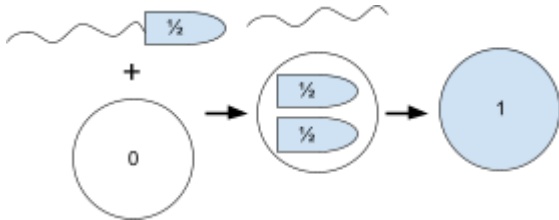
Partial mole



In a partial molar pregnancy, a normal egg is fertilised by two sperm leading to three half-sets instead of two.

The extra sperm instructions cause the placenta to grow much more than the baby. Sometimes a small baby will be seen on scan, unfortunately they will not be able to survive due to the abnormality.

Complete mole



In a complete molar pregnancy, an abnormal egg with no half-set of instructions is fertilised by a normal sperm. The sperm then copies itself to make a complete set of instructions but because there are no instructions from the egg, they make only a placenta with no baby.

Further complications of a molar pregnancy

In a normal pregnancy, the trophoblast sticks to the lining of the womb and buries in. In approximately 14/100 of complete molar pregnancies and 1/100 partial molar pregnancies, the trophoblast buries and invades too far into the lining of the womb and the muscle of the womb. In these cases, the molar pregnancy behaves like a cancer and can spread to other parts of the body. This is called **invasive mole or choriocarcinoma**. Choriocarcinoma occurs in one in 50,000 pregnancies.

How is molar pregnancy diagnosed?

- **After miscarriage**

In a small number of people who have had a surgical management of their miscarriage, molar pregnancy is later diagnosed from looking at the pregnancy under a microscope.

- **In early pregnancy**

If a molar pregnancy is suspected early on in your pregnancy from abnormalities in your blood tests or ultrasound scans, surgical management will be recommended to remove the pregnancy.

If this is recommended it is because the pregnancy will not develop into a normal pregnancy and there is a risk of complications such as invasive mole and choriocarcinoma. It is important to understand that the surgery is **not** an abortion or termination of pregnancy, it is a non-viable pregnancy.

After surgery, the pregnancy will be examined with a microscope in a laboratory to confirm the diagnosis. In all cases where the pregnancy is examined in the laboratory, it may take some weeks until you receive results.

How is molar pregnancy treated?

Initially, to manage a molar pregnancy, all the pregnancy must be removed by surgical management. If any part of the pregnancy is left behind it can grow abnormally and, in some cases, become cancerous. Please see the '**Surgical management of miscarriage**' leaflet for details on this. We would usually advise surgery is taken place in theatre due to the slightly increased chance of bleeding when we suspect a molar pregnancy from the ultrasound scan.

If you develop an invasive mole or choriocarcinoma, your screening centre (see the next section) will explain which tests and treatment is needed. Scans such as ultrasound, CT (Computerised Tomography) or MRI (Magnetic Resonance Imaging) may be needed to see all the invasive mole or choriocarcinoma. Chemotherapy is highly effective in curing complications of molar pregnancy. In the UK, due to early detection the cure rate is close to 100%.

What next?

If you are found to have had a molar pregnancy after microscope examination, we will contact you to let you know and arrange follow up with a national screening centre.

Our closest national screening centre is Weston Park Hospital in Sheffield, however, you can request to be referred to one of the other centres (Charing Cross Hospital, London and Ninewells Hospital, Dundee). You will receive information by post from your screening centre and most people do not have to visit the centre in person.

The Weston Park Hospital in Sheffield will get in touch with you to send information about your follow up. Follow up is carried out until the pregnancy hormone (hCG) levels drop back to normal. They will need you to take a urine sample every two weeks so they can test the level of the pregnancy hormone and make sure this is dropping quickly enough. Make sure the sample is your first urination of the day as this is when the result will be most accurate.

If you have a complete mole and your hCG level falls to normal levels within eight weeks, then you will be followed up for six months from the date of your surgical management. If it takes longer than eight weeks, then you will be followed up for six months from the first normal hCG level. If you have a partial mole, your hCG level will be followed up until it is normal, and a follow up sample taken four weeks later.

If the hCG levels do not fall as expected, the national centre is likely to recommend chemotherapy. About one in a hundred women require this to fully treat any remaining molar pregnancy. Because of our excellent setup with national centres in the UK, treatment with chemotherapy is highly effective and has no long-term effects on fertility or future pregnancies.

When can I try for another pregnancy?

After a molar pregnancy we advise you to avoid becoming pregnant until you complete your follow up. This is because you are being monitored for a rise in your pregnancy hormone levels which can show the molar pregnancy regrowing. If you become pregnant it is not possible to tell the difference between the new pregnancy growing and any remaining molar pregnancy growing.

What contraception can I use?

Barrier contraception (condoms) with spermicide and/or the contraceptive pill (combined pill, mini pill) are all safe following a molar pregnancy. The Mirena and copper coils are not recommended.

What happens in my next pregnancy?

The national gestational screening service has deemed it safe to no longer require hCG monitoring for women post pregnancy who have had one previous molar pregnancy that has not required chemotherapy. If there is any change to this advice, then the screening centre will let you know.

Having a molar pregnancy can be a confusing and emotional time and we encourage you to let us know if you need any emotional support while undergoing treatment or in future pregnancies.

Further information/support

Ward 14 (King's Mill Hospital)

Telephone: 01623 622515, extension 2314.

Early Pregnancy Unit (King's Mill Hospital)

Telephone: 01623 622515, extension 4288.

National Screening Centre

Weston Park Hospital, Sheffield

Telephone: 0114 2265205, between Monday and Friday, 10am-4pm.

Email: Sht-tr.trophoblastic@nhs.net

Website: <https://stdc.sites.sheffield.ac.uk/patients>

Helpful websites:

Tommy's

<https://www.tommys.org/baby-loss-support/stories/miscarriage/scan-revealed-i-had-molar-pregnancy>

Molar pregnancy

<http://molarpregnancy.co.uk/>

Miscarriage Association

<https://www.miscarriageassociation.org.uk/information/molar-pregnancy/>

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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