East and North Hertfordshire NHS
NHS Trust

Patient Information Leaflet

Molar Pregnancy

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 foetus of a normal pregnancy.
Molar pregnancies are fairly rare, happening with roughly 1 case for every 700-800 pregnancies in the UK.

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

Age over 40 years and under 15 years
Previous history of molar pregnancy (1 in 80) - see the section of this leaflet “Having had a molar pregnancy what are the risks in any future pregnancy?”
Possible ovulatory disorders
History of miscarriage
A diet low in carotene (a form of vitamin A)

What are the symptoms of molar pregnancy?

Some women may have no symptoms. Most molar pregnancies are now detected early before the onset of symptoms. When symptoms occur these include:

- Vaginal bleeding }
- Severe nausea and vomiting } Common
- Tummy pain or cramps }

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

How is the diagnosis made?

Ultrasound. Most molar pregnancies are suspected on ultrasound scan. The diagnosis of partial molar pregnancy is more difficult on ultrasound. They tend to be initially classified as missed miscarriage. The 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 after 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.

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

You will be asked to send samples every two weeks and the results allow the team to continue to monitor you and 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 patients need further treatment is because either the ßhCG level starts to rise or reaches a plateau or because there is heavy vaginal bleeding.

The majority of patients who need further treatment are treated with chemotherapy as this has a very high success rate. Normally patients 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 and we have also provided some additional contact details on the back page to help you seek the support you need at this time.

Further help and 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:

Contact telephone numbers:

Woodlands Clinic (Early Pregnancy Unit)

01438 286190
(Mon - Fri 8am-8pm; Sat - Sun 9am–5pm)

Ward 7A South
01438 286195

Bereavement Midwife
07770 280868

Trophoblastic Tumour Screening & treatment Centre
Charing Cross Hospital - helpline and advisory service:
0203 3111409

www.enherts-tr.nhs.uk

Date of publication: September 2015
Author: ss/fc
Reference: Molar Pregnancy Version: 2
Review Date: September 2018

You can request this information in a different format or another language.