HUTT maternity
Hutt Valley Maternity Care

Molar Pregnancy

Information for women

This booklet provides general information for women who have been diagnosed with a Molar Pregnancy. It is also called a Hydatidform Mole. It gives basic information about Molar Pregnancy and the required follow up. This handout will not contain all the information you will need, so it is important that you discuss any issues or concerns with the Doctor or Midwife involved with your follow up care.

What is Molar Pregnancy?

A molar pregnancy occurs when the tissue surrounding a fertilized egg develops abnormally.

There are two different types of molar pregnancy.

- **Partial Molar Pregnancy:** this is where there is some normal and some abnormal pregnancy tissue.
- **Complete Molar Pregnancy**: this is where all the pregnancy tissue is abnormal.

The cause of molar pregnancy is due to abnormal development of the embryo, and the condition is usually benign. A very small percentage of them can be cancerous or cancer can develop later following a molar pregnancy.

The incidence in New Zealand is estimated that one in 1500 pregnancies is Molar. Having had a previous molar pregnancy increases the chances of having another molar pregnancy.

Signs and Symptoms

Women with a molar pregnancy will have a positive pregnancy test and for the first three to four months there may be no signs that anything is amiss with the pregnancy.

Signs and symptoms of a molar pregnancy can include:

- faster than usual growth of the uterus
- vaginal bleeding
- excessive nausea and vomiting

- passing of grapelike tissue from the vagina
- absence of fetal movements or heartbeat
- high blood pressure
- hyperthyroidism – overproduction of the thyroid hormones, this can lead to weight loss and increased appetite

Diagnosis

Most cases of molar pregnancy are discovered when a miscarriage has occurred. If a molar pregnancy is suspected, it can usually be detected by ultrasound scan and blood tests.

Treatment

As stated above most cases of a molar pregnancy are discovered when a miscarriage has occurred. A dilatation and curettage (D&C) may be performed after a miscarriage to ensure that all the molar tissue has been removed.

If a miscarriage has not yet occurred then you will undergo a D&C. Blood loss with a molar pregnancy can be more

than usually expected, occasionally requiring a blood transfusion. Very rarely bleeding can be life threatening requiring hysterectomy.

This procedure is done as day surgery under an anaesthetic, where you will be asleep. Any pregnancy tissue from the miscarriage or a D&C will be sent to the histology laboratory for further investigations and confirmation of a molar pregnancy.

Follow up

Although most women whose molar pregnancies are removed will require no further treatment, follow up care is extremely important. This is because there are several complications that, although rare, are very serious and require immediate diagnosis and treatment. This follow up care will be arranged through the Maternity Assessment Unit (MAU).

Routine blood test will be taken to check:

- Bhcg levels
- Kidney function
- Liver function
- Thyroid function

A chest x-ray will be required for complete molar pregnancies.

The Bhcg hormone levels will then be checked weekly until three consecutive results have shown normal levels. The Bhcg will then be checked monthly for six months.
If you have questions it is sometimes a good idea to write them down and bring them with you. It may also be helpful to have a support person with you.

Apart from these tests it is important for you to contact the MAU Staff if you have any of the following:

- Abnormal bleeding, for example, between your periods
- Cough up blood
- Unusual headaches

- If you have any concerns relating to your treatment or follow up arrangements.
- If you become pregnant again

Complications

In about 20% of complete moles and 2% of partial moles, there is some molar tissue left inside of the uterus. This molar tissue can continue growing inside the uterus, leading to abnormal vaginal bleeding and risk of infection. Referred to as gestational Trophoblastic neoplasia (invasive molar), this complication is usually picked up by rising Bhcg levels after D&C. This would be treated with medication. Rarely, a gestational Trophoblastic neoplasia can become cancerous and invade other organs. Chemotherapy is almost 100% effective at stopping the spread.

Future Pregnancies

It is strongly recommended that you do not become pregnant during the follow-up period. This is because both normal and molar pregnancies produce hCG. If

you are pregnant it is not possible to detect the presence and monitor the progress of persistent or recurrent molar tissue. For some women this may be 12-18 months. If you become pregnant during your follow up period please contact the MAU midwife as soon as possible.

Contraception

The doctors will discuss what forms of contraception are best to use. We recommend that you use non-hormonal methods such as condoms, until your blood results have returned to normal.

Counseling and Support

You may feel shocked and anxious by the unexpected diagnosis of this molar pregnancy in addition to grieving for your lost pregnancy. It is therefore not surprising that many women who have a molar pregnancy feel overwhelmed at first.

Please do not hesitate to access the support available for you, though the

MAU Staff or your LMC. There are also community groups such as Miscarriage Support, Post and Antenatal Depression Support Group (PAND); these are listed in the phone book.

If you have any further questions about your condition, treatment or about the information in this booklet please ask your doctor or midwife involved in your care.

You may wish to use this for your own record of your blood test results.

Date	Result	Plan

References/Acknowledgements:
Auckland District Health Board (2006) Molar Pregnancy. Pamphlet. EPAU. Auckland

Capital and Coast DHB Patient information. Wellington

Turkington, C.A. (2006). Hydatidiform Mole. Gale Encyclopaedia of Medicine, 3rd Ed.

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