Molar Pregnancy Patient Information

You have been diagnosed as having a Hydatidiform Mole, also called a molar pregnancy. Sadly, a molar pregnancy is a type of early pregnancy loss. This means there is no possibility that your pregnancy can survive. The loss of your baby is likely to make you feel very sad. In addition, this may be the first time you have heard of this condition and so you may also feel shocked, confused and anxious about the future. The purpose of this leaflet is to explain fully what a molar pregnancy is, and why it is necessary for women who have had a molar pregnancy to be followed up by CCLHD Gosford Hospital Early Pregnancy Assessment Service (EPAS) / Gynaecology Clinic or a specialist gynaecologist. It is important that you understand exactly what has happened to you, and what treatment is required.

How a normal pregnancy develops

At the time of fertilisation, the genes from the sperm mix with those from the egg to produce the individual features of the baby to be. By the time the fertilised ovum has reached the uterus, all the information has been exchanged and it has divided into two main groups of cells. The trophoblast is that part from which the placenta (afterbirth) and membranes develop. It grows into the lining of the uterus to anchor the pregnancy and allow it to grow. The placenta forms and so does the embryo and after a few weeks it becomes a recognisable baby. The baby grows and his or her organs gradually become able to function on their own and, after about 40 weeks since the last period, he or she is born. Many pregnancies, possibly 50 to 60 percent, are lost before they can implant, or within the first three months. This is called a miscarriage. Rarely, other problems can arise and molar pregnancy is one of these.

What is a molar pregnancy?

A molar pregnancy is a pregnancy in which the trophoblast develops into a mass of fluid-filled sacs that resemble clusters of grapes. It grows in an uncontrolled fashion to fill the womb. It occurs in about one in 1200 pregnancies. There are two types of molar pregnancy: a complete and a partial molar pregnancy. Occasionally the molar tissue persists and may start to grow and spread, this is a very rare complication of molar pregnancies.

What is a complete molar pregnancy?

In a normal pregnancy, an egg and sperm fuse together and share genetic material. Sometimes the egg does not carry any genetic material so that when the sperm fuses with it, no sharing can take place. Usually the fertilised egg dies at that point but, rarely, it goes on to implant in the womb. When it does, no baby grows, only the trophoblast, and it grows in a disorganised way. This produces the complete molar pregnancy.

What is a partial molar pregnancy?

A partial molar pregnancy is much more common than a complete molar pregnancy. In this situation two sperms fertilise the egg (this should be impossible). There is too much genetic material and, as a result, the pregnancy develops abnormally, with the placenta outgrowing the baby. A baby may or may not be present and even if it is present, it does not develop normally.
If this is such an abnormal pregnancy, why do I feel so pregnant?

The overgrown placenta tends to produce massive amounts of the pregnancy hormone hCG (human Chorionic Gonadotrophin). Most of the symptoms of a molar pregnancy are caused by these high hormone levels. A molar pregnancy will probably bleed and the womb will seem bigger than it should be. Sometimes it can cause high blood pressure and thyroid problems. There may be increased symptoms of morning sickness.

How is a molar pregnancy treated?

Promptly treated, molar pregnancies are curable in 100 per cent of cases. Treatment depends on various factors, but could include:

- Dilatation and curettage (D&C) – the cervix is gently opened and the uterine contents are removed. This procedure is carried out under general anaesthetic in the operating theatre.
- Chemotherapy – if the hormone level does not fall or continues to rise, or if spread has occurred and the molar pregnancy is therefore behaving like a cancer, chemotherapy will be needed. An information sheet on the chemotherapy drug will be given to you.

Why are molar pregnancies followed up?

Occasionally the molar tissue may persist and grow deeper into the wall of the uterus and spread; this is an invasive mole. Very rarely a molar pregnancy can develop into a choriocarcinoma which is a form of cancer. Thankfully the cure rate is almost 100%. This is the reason why molar pregnancies are followed up.

What follow up is required?

Blood levels of the pregnancy hormone hCG are measured weekly following a molar pregnancy until the pregnancy hormone level is so low that it can no longer be detected. In most women the levels of hCG drop fairly rapidly. Once your hormone level is at zero for three weeks you will progress to monthly blood tests for approximately six months. The period of time required for follow-up tests is variable and dependant on a number of factors. The Central Coast Local Health District (CCLHD) Gynaecology Outpatient Clinic nurse will phone you after every test to let you know the results and copies of these results will be sent to your general practitioner.

It is extremely important that you have all follow up tests as ordered. If you have any problems with this, contact CCLHD Gynaecology Outpatient Department, phone Gosford (02) 4320-3389, or Wyong (02) 4394-8000.

Can I get pregnant again?

Yes. A molar pregnancy does not affect your fertility at all. Many women have gone on to have babies following a molar pregnancy.

When can I fall pregnant again?

We would advise that you do not fall pregnant while you are being followed up. It will become difficult to know if your pregnancy hormone levels are rising due to pregnancy or re-growth of the molar tissue. We advise you to wait until after your follow-up period before trying for another pregnancy. It is very important to tell us if you become pregnant.
What about contraception?

You will need to discuss contraception with your GP.

What are the chances of another molar pregnancy?

It is possible, but very unlikely. The risk of a further molar pregnancy is one to two per cent only. However, the chances of having a perfectly normal pregnancy are excellent. In future pregnancies, an early ultrasound scan, at approximately eight weeks, may help to reassure you and your doctor.

Am I more likely to have a miscarriage?

We do not know for certain, but the answer is probably no.

Can I do anything to reduce the risk of another molar pregnancy?

No.

Finally

We understand that the experience of a molar pregnancy can be very distressing. Not only have you lost your baby, but also you need to have continued medical follow-up to check your hCG levels. This may mean a lengthy period of anxiety. You may also feel like you are “in limbo”, unable to move on after this pregnancy and having to delay trying again. You may find that family and friends don’t understand what you are going through and this can make you feel quite isolated.

If you would like to talk to someone else who has been through a molar pregnancy and who can offer support, please contact EPAS social worker.

What to expect after a D&C

Tiredness

In the 24 hour period after the anaesthetic you will probably feel tired and you should not drink alcohol, drive, or operate any dangerous machinery.

Bleeding

The bleeding is usually less than a period, and should have stopped in about seven days. If you are still bleeding on the tenth day, or if your loss increases and becomes heavier than your normal period, or starts to smell offensive, you should contact your general practitioner.

Pain

After the operation you may have a dull ache in your lower stomach, this is normal and may last for a few days.

Hygiene

While your bleeding continues, it is best to use sanitary pads instead of tampons, as this will reduce the risk of infection. Baths or showers can be taken as required.

Breasts
Your breasts may be tender for several days and you may even leak milk. In this case wear a well-fitting bra, day and night, to provide adequate support until your breasts are comfortable. This may be necessary for a couple of weeks, but this situation will usually settle without further treatment. If painful, mild painkillers such as paracetamol can be used. Expressing to see if there is milk causes a reflex stimulation of milk production, and should be avoided.

References

