



Understanding Hydatidiform Mole

Introduction

You have been diagnosed as having a molar pregnancy. Although highly treatable this is still extremely serious and requires careful follow-up.

This factsheet will explain fully what molar pregnancy is and why it is important for your follow-up to have been overseen by the screening centre located in Dundee, although you do not necessarily have to travel there.

What is a Hydatidiform Mole?

A molar pregnancy or, as it is known medically, a hydatidiform mole, is a pregnancy in which the placenta 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 1 in 1200 pregnancies.

Sadly a molar pregnancy is a sure sign of early pregnancy loss. This means there is no possibility that your pregnancy can survive. There are two types of molar pregnancy: a complete and a partial hydatidiform mole.

Complete Mole

This condition results when the sperm fuses with an egg that does not carry any genetic material. These complete moles are derived entirely from the cells of the father. When this fertilised egg grows, no embryo is present in the pregnancy sac, only the placenta.

Partial Mole

These are much more common and usually mimic the appearance of an incomplete miscarriage. In this condition the egg allows two sperms to fertilise it.

The embryo has three sets of chromosomes instead of the usual two so the baby would be abnormal and could never survive. Very rarely a partial mole may develop into an invasive mole, but seldom develops into a cancer.

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 hydatidiform mole can develop into a choriocarcinoma which is a form of cancer. This is the reason why molar pregnancies are followed up. However, please be assured that the success rate is very high with the cure rate at almost 100%. It is worth remembering that counselling is available for you if you wish or need to talk at any time in the future.

Symptoms

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 nausea.

The overgrown placenta tends to produce excessive amounts of the pregnancy hormone hCG (human Chorionic Gonadotrophin). Most of the symptoms of a molar pregnancy are caused by the high hormone levels.

Diagnosis is made by:

1. very high levels of hCG in the blood
2. an ultrasound scan showing the particular appearance of a molar pregnancy
3. examination of the tissue by the pathologist.

Treatment

Surgical Evacuation

You will be admitted to hospital locally to have a D&C (Dilatation and Curettage) – a scrape of the womb under general anaesthetic.

If your admission is planned to Day Surgery Unit you will be discharged the same day. However, admission on Gynae Ward may involve an overnight stay. The staff in the clinic will advise you regarding the arrangement.

Follow-up

Blood levels of the pregnancy hormone hCG are measured regularly following a molar pregnancy. You will be registered at the follow-up centre in Dundee by your Gynaecologist and you will receive a letter from the follow-up centre confirming that you have been registered for follow-up care.

The necessary kit will be sent to you by the screening centre. There will be a letter for your GP and tubes for urine and blood samples in the kit. Follow the instructions given. The results of the follow-up will be sent to your GP and your Gynaecologist.

The normal level of the pregnancy hormone hCG in the blood is less than 5 mIU/ml. Once the blood tests are normal, only urine samples will be needed. Remember that the urine samples should always be the first urine of the day.

The minimum period for follow-up of complete and partial moles is 6 months. If you need treatment then you are followed up until your hCG values remain normal.

Your feelings

It is normal for you to feel upset after losing the pregnancy. Also you may be worried about the molar pregnancy settling down.

It will become easier for you, but you may still feel the need to speak to us or a counsellor. Again, it is worth remembering that counselling is available for you if you wish or need to talk at any time in the future. If you need any further information or advice please do not hesitate to ask the staff. A list of telephone numbers is given on the following page which should be useful.

Future Pregnancy

It is important that you do not get pregnant whilst you are being followed up. It will become difficult to know if your hCG levels are rising due to pregnancy or re-growth of the mole.

You will have to wait 6 months after the hCG levels have returned to normal. It is very important to tell the follow-up centre if you do become pregnant.

Contraception

You will need to discuss contraception with your GP/Consultant. It is not advisable to use the contraceptive pill if your hCG levels are still above normal because use of the pill may prolong the life of any remaining molar tissue.

However, the contraceptive pill can be used safely after the hCG levels have returned to normal. The coil is also best avoided until your hCG levels are normal. Condoms or caps may be used.

Chances of another Hydatidiform Mole

The chances of having a perfectly normal pregnancy in the future are very good. The risk of a further molar pregnancy is low, at one in 55.

Useful links

W.I. Pregnancy Crisis Support: 07901 966101
Miscarriage Association 01924 200799

Counsellor:

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Baby loss support

For further information please ask your Midwife or local Maternity Team.

Further information

For further information please contact your Midwife or local Maternity Team:

Lewis and Harris: 01851 704704
Uists: 01870 603633
Barra: 07580 384601
Text Service: 0776 9932 189

Note. In the event that the Barra Midwife is unavailable, those living in Barra are asked to contact Barra Medical Practice: (01871) 810282, Maternity Ward in Stornoway: (01851) 708301, or NHS24: freephone 111.

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website: www.wihb.scot.nhs.uk/feedback or share your story at: www.careopinion.org.uk or 0800 122 31 35
- Tel. 01851 704704 (ext 2408) on a Tuesday and Friday afternoon between 1pm and 4pm.

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