

A molar pregnancy is known medically as a hydatid form mole. Another term to describe a molar pregnancy is trophoblastic disease. In this brochure we will explain what a molar pregnancy is and how it is diagnosed and treated.

There are two types of molar pregnancies:

Complete mole: This occurs when the centre of the mother's egg becomes lost or inactivated during fertilisation. As a result the fertilised egg has no genetic material from the mother. All of the genetic material is from the father and this genetic mix does not form a baby; instead an unusual cluster of tissue grows in the placenta.

Partial mole: This occurs when two sperm cells fertilise the mother's egg. This usually results in a baby with an abnormal amount of genetic material, which is unable to develop normally. It also causes the unusual placental tissue to grow. Most often, the baby will die in the uterus (womb) as the pregnancy progresses.

What are the causes of a molar pregnancy?

Molar pregnancies are rare (one in one thousand pregnancies). Any woman can develop a molar pregnancy but some factors increase the risk of this occurring:

- Maternal age over 35 years
- A history of a previous molar pregnancy
- Living in certain geographic areas – such as Southeast Asia or Mexico

Symptoms of a molar pregnancy

Early on a molar pregnancy has similar symptoms to a normal pregnancy including morning sickness, tiredness and breast tenderness. Around the tenth

week of pregnancy some additional symptoms may appear:

- Severe nausea and vomiting
- Vaginal bleeding or spotting
- Early high blood pressure (pre-eclampsia)

In addition to these symptoms, a blood test may show a higher than normal level of the pregnancy hormone, β HCG.

Diagnosis and treatment

When a molar pregnancy is suspected, a procedure called an evacuation of products of conception will be recommended to you. This is sometimes known as a dilation and curettage (D&C). This is a procedure usually performed under general anaesthetic to gently remove and collect tissue from inside the uterus. The vagina is held open by a speculum and the cervix is widened (dilated). Suction is used to remove the inner layer of the uterus. This tissue is then examined by a pathologist.

The tissue sample can be tested to determine if the molar pregnancy is complete or partial. For some women, the diagnosis of a molar pregnancy occurs after a miscarriage, when the products of pregnancy are examined by a pathologist.

Possible complications of molar pregnancy

About 20 percent of complete and 2 percent of partial molar pregnancies will continue to grow inside the uterus, despite a D&C. This can lead to vaginal bleeding or is detected by rising β HCG levels. This is called an invasive mole (trophoblastic neoplasia). To monitor for this possible complication, β HCG levels are checked regularly. This is treated with chemotherapy.

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Very rarely an invasive mole can invade other organs, but chemotherapy is a very effective treatment for this complication.

Follow up care

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. Your follow up care will be arranged through Women's Clinics at Wellington Hospital. You will have a chest x-ray and the following blood tests;

- β HCG hormone levels
- Kidney function
- Liver function
- Thyroid function

Your β HCG hormone levels will be checked weekly until three successive results are within normal limits. The β HCG levels will then be checked monthly for six months if you experienced a complete molar pregnancy. For a partial molar pregnancy these monthly tests are not needed.

The Women's Clinic at Wellington Hospital will arrange for the blood tests to be taken at a clinic close to your home.

During the follow up period of 3 – 12 months it is very important you do not get pregnant. This is because a new pregnancy will cause the β HCG levels to rise and it will not be possible to identify an invasive mole. Please talk to your doctor about a suitable and reliable contraception option.

Discharge from hospital care

Once the follow up period is complete and you are discharged from hospital care it is safe for you to try to get pregnant. The chances of having another molar pregnancy are very low – about 1.5 percent.

While trying to conceive it is recommended you take folic acid supplements. Continue to take these for the first 12 weeks of pregnancy.

You should also have an early ultrasound to assess your pregnancy. Once your baby is born you will need your β HCG level checked at 6 weeks.

If you have a 1st or 2nd trimester miscarriage it is important some tissue is sent for testing by a pathologist. This is to check for a repeat molar pregnancy.