



# A guide to...

## Molar Pregnancy

### *Patient Information*

#### How to contact us

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## **Introduction**

Molar pregnancy, although this is highly treatable, it is still a serious condition, which does require close and careful follow up. This leaflet explains what a molar pregnancy is and why it is important that you have follow up by the regional centre (Charing Cross Hospital, London).

The medical term for a molar pregnancy is Hydatidiform mole and it is a pregnancy in which the placenta develops abnormally and resembles a mass of grapes (with each grape representing a fluid filled sac). It grows uncontrollably within the womb and occurs in about 1 in 714 pregnancies here in the UK (more common amongst Asian women where it is about 1 in 400 pregnancies). These pregnancies are not compatible with life and therefore, sadly this represents a form of pregnancy loss.

## **There are two types of molar pregnancies**

### **Complete Mole**

When an egg, which does not have any genetic material, is fertilised by a sperm and therefore all the genetic material originates from the father, the result is a complete mole. There is no embryo present in the pregnancy sac, just the placenta.

### **Partial Mole**

These are commoner than complete moles and tend to mimic the appearance of an incomplete miscarriage. The egg is fertilised by two sperm, resulting in three sets of genetic material within the fertilised egg; this means that the baby will be abnormal and could never survive.

## **Why do we follow up molar pregnancies?**

At times the molar tissue can persist and grow into the walls of the womb and spread to other organs; this is called an invasive mole. Very rarely, the molar pregnancy can develop into a choriocarcinoma; this is a form of cancer, but one where the cure rate is almost 100%.

## **Symptoms**

May mimic a miscarriage and therefore bleeding is a common symptom, also the womb may be bigger than expected for the stage of pregnancy. It can on occasions cause high blood pressure and overactive thyroid symptoms, along with severe nausea. These symptoms are a consequence of the elevated pregnancy hormone (BhCG) levels found in these pregnancies.

## **Diagnosis**

- Very high BhCG levels in the blood
- Ultrasound appearance suggestive of a molar pregnancy
- Examination of pregnancy tissue by a Pathologist

## Treatment

You will be admitted to hospital for surgical management of the molar pregnancy under a general anaesthetic. A doctor will review you; your history will be taken, and consent obtained for the procedure. Prior to going to theatre, blood will be sent to check your full blood count, and your blood group. If you are rhesus negative, you will be given an anti D injection. You will probably be home the same day, although sometimes an overnight stay will be required.

## Follow up

You will be reviewed in the Gynaecology Day Assessment Unit to answer further questions you might have. You will also be registered at Charing Cross Hospital and will receive a letter confirming that you have been registered for follow-up care. ~~There are also centres in Sheffield and Dundee.~~

The screening kit (this has a letter for your GP along with tubes for blood and urine) will be sent to you from the centre which means that you do not have to travel to London. The results of the follow-up will be sent to your GP and Gynaecologist. Once the blood tests show that the pregnancy hormone levels are back to normal, only urine samples will be needed.

Minimum follow up is six months, if you require further treatment; you will be followed up until your pregnancy hormone levels are back to normal.

## Future Pregnancy and Contraception

It is vitally important that you do not fall pregnant while you are being followed up, as it would be difficult to know if the rising BhCG level is a consequence of pregnancy or a regrowth of the mole. You should wait a further six months after the BhCG levels have returned to normal. It is important that you inform the follow up centre when and if you become pregnant.

You should discuss contraception with your GP or Gynaecologist. The combined pill should not be used until your BhCG levels have returned to normal (as it may prolong the life of any remaining molar tissue), same with the coil. Barrier (condoms, caps and the diaphragm) methods are best used during the follow-up period.

## Recurrence

You stand a very good chance of having a normal pregnancy next time; the risk of another molar pregnancy is one in 55.

## Contact Details

- Gynae Day Assessment Unit (between 9.00am–5.00pm): **01923 217 344**
- Early Pregnancy Unit: **01923 217 831**
- Charing Cross Hospital, London: **020 8846 1409**
- Miscarriage Association: **01924 200 799**
- [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)
- [www.hmole-chorio.org.uk](http://www.hmole-chorio.org.uk)