Molar Pregnancy
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Your doctor let us know that you have a molar pregnancy. You have been referred to the Nova Scotia Trophoblastic Disease Registry.

The Nova Scotia Gestational Trophoblastic Disease Registry is part of the Division of Gynaecologic Oncology, Department of Obstetrics and Gynaecology at the QEII Health Sciences Center in Halifax.

This pamphlet will explain what a molar pregnancy is and how it is treated. Contact information for the Registry nurse is given at the end.

What is a molar pregnancy?

A molar pregnancy is a rare condition that can happen during pregnancy. It is part of a number of conditions that together are called gestation trophoblastic disease (GTD).

Gestation is another word for pregnancy. Trophoblasts are the cells that form the placenta. The placenta is made up of millions of trophoblasts. The placenta is the organ that attaches to the lining of your uterus (womb) to give oxygen and food to the baby.

In GTD there is an overgrowth of part or the entire placenta. This extra growth of cells happens in approximately 1 in 400 pregnancies.
A molar pregnancy is usually harmless. It is not a cancer but can act in a similar way. If it is not treated, it could grow into your womb. It could also spread to other areas of your body like your lung(s), liver, or brain. The treatment should keep most of these things from happening.

A molar pregnancy happens because of abnormal fertilization of an egg.

In a normal conception (see diagram on next page) each parent contributes 23 chromosomes, to make 46 in total. In a partial mole, 2 sperm fertilize a single egg and there are then 69 chromosomes. In a complete mole the chromosomes are normal in number (46) but all of them come from the father.
One sperm with 23 chromosomes fertilizes one egg with 23 chromosomes.

Two sperm fertilize one egg. This results in a “triploid conceptus”* with 69 chromosomes.

This results in a conceptus with 46 chromosomes but all of them come from the father.

The mother’s chromosomes are lost and The father’s chromosomes double up.

*A conceptus is a fertilized egg, embryo, or fetus.
What are the different types of GTD?

- **Hydatidiform mole**: this is the most common type of trophoblastic disease. The overgrowth is not a cancer but can spread to other parts of the body if it is not treated. There are 2 types of hydatidiform mole:
  - **Partial mole**: part of the placenta grows abnormally and part develops (grows) normally. There may be a developing baby present. The baby cannot survive.
  - **Complete mole**: when the whole placenta is abnormal; the extra cells usually grow very quickly. There is no developing baby.

- **Persistent trophoblastic disease**: this is when there is part of the mole left even after treatment. If a small amount is left behind, it can grow quickly and cause problems. Monitoring your condition is very important. Your doctor will monitor your condition.

- **Choriocarcinoma**: a very rare form of cancer in the placenta. This can happen after a molar pregnancy or after a normal pregnancy. It can spread to other parts of the body.

- **Placental site trophoblastic tumour**: this is a very, very rare form of cancer associated with the most recent pregnancy.
Who can get GTD?
GTD only affects women. It can happen at any age from the start of periods during puberty until a woman goes through menopause.

How is a molar pregnancy diagnosed?
A molar pregnancy may be suspected during the early months of a pregnancy if:

- A woman has abnormal bleeding
- The womb is larger than it should be
- There is more nausea (feeling sick to your stomach) in the pregnancy than normal.

An ultrasound test can show a complete mole.

The diagnosis is made when a pathologist (doctor who specializes in diseases in tissues or body fluids) looks at the tissue under a microscope.

What is the treatment?
If a mole is suspected, a gynecologist (doctor who specializes in women’s reproductive systems) will take out the tissue from the womb in surgery. This is called an evacuation or “D&C” (dilation and curettage). The surgery happens under anesthetic (you will be put to sleep).
What happens next?

If the pathologist finds that you do have a molar pregnancy, monitoring will start to check that the mole has been completely taken out. This is done by measuring the pregnancy hormone, called human chorionic gonadotropin (hCG).

This hormone is made naturally in the body to support the placenta, the baby, and the mother during pregnancy. If there is an overgrowth of the placenta as happens with GTD, the body makes more hCG.

When there is no molar tissue in the body, the amount of hCG in the blood is low (normal). After a molar pregnancy, the amount of hCG goes down over time.

Monitoring the hCG level is helpful in diagnosing trophoblastic disease and after treatment.

Your hCG level test will be measured with a blood test. Your blood will be tested every week until the level goes back to normal. The GTD Registry and your doctor will check the values.

In about 20% of cases, drug treatment is needed for any remaining disease.
How will I get the results of my tests?
You may call the Registry at 902-473-7434 to get the results. The results will also go to your family doctor.

When can I get pregnant again?
Getting pregnant too soon after trophoblastic disease may increase the risk of recurrence or reactivation of the mole. You should use a reliable form of birth control while you are being monitored.

In uncomplicated cases we recommend that pregnancy be avoided for at least 3 months after a normal hCG test when a partial mole has been diagnosed and 6 months when a complete mole has been diagnosed.

What kind of birth control should I use?
You may use any form of birth control that you wish. Please ask if you are not sure what to use for birth control, or ask your family doctor.
Am I at risk for another molar pregnancy?
It is rare to have a second molar pregnancy. Most women go on to have a normal pregnancy following a molar pregnancy.

What should I do in the next pregnancy?
If you get pregnant again, we recommend that you have an early ultrasound. You should also have a hCG blood test 6-8 weeks after the end of the pregnancy (including if there is a miscarriage).

Who do I contact for support?
The Nova Scotia Gestational Trophoblastic Disease Registry is part of the Division of Gynaecologic Oncology, Department of Obstetrics & Gynaecology at the QEII Health Sciences Center in Halifax.
Call the Registry at 902-473-7434 if you have any questions.

If you have any questions, please ask.
We are here to help you.
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Contact your local public library for books, videos, magazines, and other resources.
For more information go to http://library.novascotia.ca

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