How can I help to reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Division of Women, Children & Sexual Health

Molar Pregnancy
(Hydatidiform Mole)

Patient information leaflet
If you want this leaflet in another language please call the Early Pregnancy Unit (EPU) Nurses or the Surgical Ward (see page 5)
What is a molar pregnancy?
A molar pregnancy, or hydatidiform mole, is a pregnancy in which the placenta develops into a ‘grape’ like appearance. It grows in an uncontrolled fashion to fill the womb. For every 1000 live births only two molar pregnancies are diagnosed.

Sadly a molar pregnancy is a form 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**
  Complete mole is when a sperm merges with an empty egg. In this case the cells are entirely from the father. When this fertilised egg grows, there is no embryo (baby) in the pregnancy sac, only the placenta.

- **Partial mole**
  These are much more common. In this type of molar pregnancy, the egg allows two sperms to fertilise it. The embryo has three sets of chromosomes instead of the usual two so the pregnancy cannot survive and develop into a baby.

How is a molar pregnancy diagnosed?
An ultrasound scan and blood tests to check the pregnancy hormone level (BhCG), may suspect a molar pregnancy, but the final diagnosis is made by the Pathologist.

Will I have any symptoms?
There are often no signs that a pregnancy is a molar pregnancy. It may only be spotted during a routine ultrasound scan. Some women can have vaginal bleeding or dark discharge, morning sickness or an unusually swollen tummy.
How is a Molar pregnancy treated?
You will be admitted to hospital to have a surgical management of miscarriage (SMM) under general anaesthetic.

Do I need any further follow up?
Yes, once the molar pregnancy is diagnosed by the Pathologist, and you have had your SMM, you will usually be followed up by Charing Cross Hospital, London until you have a negative pregnancy. If a complete molar pregnancy is diagnosed, follow up will be for 6 months. If a partial molar pregnancy is diagnosed, the follow up could be 2-3 months.

You will be registered at Charing Cross Hospital and will receive a letter from the follow-up centre confirming your registration for follow-up care. The hospital will organise all your blood and urine tests from London. You do not have to travel to London for the tests, these can be taken at your GP surgery.

It is important to be followed up properly as occasionally the molar tissue may remain and grow deeper into the wall of the womb and spread. This is then called an invasive mole.

Very rarely a hydatidiform mole can develop into a choriocarcinoma which is a form of cancer and whilst the cure rate is almost 100%, it is important that you attend any follow up appointments arranged.

When can I get pregnant again?
You will have to wait 6 months after the BhCG levels have returned to normal. The reason for this is that it will become difficult to know if your BhCG hormone levels are rising due to pregnancy or re-growth of the mole.
What contraception can I use?
It is not advisable to use the coil or hormonal contraception such as the pill because if your BhCG levels are still above normal, use of the pill may prolong the life of any remaining molar tissue. Condoms or caps should be used.

What are my chances of another Molar pregnancy?
The chances of having a perfectly normal pregnancy are very good. The risk of a further molar pregnancy is 1% (1 in 100) of women who have been registered at Charing Cross Hospital.

Useful contact numbers

**Wycombe Hospital**
Early Pregnancy Unit (EPU) Clinic 8.00am—1.00pm
Monday—Friday
01494 425553

**Stoke Mandeville Hospital**
Early Pregnancy Unit (EPU) Clinic 8.00am—5.00pm
Monday—Friday
01296 316469
EPU Nurse/EPU Bookings 01296 316264
Reception 01296 418111/8110
Ward 16B 01296 316500
Surgical Assessment Unit (SAU) 01296 316500

Further help and advice:
The Miscarriage Association
c/o Clayton Hospital
Northgate
Wakefield
West Yorkshire WF1 3JS
Tel (Helpline): 01924 200799
Web: www.miscarriageassociation.org.uk

The Gestational Trophoblastic Tumour Screening Unit
Department of Medical Oncology
Charing Cross Hospital
Fulham Palace Road
London W6 8RF
Tel: 020 8846 1409
Email: hmode-chorio@hhnt.nhs.uk