

**An information guide for patients  
diagnosed with  
'Complete Hydatidiform Mole' (CHM)**



**National Gestational Trophoblastic Disease  
Registry, Monitoring and Advisory Centre**

**Cork University Maternity Hospital, Wilton, Cork.**

**Phone: (021) 492 0526 Fax: (021) 492 0566**



## What is a molar pregnancy?

A molar pregnancy is also called a 'hydatidiform mole' pregnancy. It happens when a man's sperm joins the woman's egg, but normal conception of a baby does not take place. Instead, due to an abnormality at conception, the cells that form the placenta (also called the afterbirth) over-develop.

In a molar pregnancy there is little or no foetal (baby) development. A molar pregnancy occurs in about one in every 600 pregnancies.

There are two types of molar pregnancy:

- Complete Hydatidiform Mole (CHM); and
- Partial Hydatidiform Mole (PHM).

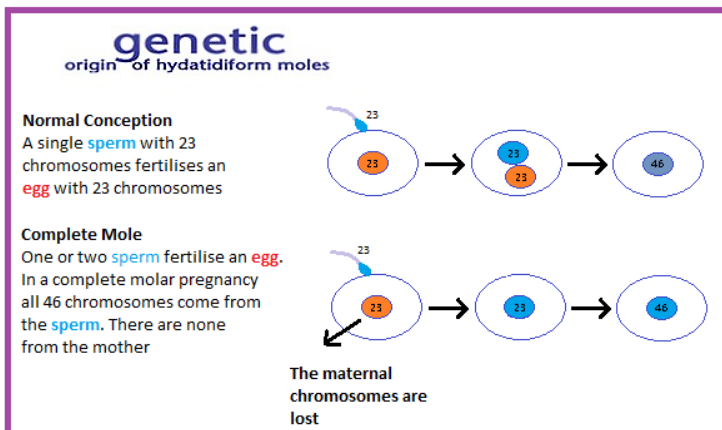
This leaflet focuses on 'Complete Hydatidiform Mole'.

### Complete Hydatidiform Mole (CHM)

Normally when you conceive a baby, half of the chromosomes come from the mother and half from the father. Chromosomes are strands of DNA that contain our genes. In complete molar pregnancies, **all of the chromosomes come from the father.**

This happens when a woman's empty ovum (egg) – containing no chromosomes from the mother – is fertilised by one or two sperm.

After this type of fertilisation, there is **no foetal tissue** and a baby will not develop as there is an imbalance in chromosomes. However, your pregnancy test will be positive because of the high pregnancy hormone (hCG) levels associated with this type of conception. Women with CHM often bleed early in pregnancy. An ultrasound can show if it is likely there is a CHM.



## What happens when a diagnosis of CHM is suspected?

An ultrasound scan may suggest that a complete molar pregnancy is present and you will be admitted to hospital for a surgical procedure called an Evacuation of Retained Products of Conception (ERPC). This will remove the molar tissue.

This is done because there is a risk that the molar tissue will continue to cause you to bleed more heavily. There is also a small chance that the molar tissue could spread outside the womb.

A definite diagnosis is not made until the tissue has been examined in the laboratory.

Following an ERPC, your doctor will need to observe your levels of the pregnancy hormone (hCG) closely. This means you will need to have a weekly blood test to monitor the hCG levels in your blood. This will allow your doctor to find out if any of the molar tissue cells are still present.

If the molar tissue stays on in your body, you will need treatment from a specialist.

## **Why is it important that I am followed up?**

Molar tissue produces the pregnancy hormone called hCG. For most patients (85%), the hCG hormone levels will drop successfully to normal after the molar tissue has been removed. When your hCG levels have been normal for six months, the molar pregnancy will then have been resolved and you will not need to do further follow-up checks. However, in a small percentage of women (12-15%), the hCG levels do not return to normal and further treatment will be necessary to cure the condition.

## **Contraception**

You must take precautions against becoming pregnant during your follow-up. It is safe to take the oral contraceptive pill or use condoms. However, you should not have a coil inserted until your follow-up is complete.

## **When can I get pregnant again?**

It is important during follow-up after a molar pregnancy that you do not become pregnant. This is because a new pregnancy will produce the pregnancy hormone hCG and your doctor will be unable to accurately monitor the molar pregnancy cells. Your doctor will advise you when follow-up has been completed and you can try for a baby.

Follow-up after a molar pregnancy usually takes up to about one year, but may take longer if you need treatment.

# After a Molar Pregnancy

## What to look out for after a molar pregnancy

The molar tissue has a rich blood supply so there is a small risk that you could bleed. After the molar tissue is removed, most women have some light bleeding for a week to 10 days. Generally, this is no heavier than is usual for your monthly period and should get less over a few days. You should contact your local hospital's Emergency Department for advice if:

- the bleeding is heavier than your monthly period;
- you pass clots;
- you feel faint; or
- you have pain not relieved by paracetamol.

Generally, problems with bleeding are relatively mild, but can sometimes be serious. It is important that you speak with someone if you have any concerns, so that you can get reassurance or the right treatment.

## **Emotions following a molar pregnancy**

The loss of a pregnancy combined with the diagnosis of a molar pregnancy leads to a natural process of grief and all the emotions that go with it. There are many questions that you may want answers to at this time. At our GTD centre in Cork University Maternity Hospital we have two Clinical Nurse Specialists. These Nurse Specialists are available to provide information, advice and support to you.

## **Gestational Trophoblastic Disease Contact Information**

Phone: (021) 492 0526; Fax: (021) 492 0566

## **National Gestational Trophoblastic Disease (GTD) Centre**

We have set up a National GTD Registry, Monitoring and Advisory Centre, to monitor and co-ordinate the follow-up of women who have had a molar pregnancy. The GTD Centre in Cork



University Maternity Hospital is the only such centre in Ireland.

After you have been diagnosed, it is very important that your doctor registers your details with us so we can monitor, advise and take care of you in the best possible way. The GTD Centre is managed by a team made up of HSE doctors, nurses and administrative staff.

We store the information we collect electronically on a secure server at Cork University Maternity Hospital. This information is only available to specific HSE staff who treat you and who work directly with the GTD Centre. You are entitled to request a copy of the information held on you by asking us in writing.

The GTD Register is governed in line with the provisions of the Data Protection Act 1988 (Amended 2003).

## **Other support: Miscarriage Association of Ireland (MAI)**

The Miscarriage Association of Ireland (MAI) provides support and information to couples following miscarriage.

**Helpline:** (01) 873 5702

**Website:** [www.miscarriage.ie](http://www.miscarriage.ie)

**Email:** [info@miscarriage.ie](mailto:info@miscarriage.ie)





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