

An information guide for patients diagnosed with 'Partial Hydatidiform Mole' (PHM)



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

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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:

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

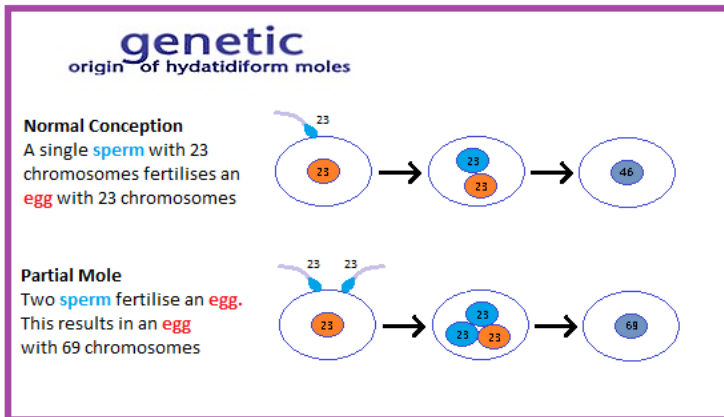
This leaflet focuses on Partial Hydatidiform Mole.

Partial Hydatidiform Mole (PHM)

Partial Hydatidiform Mole (PHM) pregnancies are also called partial molar pregnancies. With this type of pregnancy two of the father's sperm each containing 23 chromosomes fertilise a woman's ovum (egg). Chromosomes are strands of DNA that

contain our genes. In a normal pregnancy only one sperm fertilises the ovum. When two sperm fertilise the ovum, it means there is an **extra set of chromosomes** from the father. The ovum also contains one set of chromosomes from the mother. In a partial molar pregnancy, this means that there is an **imbalance** of chromosomes as there are now 69 chromosomes instead of the usual 46.

There can be evidence of some foetal (baby) development, but these pregnancies almost always end in miscarriage



Your miscarriage may have been managed conservatively – you miscarried naturally and the medical team checked you to make sure you made

a full recovery. Alternatively, your miscarriage may have been managed medically, or you may have had a minor surgical procedure called an Evacuation of Retained Products of Conception (ERPC). Either way the miscarriage tissue will have been sent to the laboratory for examination.

Most women with partial molar pregnancies bleed early in pregnancy, but an ultrasound scan will not usually diagnose PHM. The diagnosis can only be made when the laboratory examines the miscarriage tissue. This means you may not yet know when you leave the hospital that you have had a partial molar pregnancy.

What happens when a PHM pregnancy has been diagnosed?

Once your hospital diagnoses a Partial Hydatidiform Mole (PHM) pregnancy, they will ask you to return for a visit and a blood test to monitor the pregnancy hormone (hCG). This is because there is a very small risk that the molar tissue will continue to grow inside the womb.

This blood test 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. This can be easily monitored by a blood test. For most patients (98%), the hCG levels will drop successfully to normal and no further monitoring is needed.

However, in a very small percentage of women (1-2%), the hCG levels do not return to normal and further treatment may 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.

When your doctor is satisfied that your follow up is complete, you can then try for a baby.

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 is at Cork

University Maternity Hospital and 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 according to 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

Email: info@miscarriage.ie



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