



Molar pregnancy

You have been diagnosed with a molar pregnancy, or hydatidiform mole. This is very rare, it happens for around 1 in every 1,000 pregnancies.

What is a molar pregnancy?

A molar pregnancy is when you have a rare abnormal growth of pregnancy tissue in your uterus or womb. The growth is because of a problem when the sperm tries to fertilise the egg.

When you have a molar pregnancy it feels like you are pregnant. Your uterus gets bigger and your body makes more pregnancy hormone called human chorionic gonadotrophins or hCG. You might get symptoms like:

- nausea or vomiting
- high blood pressure.

What is a complete molar pregnancy?

A complete molar pregnancy is when sperm tries to fertilise an egg that doesn't have DNA. The egg cannot make a fetus.

What is a partial molar pregnancy?

A partial molar pregnancy is when sperm tries to fertilise an egg, but there are two sets of DNA from the sperm. The egg starts to make a fetus but it cannot survive.

How do we know it is a molar pregnancy?

Most of the time, we know it is a molar pregnancy in the first three months of pregnancy.

We might find out when you have an early pregnancy ultrasound. Sometimes we don't know it is a molar pregnancy until after a miscarriage.

What causes a molar pregnancy?

We don't know what causes a molar pregnancy. There are some things that might increase your risk of a molar pregnancy:

- your age. It is more likely if you are younger than 20 or older than 40.
- if you have Asian background.
- if you are low in nutrients like folate, protein, beta-carotene.
- if you have had a molar pregnancy or other growth before.

What is GTD?

Molar pregnancy is a type of Gestational Trophoblastic Disease or GTD. GTD is a group of tumours from abnormal cells growing in the uterus or elsewhere in the body, usually involving pregnancy tissue.

What is the GTD Registry?

We are a team of doctors, nurses, admin staff and psychologists. We manage the GTD Registry, our list of patients. We coordinate what you need to do after your diagnosis of GTD. You can tell us if you do not want to be on the GTD Registry.

What do you need to do?

You will need to do some blood tests to check your pregnancy hormone levels (beta-hCG). This will help us know if you need any further treatment.

We will give you pathology slips for your blood tests. Sometimes you might also need to do a urine test.

You can do your tests at the Women's or at a pathology service that you choose. You should do the tests at the same place each time.

You will need to do tests until your pregnancy hormone levels return to normal. For a partial molar pregnancy, you will need at least 2 consecutive normal test results. For a complete molar pregnancy you will need around 6 months of normal test results.

We will contact you after we get your results and tell you what else you might need to do.

Why might you need more treatment?

You are more likely to need more treatment if you had a complete molar pregnancy compared to a partial molar pregnancy.

In 10 percent of cases, the hormone levels do not go down to normal and might start to go up. There might also be a growth which could spread to other parts of your body, but this is rare. This is called persistent GTD, or Gestational Trophoblastic Neoplasia.

We will find out what treatment you need by doing more tests. You might need:

- blood tests
- chest x-ray
- ultrasound
- other scans like a CT scan or an MRI.

One of our doctors will talk to you about your treatment options. Treatment could include:

- chemotherapy
- surgery.

Can you get pregnant again?

You should try not to get pregnant again until you finish all your follow-up testing. A new pregnancy raises your pregnancy hormone levels which makes it hard to know if you need treatment for your molar pregnancy or not.

After you finish your follow-up testing with the GTD Registry you can try to get pregnant again. You should wait until you have at least one normal period. You should also wait until you feel ready emotionally.

What contraception should you use?

You can use any contraception you choose. You can talk about this with your doctor.

What are the chances of another molar pregnancy?

There is a 1 percent chance that you will have another molar pregnancy.

If you get pregnant again, you should:

- have regular checks early in your pregnancy.
- tell your doctor that you have had a molar pregnancy.

Your doctor should do a beta-hCG blood test 6 weeks after the pregnancy.

You can ask for help

The loss of any pregnancy is difficult. Grief is not the same for everyone. It can affect you and your partner differently.

You could talk about how you feel with someone you feel safe with, like your partner, friend or family member.

If you want to talk to someone else about how you feel, you could talk to someone at the Women's.

Women's Social Support Services

(03) 8345 3050

Pastoral Care and Spirituality Services

(03) 8345 3016

Reproductive Loss Service

(03) 8345 2498

Who else can you talk to?

Red Nose (Sands)

You can call any time of day or night.
1300 308 307

Centre for Grief and Bereavement

You can call any time of day or night.
1800 642 066

The Compassionate Friends

You can call any time of day or night.
(03) 9888 4944

Family Violence Support

1800 Respect National Helpline

You can call any time of day or night.
1800 737 732
1800respect.org.au

Do you need an interpreter?



If you need an interpreter, you can ask for one.

For more information

Gestational Trophoblastic Disease (GTD) Registry

Royal Women's Hospital
(03) 8345 2620

Recommended websites

molarpregnancy.co.uk

hmole-chorio.org.uk/patients_info

Related fact sheets

Miscarriage

thewomens.org.au/health-information/fact-sheets#miscarriage

Disclaimer: This fact sheet provides general information only. For specific advice about your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you require urgent medical attention, please contact your nearest emergency department.

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