Hydatidiform Mole (Molar Pregnancy)

A hydatidiform mole (molar pregnancy) is gestational trophoblastic disease. Women with this condition will experience presumptive signs of pregnancy including amenorrhea, nausea, vomiting and breast tenderness. Although a hydatidiform mole (molar pregnancy) is not a viable pregnancy, hCG will be elevated, producing a positive pregnancy test. Inappropriate uterine growth and vaginal bleeding are also common. It is important to remember that fetal heart tones will not be heard during ultrasound examination, despite a positive pregnancy test. Dilation and curettage must be performed to remove all molar tissue from the uterus, as any remaining molar tissue may become malignant. Pregnancy is discouraged for one year after a molar pregnancy is diagnosed. During this period of time, hCG levels are closely monitored. If hCG levels remain elevated after removal of molar tissue, the patient may need to undergo a hysterectomy or receive chemotherapy.



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Cause/Mechanism

Abnormal Fertilization

Abnormal Fertilized-plant

A molar pregnancy occurs when there is abnormal fertilization of the ovum. Sperm may fertilize an ovum with no genetic material, or two sperm may fertilize a single ovum, resulting in too much genetic material. Either way, the circumstances are not consistent with life.

Assessment

Symptoms of Pregnancy

Signs of Pregnant-woman

Women with this condition may exhibit presumptive signs of pregnancy, including amenorrhea (absence of a period), nausea, vomiting, and breast tenderness.

Elevated hCG

Up-arrow Hard-Core-Gnomes

Human chorionic gonadotropin (hCG) is a hormone normally produced during pregnancy. Although women with a hydatidiform mole (molar pregnancy) do not have a viable pregnancy, hCG will be elevated producing a positive pregnancy test.

Vaginal Bleeding

Vagina-violets Bleeding

Minimal vaginal bleeding may occur. The bleeding associated with a hydatidiform mole is brown/dark red in color, and is described as “grape-like clusters.”

Inappropriate Uterine Growth

Excessive Uterus Growth

A hydatidiform mole will cause growth of the uterus to be inconsistent with the progression of the patient’s pregnancy. This means that a woman may notice that her growing stomach is larger than what is expected of that in a normal pregnancy.

No Fetal Heart Rate (FHR)

Flatline Fetus with Broken Heart Timer

An ultrasound of the woman’s abdomen will reveal no fetal heart tones.

Interventions

Dilation and Curettage (D&C)

Dyed-dilation at Cervix with Carrot-trap

Women must undergo a dilation and curettage (D&C) to ensure complete removal of all molar tissue from inside the uterus. Molar tissue that is not removed from the uterus may become malignant.

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Emotional Support

Emoticon Support

Providing emotional support to a woman, and her partner (if applicable), is an essential component of patient care. Women and/or couples may experience grief or emotional distress upon learning that the pregnancy is not viable.

Considerations

No Pregnancy 1 Year

No Pregnancy for 1 Calendar Year

Pregnancy is discouraged for one year after a molar pregnancy is diagnosed. During this period of time, hcG levels are closely monitored.

Hysterectomy

Uterus Removed by Scalpel

If hCG levels remain elevated after removal of molar tissue, the patient may need to undergo a hysterectomy or receive chemotherapy.

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