

**National Gestational Trophoblastic Disease Registry, Monitoring & Advisory Centre**  
**Initial Management of Complete Hydatidiform Mole (CHM)**

This is a suggested guide to the initial management of a Complete Molar Pregnancy (CHM) up to the time of registration with our National Gestational Trophoblastic Disease (GTD) Registry, Monitoring & Advisory Centre at the Cork University Maternity Hospital (CUMH).

CHM complicates approximately 1/600 pregnancies and is usually suspected on ultrasound prior to Evacuation of the Retained Products of Conception (ERPC) in over 90% cases and therefore the patient can be counselled regarding the likely diagnosis and follow up prior to and after the ERPC before discharge.

“When the diagnosis is suspected on ultrasound the probable cause of the CHM can be discussed with the patient (genetic material absent from “mother’s ovum” and duplication of the “fathers” genetic material following conception predisposing to abnormal growth of the placenta which often presents with bleeding in early pregnancy or as an unsuspected finding on a routine early pregnancy ultrasound scan). As the placenta is growing abnormally and there is no fetus present the management of choice is ERPC to help to prevent further growth of this molar tissue. In Ireland we have a specialist National Team with expertise in looking after patients with these particular pregnancy changes. We will be informing this team about you and their specialist nurse will make contact with you to further explain the laboratory report and the plan for follow up.”

In approximately 85% of cases the ERPC will be curative but approximately 15% women will need further treatment to cure any remaining molar cells. Therefore all patients should have a baseline hCG prior to ERPC and should start weekly hCG follow up from the time of ERPC without necessarily waiting for the official Histopathology report. The histopathology report should ideally be available within 2 weeks of ERPC and the ERPC path request form should be marked “URGENT”. After the ERPC the patients should be counselled about the need for immediate contraception and advised not to become pregnant. Patients should be seen in a clinic regarding confirmation of the diagnosis by the responsible team. The patient can be registered with the GTD service with the patients signed consent and it is important that they co sign. The patient should be told that after registration they will be contacted by the GTD team who can further explain the diagnosis and follow-up protocol. The registration forms will be available on our GTD website (website address to follow when confirmed) and can be filled in, including the patients consent at the post-ERPC visit.

Very few of the suspected CHM patients will have the diagnosis changed following histopathology analysis so it is usually easier to have the patients counselled appropriately and follow up commenced rather than starting from the time of histopathology confirmation as a few weeks of follow up will have already been lost and the disease may have progressed in that short time.

We have developed a detailed patient leaflet which is available on the GTD website which should be helpful to the patient.

The above is a suggested guide to all staff regarding the early management of CHM prior to registration with National GTD office at CUMH.

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