
Can it happen again?

Nothing that you did caused triploidy and there was nothing you could have done to prevent it, either. In most families, triploidy is a one-off event and the chances of it recurring are the same as for anyone else. A tiny number of couples have experienced more than one triploid pregnancy, but triploid conceptions are so common that this too may occur by chance.

How long should we wait before another pregnancy?

There is no right length of time to wait and this is usually a personal decision. After a partial molar pregnancy, you may be advised to wait until follow-up is complete or, after a two-year follow-up, to delay your next pregnancy until you have had six months of normal samples.

Inform Network Support



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Triploid pregnancies

rarechromo.org

When you are ready for more information, *Unique* can help. We can answer individual queries and we also publish a full leaflet about triploid pregnancies.

This information sheet is not a substitute for personal medical advice. Families should consult a medically qualified clinician in all matters relating to genetic diagnosis, management and health. The information is believed to be the best available at the time of publication and has been verified by Dr Tessa Homfray, consultant clinical geneticist, South West Thames Genetics Service, and reviewed by *Unique's* chief medical adviser
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What is triploidy?

In a triploid pregnancy the baby has an entire extra set of chromosomes. The amount of extra genetic material contained in the chromosomes is so great that it isn't possible for the baby to survive. Almost every triploid pregnancy ends in loss by miscarriage or stillbirth. Extremely rarely, babies are born with triploidy but they do not live beyond babyhood. Triploid babies are usually conceived when two sperm fertilise an egg. When this occurs, it is called *diandry*. More rarely an egg with an entire extra set of chromosomes is fertilised by a single sperm. This is called *digyny*.

Apart from sperm and egg cells, every cell in your body usually contains two sets of 23 chromosomes, making 46 chromosomes in all. A baby with triploidy has an entire extra set of chromosomes – 69 in total.

Triploidy isn't the same as trisomy. Babies with trisomy have a single extra chromosome – 47 in all instead of 46. The most common trisomy causes Down's syndrome.

How common is triploidy?

Triploid pregnancies are astonishingly common. Perhaps two per cent of all pregnancies are triploid. But most are lost before they are recognised.

How is it detected?

Routine blood tests and ultrasound scans usually suggest that something is wrong with the pregnancy. You will normally be referred to a specialist fetal medicine centre for more detailed scans but a diagnosis of triploidy can only be made by looking at the baby's chromosomes. If you are in the first trimester, you can have a chorion villus test (CVS) to examine the cells in the developing placenta. Later in the pregnancy, you can be offered an amniocentesis. Most hospitals will offer you at least one way to get a quick result within two to three days.

Decisions

If you discover that your baby has triploidy before a pregnancy loss, you will have a choice between allowing nature to take its course and ending your pregnancy. This is an agonising choice, but many women have faced it before and there is support available. In the UK, the charity Antenatal Results and Choices exists to help. Your hospital should give you the *ARC Parents' Handbook*. If you wish, you can talk on the telephone to other parents who have experienced a triploidy loss. Look overleaf for ways to contact Antenatal Results and Choices. On the internet, there is a triploidy loss message board and a message board and website for parents who end a pregnancy for medical reasons. If you make this choice when you are less than 14 weeks pregnant, you will usually have a general anaesthetic and a suction curettage (or dilatation and evacuation). If you are over 14 weeks pregnant, labour will probably be induced with a prostaglandin pessary and you will have your baby after going through labour.

Continuing your pregnancy

If you choose to continue your pregnancy, midwives and hospital staff will treat you as if you are carrying a normal, if high-risk pregnancy. You can expect regular heart monitoring and scans to check how your baby is. If your pregnancy is diandric, obstetric staff will be alert for early signs of pre-eclampsia. You will also need huge emotional support. Support groups like *Unique*, the triploidy loss message board and ARC are there for you.

Miscarriage

The great majority of triploid pregnancies end in miscarriage. If you start to bleed or feel pains similar to labour pains, you should contact your hospital. You will normally go into hospital and whether the miscarriage takes place there or at home, you will usually have an evacuation under anaesthetic afterwards to ensure that all the pregnancy tissue has been cleared from your womb.

Stillbirth

Occasionally, a triploid pregnancy continues past week 24 into the third trimester. Despite vigilant antenatal care, it is likely that your baby will die in the womb. You will then probably be induced and your baby will be born after you have gone through labour. This is emotionally harrowing and you may have conflicting feelings about your baby afterwards. Some parents find comfort in spending time with their baby, keeping treasured mementoes and photographs and in arranging a funeral. But no families are exactly alike and how you feel is very personal.

Birth

Most babies known to be triploid are delivered early. Breathing problems are common and your baby may not cope with independent life. Occasionally babies are born in good condition and live long enough to go home. Doctors say that 10½ months is the longest a baby has survived.

After the pregnancy

If your baby had diandry, you may have had a partial molar pregnancy with an abnormal placenta. In a very few women this can develop into cancer. To monitor this, you will be asked to give regular blood and urine samples for at least six months. In a few women follow-up is for longer.