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Molar Pregnancy and Its Implications on *Iddah* According to Syafi'i Scholar

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Abstract

Molar pregnancy is one of the abnormal pregnancies that originates from placenta tissue. The abnormality had made patient confusion in determine the relevant religious law including the law of *iddah*. This study aims to determine implications on *iddah* for the patient molar pregnancy according to Syafi'i scholars. The methodology used in this study was qualitative research using case study design, specifically the forms of types and cases molar pregnancy. Research data was obtained through literature review by analyzing medical case report, classical and contemporary jurisprudence and medical document. This study found that the Iddah did not end for patient with a complete molar pregnancy without fetus even after treatment to remove the pregnancy. Meanwhile, status Iddah for the patient who undergo complete and partial mole pregnancy with coexisting fetus, it is necessary to look at the stage of human development of the fetus that comes out with it.

Keywords: Molar Pregnancy, *Iddah,* Abnormal Pregnancy, Miscarriage, Iddah for Pregnant Women.

Introduction

The World Health Organization (WHO) classifies molar pregnancy under the group of pre malignant Gestational Trophoblastic disease (GTD) (Narayanan, 2016). The problem of this pregnancy originates from abnormal growth of trophoblasts, which are the cells that normally develop into the placenta. Then, the placenta forms like tiny water-filled sacs similar to snowstorm or a cluster of grapes (Cavaliere et al, 2009). Molar pregnancy is divided into two types which is complete mole and partial mole.

Epidemiology study reported, the incidence rates of molar pregnancy are higher in Asian countries compares with non-Asian women (Tantengco, 2021). The ratio incidence in non-Asian women is around 1-2 per 1000 – 2000 pregnancies, while in Asian countries is around 1 per 120 – 400 pregnancies (Matsui, 2003). Meanwhile, the ratio of trophoblastic disease in Malaysia is around 2.8 out of every 1000 births (Nirmala et al., 2013). Most molar pregnancies end in miscarriage. In complete mole, there is no fetal tissue growth. However, in partial mole fetal tissue often present but the fetus cannot survive due to the malformation.

Generally in Islam, giving birth or having a miscarriage is related to the end of the *iddah* (waiting period). The term *"iddah"* comes from the root word *"al-'addi"* which means counting. Hence, the word "*iddah al-mar'ah*" refers to the waiting period for woman after divorce or husband's death (al-Fayyumi, t.t). According to the shari'ah terminology it refers to waiting period that set by Islamic law to ascertain the state of her uterus from possible conception by her former husband *(bara'ah al-rahim)* (al-Syirbini, 1994). During this period of *iddah*, the women is not allowed to marry another man.

As stated in Quran (al-Talaq: 4), the *iddah* for pregnant woman end until deliver of her entire pregnancy or its miscarriage. The generality of this verse explains that this law applies to all pregnant women whether it is *talaq raj'i* (revocable divorce), *talaq ba'in* (irrevocable divorce) or woman whose husband has passed away (al-Syirbini, n.d). It corresponds to the purpose of *iddah* in islamic law which is to liberate the woman's uterus from effects of marriage with the previous husband (Muhammad Uqlah, 2010). Besides that, *iddah* also related to the division of inheritance. For example, women who are in iddah's period for *talaq raj'i* and husband has passed away are eligible to inherit inheritance (al-Nawawi, n.d).

Al-Nawawi says that the *iddah* of pregnant women ends with the delivery of fetus even it is miscarriage. However, he excludes the miscarriage that came out just with a blood clot *('alaqah)* (al-Nawawi, n.d). Therefore, in the molar pregnancy case, does after incidence of miscarriage cause the end of her *iddah*. This question arises because molar pregnancy occurs as a result of fertilization of male and female gamete, but it has chromosomal abnormalities. This abnormality results in the formation of abnormal placental tissue, which can occur either with or without the presence of fetus. In orders to address the above concerns, a more detail about incidence and management of molar pregnancy must be made to determine the status of *iddah*. Thus, this paper specifically analyses molar pregnancy cases according to the Syafi'i scholar perspective on its implications to the law of *iddah*. This study will help the Muslim patient to determine their iddah status. In addition, this study can provide comprehensive guidelines for Islamic judicial field in determining a person's eligibility to marry and receive inheritance.

Methodology

This study adopts a qualitative approach using case study design, specifically the forms of types and cases molar pregnancy. Data for the study obtained through literature review by analyzing medical case reports, classical and contemporary jurisprudence and medical documents. Additionally, data were acquired by referring to relevant articles and other related works. Subsequently, the data were analyzed using a thematic approach based on the case.

Data Analysis

Molar pregnancy is a rare abnormal pregnancy, typically managed through surgical management to remove abnormal tissue, followed by close monitoring to prevent ongoing complications. In the context of Syafi'i scholar, the issue of iddah for women who experience miscarriage, including molar pregnancy, is significant and closely related to religious, marital, and social activities. The duration of iddah depends on the status of the fetus, whether it has discernible human features or not. This analysis will explore these three elements from both medical and Syafi'i perspectives.

An Overview of Molar Pregnancy Incidence

Normally, during fertilization, each gamete from the male and female carries 23 chromosomes, combining to form a total of 46 chromosomes. However, what happens to the molar pregncany is different. In a complete molar pregnancy, one or two sperm fertilize an ovum that is devoid of maternal genetic material. As a result, the maternal chromosomes are absent, and the paternal chromosomes duplicate, leading to the absence of embryo formation. Despite this, the placenta tissue growth abnormally forming tiny water-filled sacs resembles a snowstorm or a cluster of grapes. This placenta tissue produces human chorionic gonadotropin (hCG) hormones. For that reason, patient with complete mole also having pregnancy symptoms and sometimes it become worse than usual. While in partial mole, two sperm fertilize an egg at the same time forming one set of female chromosomes and two set of male chromosomes. The chromosomes usually 69 XXX or 69 XXY (Moore et al., 2021). Fetal tissue often present in partial mole. The abnormal placenta tissue forms along with the embryo. Generally, the embryo will develop but can’t survive due to malformations and lead to miscarriage. However, have been documented cases where a single fetus associated with a partial molar pregnancy was delivered alive (Kawasaki, 2016).

In other situations, there are incidence of twin pregnancy which is molar pregnancy with coexisting live fetus. This incidence can happen to complete and partial mole that associated with coexisting fetus (Hassan, 2023). Shortly, there are three cases of molar pregnancy with coexisting live fetus. First, twin pregnancy with complete mole; the normal fetus with normal placenta and the twin is complete mole. Second, twin pregnancy with partial mole; the normal fetus with normal placenta and the twin is partial mole. Third, singleton partial mole; fetus with partial mole placenta. In summary, there are some molar pregnancy that do not result in fetal development, while others are accompanied by a fetus. Based on the incidence of molar pregnancy, the stage of human development that this pregnancy went through can be determined. To explain this, the description divide into two parts, singleton complete molar pregnancy and molar pregnancy with coexisting fetus.

In singleton complete molar pregnancy, after the male and female gamete are fertilized, its form a zygote. However, there’s a problem originates from trophoblast cells in zygote. Then, this zygote is implanted superficially in the compact layer of the endometrium. Because of the problem with trophoblast, only the abnormal placenta is formed without the presence of fetal tissue. Therefore, human development stops at that stage only. As a result, after patient undergoes treatment for removal this pregnancy, the product of conception is only abnormal placenta tissue. Meanwhile, in partial molar pregnancy with coexisting fetus either twin pregnancy with molar or singleton partial mole, the product of conception is abnormal

placenta tissue with fetus. In this case, the stage human development of the fetus can be identified after removing it.

Table 1
Summary of Human Development Stage In Molar Pregnancy

Case of Molar Pregnancy	Singleton Complete Molar Pregnancy	Molar Pregnancy with coexisting fetus
Stage of Human Development	Stop at the implantation stage.	The fetus develops according to its ability with the presence of abnormal placenta tissue.
Product of Conception	Abnormal placenta tissue without fetus.	Abnormal placenta tissue with fetus.

Management of Molar Pregnancy
According to the Royal College of Obstetricians and Gynaecologists (RCOG) guidelines, surgical management using suction curettage (S&C) is the preferred method for removal complete molar pregnancies (Tidy et al., 2020). This method is suitable for patient who want to preserve fertility (Cavaliere, 2009). Medical management should be avoided as it is proven increase the risk to get Gestational Trophoblastic Neoplasia (GTN) (Tidy et al., 2020). While, in partial molar pregnancy, treatment using S&C is the treatment of choice except when the size of fetal parts deters the use of S&C. Then, medical management can be used in this case (Tidy et al., 2020). Total hysterectomy surgical treatment is a reasonable option for patients who do not want to preserve fertility.

Meanwhile, treatment for the management of molar pregnancy with coexisting live fetus is left to the doctor and the patient to decide whether to continue or terminate the pregnancy. If patient choose to take the risk to continue the pregnancy, the doctor should counsel her about the risk of perinatal morbidity and GTN (Gihan, 2014).

***Iddah* for Miscarriage Women according to Syafi'i Scholar**
The concept of *iddah*, a waiting period for women following divorce or the death of a spouse, holds significant importance in Islamic jurisprudence, ensuring proper observance of familial and societal responsibilities. Among the various circumstances in which *iddah* is observed, one critical yet often nuanced area pertains to women who experience miscarriage. The Syafi'i school of thought, offers specific guidelines regarding the duration and conditions of *iddah* for such women.

Discussion about *Iddah*
Al-Syiribini states: "*Iddah* does not end with a miscarriage of *'alaqah* or *muḍghah* which has a faint appearance." From this statement, it can be understood that the iddah does not end for women who are miscarry *'alaqah*.

Nevertheless, al-Syirbini adds to the discussion of miscarriage *muḍghah*. By saying that if there is no appearance on the *muḍghah*, either clearly or vaguaely, but it is certified by the *'al-qawābil'*, that product of conception is human origin, if it remains in the uterus it will form human, then the *iddah* is over according to the Syafi'i scholar. This is because the purpose of *iddah* which is *bara'ah al-rahim* had archieved with that (al-Syirbini, 1994).

The word *'al-qawābil'* in al-Syirbini's statement above refers to person who has knowledge about birth and those related to it. *'Al-qawābil'* is plural nouns, derived from *'qābilah'*. Today, it refers to specialist in obstetrics and gynaecology or midwives or people who are knowledgeable about birth and related matters.

The Stage of Human Creation according to the Quran

According to the quranic verses about human creation, there are seven stages of human creation (Muḥammad 'Ali al-Bar, 1983). In order, the seven stages are as follows;

1. *Nuṭfah* (نطفة),
2. *'Alaqah* (علقة)
3. *Muḍghah* (مضغة)
4. *'Izām* (عظام)
5. *Laḥm yaksū al-'izām* (لحم يكسو العظام)
6. *Al-taswiyah wa al-taswīr* (التّسوية والتّصوير)
7. *Nafakha al-rūḥ* (نفخ الرّوح)

The first stage is *nuṭfah* which includes three things that are sperm, ovum and zygote; the result of fertilization of sperm and ovum. In Quran, zygote is called *nuṭfah al-amsyaj* (نطفة الأمشاج). According to medical, zygote is the beginning of human creation.

Next, the second stage is *'alaqah*. This stage had been characterized by the implantation of zygote on the endometrium wall. It begins around seventh day after fertilization and ends after the third week after fertilization with the formation of the first pair of somites. *'Alaqah* had been characterized by incidence of zygote implantation and blood clots. These two characters are present in the second and third week after fertilization.

With the beginning of somite formation, the third stage of human creation; *muḍghah* is begins. In this stage, more somites are formed and the formation of fetus can be seen clearly. On the side view, image of the fetus in this stage looks like a little lump of flesh cheawed by the teeth. Thus, it coincides with the meaning of the word '*muḍghah*'. This stage happened at fourth week after fertilization (al-Bar, 1983).

After that, Allah made out of the little lump of flush, bones which is bones, nerves and veins. Then, Allah cover the bones with flesh.

Findings and Discussions

Based on the discussion, the findings of this study are summarized as follows

1. Stage of human development in singleton complete mole and molar pregnancy associated with coexisting fetus.

a. The stage of human development in singleton complete mole pregnancies stop at implantation stage. According to the Quran, the implantation stage called as *'alaqah*. There is only abnormal placenta tissue without the presence of fetus. If this tissue remains in the uterus, no fetus will develop. Hence, human developments stop at this stage.
b. Meanwhile, in molar pregnancy that is associated with coexisting fetus, it is necessary to look at the development of the fetus that is present together. Does the fetus that comes out, reach the *muḍghah* stage or not yet. *Muḍghah* stage can be recognized by

the present of somite.

2. Implications on Iddah

According to the Islamic Law, the *iddah* for pregnant women end until deliver. Deliver includes all acts that mean come out of the pregnancy from the uterus whether normal delivery, miscarriage or termination of pregnancy. However, the product of conception that came out was at least at the *muḍghah* stage, then the *iddah* ends. If the product of conception that came out was in *'alaqah* stage, then the *iddah* not end with that.

Conclusion

The termination of *iddah* for patient with molar pregnancy should be seen to the product of conception that came out after giving birth or after receiving treatment of molar pregnancy management. If the product of conception that came out is only abnormal placenta tissue, then the *iddah* does not end. If the product of conception that came out is abnormal placenta tissue with fetus, so it is necessary to look at the stage of human development of the fetus. If the fetus reach *muḍghah* stage, the *iddah* ends, while if the fetus does not reach *muḍghah* stage the *iddah* does not ends.

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