

Progesterone

Progesterone is a hormone produced by the corpus luteum, the tissue in the ovary formed by the collapsed follicle. It acts to thicken the lining of the uterus to prepare it for a fertilized egg. Progesterone is prescribed for women that need additional amounts of the hormone to boost levels to normal. It is a routine part of the drug regimen for ART (IVF, GIFT, ZIFT) and is often used during the second half of cycles stimulated by *Clomid, Humegon/Pergonal and Metrodin*. Progesterone is in a sesame or peanut oil solution and administered by intramuscular injection or can be given as a gel or pill intravaginally.

Side Effects & Risks

Progesterone mimics many of the symptoms of early pregnancy. Side effects can include breast tenderness, bloating and nausea. The length of the menstrual cycle can be prolonged by several days. Tenderness at injection sites may occur.

There is currently no study that has demonstrated a link between natural progesterone and an increase in birth defects. A slight increase in certain types of abnormalities have, however, been blamed on synthetic progestins. Only natural progesterone is prescribed for CHR patients trying to conceive.

Patient Instructions

A: Intramuscular Use

1. Schedule an appointment with a member of the staff before you begin your treatment cycle to learn how to administer the progesterone. **Advise your physician if you have allergies to sesame or peanut oil.** Begin injections when instructed in the amount prescribed.
2. Always wash your hands before preparing the medication. Hand washing is the single most important factor in the prevention of infection.
3. The progesterone is pre-mixed and is in a multi-dose vial. Remove the cap from the vial and wipe the top with an alcohol pad.
4. Uncap the needle. Draw air up into the syringe in an amount equal to the progesterone dose prescribed by your physician.

5. Invert the vial. Insert the needle through the top of the vial and inject the air. Do not remove the needle from the vial.
6. With the vial still inverted, see that the needle tip is in the liquid. Draw the progesterone into the syringe in the amount prescribed. The medications thick. You will feel more resistance in drawing progesterone than the water based solutions.
7. Withdraw the needle and pull the plunger back slightly.
8. Put the cap back on the needle and twist it off. Replace it with a clean needle.
9. Point the needle up. Gently flick on the syringe to force any air bubbles to the top. Push the plunger up until no air remains in the syringe.
10. If you touch (contaminate) the needle after the medication is in the syringe, put the cap back on the needle and twist it off. Replace it with a clean needle.
11. Lay the syringe on a clean flat surface.
12. Refer to **Intramuscular Injections (RX-12)**

B. Intrauterine Use – Prometrium

1. Schedule an appointment with a member of the staff before you begin your treatment cycle to learn how to administer the prometrium. **Advise your physician if you have allergies to sesame or peanut oil.** Begin injections when instructed in the amount prescribed.
2. Always wash your hands before preparing the medication. Hand washing is the single most important factor in the prevention of infection.
3. The prometrium is little round capsules dispersed by a pharmacy.
4. Insert 2 capsules vaginally three times a day.
5. You may notice a white discharge; this is a normal side effect of prometrium.