

When, how and what kind of progesterone should I take during my attempts to conceive?

Letrozole (Femara) cycles: usually we do not use progesterone, but if so instructed we will order 50 mg progesterone vaginal suppositories to use each night at bedtime starting 4 days after trigger dose. Check a pregnancy test 14 days after a trigger dose. If negative then stop suppositories.

Follistim, Bravelle, Gonal F superovulation cycles: 50 mg progesterone vaginal suppositories will be ordered to use each night at bedtime starting 4 days after trigger dose and continued until pregnancy ultrasound or until negative pregnancy test. Testing done 14 days after trigger dose

In vitro fertilization: Start injections of progesterone, Endometrin or Crinone the day after egg harvest. The progesterone injections are 50 mg daily. Endometrin is three times vaginally each day, and Crinone is once per day in the morning. The usual course is to start with progesterone injections and change to a vaginal progesterone preparation (Endometrin/Crinone) once a blood test confirms pregnancy. Progesterone needs to be continued minimally until pregnancy ultrasound.

Egg recipiency; Progesterone is started the morning after the donor's ovulation is triggered. We recommend progesterone injections. Once the pregnancy is confirmed by ultrasound, we can switch to a vaginal progesterone preparation (Endometrin (**three** times per day) or Crinone (**twice** a day-morning and early evening). Supplementation is continued through 8 to 10 weeks gestation.

FET cycle: progesterone injections, once started continue until the confirmatory ob ultrasound. At that time you may change to a vaginal progesterone preparation. Endometrin is used three times vaginally each day, and Crinone is twice per day in the morning and early evening. Supplementation is continued thru 8 to 10 weeks gestation.