



## Progesterone Patient Consent

Progesterone is one of the dominant female hormones. It is essential during pregnancy. The corpus luteum, on the ovary, produces progesterone during the first trimester. After approximately 12 weeks, the placenta takes over this role.

Woman with a history of miscarriage, infertility, or luteal phase defect are at an increased risk of miscarriage. These women, in addition to women bleeding during pregnancy, may have low progesterone which is one of many factors that can lead to difficulty achieving and/or maintaining pregnancy. The work of Dr. Thomas Hilgers at the Pope Paul VI Institute, among others, supports the use of progesterone supplementation to treat these conditions. His data has shown a decrease in pregnancy loss and complications when these low levels are treated with progesterone.

In women who have had one to two miscarriages, however, a number of medical studies have not demonstrated that the routine use of progesterone has provided a benefit. In women who have had three or more consecutive miscarriages, progesterone treatment may be of benefit.

The FDA has not approved progesterone therapy for women who are pregnant or trying to achieve pregnancy. This was due to complications related to the use of progestins, which are similar but not identical to progesterone. In fact, the American College of Obstetrics and Gynecology (ACOG) has officially recommended the FDA change this warning since the 1980's. In the medical community, progesterone is a common treatment for women found to have luteal phase defects. In addition, progesterone is used to attempt prevention of preterm birth. In long-term studies there is no evidence that human identical progesterone is harmful in pregnancy.

Intramuscular injections have been shown to have the most reliable absorption for progesterone. Oral forms and vaginal suppositories are used in some patients. Common side-effects of the injections are localized redness, itching and pain. If you are experiencing any additional side effects or these are getting more intense, contact your provider. Patients with a peanut allergy should not take Prometrium brand of progesterone.

Many insurances cover progesterone. You should check with your insurance company to find out what portion of the progesterone they will cover and what you will be responsible to cover. Important data to have when investigating this is: diagnosis for which you are being treated, whether you are covered for compounded drugs (the progesterone is formulated by a pharmacist), and whether you have better coverage for receiving the injections at the clinic or at home.

The work of Dr. Hilgers has not been widely accepted among OB/GYN and Family Practice physicians. Yet, his research has been widely published and a growing number of physicians world-wide are following his protocols. Many of our patients come to our clinic specifically to receive these therapies. Most infertility patients who see an infertility specialist are treated with supplemental hormones, including progesterone and HCG to help decrease the risk of pregnancy loss.

The protocols developed by Dr. Hilgers are called Naprotechnology. Medical consultants certified through the American Academy of Fertility Care Providers are trained in these protocols. There is a description of the research and protocols available at: [www.naprotechnology.com](http://www.naprotechnology.com) and [www.unleashingthepower.info](http://www.unleashingthepower.info).

I have read and understand the above information regarding progesterone treatment:

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Patient Signature

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Date