

<b>Progesterone</b>	
<b>Description</b>	Progesterone is synthesised in the ovary, the adrenal cortex, and the placenta..
<b>Indication</b>	The main use is for assessment of ovulation. Progesterone can also be used to assess viability of pregnancy in cases of Pregnancy of Unknown Location (PUL). Occasionally measured in patients on Clomid treatment.
<b>Additional Info</b>	
<b>Concurrent Tests</b>	HCG is also usually measured when investigating PUL.
<b>Dietary Requirements</b>	N/A
<b>Interpretation</b>	<p>In females, serum concentration of progesterone varies during the 28-day menstrual cycle (Figure).</p> <p>Under the influence of follicle-stimulating and luteinising hormones (FSH &amp; LH), ovarian progesterone secretion commences during the luteal phase, and increases to a maximum concentration 6 to 8 days post-ovulation (around day 21 of a 28-day cycle); <b>concentrations of &gt;25 nmol/L are consistent with ovulation.</b> The subsequent <i>corpus luteum</i> becomes the major source of progesterone secretion. If fertilisation does not occur, the <i>corpus luteum</i> atrophies, progesterone concentration decreases and menstruation ensues. If fertilisation does occur, the <i>corpus luteum</i> is further stimulated by increasing levels of chorionic gonadotropin (hCG) from the foetoplacental unit and continues to secrete progesterone. Serum concentrations continue to rise throughout pregnancy and may increase 10-100 fold higher compared to non-pregnant individuals.</p>
<b>Collection Conditions</b>	Serum Progesterone levels are only of use when measured 7 days prior to menstruation i.e. mid-luteal phase. Samples will normally be taken on Day 21 (of a 28 day cycle) but this will vary according to length of cycle.
<b>Frequency of testing</b>	N/A