

# Prospective randomised study comparing luteal phase support in in-vitro fertilisation /intracytoplasmic sperm injection patients for three weeks versus seven weeks from day of positive pregnancy test

<b>Submission date</b> 28/12/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 25/01/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 15/04/2008	<b>Condition category</b> Pregnancy and Childbirth	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
N/A

## Study information

## Scientific Title

### Study objectives

A question was sent to 18 in-vitro fertilisation (IVF) centres worldwide, asking about their policy of luteal phase support. A very wide variation in the duration of luteal phase support was noticed between different centres. The study will compare three weeks versus seven weeks of luteal phase support from day of positive beta-human chorionic gonadotropin ( $\beta$ -hCG) in IVF patients.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Approval received from the Ethical Committee of the Egyptian IVF Center on the 15th November 2006.

### Study design

A prospective randomised controlled trial

### Primary study design

Interventional

### Study type(s)

Treatment

### Health condition(s) or problem(s) studied

Infertility patients treated by IVF/ICSI

### Interventions

All patients receive intramuscular (IM) progesterone 50 mg daily from day of oocyte retrieval and continue for three weeks from day of positive  $\beta$ -hCG test, i.e. day of first ultrasound.

Patients are randomised on day of first ultrasound to:

Arm one: stop luteal phase support on day of first ultrasound

Arm two: continue luteal phase support in the form of cyclogest (micronised progesterone 400 mg) for four more weeks.

### Intervention Type

Drug

### Phase

Not Specified

### Drug/device/biological/vaccine name(s)

Progesterone

### Primary outcome(s)

Miscarriage rate in the first trimester

**Key secondary outcome(s)**

1. Bleeding episodes in the first trimester
2. Adverse reactions to progesterone

**Completion date**

20/06/2007

**Eligibility****Key inclusion criteria**

1. Patients undergoing IVF/intra-cytoplasmic sperm injection (ICSI)
2. Aged less than 39 years
3. Having at least three high quality embryos

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

Not Specified

**Key exclusion criteria**

Intra-cytoplasmic sperm injection (ICSI) using surgically retrieved sperm.

**Date of first enrolment**

20/12/2006

**Date of final enrolment**

20/06/2007

**Locations****Countries of recruitment**

Egypt

**Study participating centre**

3 St 161 Hadayek El Maadi

Cairo

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# Sponsor information

## Organisation

The Egyptian IVF-ET Center (Egypt)

## ROR

<https://ror.org/035aahr55>

# Funder(s)

## Funder type

Other

## Funder Name

Internally funded by the Principal Investigator

# Results and Publications

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	Results	01/04/2008		Yes	No