

PROTOCOL FOR LUTEAL UNRUPTURED FOLLICLE CYCLE

First Consultation (day 8 –10 of cycle depending on individual length)

- Trans Vaginal Ultrasound.
- Explain menstrual cycle.
- Explain Ultrasound findings.
- Explain the importance of the use of Ultrasound and inform the patient of days and times that Ultrasound appointments are available.
- Ask patient if using induction method.
- Explain that blood tests will be required, and why, during cycle.
- Book next Ultrasound appointment.
- Allow time for patient queries.
- Document first consultation.

Thereafter

- Rescan until Dominant Follicle or Clearly poor follicular development

Dominant Follicle

- Advise timing for intercourse
- Ask patient to note signs of ovulation
- E2 bloods to ascertain quality of follicle >300
- Book rescan 7-9 days later depending on length of cycle to ascertain ruptured follicle
- Advise patient that if she conceives that the next scan will not harm the pregnancy or demonstrate it.
- Allow time for patient queries.
- Document outcomes of all above appointments

7 –9 days later

- Ruptured follicle
- Progesterone bloods
- Patient to phone in 7 days for result.

Test result

- Progesterone bloods >30 patient ovulatory
- Confirm follow up appointment in out patients clinic if applicable.

Progesterone bloods < 30 discuss with Mr Pampiglione or

Senior sister Coleman

- If on less than 100 mgs of Clomid consider increasing to 100mgs.
- Out patients appointment.
- Allow time for patient queries.
- Document outcomes of all above

7 – 9 days later un-ruptured follicle

- Progesterone bloods.
- Patient to phone for 7 days post test for result.

Test result

- Progesterone bloods >30 = Luteal un-ruptured follicular cycle (LUF).
- Confirm follow up appointment in outpatients clinic.
- Allow time for patient queries.
- Document outcomes of all above.

Progesterone bloods < 30 = anovulatory discuss with Mr Pampiglione or

Senior sister Coleman

- On Clomid considering increasing if not on 100mgs.
- Repeat Progesterone bloods on 100mgs.
- Consider repeating follicle-tracking cycle.
- Allow time for patient queries.
- Document outcomes of all above.

Poor follicular development: Discuss with Mr Pampiglione or Senior sister

Coleman

- Progesterone bloods.
- Patient phone 7-day post test for result.

Action result either by:

- Repeat follicle tracking if progesterone result was equivocal

Other instances

- Arrange appointment in out patients clinic

Core Standard For Luteal Unruptured Follicle Cycle (Patient Care)

Structure

Adhere to Protocol for Luteal Unruptured Follicle Cycle

Process

Establish an effective nurse patient relationship with the assistance of verbal and written communication allowing time for questions from patients and evidenced based answers.

Ensure patients receive both verbal and written information about Follicle Tracking

Offer psychological support when needed.

Outcome

To enable patients to be able to make an informed decision about their treatment.

Management of Luteal Unruptured Follicle Cycle

Extended Role – Education and Assessment

Aim

To promote and maintain a safety standard of practice by:

- **Being Professionally Accountable** to the standard set by the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to evidence based protocols when undertaking Intrauterine Insemination
- Adhering to **Human Fertilisation and Embryology Act 1990**.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Advocacy and Autonomy** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Confidentiality** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Consent** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Infection Control** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Medicines Management** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.
- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Privacy and Dignity** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.

- Adhering to the Royal Bournemouth and Christchurch NHS Foundation Trust protocols in relation to **Record Keeping** and the standards set down in the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004.

Assessment

Assessors

Mr Julian s Pampiglione MD, FRCOG

Senior Sister Jacqueline Coleman , RGN

Competency undertaken by registered Nurses only

The Registered nurse will be deemed competent to undertake all aspects of Luteal Unruptured Follicle Cycle when the registered nurse and assessors are in agreement with the nurses' level of competency.

Competency to be measured by:

Adhering to, and confident when applying the protocol on Luteal Unruptured Follicle Cycle in practice.

Adhering to Human Fertilisation and Embryology Act 1990.

Adherence to the Royal Bournemouth and Christchurch Foundation Trust Protocols.

Adherence the standard set by the Nursing and Midwifery Councils Code of Professions Conduct, Performance and Ethics 2004

Royal Bournemouth and Christchurch NHS Foundation Trust

This is to certify that

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**Was deemed competent to manage Luteal Unruptured
Follicle Cycle**

Date.....

Signed.....

Criteria for Luteal Unruptured Follicle Cycle

- Ovulatory Progesterone.
- Lap and Dye or Hystrasalpingogram to confirm tubal patency.
- Recent semen analysis.

Procedure for Referral

- As per criteria.
- Advise patient to phone on first day of period.
- Advise patient of availability of service.
- Give patient Luteal Unruptured Follicle Cycle Handout.

First Telephone Contact by patient to Fertility Unit

- Name and contact number for patient.
- Ascertain length of menstrual cycle.
- Book day 8 – 10 depending on cycle length.
- Ascertain that patient has handout on Follicle Tracking.

IF NOT

- Explain where to attend.
- Explain that it is an internal examination using a probe into the vagina.
- Explain no need for full bladder.
- Explain patient can eat and drink as normal.
- Explain that patient should attend fertility unit after their scan.

