Before Use

Once you've read the OvuSense User Guide, here are some important general points you need to understand before you start using OvuSense.

1. Missing a night

It is not a problem if you miss a night, OvuSense will carry on using the data collected on the following night. However, you may get spaces on the cycle chart and for best results, you should aim to use OvuSense most of the days when you are not menstruating until it tells you that you've ovulated.

2. How long each night

You should keep the Sensor in overnight for a minimum of 4 hours, but ideally for the whole night's sleep. The Sensor will continue to gather data until you tap **'Connect to Sensor'** on your Dashboard and place the Sensor on the NFC Reader. It will not use any data produced outside of a 14 hour overnight period.

3. When to start

You should start using the Sensor the day after you stop bleeding completely. If you are still spotting after a period, or if spotting starts during your cycle then you should not use the Sensor.

4. Falling out

The Sensor is designed to be removed and reinserted (for instance if you want to go to the toilet in the night), and so if it falls out, simply wash it and reinsert it as described in Section 2.

If you find that the Sensor is falling out on a regular basis, then you should contact Support at www.ovusense.com/getsupport.

5. Having sex

It is essential to remove the Sensor before sex. We recommend that the Sensor is reinserted after sex, to increase the amount of data collected. If you decide to continue using the Sensor after sex, remember to wash it before inserting it. The Sensor will simply continue taking readings from the time at which you reinsert. The Sensor is designed to cope with changes in temperature so you won't get any false measurements.

6. Issues removing the Sensor

Don't panic…. this issue can occur occasionally and is normally easy to solve. The Sensor tail is designed so that it cannot be inserted 'too high' in the vagina. To remove:

1. First wash your hands with soap and warm water.
2. Then check carefully with your fingers to see if you can feel the tail portion of the Sensor.
3. Remove the Sensor by gently grasping and pulling on the tail.
4. If you cannot locate the tail: Get into a similar comfortable position as for insertion. It is much easier to remove if you are squatting and relaxed.
5. Then try to find the tail with one finger. Once you have located it, use your finger and thumb to hold the Sensor tail and pull it out.

If you still have a problem, then seek medical advice.

7. Don't use during your period

You should ensure the Sensor is never used when you are bleeding or spotting.

8. Not entering a New Cycle

OvuSense will detect if you've not entered the date of your first cycle when you carry out your first data download, and automatically prompt you to enter the date the cycle started.

9. You can start using late in a cycle

As long as you input the correct start date of the cycle in which you are using the Sensor, there is no issue with starting late in a cycle. The Sensor will measure from that point onwards, and if ovulation has already passed then it will simply register that no ovulation was detected. The data are still useful for future cycles.

10. Infections

If you are undergoing treatment for a yeast infection or an STI, you should not use the Sensor. If you suspect you have an infection or condition, you should stop using the Sensor and consult your doctor. Wait until all symptoms have cleared up and treatment finished before starting to use Sensor again.

11. Irritation or discomfort

The Sensor is designed to be placed comfortably in the vagina, and used only overnight during sleep. It should be removed before going to the toilet, or having sex, and washed before being re-inserted.

The Sensor has been designed specifically for repeated insertion in the vagina, and is made of the highest medical grade materials already used in a number of other approved medical devices. In addition, the Sensor has undergone extensive biocompatibility and toxicity testing and passed all of these tests first time.

If you experience discomfort, check that you are inserting the Sensor properly so that a portion or all of the tail is outside of the vagina. You can also use a small amount of aqueous based lubricant which is sperm friendly to help make insertion and 'wearing' of the Sensor more comfortable.

If the discomfort persists, then you should stop using the Sensor for a couple of days. If the discomfort returns after you start using it again then you should stop using the OvuSense system altogether.

12. Don't sterilize the Sensor

Do not use sterilizing solutions or other methods for sterilizing the Sensor. The Sensor material is designed from specific biocompatible materials that prevent the growth of bacteria, and simple washing with body soap and water is sufficient to maintain this material properly. Use of sterilizing solutions, alcohol wipes or sanitizing gels may damage the Sensor material.

13. Running a fever

OvuSense has an intelligent filtering system that removes 'spikes' in the data. However, if you have been running a fever for two or more days you should stop using OvuSense until you are better again.

14. Drinking alcohol

If you drink a regular amount of alcohol each night, then your temperature is usually stable from night to night. However, if you consume more alcohol on one or two nights than your usual intake, this may cause a rise in temperature. OvuSense has been designed with an intelligent filtering system that excludes 'spikes' when calculating ovulation, but the 'spikes' in temperature related to alcohol tend to be lower than a fever and can sometimes cause an ovulation result.

15. Sleeping with a blanket, or in a hot room

As OvuSense takes temperature measurements in the vagina, it is not prone to external influences. It also takes a measurement every 5 minutes throughout the night and has been designed with an intelligent filtering systems that removes 'spikes' in the data.

16. Damaged or lost Sensor

If your Sensor stops working, either because it is damaged or faulty, OvuSense will show an error message. If you get an error message or you lose the Sensor, you should contact Support at www.ovusense.com/getsupport.

17. Replace the Sensor after one year

The Sensor is designed for optimum hygiene, and to be used specifically for one year to provide an initial analysis of your ovulatory pattern.

If your ovulation timing is irregular or you are not ovulating on two or more of three consecutive cycles, then you should seek further clinical advice. That advice may lead to treatment with ovulatory stimulating drugs and/or intrauterine insemination (IUI) and OvuSense can be used during that treatment phase too.

If your ovulation timing is regular, obtaining another Sensor will allow you to carry on using OvuSense to manage the timing of trying to get pregnant. Contact support via www.ovusense.com/getsupport to arrange for a replacement Sensor.

18. Consecutive cycles

Using OvuSense in consecutive cycles is not essential but it will improve your results if you do. If ovulation is not detected in a particular cycle, it's important to continue use to establish if this is a regular problem or like most women you occasionally miss an ovulation.

19. Not removing the Sensor

Though you are advised to remove the Sensor each morning, it is not a problem if you occasionally forget to do so. Simply remove it when you remember, and download the data. OvuSense is designed to cope with data downloading at any point in time.

20. Night shifts

In general, normal night time sleep is the time at which your temperature is at its most stable. However, if you have a regular sleep pattern, where you go to sleep at around the same time and wake up the same time in a 24 hour period on a continuous basis, and you regularly have more than 4 hours sleep, then OvuSense can still work for you even if you work nights. If you have an irregular sleep pattern (where your work and therefore sleep times change regularly) or if you tend not to get more than 4 hours sleep, then the results OvuSense provides are likely to be affected.

21. When to have sex

The OvuSense Reader provides a prediction of the start of the fertile window five days before the predicted date of ovulation. You should have sex as often as possible during this time, with a particular emphasis on having sex before the predicted date of ovulation because this is when you are at your most fertile.

However, in principle you should be aiming to have sexual intercourse every 2-3 days throughout the cycle because that improves the quantity and quality of sperm.

22. Sharing your OvuSense Sensor

The OvuSense Sensor is for your personal use. Sharing it with other women may present a hygiene risk, and will invalidate your personal data. The OvuSense App can also only be used by a single user and with a single Sensor at any one time.

23. Contraception

Correct use of hormonal contraceptives should stop you from ovulating, so you will see no temperature rise associated with ovulation, and OvuSense is unlikely to provide an ovulation prediction and confirmation. You may still get a positive ovulation result with OvuSense if you're using an IUD, as these tend not to alter the hormonal pattern unless they also contain hormonal implants. In both cases as the IUD disrupts the lining of the uterus no implantation will take place, hence you cannot conceive and the result from OvuSense is therefore of no consequence in trying to conceive. However, it should be understood that hormonal and IUD contraceptive use is strongly discouraged while using OvuSense as the results will be invalidated. It takes the female body a varying amount of time to re-establish a normal hormone balance after you stop hormonal methods of contraception or have an IUD removed. The length of time it takes depends on the type of contraceptive and your individual body. As the hormone patterns start to normalize, regular menstruation will return and eventually so will ovulation. However, this may take up to 9 months with hormonal methods. During this time, OvuSense may be able to help by showing you whether you are ovulating, but the fertile window prediction may be of less use, as the cycle length and ovulation timing is likely to vary greatly, especially in the first three cycles.

24. Confirmation of ovulation can take up to 5 days

OvuSense processes 5 minute overnight Core Body Temperature (CBT) measurements using a specially designed algorithm with patented techniques to determine the exact date when ovulation takes place. The Basal Body Temperature (BBT) method relies instead a single measurement of oral temperature taken first thing on waking to estimate the lowest (basal) temperature in a 24 hour time span. Charting BBT each day can help determine when ovulation takes place using the '3 over 6' rule long established in the literature[1]. This rule looks for a sustained rise in temperature over 3 consecutive days above the level of the previous 6 low temperatures and gives you a quick idea of when ovulation might have taken place, but it's only around 86%-89% accurate[2]. OvuSense improves on this original method with the CBT approach, firstly by predicting ovulation before it happens using current cycle data (so long in advance of BBT), and then avoiding a 'false positive' confirmation by checking that the rise in CBT is sustained. Waiting the 2-5 days to confirm is how it can ensure a 99% accurate confirmation of the date of ovulation, which is vital for analysis of the cycle pattern, including whether you have a short luteal phase.[3]

[1] Barrett JC Marshall J (1969);
McCarthy and Rockette (1983)

[2] Freundl G, Godehardt E (2003);
Barron M L Fehring R (2005);
Bauman JE (1981)

[3] The accuracy of ovulation confirmation by OvuSense is based on the data set originally published at the 2013 ASRM meeting as a quality index: Papaioannou S, Aslam M (2013), and developed in the key publication outlining the accuracy and positive predictive value of advance prediction of ovulation shown at the 2014 ESHRE meeting: Papaioannou S, Delkos D, Pardey J (2014).

25. Different results with BBT

Devices that measure temperature for the purpose of determining ovulation use very different measuring technology in different locations in and on the body - you therefore shouldn't expect them to give you the same temperature result. Although based on the same principle, they also use different methods for determining when ovulation takes place. So the day of ovulation may also vary between methods. You should also be aware that a vaginal temperature is generally up to two degrees Celsius higher than an oral temperature reading, and higher still than other external temperature readings (such as those taken under the armpit or on the skin). So don't worry necessarily if you appear to have a 'slight fever' - your core body temperature is not the same as your oral temperature. Here's a detailed explanation of each of the methods and their reported accuracy:

> The Basal Body Temperature (BBT) method relies a single measurement of oral temperature taken first thing on waking to estimate the lowest (basal) temperature in a 24 hour time span. Charting BBT each day can help determine when ovulation takes place using the 3 over 6 rule long established in the literature[1]. This rule looks for a sustained rise in temperature over 3 consecutive days above the level of the previous 6 low temperatures. In general a 0.3 degree Celsius rise over that time span shows that ovulation took place. There are a number of drawbacks to the method: oral thermometers only have a measuring resolution of around 0.1 degrees Celsius[a], there is only a single measurement in each 24 hour period, the measurement is not actually at night when temperature is at its most stable, and oral temperature can fluctuate in a way which doesn't correctly represent

core body temperature, particularly for the 70% of women with irregular ovulation timing[2]. Studies assess accuracy[b] for confirmation that ovulation took place with BBT at around 69%-83%[3].

OvuSense solves the issues with the other methods by taking multiple overnight Core Body Temperature (CBT) measurements in the vagina using a thermistor with a resolution of 0.003 degrees Celsius[a], and the OvuSense algorithm then intelligently filters the data to provide the truest representation of the action of progesterone on the ovaries. OvuSense confirms the date of ovulation with 99% accuracy[b][4]. Unlike the other methods it is also able to predict ovulation in real time - the published literature shows it does this with an accuracy of 89% and a positive predictive value of 96%[c][4].

[a] The measuring resolution of a thermometer is the step between each temperature reading - a resolution of 0.1 degree Celsius means a reading may be wrong by as much as 0.099 degrees Celsius, or in other words there are only 3 steps between a wrong and right ovulation result of 0.3 degrees Celsius rise, whereas 0.003 degrees resolution provides 100 steps.

[b] The accuracy measures how many positive and absent ovulations the device confirms correctly.

[c] The positive predictive value measures how many of the real time predicted ovulations OvuSense gets right.

[1] Barrett JC Marshall J (1969);
McCarthy and Rockette (1983)

[2] Baird D, McConnaughey D (1995);
Lenton EA, Landgren BM (1984a);
Lenton EA, Landgren BM (1984b)

[3] Freundl G, Godehardt E (2003);
Barron M L Fehring R (2005);
Bauman JE (1981)

[4] The accuracy of ovulation confirmation by OvuSense is based on the data set originally published at the 2013 ASRM meeting as a quality index: Papaioannou S, Aslam M (2013), and developed in the key publication outlining the accuracy and positive predictive value of advance prediction of ovulation shown at the 2014 ESHRE meeting: Papaioannou S, Delkos D, Pardey J (2014).

26. Different results with Skin Worn Devices or Fertility Bracelets

Devices that measure temperature for the purpose of determining ovulation use very different measuring technology in different locations in and on the body - you therefore shouldn't expect them to give you the same temperature result. Although based on the same principle, they also use different methods for determining when ovulation takes place. So the day of ovulation may also vary between methods. You should also be aware that a vaginal temperature is generally up to two degrees Celsius higher than an oral temperature reading, and higher still than other external temperature readings (such as those taken under the armpit or on the skin). So don't worry necessarily if you appear to have a 'slight fever' - your core body temperature is not the same as your oral temperature. Here's a detailed explanation of each of the methods and their reported accuracy:

A more modern application of the BBT method is to take several consecutive temperature measurements on the skin at various intervals overnight, and then download and interpret these measurements on an app. As with the BBT method, a skin worn device placed under the armpit, by the bra strap, or on the wrist is a relatively easy way to track your temperatures and it's often more convenient. The devices help establish the pattern of temperature over time, and because of the volume of measurements, they are possibly a little more consistent in detecting ovulation than BBT with an oral thermometer. Unfortunately measuring temperature at the skin also has some negative aspects - firstly the skin temperature tends to vary in opposition to core temperature changes associated with the release of progesterone, and secondly there is a high chance of 'dropouts' in the temperature signal because it's difficult to maintain contact between the skin and sensor consistently. So skin temperature can also be less reliable than BBT, and the resolution[a] of the device cannot change this. Again, this is particularly an issue for the 70% of women with irregular ovulation timing[1]. Published data show an accuracy [b] of 86-89%[2,3].

OvuSense solves the issues with the other methods by taking multiple overnight Core Body Temperature (CBT) measurements in the vagina using a thermistor with a resolution of 0.003 degrees Celsius[a], and the OvuSense algorithm then intelligently filters the data to provide the truest representation of the action of progesterone on the ovaries. OvuSense confirms the date of ovulation with 99% accuracy[b][4]. Unlike the other methods it is also able to predict ovulation in real time - the published literature shows it does this with an accuracy of 89% and a positive predictive value of 96%[c][4].

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[1] Baird D, McConnaughey D (1995);
Lenton EA, Landgren BM (1984a);
Lenton EA, Landgren BM (1984b).

[2] Freundl G, Godehardt E (2003);
Barron M L Fehring R (2005);
Bauman JE (1981).

[3] Stein P, Falco L (2016).

[4] The accuracy of ovulation confirmation by OvuSense is based on the data set originally published at the 2013 ASRM meeting as a quality index: Papaioannou S, Aslam M (2013), and developed in the key publication outlining the accuracy and positive predictive value of advance prediction of ovulation shown at the 2014 ESHRE meeting: Papaioannou S, Delkos D, Pardey J (2014).

27. Different results with Fertility Tracker Apps

Devices that measure temperature for the purpose of determining ovulation use very different measuring technology in different locations in and on the body - you therefore shouldn't expect them to give you the same temperature result. Although based on the same principle, they also use different methods for determining when ovulation takes place. So the day of ovulation may also vary between methods. You should also be aware that a vaginal temperature is generally up to two degrees Celsius higher than an oral temperature reading, and higher still than other external temperature readings (such as those taken under the armpit or on the skin). So don't worry necessarily if you appear to have a 'slight fever' - your core body temperature is not the same as your oral temperature. Here's a detailed explanation of each of the methods and their reported accuracy:

> Fertility tracker apps use the calendar based method of tracking. You input the dates of your period and the app will calculate your ovulation based on the assumption that you have 'middle of the month' ovulation. Some have more sophisticated algorithms which accept manually entered oral temperatures, or Luteinizing Hormone (OPK) test results. Fertility apps are convenient and a handy way of tracking the basic information in your cycle. They help you stay organised and often feature useful extra information to help with conception and pregnancy. However, a recent study concluded 'accuracy of ovulation prediction [using previous cycle data] was no better than 21%'[1]. Other studies have drawn similar conclusions[2]. It's really important to understand if you input your OvuSense result into a Fertility tracker app that it will not give you the same result as OvuSense because they do not use the OvuSense algorithm. Please note therefore that inputting OvuSense data into a Fertility tracker app is strictly discouraged as it invalidates the results from your OvuSense sensor.

OvuSense solves the issues with the other methods by taking multiple overnight Core Body Temperature (CBT) measurements in the vagina using a thermistor with a resolution of 0.003 degrees Celsius[a], and the OvuSense algorithm then intelligently filters the data to provide the truest representation of the action of progesterone on the ovaries. OvuSense confirms the date of ovulation with 99% accuracy[b][3]. Unlike the other methods it is also able to predict ovulation in real time - the published literature shows it does this with an accuracy of 89% and a positive predictive value of 96%[c][3].

[a] The measuring resolution of a thermometer is the step between each temperature reading - a resolution of 0.1 degree Celsius means a reading may be wrong by as much as 0.099 degrees Celsius, or in other words there are only 3 steps between a wrong and right ovulation result of 0.3 degrees Celsius rise, whereas 0.003 degrees resolution provides 100 steps.

[b] The accuracy measures how many positive and absent ovulations the device confirms correctly.

[c] The positive predictive value measures how many of the real time predicted ovulations OvuSense gets right.

[1] Johnson S, Marriott L (2018).

[2] Freundl G, Godehardt E (2003);
Moglia ML, Nguyen HV (2016);
Wise LA, Hatch EE (2015).

28. Different results with Ovulation Predictor Kits/ Monitor

Ovulation Predictor Kits (OPKs) and Ovulation Prediction Monitors (OPMs) provide a positive test for Luteinizing Hormone (LH) using a urine test strip. LH peaks 24-48 hours in advance of ovulation so they are helpful in providing a short term indication of when you should try and conceive based on your current cycle data. They work well at predicting ovulation for most women that have regular 'middle of the month' ovulation. OvuSense will also predict ovulation up to a day in advance and a positive OPK and OvuSense prediction within a day of each other is a very good sign that you're about to ovulate. However, OPKs and OPMs are known to give false positive results for women with PCOS and other ovulatory issues[1], and it is not uncommon for these to occur very early in the cycle causing confusion. They sometimes also give false negative results, which can be based on the cutoff point of the test, or simply that the test is not optimised for the natural level of LH for the particular user. These devices can only provide a snapshot at one point in time in your cycle, meaning you have to use a minimum of two tests a day over a 10-20 range in each cycle to monitor where you are in your cycle. The manufacturers make valid claims for 99% accuracy in detecting LH, and some even show you the quantitative result, but the accuracy estimates for correct advance prediction of ovulation are 70%-84% depending on the publication[2]. Crucially, these devices are not able to confirm the date of ovulation or if you haven't ovulated.

Unlike OPKs and OPMs, OvuSense provides a clinically accurate prediction and detection of the exact date of ovulation day for all women regardless of whether they have ovulatory issues.[3] OvuSense® Pro can also help your doctor to monitor your cycles remotely, to understand what additional diagnostic tests may be necessary, and to track your medications and treatments.

[1] McGovern PG, Myers ER (2004).

[2] Irons DW, Singh M (1994);
Lloyd R, Coulman CB (1989).

[3] The accuracy of ovulation confirmation by OvuSense is based on the data set originally published at the 2013 ASRM meeting as a quality index: Papaioannou S, Aslam M (2013), and developed in the key publication outlining the accuracy and positive predictive value of advance prediction of ovulation shown at the 2014 ESHRE meeting: Papaioannou S, Delkos D, Pardey J (2014).

29. Different results at your doctor or clinic

Usually, your doctor will carry out one of two tests to determine if and when you ovulated. The most common test is serum progesterone, often called '21 day progesterone'. The value of serum testing has long been established, with a 'serum concentration of greater than 3 ng/ml' providing 'presumptive but reliable evidence of recent ovulation'.[1] In Europe the cut off is generally expressed in nmol/l where >30nmol/l is indicative of ovulation. However, blood tests are inconvenient for the clinic and patient, and will always suffer from issues of timing of the blood draw even in a patient with a regular cycle – with false negatives proving a common issue. The ASRM (American Society Reproductive Medicine) guidelines go on to state that 'a serum progesterone measurement generally should be obtained approximately one week before the expected onset of the next menses, rather than on any one specific cycle day (e.g. cycle day 21). This test cannot predict when you are about to ovulate in a cycle at all, and cannot provide a particularly reliable date of ovulation after the event either, as progesterone levels vary quite widely between women and from cycle to cycle, meaning that a positive result can occur over a 2-3 span. If the test is positive, there is a generally held view that ovulation occurs 7 days before the test is carried out which means day 14 in a woman with a 28 day cycle, but this is a much less reliable indicator than OvuSense as a serum progesterone result is only a spot test. It is also important to know that a negative serum progesterone result does not necessarily mean no ovulation occurred in that cycle.

Here is a testimonial from an OvuSense user that shows how it can help in practical terms: "I just thought you may appreciate some positive feedback. After I used Ovusense, I rebooked my '21 day' Progesterone blood test for the week later and the score has now come back as 50…. I am so pleased I invested in Ovusense because for 5 years I have presumed I have ovulated 10 days earlier than I actually do and have struggled to get pregnant. Thank you." – Alison – October 2014.

The alternative test is an ultrasound folliculometry scan. 3-4 ultrasound 'folliculometry' scans per cycle is the suggested requirement of good cycle monitoring. Your clinician will usually be looking for a dominant follicle (the next one that is most likely to rupture resulting in ovulation) of 20mm or more in size in one of your ovaries. This measurement means that you are likely to ovulate in the next 24-48 hours. If timed correctly, ultrasound 'folliculmetry' is the accepted gold standard for confirming the likelihood of ovulation in a cycle[1]. It is also essential

in assessing the growth and number of follicles, particularly during stimulation of the ovaries, and vital in diagnosis of ovarian issues such as PCOS. However, ultrasound 'folliculometry' is not always a good predictor of ovulation, and this isn't surprising given that it assumes that all women of whatever size and shape, or hormonal make-up will have identically sized follicles just before ovulation occurs. Dominant follicle size can vary greatly[2]. Katiyar et al. (2018) reported on the ability of ultrasound folliculometry to predict ovulation in 100 infertile women, concluding folliculometry predicted ovulation with an accuracy of 86% and a sensitivity of 98.6%[3]. Also, because a scan is a snapshot at one point in time in your cycle, timing the scan correctly is essential, and a number are needed in cycles where the timing of ovulation needs to be known. So the bottom line is if you are predicted an ovulation date with an ultrasound, it may not be accurate, and if you are told you have ovulated it is only an accurate confirmation of the date if a previous scan in the cycle established there was a follicle about to rupture.

[1] ASRM (2012) Diagnostic evaluation of the infertile female.

[2] Vlaisavljević V, Došen M (2007).

[3] Katiyar S, Arya S (2018).

30. Medications

The effect of medications on progesterone (and hence Core Body Temperature) levels in the cycle is predictable, and the likelihood of interference with results from fertility or cycle related medications is greatly reduced as they are generally not taken in the cycle around the time at which ovulation is expected. Most fertility related medications are targeted at creating a positive effect on the process of ovulation and/ or cycle regulation and therefore in fact make Core Body Temperature less likely to fluctuate atypically. OvuSense can also be used to track those positive effects. The exception is progesterone supplementation which may be taken around the time of ovulation, and if this is the case OvuSense may show the resulting progesterone medication related rise in temperature as ovulation – in other words it may produce a false positive result. If you change any medication regime from one cycle to the next, for instance thyroid medication, this may also affect your temperature pattern from one cycle to the next but as OvuSense is designed to look for relative changes in temperature within the cycle this is unlikely to change the prediction or confirmation of ovulation. Ask your doctor if you are unsure as to how the timing and dose of any of your medications may affect your temperature. Your doctor may also be interested in learning more about how OvuSense® Pro can help them monitor your medication. Read more about OvuSense® Pro by clicking here

31. IUI, IVF, hCG Trigger Shot

OvuSense can still be used while you are undergoing IUI or IVF treatment and may provide valuable extra information to your clinician including when to time insemination or embryo transfer. IUI treatment may include an hCG 'trigger shot' to induce ovulation. Experience over a number of cycles with OvuSense users shows that OvuSense will often still confirm ovulation but it may do so 1-2 days after the day on which your clinician tells you that ovulation should take place. This is because the temperature curve resulting from the hCG trigger shot is usually a little slower than the one produced by 'natural ovulation'. When undergoing IVF, your hormonal profile is likely to be completely different from your natural unmedicated profile so you should not expect OvuSense to produce accurate ovulation prediction or confirmation. However, the cycle pattern produced by OvuSense may still prove useful to your clinician.

32. OvuSense is not a diagnostic device

OvuSense cannot be used to directly diagnose ovulatory or other issues. However, the results from OvuSense and OvuSense® Pro can be used by a doctor to prompt for further testing, so OvuSense is an AID to diagnosis but does not provide diagnostic results itself.

The complete detail of your charts, and events such as medication dosage and timing logged in the OvuSense App can be shared with your doctor through the OvuSense® Pro portal. In addition, OvuSense Pro provides automatic recognition of the range of aytpical cycle patterns including unique patterns derived from OvuSense discussed in recent clinical studies. These cycle patterns can aid diagnosis of ovulatory issues, miscarriage risk and possibly pregnancy complications. The Pro system requires a separate subscription and can be accessed via any web browser on a computer or mobile device. Read more about OvuSense® Pro by clicking here

33. Internet connection

Your mobile device does not need to connect to internet for it to work and connect your Sensor. The OvuSense App will work offline for up to 30 days and you will receive warnings when you need to connect to the internet to make sure your data is backed up.

Beyond day 30 all your previous data will be retained by the OvuSense App but you will no longer be able to connect your OvuSense Sensor until you have connected to the internet again.

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🏭 Manufacturer

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