

DuoFertility rebuttal

The DuoFertility system is an extremely expensive proposition claiming to increase the chances of natural conception. It is based on the well known technique of monitoring the basal body temperature [BBT], which is also well known for NOT ANTICIPATING but only confirming that ovulation has likely occurred, recognized via a detected increase in the BBT record. Nothing has changed about this meaning of the BBT with the DuoFertility offering.

The BBT - however accurately measured - simply cannot anticipate ovulation. What it does is only more or less reliably indicate that ovulation has occurred. This is not sufficient, and DuoFertility promoters know it. They know that the egg (ovum) can be fertilized only for about 12 hours (some think up to 24 hours) after ovulation. Because the sperm are viable for at most 3 days, it is essential to do that which the BBT cannot do, namely, to anticipate ovulation.

What does the DuoFertility system do about it? They rely on the woman noting and contributing her subjective observations, some of which have been used by NFP [Natural Family Planning] for decades, such as changes in their “mucus”, the vaginal fluid wiped from the vaginal opening and examined for stretchability and appearance. Not every woman’s “cup of tea”. They also ask for recording of “ovulatory pain which can include feelings of heaviness, abdominal swelling, rectal pain or discomfort and lower abdominal pain or discomfort. Pain can occur just before, during or after ovulation” [citing from their patent]. These are not every woman’s regular cyclic symptoms.

Not many women can do these subjective observations, so DuoFertility also allows for the urine LH kit test data, which is a more recent technology, and a trying-to-conceive woman is expected to be willing to test her urine stream if the other subjective observations are not for her. Just look at their example of a DuoFertility chart:



From: <http://www.duofertility.com/duofertility/why-duofertility/accurate> “How Accurate is DuoFertility?”

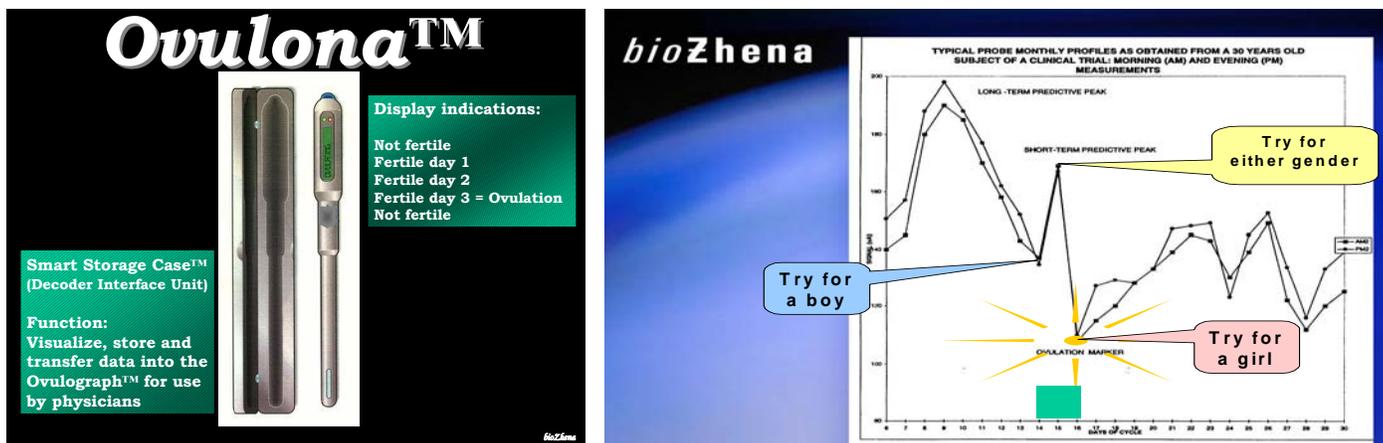
You see here a “smoothed out” record of the BBT, which is DuoFertility’s patented achievement, having removed the notorious “noise” from the BBT record, and you see how clearly the BBT goes up, which to them means with confidence that ovulation has occurred. There is no evidence that it really did, but let’s assume it did (and that it always does, right before the BBT is up).

More important is the fact that the pre-BBT rise window of opportunity is evidently based on the subjective observations and the LH tests.

Note this well: Just like with any other of the currently commercially available conception-aiding devices and methods, what DuoFertility offers to their customers is helping them to perform “focused intercourse”, an effort to get pregnant by focusing on trying to hit some of the days of the 3-day brief fertile window. Their chart shows LH and “mucus” were the prompts, not the BBT.

Although the old imperfect methods of estimating ovulation (including instrumental monitoring of urine samples and/or monitoring the BBT such as with this extremely expensive DuoFertility or similarly expensive BabyComp) give only inaccurate estimates, they should help to focus on the right time when the probability of conception exists. That is because, outside of the fertile window, the women trying to get pregnant do not have a chance to conceive. To read more about this, go to: “The fallacy of ovulation calculators, calendars and circulating-hormone detectors” at <http://biozhena.wordpress.com/2012/02/13/the-fallacy-of-ovulation-calculators-calendars-and-circulating-hormone-detectors/> . Understand this: If any of these products or methods did work to determine the fertile window, it would be used as a pregnancy-avoidance tool, which is not the case.

Now, contrast the above DuoFertility chart and proposition with our Ovulona:



*The personal home-use device determines the 3 days during which conception can occur, generating a new useful profile for the medical profession. The profile tracks folliculogenesis:
The dominant follicle maturation, ovarian response, the estrogen to progesterone switch at ovulation, and follicular waves after ovulation.*

Medical publications supporting the above statement about “focused intercourse”:
http://www.ncbi.nlm.nih.gov/pubmed?Db=pubmed&DbFrom=pubmed&Cmd=Link&LinkName=pubmed_pubmed&LinkReadableName=Related+Articles&IdsFromResult=17288684&ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_SingleItemSuppl.Pubmed_Di