

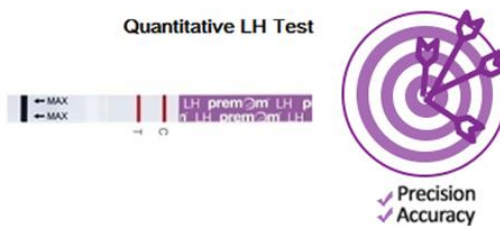
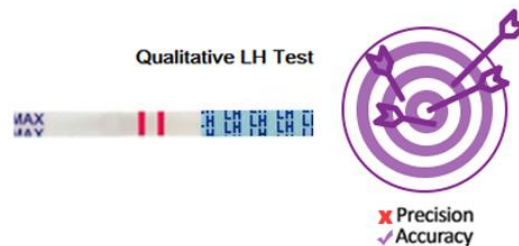
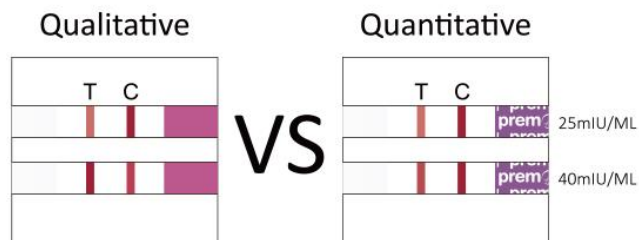
Questions & Answers

Premom Quantitative Tests

Q1: What is the difference between Quantitative Tests and Qualitative Tests?

The [quantitative tests](#) are the new advanced strips that give you a numerical result instead of a pass/fail result. They also feature easier-to-read strips with a clear, bold control line.

Unlike the traditional ovulation tests, in which control test line colors differ according to LH levels, quantitative test control lines normally will not change. Please see the example below.





Q2: Is it best to conceive when LH surge is high or wait for peak?

Short answer is, wait for the peak which is best fertile window. Some women's LH Surge last as long as 7 days and an LH surge doesn't mean it is fertile window.

It's best to try to conceive any time during your fertile window. That is the 5 days leading up to ovulation, ovulation day, and the day after. Your LH will be surging during that window, and peak is the highest point of that surge.

Q3: Question about the "diluting" of urine when you drink lots of water. Is there a way to still get a reliable reading on OPK? I usually drink 1 gal of water each day and go to the restroom about every 2 hours. The water helps with my focus, mood, energy. Can OPKs still work for me? I've been discouraged because all week I haven't gotten much at all, despite my CM and history of Ovulation days.

I understand your dilemma -- I drink quite a lot of water, too, and I know it's beneficial. If you'd like to continue using OPKs, I would recommend you pick a regular time out of the day when you plan on taking them, and limit your water intake the 2 hours before. We normally recommend that you test between about 10am and 5pm because it gives the body time for the LH to build up in the system, but some women do find testing in the morning works better for them. So, you might consider that option as well.

Are you new to testing? [Do you know if you have a rapid or gradual LH onset pattern yet?](#)

The more you are familiar with your personal cycle patterns, the less you'll need to test, and the less you'll need to worry about cutting back water! Please let me know if that helps and if you have any other questions.

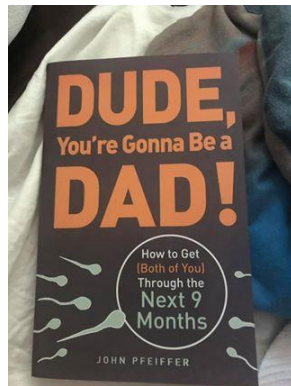
Q4: Why do I get a fluctuating BBT while my LH surge is rising?

You'll need to take a full cycle of BBT temps to get a good feel for your BBT pattern, and sometimes it can be up and down a bit. However, as long as you get your 6 low followed by 3 high pattern, you'll get your coverline and should see the spike to confirm ovulation. Here are a few good articles that you may find helpful:

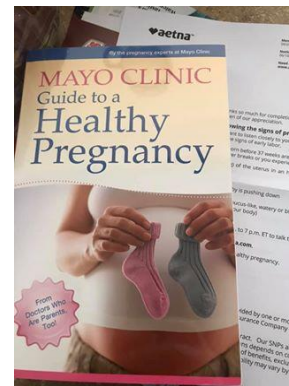
- [How Basal Body Temperature Works as an Ovulation Calculator](#)
- [Tips to Use BBT for Ovulation Calculation \(Basal Body Temperature\)](#)

Q5: What books do you all suggest my husband and I read for new parents?

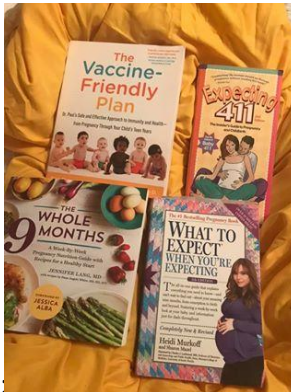
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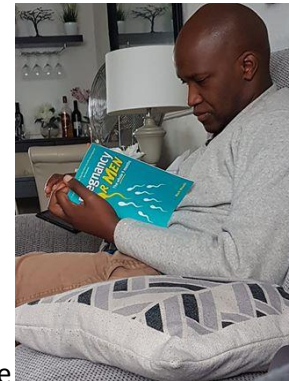
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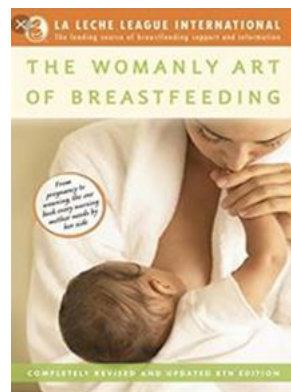


Nyasha Maenzanise



Kaylen Elaine:

If you plan to breastfeed this book is amazing!



Q6: When would be a good time to take a HCG test post ovulation? I would like to know as early as possible. Should I wait until next Monday or two weeks from Monday? Or should I just wait until I start experiencing symptoms that are not normal for me?

Best time to take it is the day of or after your missed period.



Q7: Any tips for improving low progesterone?

Vitamin C, avocados, broccoli, nuts, carrots. I've heard dark chocolate as well. They're all progesterone rich foods.

- **Complaint 1: HCG tests show false negative**

HCG tests do not work. I am pregnant but Easy@Home HCG tests show false negative.

In very early pregnancy, there isn't enough HCG present in the body to always give a bold positive. This is why we suggest you test at least 1 day after your missed period, and use first morning urine. The HCG levels double every 48 hours or so in early pregnancy, so most ladies can do a confirmatory test after 2 additional days with our pregnancy test and see their test line become darker.

- **Complaint 2: don't know how to read semi test results.**

Quantitative results are harder to read than the results of traditional way. I received higher scores on the traditional version than I did with the quantitative.

The easiest way to understand the difference between the Quantitative and traditional OPK is knowing how they are read visually and by Premom app, as they are quite different. Simply put, Premom will read the two types of tests results differently: qualitative test be read with ratio and quantitative test will be read with the LH Level.

Here is how they are read differently.

With traditional OPK you are to compare the color of your Test line to that of your Control line to determine the results, being read as Negative or Positive. The color and intensity of both your control and test lines can vary from tests-to-test/ batch-to-batch on these tests. It is only effective to compare the color of the test line to that of the control line of the same test strip - as all test may not be the same. When uploaded to the Premom app, our smart algorithm will provide you with an LH value range between 0-25 mIU/mL.

Unlike the traditional OPK, quantitative test control lines normally will not change, providing solid and clear test lines on a clean white background. It is the first OPK kit in the market that can quantify your LH hormone by providing you with a numerical LH value – no more comparing test lines and control lines. **Please note the Premom app MUST be use enable to read your result with quantitative result.** Once uploaded to Premom, our smart algorithm will quantify your LH Level from 0 to 80 mIU/mL. Because of this advance technology and exact LH results these tests are highly beneficial for women with PCOS, irregular cycles, multiple surges, or hard to recognize surges.



What if the quantitative OPK is read with ratio result as qualitative test?

If the quantitative OPK is read as ratio, it will be different from the qualitative test reading. In the early stage of ovulation cycle it is normally lower. Around the LH Peak time, the ratio is normally higher. So that's why the quantitative test will be more sensitive to the LH Level change. In the chart it will show a sharp spike at LH peak.

Some customers may think the higher score represent a higher sensitivity, it's not true. We know that the key of ovulation prediction is to pinpoint the LH peak from a sustained LH Surge. So the higher sensitivity means the smaller change can be detected, instead of higher score at a specific time.