GIVE ME A SON

Cycle Secrets, Alkalinity Rituals, and Ovulation Techniques
Passed Down by African Midwives for Generations

By Jane O.

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INTRODUCTION: The Woman in the Sitting Room

I have six daughters. I love each one of them with my whole heart.

But for a long time, every time I had a daughter, I felt God did not hear me. My husband was under intense pressure to get another wife. I tried everything I could find. I tried herbal concoctions. I tried special diets I read about online. I tried three different fertility tracking apps. I even tried IVF once. It cost us a lot of money. It did not work.

After my sixth daughter was born, my husband sent me a message on whatsapp. He said not to come home with her. His friends had to beg him for three days before I was allowed back into my own house.

I am sharing this because I want you to know that I understand. I am not writing from a safe distance. I lived this. I know what that silence feels like.

Then my mother told me about a woman in her neighbourhood. A retired maternity nurse. I will call her Mama in this guide. She had worked beside pregnant women for thirty years. She was 58 years old. She was calm and quiet and knew things I had never heard before.

I sat with her for almost three hours. She explained everything in plain words. In the kind of words a mother uses when she wants you to understand, not just listen.

She said something that changed the way I saw my whole situation. She said: "Everything you tried was working on one piece of a system that has seven pieces. You do not fix a lock by cleaning only one pin."

She was right. Every herbal mixture, every diet tip, every app I had used — each one was one piece of something much larger. Alone, none of them worked. But all seven together — that is what works.

I followed her complete system. I tracked everything. I prepared my body for four weeks before my targeted cycle. I followed every step.

I got pregnant. At 16 weeks, the scan confirmed a boy. My husband cried. I cried. His mother held my hand and could not speak.

Since then, I have shared this system with other women. Many of them have had the same result. That is why I wrote this guide. I could not reach every woman one by one. But I can reach you.

This guide has seven chapters. Each chapter is one piece of the system. Do not skip any of them. Do not rush. Read everything. Follow the steps exactly.

If you have any health problems, please talk to your doctor to chross-check before you begin. The herbal teas in Chapter 5 are food-level preparations, but stop them the moment you get a positive pregnancy test.

Now. Let us begin.

CHAPTER 1: Understanding Your Body as a System

The Cycle Alignment Framework

And a Quick Win you can complete in the next thirty minutes

I did not understand my own body for a long time. I knew my period came every month. I knew I could get pregnant sometime in the middle of my cycle. Beyond that, I knew almost nothing.

When I sat with Mama, the first thing she said was: "Your body speaks to you every single month. You just have not learned the language yet."

She was right. Your body tells you exactly where you are in your cycle every day. The signal is always there. You just need to know what you are looking for.

Your monthly cycle is not one thing from start to finish. It is five separate stages. I call them windows. Each window feels different in your body. Each window has different rules. And once you know which window you are in, you know exactly what is happening inside you.

The Five Windows of Your Cycle

Let me walk you through each window. Read slowly and picture your own body as we go.

Window 1: Your Period

This is where every cycle starts. Your period arrives. Your body is shedding the lining it built up during the last cycle. The hormones in your body are at their lowest point right now.

You cannot get pregnant during your period. But Day 1 of your period is the most important number you can write down. Every month, record the date your period starts. That is Day 1 — the start of your map.

Window 2: The Quiet Days

After your period ends, there are some quiet days. You will not notice much discharge. If you check internally, you will feel mostly dry. Your body is preparing, but nothing dramatic is happening yet.

Pregnancy is very unlikely in these days. Think of it as a rest phase before the rise.

Window 3: The Build-Up

This is where things start to change. Your hormones are rising. Your cervix — the opening at the bottom of your uterus — starts to soften and move upward inside you.

Your body starts making a special kind of fluid. It looks white or creamy. It feels like lotion. This is the first sign that your fertile window is opening. You can get pregnant in these days.

Window 4: The Peak Day

This is the most fertile day of your cycle. Most apps point you to this day. But in this system, it is not the final destination — it is the landmark just before the destination.

The fluid your body makes now is completely different. It is clear and transparent. It is stretchy — if you pull it between your fingers, it forms a string. It is slippery, like raw egg white. You may feel wet and slippery throughout the day even without checking.

Ovulation — the release of your egg — happens around this time. Your egg lives for only 12 to 24 hours after it is released.

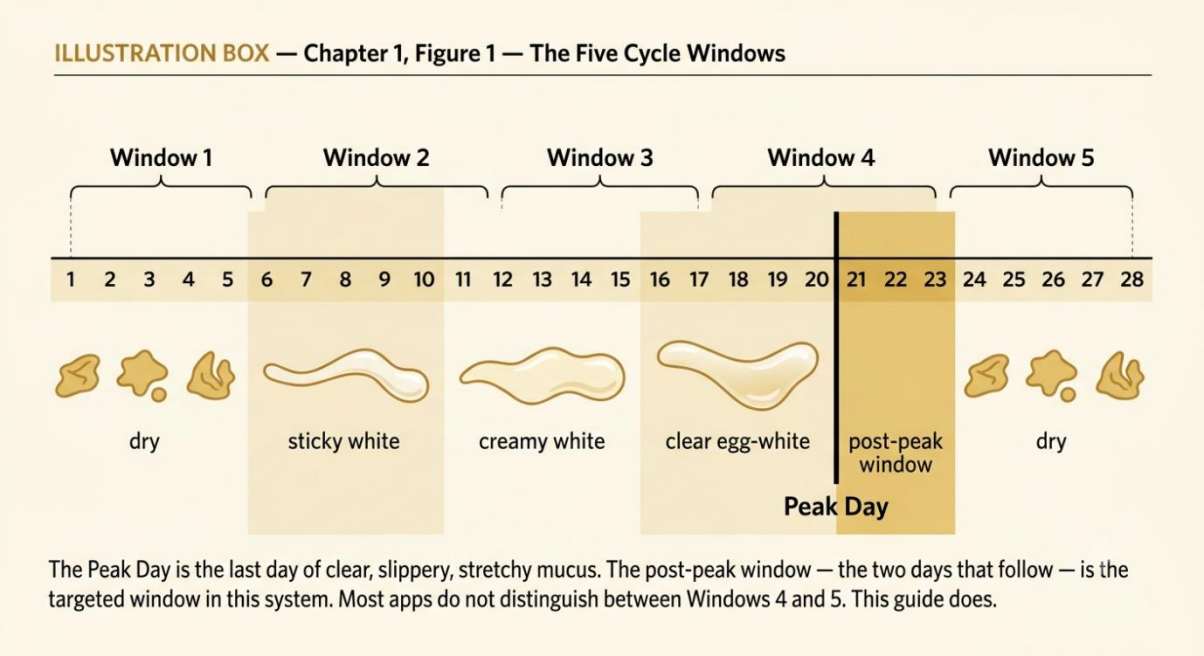
Window 5: The Post-Peak Window

This is the window most women never hear about. And it is the window this system is built around.

The day after your Peak Day, the fluid changes back to sticky or dry. Your egg has already been released. Sperm that are already inside your body are now moving through a changed environment.

Mama called this window the most important one. She said: "This is when the right conditions are in place for a son. Before this window, you are welcoming everyone. During this window, the right visitor arrives first."

We will understand exactly why in Chapter 2. For now, just know this window exists. It comes right after your Peak Day. It is two days long. And it is the window this whole system target



Why Apps Get It Wrong

I used three different apps when I was trying. I followed their notifications every month. What I did not understand then is that apps do arithmetic. They take your average cycle length and calculate when ovulation should happen. They do not read your body — they read a calculation.

The problem is that your real ovulation can shift by several days from one cycle to the next. Stress can shift it. Poor sleep can shift it. A busy travel week can shift it. The app knows nothing about any of that.

For this system to work, you need to find your actual fertile window — not a calculated guess. That means reading the signals your body already produces. And that is what this chapter teaches you to do.

Your Quick Win: The First Mucus Check

Before you read another page, I want you to do one thing. Not tomorrow. Right now.

Go to the bathroom. Wash your hands with plain soap and water. And check your cervical mucus.

This is simpler than it sounds. Once you know what to look for, it takes about thirty seconds.

Step 1: The observation.

Insert one clean finger gently, about two to three centimetres inside the vaginal opening. Bring it out and look at what is there. Or you can wipe gently with clean white tissue paper and look at what appears on it.

Step 2: What to look for.

Notice the colour — is it clear, white, creamy, or yellowish? Notice the texture — does it feel sticky and thick, creamy like lotion, or clear and stretchy? If you press thumb and finger together gently then pull apart, does it stretch into a string or break immediately?

Step 3: Match what you see to a window.

What You Observe	Window You Are In
Dry, nothing, or a small amount of sticky white or yellow	Window 1, 2, or post-peak (Window 5)
White, creamy, lotion-like — breaks quickly when stretched	Early fertile (Window 3)
Clear, stretchy, egg-white — forms a string before breaking	Peak fertile (Window 4)
Dry or sticky again after a clear egg-white phase	Post-peak (Window 5)

Write down what you saw. Two or three words — the colour, the texture, which window you think you are in. This is the first entry in your body map.

You just read a real biological signal that your body sends every single month. That signal has always been there. Now you can see it. That is where this whole system begins.

The Cycle-Window Mapping Worksheet

Use this worksheet for the next two cycles. After two cycles, you will see your personal fertile pattern — not a textbook average, but your actual body's timing.

CYCLE 1	Date / What You Observed
Day 1 — First day of period	
Last day of bleeding	
First day of creamy or white mucus (Window 3 opening)	
First day of clear, stretchy mucus (Window 4)	
Last day of clear, stretchy mucus — your PEAK DAY	
Day after Peak Day — post-peak window begins	

CYCLE 1	Date / What You Observed
Total cycle length (Day 1 to day before next period)	

CYCLE 2	Date / What You Observed
Day 1 — First day of period	
Last day of bleeding	
First day of creamy or white mucus	
First day of clear, stretchy mucus	
Last day of clear, stretchy mucus — your PEAK DAY	
Day after Peak Day — post-peak window begins	
Total cycle length	

After two cycles, look at both worksheets together. You will begin to see your personal fertile window pattern. You will know when to expect it. And you will have the map you need to use everything else in this guide.

What You Are Building

I want to tell you what this chapter is really doing. It is doing more than teaching you about mucus.

It is changing how you relate to your own body.

For most of my adult life, my body felt like something that was happening to me. My period arrived. My pregnancies unfolded. My fertility was something I hoped and prayed about. I was a passenger.

What Mama gave me — more than any specific recipe or protocol — was the experience of becoming a navigator. Of learning to read what was already there. The information I needed had never been hidden from me. It had simply not been translated.

Once you can sit on any day of the month and say with confidence which window you are in, everything else in this system becomes possible.

The Actionable Takeaway from Chapter 1

1. Do the mucus check right now — before you put this guide down. Write down what you see.

2. Record the first day of your next period as Day 1 of your tracking practice.
3. Check your mucus two to three times every day and record what you observe.

In Chapter 2, I will explain the internal environment of your body — what Mama called the climate of the womb — and exactly what you can do to prepare it.

"You cannot navigate without a map. And you cannot read a map you have never drawn."

— Mama

CHAPTER 2: The Cervical Alkalinity Ritual

Shifting the internal environment before you try

There is something I remember clearly from those years of trying. After intimacy, I would lie still with my legs on a pillow, not thinking about anything practical. I would be doing something much quieter and much more desperate — I would be willing something to happen. Trying to influence, through sheer intention, something happening several centimetres inside my body in a language I did not speak.

I did not know that what I was trying to reach had a name. I did not know it could be prepared. I did not know that midwives had been thinking about it and working with it for a very long time.

Mama was the first person who ever described my body to me as an environment. Not a container waiting passively to receive. An active, dynamic environment with conditions that could be changed, supported, and protected.

That one shift in how I saw my own body changed everything.

Your Body Has a Climate

Let me explain something simply. Your body has a chemical condition called pH. It is just a number on a scale that goes from 0 to 14. A number of 7 means neutral — neither acidic nor alkaline. Below 7 is acidic. Above 7 is alkaline.

Inside your vagina, under normal healthy conditions, the environment is acidic — usually between pH 3.8 and 4.5. This is good and healthy. Good bacteria that live inside you produce acid as part of their job, keeping harmful bacteria and infections out.

But here is the thing that matters: that same acidity that protects you is also hostile to sperm. Sperm do not survive well in a very acidic environment. Most sperm that enter your body die in the vaginal canal before they ever reach your cervix.

So how does pregnancy happen at all? This is where your body does something remarkable.

What Your Cervix Does During Your Fertile Window

During the days before ovulation — as your hormones rise — your cervix produces a special fluid. This is the egg-white mucus I described in Chapter 1. And this fluid is not acidic. It is alkaline — around pH 7 to 8.5.

This alkaline fluid creates a safe corridor through your cervix for sperm to travel through. It neutralises the acidity and opens a protected pathway toward the egg.

So the egg-white mucus you track in Chapter 1 is not just a signal of ovulation. It is a biological mechanism. It is your body actively creating the right conditions for sperm to survive and travel. Without it, almost no sperm would make it to the egg.

Why the Type of Sperm Matters

Every sperm cell carries either an X chromosome or a Y chromosome. If an X-chromosome sperm reaches the egg first, the baby will be a girl. If a Y-chromosome sperm reaches the egg first, the baby will be a boy.

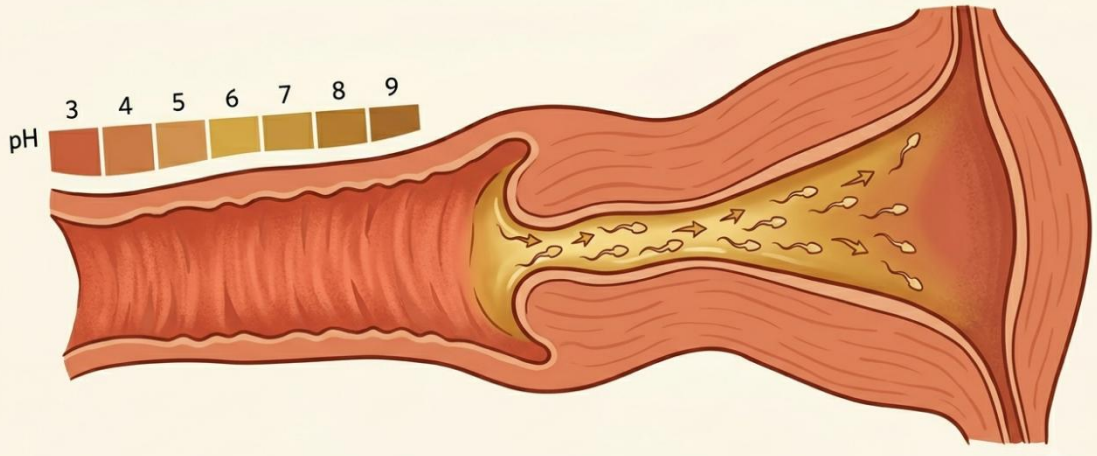
X sperm and Y sperm are not the same. They are different sizes. They swim at different speeds. And they respond differently to the pH environment they are swimming through.

Research done in laboratories has shown that Y sperm — the ones that make boy babies — move faster and more strongly in an alkaline environment. At around pH 8.5, Y sperm show much better movement than in more acidic conditions. X sperm appear more resilient in environments that are less alkaline.

I want to be honest about the limits of this research. Most of it was done in laboratory dishes, not inside human bodies. The human body is much more complex. No one can promise that adjusting your pH will guarantee a boy.

But the pattern is real and consistent across multiple studies. And it maps exactly onto what Mama observed over thirty years. The goal of this chapter is simple: support the natural alkaline environment your body already creates during the fertile window. Protect it. Strengthen it. Remove anything that disrupts it.

ILLUSTRATION BOX — Chapter 2, Figure 1 — Cervical pH and Sperm Travel



The vagina is naturally acidic — this protects you from infection. During your fertile window, the cervix produces alkaline mucus that creates a passage for sperm. The Alkalinity Ritual supports and protects this passage.

The Three Practices

When Mama described the alkalinity preparation to me, she did not use the word pH. She used the word readiness. She said the inside of your body needed to be ready — not just open, but ready.

Her preparation had three parts. They are simple. They are not expensive. And they do not require anything invasive.

Practice One: Drink More Water

Cervical mucus is mostly water. If you are not drinking enough, your body cannot produce the right amount of fertile-window mucus. The mucus you do produce will be thicker and stickier — not the clear, slippery, stretchy fluid that creates the best corridor for sperm.

For the seven days before your expected fertile window, drink at least eight to ten large glasses of plain water every day. Not juice. Not soft drinks. Plain water. Start when you wake up. Have a glass before every meal. Keep a bottle with you all day.

I started tracking my water intake when I began the protocol and I was surprised to find I was only drinking three or four glasses on most days. When I committed to eight, I noticed a real difference in my mucus quality within one cycle.

Practice Two: Reduce Acidic Foods and Drinks

In the seven days before your fertile window, pull back from things that push your body toward a more acidic state.

- Fizzy drinks and sodas — many have a pH below 3. Very acidic.
- Alcohol — acidic and affects the healthy bacteria in your body.
- Processed sugar in large amounts — disrupts the bacterial environment that maintains your internal pH.
- Heavily processed and fast food — tends to work against reproductive health.

You do not need to be perfect. You are not going on a permanent strict diet. This is a seven-day, time-limited preparation. That is all.

Practice Three: Protect the Internal Environment

This is the most important practice. And it is the one most women have never been told about.

Do not douche. Do not use scented products inside your vagina. Do not use standard commercial lubricants during the targeted conception window.

Douching means rinsing inside your vagina with water or any solution. Many women do this thinking it keeps them clean. It does not. Your body is self-cleaning. When you douche, you

strip away the good bacteria that protect your pH. Studies have linked regular douching to reduced fertility outcomes. If you are currently douching, please stop.

Scented products — scented tampons, scented wipes used internally, scented vaginal washes — these disrupt the bacterial ecosystem inside you. They are typically acidic. They work against what your body is doing during the fertile window.

Standard lubricants — most lubricants sold in shops have a pH of around 3.5 to 5.5. That is acidic. When you use them during the targeted window, you are creating conditions harmful to sperm. If you need lubrication during intimacy, use warm water only, or a lubricant specifically labelled as sperm-friendly or fertility-compatible. These are sold in pharmacies.

ILLUSTRATION BOX — Chapter 2, Figure 2 — The Alkalinity Ritual: Support & Protect

The Alkalinity Ritual is two things at once: supporting what your body is already creating, and protecting it from being disrupted. Both halves matter equally.

What Not to Try

Baking soda douching gets recommended in some places online. The idea is that baking soda is alkaline, so rinsing with it would raise the pH inside you and help Y sperm. The reasoning seems logical.

But this practice disturbs the whole bacterial ecosystem inside you. It strips away the healthy bacteria that maintain your vaginal health and can cause bacterial vaginosis — which is linked to reduced fertility. That is the opposite of what you want.

Your body already produces alkaline fluid during your fertile window. Your job is to support that natural process and protect it — not to override it with a home chemistry experiment.

The Optional pH Self-Check

If you like measuring things, you can buy vaginal pH test strips at most pharmacies. They are inexpensive. Hold the strip at the vaginal opening for a few seconds, then compare the colour to the chart on the packaging.

During dry days (Windows 1, 2, and 5), you should see a reading of 3.8 to 4.5. This is normal and healthy.

During your fertile window (Windows 3 and 4), you should see the number rise toward 6.5 to 7.5 or higher. This tells you the alkaline shift is happening correctly.

If your reading stays low and acidic during your fertile window, focus more on hydration and diet. A persistently acidic fertile window is often a sign of inadequate water intake.

Cycle Day	Window	pH Reading	Mucus Observation

The Actionable Takeaway from Chapter 2

Seven days before your fertile window begins — and continuing through the fertile window itself:

4. Drink 8 to 10 glasses of plain water every day. Start in the morning. Keep water with you all day.
5. Reduce fizzy drinks, alcohol, and processed sugar. Not forever — just for these seven days.
6. Stop douching. Stop scented internal products. Use only warm water or sperm-compatible lubricants during intimacy in the targeted window.

Small habits done consistently over seven days create a meaningfully different internal environment. In Chapter 3, I will take you into the kitchen — the specific foods to eat more of and the six foods to pull back from.

"The environment matters as much as the timing. You cannot separate the two."

— Mama

CHAPTER 3: The Hormonal Nutrition Blueprint

What you eat in the weeks before conception matters more than you have been told

I am going to tell you something that surprised me greatly when I first heard it.

What you eat in the weeks before you try to conceive can influence whether you have a boy or a girl. Not guarantee. Not promise. But influence.

I know that sounds like a strong claim. So let me tell you what the research actually found, in plain words.

The Research

In 2008, a scientist named Dr Fiona Mathews and her team at the University of Exeter studied 740 women. They looked at what these women ate before they became pregnant. Then they looked at the sex of the babies born.

They found a clear pattern. Women who had boys ate more food before pregnancy — specifically more calories and more potassium. Mothers of boys were nearly twice as likely to have eaten at least one bowl of breakfast cereal every day in the weeks before they conceived.

A separate study by Noorlander and colleagues in 2010 looked at over 500 couples who followed a specific eating plan before trying. The plan was high in sodium and potassium, and lower in calcium and magnesium, for couples seeking a male child. Combined with correct timing, the reported success rate was around 75 to 80 percent.

Animal studies — in rats, sheep, and pigs — have shown the same pattern again and again. Diets high in sodium and potassium consistently produce more male offspring. Diets higher in calcium and magnesium consistently produce more female offspring.

This research is not perfect. Most human studies are observational — they see patterns, not definitive proof. I will not pretend otherwise. But the pattern is consistent across many independent research groups. And it maps exactly onto what Mama observed and recommended for thirty years.

You are not going to do anything extreme. You are going to make simple, sensible adjustments to your everyday eating for four to six weeks before your targeted cycle.

ILLUSTRATION BOX — Chapter 2, Figure 3 — Mineral Balance Scale

The Hormonal Nutrition Blueprint is not about eating perfectly. It is about gently tipping the mineral balance in the right direction during your protocol weeks.

Foods to Eat More Of

These are the foods to increase during your protocol weeks — the four to six weeks before your targeted cycle. All are high in potassium or sodium, the minerals linked to male outcomes in the research.

- Banana — eat one every day. One of the richest natural potassium sources available.
- Plantain — ripe or unripe, boiled or roasted. High in potassium and easy to prepare.
- Yam — a great potassium source. Cook it however you normally would.
- Sweet potato — boil or roast. Keep the skin on for more potassium.
- White potato — boiled or baked. Another excellent potassium source.
- Dates — a handful as a snack each day. High in potassium and natural energy.
- Beans and lentils — potassium-rich and good for overall health.
- Avocado — excellent potassium and healthy fat. A quarter to a half daily is enough.
- Tomatoes — easy to add to any meal. Good potassium content.
- Chicken — lean protein with moderate potassium.
- Salmon and fatty fish — potassium and omega-3 fats, both good for reproductive health.
- Oats or breakfast cereal — one portion daily. Specifically linked to male births in the Mathews 2008 study.
- Moderate salt in cooking — do not cut out salt during your protocol weeks.

Six Foods to Pull Back From

During your protocol weeks, reduce your intake of the following foods. They are high in calcium or magnesium — the minerals associated with female outcomes in the research. You do not need to eliminate them forever. Just for four to six weeks.

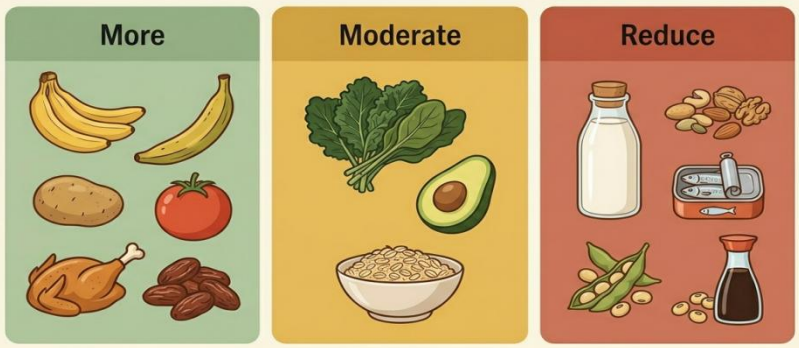
7. Large amounts of dairy — big portions of milk, yoghurt, and cheese are high in calcium. Small amounts are fine; large daily quantities should be reduced.
8. Large portions of leafy green vegetables — spinach, kale, and similar greens are high in magnesium. You can still eat some; just do not eat large portions every single day.
9. Nuts and seeds in large amounts — particularly almonds, pumpkin seeds, and sunflower seeds. Limit to small amounts.
10. Sardines and small bony fish — the bones are very high in calcium.
11. Soy products — soy milk, tofu, and soy snacks are high in calcium and can affect hormonal balance in large quantities.
12. Dark chocolate in large amounts — contains meaningful levels of magnesium. Small amounts are fine.

A Note on Calcium

Calcium is important for your health. Pulling back from high-calcium foods for four to six weeks is not the same as removing calcium entirely.

You can still have moderate amounts of dairy and leafy vegetables. The adjustment is about balance, not restriction. If you are taking a prenatal supplement, continue taking it. These food adjustments are about what you eat, not about replacing supplements. If you have any health condition that requires a specific diet — including bone health concerns, kidney conditions, or diabetes — please discuss these adjustments with your doctor first.

ILLUSTRATION BOX — Chapter 2, Figure 4 — Your Protocol-Weeks Plate



Your protocol-weeks plate: more sodium and potassium, less calcium and magnesium. Simple adjustments, meaningful preparation.

A Sample Day on the Blueprint

Here is what a typical day looks like on the Hormonal Nutrition Blueprint. Adjust it to what is available to you.

MORNING

Oats or breakfast cereal — one portion with a moderate amount of milk
One banana or a small handful of dates
Two to three glasses of water before you leave the house

MID-MORNING

One boiled potato or sweet potato — or a portion of beans
Another glass of water

AFTERNOON — MAIN MEAL

Protein: chicken, fish, or beans
Starch: yam, plantain, or rice
Vegetables: tomatoes, onion, pepper — avoid large portions of leafy greens at this meal
Cook with moderate salt

EVENING

A lighter version of your afternoon meal, or a soup with protein and starch
A quarter of an avocado if available
Your last two glasses of water for the day

When to Start

Begin the Hormonal Nutrition Blueprint four to six weeks before your targeted cycle. Not the day before. Not the week before. Four to six weeks before.

The research looked at what women ate in the weeks before conception — not on the day itself. The food you eat in those weeks changes the mineral composition of your body at a cellular level. That takes time. You are not seasoning the moment. You are preparing the ground.

Continue the Blueprint all the way through your fertile window and until you get a pregnancy test result. If the first cycle does not work, do not stop. Move straight into the next cycle without interruption.

The Actionable Takeaway from Chapter 3

13. Increase potassium and sodium-rich foods: banana, plantain, potato, yam, beans, chicken, oats, tomato, dates, moderate salt.
14. Reduce high-calcium and high-magnesium foods for four to six weeks: large amounts of dairy, leafy greens, nuts, sardines, soy.
15. Start four to six weeks before your targeted cycle — not on the day.

The Blueprint works alongside the Alkalinity Ritual, not instead of it. Both are happening at the same time. By the time your fertile window arrives, you will have spent weeks building the right internal environment from the inside out.

"What a woman eats tells her body what to prepare for. The body listens."

— Mama

CHAPTER 4: The Ovulation Tracking Method

The three-signal system that removes all guesswork

I used fertility apps for years. I followed their notifications every month. What I did not understand then is that apps do arithmetic — they calculate. But your body speaks. And those are not the same thing.

In this chapter, I will teach you a three-signal tracking method. Each signal gives you different information. Together, they give you a complete and accurate picture of your fertile window — and specifically, the post-peak window this system targets.

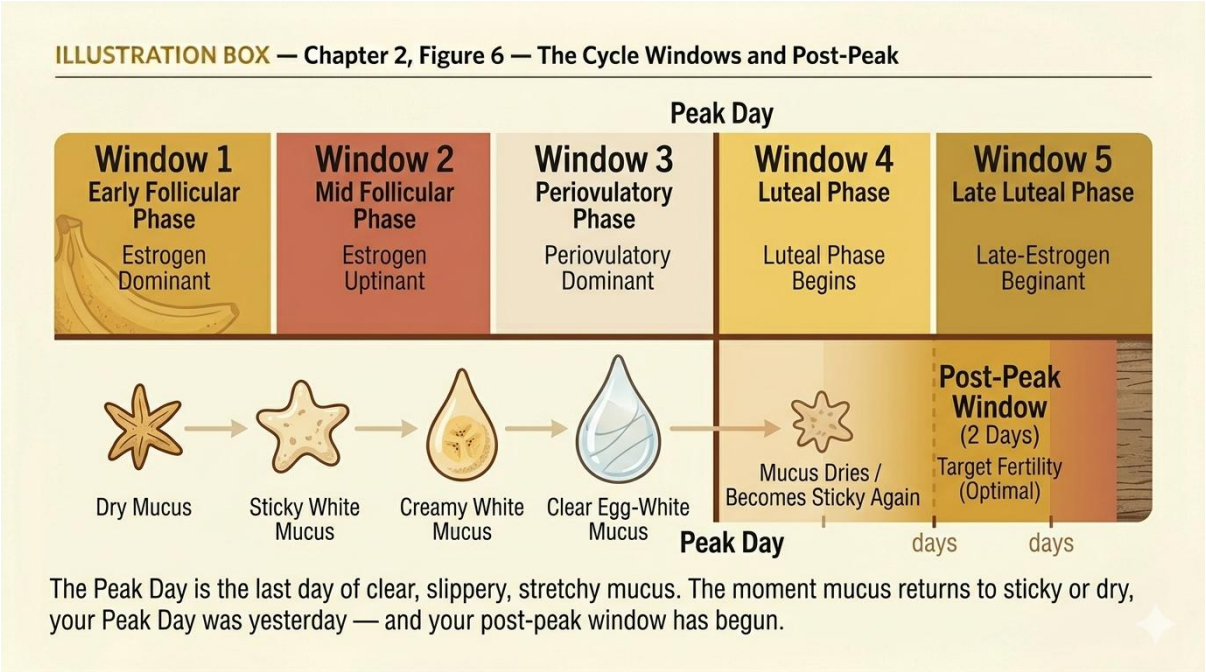
Signal One: Cervical Mucus

You already know about this from Chapter 1. It is your most important signal. It is the only one that works in real time — before and during ovulation, not after.

Your Peak Day is the last day you see clear, slippery, stretchy egg-white mucus. Not the first day — the last day. You know it was the Peak Day because the following day, the mucus has already changed back to sticky or dry.

This means you identify the Peak Day looking backwards. You confirm it the day after it happens.

Check your mucus two to three times a day. Before urinating is ideal, since urine can mix with mucus and make it harder to read. Write down what you see every time.



The Peak Day is the last day of clear, slippery, stretchy mucus. The moment mucus returns to sticky or dry, your Peak Day was yesterday — and your post-peak window has begun.

Signal Two: Basal Body Temperature

Basal Body Temperature — BBT — is your resting body temperature. You take it first thing in the morning, before you get up, before you eat or drink anything, before you speak.

Before ovulation, your temperature is lower — usually between 36.2 and 36.5 degrees Celsius. After ovulation, your temperature rises by about 0.2 to 0.5 degrees and stays elevated for the rest of your cycle. This rise is called the thermal shift.

The thermal shift tells you that ovulation has already happened. It confirms it after the fact. It does not predict it in advance.

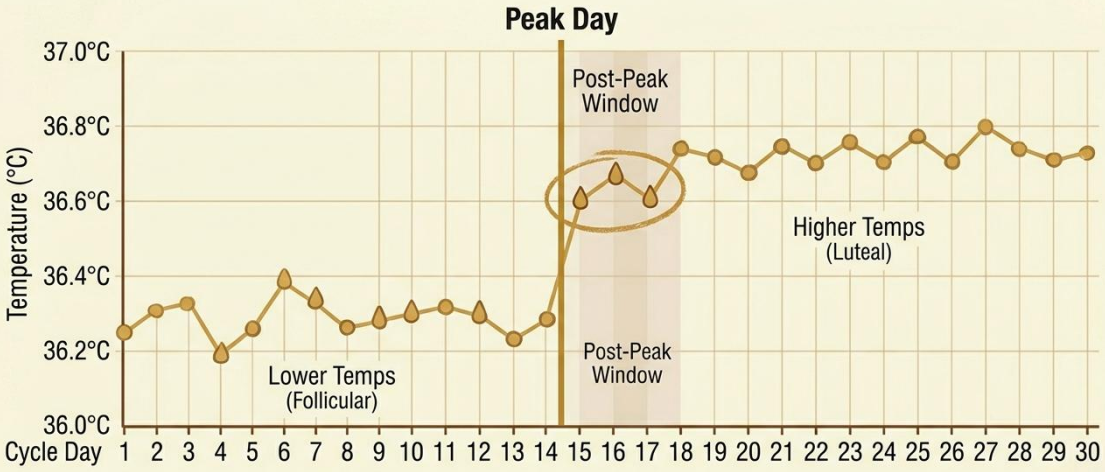
Used together with your mucus observation, BBT becomes very powerful. When you see your temperature rise on the same day that your mucus has returned to sticky or dry, you have confirmed ovulation. Your Peak Day was yesterday.

How to take BBT correctly:

- Use a digital thermometer designed for BBT that reads to two decimal places.
- Take your temperature at the same time every morning — set an alarm if needed.
- Do it before getting up, before speaking, before eating or drinking anything.
- Write it down immediately — do not rely on your memory.
- Note any disruptions the night before: poor sleep, alcohol, fever, or waking early. These affect the reading.

The three-temperature rule: when you have three consecutive morning temperatures that are all higher than the six temperatures that came before them, ovulation is confirmed.

ILLUSTRATION BOX — Chapter 2, Figure 7 — The Thermal Shift: BBT and Ovulation



The thermal shift confirms ovulation has occurred. Three consecutive higher temperatures after the Peak Day confirm the post-peak window.

Signal Three: LH Test Strips (Optional)

LH stands for Luteinising Hormone. About 24 to 36 hours before ovulation, your body releases a surge of this hormone. You can detect it in your urine using a simple test strip.

A positive LH test — where the test line is as dark as or darker than the control line — tells you ovulation is likely coming in the next one to two days. It helps you know when to start watching your mucus very closely for the Peak Day.

LH strips are inexpensive and widely available at pharmacies and online. They are optional — your mucus and temperature readings are enough — but they add useful confirmation, especially in your first cycles of tracking.

How to use them:

- Start testing from Day 10 of your cycle (Day 1 is the first day of your period).
- Test once or twice daily at consistent times.
- Do not use first morning urine — LH surges build through the morning, so afternoon or early evening gives the most accurate reading.
- When the test line is as dark as or darker than the control line, you have a positive. Start checking your mucus several times a day from this point.

Using the Three Signals Together

Here is how the three signals work as a team during a typical cycle:

Phase	What You Are Doing
Days 6-9	Begin daily mucus checks. Record dry or sticky. No LH testing yet.
Day 10 onwards	Begin LH testing if using strips. Continue mucus checks and BBT charting every morning.
LH test turns positive	Egg-white mucus is probably beginning or imminent. Check mucus several times a day.
Peak Day	Last day of clear, stretchy, slippery mucus. Circle this on your chart.
Peak Day +1 and +2	Your post-peak window. THIS is the targeted window in this system.
Peak Day +3 onwards	Three consecutive elevated temperatures confirm ovulation. Window has closed.

Your Tracking Chart

Use this chart every cycle. Photocopy it or recreate it in a notebook. One chart per cycle.

Mucus key: D = Dry | S = Sticky | C = Creamy | EW = Egg-white | Circle your Peak Day.

Post-peak window: draw a box around the two days immediately after your Peak Day. That box is your target.

Day	Date	Temp (°C)	Mucus	LH Strip	Notes
1					Period starts
2					
3					
4					
5					
6					Start mucus checks
7					
8					
9					
10					Begin LH strips
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					

Day	Date	Temp (°C)	Mucus	LH Strip	Notes
29					
30					

ILLUSTRATION BOX — Chapter 2, Figure 8 — The Morning Ritual: Tracking Your Biphasic Map

The tracking practice takes about five minutes each morning. Over two cycles, it gives you a complete and personal map of your body that no app can replicate.

The Actionable Takeaway from Chapter 4

16. Cervical mucus — primary real-time signal. Check 2-3 times daily from Day 6. Find your Peak Day (last day of clear, stretchy, egg-white mucus).
17. Basal body temperature — confirms ovulation. Take every morning before rising. Look for three consecutive elevated readings.
18. LH strips (optional) — predict the approaching surge. Start from Day 10. Use alongside mucus, not instead of it.

Your targeted window: the two days immediately after your Peak Day.

Start the tracking chart in your current cycle, even if you are not yet in your protocol cycle. One practice cycle makes your first real attempt far more precise.

"You cannot navigate without a map. And you cannot read a map you have never drawn." — Mama

CHAPTER 5: The Ancestral Strengthening Teas

Three traditional preparations to support womb health in the month before you try

Before I give you these recipes, I need to say something clearly. These teas are not a magic solution. They are not a shortcut. They are one piece of the system, and they work best when all the other pieces are already in place.

What they represent is a tradition. African midwives and traditional healers have used food-based plants to prepare women's bodies for conception for many generations. The goal was not to force something to happen. The goal was to nourish the body deeply in the month before an attempt, so that it was in the best possible internal state.

When the health researcher I hired verified Mama's system, this was the chapter she took the most time on. Every plant in these teas has at least some documented biological support for its traditional use.

Important: Stop all herbal preparations immediately when you get a positive pregnancy test. These teas are for the preconception phase only.

Herbs to Avoid

Before the recipes, let me tell you what not to use. Do not use any herb traditionally described as:

- Useful for 'bringing on a period' or 'cleaning the womb' — these typically stimulate the uterus.
- A method of preventing or ending pregnancy.
- Something your own traditional healer has warned against during pregnancy.

If you are unsure about any plant someone has recommended, do not use it. The three recipes below were chosen specifically because their safety profiles at food-level doses are well documented.

Tea Recipe One: The Moringa Nourishing Tea

What is moringa?

Moringa (Moringa oleifera) is one of the most nutritious plants in the world. It grows across West, East, and Southern Africa. Its leaves are eaten as a regular vegetable in many communities. Find the dried powder or fresh leaves at markets, health food stores, or online.

What does the research say?

Multiple animal studies found that moringa significantly improved reproductive health markers including follicle development and hormonal balance. A study at an African maternity hospital involving 60 women found that moringa supplementation improved antioxidant markers important for reproductive health.

What does it do for you?

This tea feeds your reproductive system. It provides iron, vitamins A and C, and supports hormonal balance. Think of it as a nutritional foundation — the base layer that everything else builds on.

MORINGA NOURISHING TEA — Full Recipe

Ingredients (one cup):

• 1 teaspoon dried moringa powder OR 1 tablespoon fresh moringa leaves
• 250ml hot water (just below boiling — not a rolling boil)
• Optional: half a teaspoon of honey | Optional: a 1cm slice of fresh ginger

Method:

1. Heat water until almost boiling. Remove from heat.
2. Place moringa in a cup or small teapot. Pour the hot water over it.
3. Add ginger if using. Cover and steep for 5 minutes.
4. Strain if using fresh leaves. Add honey if you like. Drink warm.

When:

Every morning, with or just after breakfast.

How long:

Start 4 weeks before your targeted cycle. Stop immediately on a positive pregnancy test.

Where to find it:

Health food stores, herbal markets, and online. Widely available across Africa and internationally.

Safety note:

Moringa is a food plant. Safe for most people at this dose. If you take blood pressure or diabetes medication, check with your doctor first.

Tea Recipe Two: The Cinnamon and Ginger Cycle Tea

What are cinnamon and ginger?

These are common cooking spices. You probably have both at home right now. Both have been studied many times for their effects on women's health.

What does the research say?

A clinical trial published in the American Journal of Obstetrics and Gynecology (Kort & Lobo, 2014) tested 1.5 grams of cinnamon daily in 45 women with irregular cycles. After six months, women taking cinnamon had significantly more regular cycles and confirmed

ovulation compared to the group that did not. Ginger has strong anti-inflammatory effects and supports circulation to the pelvic area.

What does it do for you?

This tea helps regulate your cycle. It supports more predictable, consistent ovulation. If your cycle is irregular, this may be the most important tea in the system.

CINNAMON AND GINGER CYCLE TEA — Full Recipe

Ingredients (one cup):

- 1 cinnamon stick (5-7cm) OR half a teaspoon of ground cinnamon
- A 2cm piece of fresh ginger, peeled and sliced (or a quarter teaspoon of ground ginger)
- 300ml water | Optional: half a teaspoon of honey and a squeeze of lemon

Method:

1. Place cinnamon and ginger in a small saucepan with the water.
2. Bring to a gentle simmer. Simmer on low heat for 8-10 minutes.
   (Simmering releases the active compounds better than steeping.)
3. Remove from heat. Strain into a cup. Add honey and lemon if you like. Drink warm.

When:

Every afternoon. Not right before bed — ginger can be energising.

How long:

Start 4 weeks before your targeted cycle. Stop on a positive test.

Where to find it:

Any supermarket or spice market. The most accessible recipe in the system.

Safety note:

Safe for most people at this dose. If you have a bleeding disorder or take blood-thinning medication, check with your doctor.

ILLUSTRATION BOX — Recipe Section, General Note — Traditional Tea Preparations

Moringa Tea (left) in the morning. Cinnamon and Ginger Tea (right) in the afternoon. Two of three preparations taken daily throughout your protocol month.

Tea Recipe Three: The Womb-Warming Tonic Blend

What is in this blend?

This evening tonic combines fenugreek, moringa, turmeric, and black pepper. Each ingredient has a specific role. Together they create a warming, nourishing close to each day of your protocol month.

What does the research say?

Fenugreek has been used in traditional African and Asian medicine for women's reproductive health for thousands of years. It contains plant compounds with mild hormone-supporting activity. Turmeric has strong anti-inflammatory properties documented in hundreds of research papers. Black pepper contains piperine, which activates turmeric's key compounds — which is why these two are always used together.

What does it do for you?

This blend reduces inflammation, supports hormone health, and rounds out the nutritional preparation you have been doing all day. Think of it as the closing chapter of each day during your protocol month.

WOMB-WARMING TONIC BLEND — Full Recipe

Ingredients (one cup):

- 1 teaspoon fenugreek seeds, lightly toasted and crushed (or half a teaspoon ground fenugreek)
- Half a teaspoon moringa powder
- Quarter teaspoon ground turmeric
- A small pinch of freshly ground black pepper (important — activates the turmeric)
- 250ml warm water or warm oat milk | Half a teaspoon of honey

Method:

1. If using whole seeds: heat in a dry pan 1-2 minutes until toasty. Crush roughly.
2. Combine fenugreek, moringa, turmeric, and black pepper in a cup.
3. Pour warm (not boiling) water or oat milk over them. Stir well. Leave 3-5 minutes.
4. Strain if needed. Add honey. Drink warm about one hour before bed.

When:

Every evening, about one hour before bed.

How long:

Start 4 weeks before your targeted cycle. Stop on a positive test.

Where to find it:

All ingredients available at spice markets, supermarkets, and online.

Safety note:

If you are allergic to peanuts or chickpeas (same plant family as fenugreek), exercise caution. You can omit fenugreek and use moringa, turmeric, and black pepper only.

The Herb Safety Reference

Use this table before adding any traditional plant to your preparation that is not in this guide.

Question	If YES	If NO
Is it traditionally used to bring on a period?	Do not use	Continue checking
Is it used to prevent or end pregnancy?	Do not use	Continue checking
Does it have documented uterine-stimulating effects?	Do not use	Continue checking
Is it eaten as everyday food in cooking?	Likely safe at food doses	Research further first
Has your doctor expressed any concern?	Follow doctor's guidance	Proceed with reasonable caution

ILLUSTRATION BOX — Evening Tonic Section — Traditional Practice

The evening tonic closes the day's preparation. Thirty days of this practice, done without interruption, is what Mama described. Not one cup — a full month.

The Three-Tea Daily Schedule

Time of Day	Preparation	Recipe
Morning — with or just after breakfast	Moringa Nourishing Tea	Recipe One
Afternoon	Cinnamon and Ginger Cycle Tea	Recipe Two
Evening — one hour before bed	Womb-Warming Tonic Blend	Recipe Three

You do not have to start all three teas on Day 1 if that feels like too much at once. Begin with Recipe One in Week 1. Add Recipe Two in Week 2. Add Recipe Three in Week 3. By Week 4 — the week leading into your fertile window — take all three every day.

The Actionable Takeaway from Chapter 5

19. Moringa Nourishing Tea — every morning. Nutritional foundation, hormonal support, antioxidant protection.
20. Cinnamon and Ginger Cycle Tea — every afternoon. Cycle regulation, hormonal balance, pelvic circulation.
21. Womb-Warming Tonic Blend — every evening. Anti-inflammatory, hormone-supportive, nourishing close to the day.

Start all three teas four weeks before your targeted cycle. Take them every day without gaps. Stop all three immediately upon a positive pregnancy test.

"The tree does not flower on the day you plant it. But if you plant it well — in prepared ground, watered faithfully — you will have flowers."

— Mama

CHAPTER 6: Signs It Is Working — The 7 Body Signals

How to know the preparation is creating the right conditions

One thing I remember clearly from my first protocol cycle is the feeling of not knowing if I was doing it right. I was drinking the water. I was following the nutrition plan. I was making the teas every single day. But I could not see inside my body. I could not know for certain whether any of it was working.

That feeling is very common. And it is the reason for this chapter.

Your body sends signals. When the preparation is working — when the right conditions are being created — your body tells you. These signals are physical. They are real. And once you know what to look for, you will be able to read them clearly.

Here are the seven signs that tell you the system is working.

Sign 1: Abundant, Clear, Stretchy Egg-White Mucus on Your Peak Day

The most important sign of all is the quality of your mucus when your Peak Day arrives.

When the system is working well — when you have been hydrating properly, eating the right foods, and protecting your internal environment — the mucus on and around your Peak Day should be more abundant than before. It should be very clear, almost transparent. It should be very stretchy — forming a long string between your fingers before it breaks. And you should notice a wet, slippery sensation throughout the day, sometimes even without checking internally.

If you notice that your egg-white mucus is better in quality and quantity compared to cycles before you started the system, that is a strong sign. Your cervix is producing a better quality fertile corridor. The Alkalinity Ritual and the hydration practice are working.

Sign 2: A Soft, High, Open Cervix Around Your Peak Day

If you are comfortable checking your cervix position, do this around your Peak Day.

On your dry days, your cervix sits low in the vaginal canal. It feels firm — like the tip of your nose. The opening at the centre feels closed and tight.

On and around your Peak Day, your cervix should feel very different. It moves upward — you may have to reach further than usual to find it. It feels noticeably softer — more like lips than a nose. And there is a slight opening at the centre.

This change confirms that your hormone levels are rising correctly toward ovulation. If you check over a few cycles, the difference between a dry-day cervix and a Peak Day cervix will become very obvious to you.

Sign 3: A Clear Thermal Shift After Your Peak Day

When you are tracking your BBT correctly, you should see a clear rise in temperature on or just after your Peak Day. This rise should be at least 0.2 degrees Celsius above your pre-ovulatory average. It should stay elevated for at least three consecutive days.

A clean, clear thermal shift tells you two things. First, ovulation happened. Second, your body's progesterone is rising well. Both of these are good signs.

If your thermal shift is very weak or unclear in a cycle, it may mean ovulation did not happen strongly. This is worth discussing with a doctor if it happens repeatedly. But in most women following the full system, the thermal shift becomes clearer over the protocol months.

Sign 4: A Predictable Personal Fertile Window Emerging

After two cycles of consistent tracking, look at both charts together. You should see your personal fertile pattern starting to emerge. Your Peak Day should be falling within a roughly predictable range of days each cycle.

This predictability is itself a sign of health. A woman who can say with confidence that her Peak Day tends to fall around a certain day has the information she needs to plan her targeted cycle with real precision.

A more regular, predictable cycle is also a sign that the cinnamon tea and the nutritional changes are supporting your hormonal balance.

Sign 5: A Mild Twinge or Sensation on One Side Around Ovulation

Some women feel a slight awareness or mild twinge in their lower abdomen on one side around ovulation. This is caused by the follicle — the small fluid-filled sac that contains the egg — stretching slightly as it reaches full size just before release.

This sensation is brief. It usually lasts a few hours at most. It tends to be on one side of the abdomen only, corresponding to which ovary is releasing the egg that cycle.

Not all women feel this. If you do not, nothing is wrong. But if you do feel it, write it down on your chart. It tends to coincide closely with your Peak Day and the beginning of your post-peak window.

Sign 6: Heightened Energy and Libido Around Your Peak Day

The hormonal surge that happens around ovulation — driven by the oestrogen peak — typically creates a brief but noticeable lift in energy and sexual interest. Many women describe feeling more alert and more naturally oriented toward intimacy in the two to three days surrounding their Peak Day.

This is not imagination. Your body is designed to encourage conception during the fertile window. The hormonal signal for fertility comes with a matching signal in how you feel.

If you notice this pattern in yourself, use it as a confirmation. Your libido peak and your Peak Day should line up closely. When they do, your tracking is on target.

Sign 7: Your Cycle Is Becoming More Regular

One of the secondary benefits that many women notice after a few weeks on the system is that their cycle starts to settle into a more consistent pattern. Cycles that were previously unpredictable — starting a few days early one month, a few days late the next — begin to follow a more regular rhythm.

This is partly the effect of the cinnamon on cycle regulation, as documented in the clinical trial I described in Chapter 5. It is also the natural result of better nutrition, consistent hydration, and reduced stress on the body overall.

A more regular cycle means a more predictable fertile window. And a more predictable fertile window means more accurate targeting.

The 7-Sign Checklist

Use this checklist each cycle to assess how the system is working for you. You do not need to see all seven signs. But the more you see, the stronger the confirmation.

Sign	This Cycle	Notes
1. Abundant, clear, stretchy egg-white mucus on Peak Day		
2. Cervix soft, high, and open around Peak Day		
3. Clear thermal shift of at least 0.2°C after Peak Day		
4. Personal fertile window pattern emerging from charts		
5. Mild twinge or sensation on one side around ovulation		
6. Heightened energy and libido around Peak Day		
7. Cycle becoming more regular and predictable		

If you are seeing most of these signs, the system is working. Your body is responding. Stay consistent.

If several signs are missing, go back to the preparation steps. Are you drinking enough water? Is the Nutrition Blueprint fully in place? Are you tracking your mucus every day? Often the answer to a missing sign is found in a preparation step that slipped.

The Actionable Takeaway from Chapter 6

22. Watch for all seven physical signals. They confirm that your cervical environment is improving, your ovulation is occurring and confirmed, and your tracking is accurate.
23. Record which signs you observe each cycle using the checklist above.
24. If multiple signs are missing, review your preparation steps before adjusting anything else.

In Chapter 7, I give you the complete 30-day plan — a day-by-day calendar that tells you exactly what to do at every single stage of your protocol cycle.

"Your body is always telling you something. The question is whether you have learned to listen."

— Mama

CHAPTER 7: The 30-Day Pre-Conception Preparation Calendar

A day-by-day plan so you always know exactly what to do next

I remember wishing, during my first protocol cycle, that someone would just give me a simple daily plan. Not just principles. Not just ideas. An actual plan. Day by day. Something I could look at each morning and know exactly what today requires.

This chapter is that plan.

The 30-day calendar tells you what to do at every stage of your protocol cycle. It is divided into four weeks. Each week has a focus. By the time you reach your fertile window, every preparation will be fully in place.

This calendar is built for a woman with a roughly 28-day cycle and a fertile window around Days 12-16. If your cycle is shorter or longer, adjust the days based on what you have learned from your own tracking in Chapters 1 and 4.

The Four Weeks at a Glance

Week	Days	Focus
Week 1	Days 1-7	Rest, Foundation, and Preparation
Week 2	Days 8-14	Building Toward the Fertile Window
Week 3	Days 15-21	The Fertile Window and Targeted Action
Week 4	Days 22-30	After the Window — Rest and Wait

Week 1: Rest, Foundation, and Preparation (Days 1-7)

Day 1 is the first day of your period. Your body is resting and shedding. You are not near your fertile window yet. But this week is not wasted time. It is when you lay the foundation that everything else stands on.

What you do this week:

- Start the Moringa Nourishing Tea every morning (Recipe One from Chapter 5).
- Begin the Hormonal Nutrition Blueprint from Chapter 3 — increase potassium-rich foods, reduce high-calcium and high-magnesium foods.
- Drink 8 to 10 glasses of plain water every day.
- Start your tracking chart — record Day 1, take your temperature every morning, observe your mucus even in these early days.

- Rest. Your body is working. Do not add stress this week.

What you avoid this week:

- Douching and scented internal products — stop these permanently.
- Standard lubricants.
- Large amounts of dairy, leafy greens, nuts, sardines, soy, fizzy drinks, alcohol.

Daily routine this week:

Morning: Temperature before getting up. Write it down. Moringa Tea with breakfast. A banana or dates. Two glasses of water before you leave the house.

Afternoon: Two more glasses of water. A potassium-rich lunch — yam, plantain, potato, beans, or chicken.

Evening: A light meal. Two more glasses of water. Early rest. Your body needs quiet this week.

Week 2: Building Toward the Fertile Window (Days 8-14)

Your period has ended. Your hormones are beginning their rise toward ovulation. Your energy is probably picking up. This is the week to be most consistent and most attentive.

What you do this week:

- Continue the Moringa Tea every morning.
- Add the Cinnamon and Ginger Tea every afternoon (Recipe Two from Chapter 5).
- Continue the Nutrition Blueprint and 8 to 10 glasses of water daily.
- Start LH testing from Day 10 if you are using strips.
- Check your mucus 2 to 3 times daily. Record every observation.
- Continue taking your temperature every morning before getting up.

What to watch for this week:

From around Day 10, watch for the first appearance of creamy or white mucus. This is Window 3 opening — your fertile window is starting. If you notice creamy mucus before Day 10, begin LH testing earlier.

Daily routine this week:

Morning: Temperature before getting up. Record it. Moringa Tea. A banana or oats for breakfast. Mucus check in the bathroom. Three glasses of water before midday.

Afternoon: Cinnamon and Ginger Tea. A good potassium-rich lunch. Mucus check. LH test around 2 to 4pm if using strips.

Evening: Light meal. Two glasses of water. LH test again around 6 to 7pm if using strips. Final mucus check before bed.

Week 3: The Fertile Window and Targeted Action (Days 15-21)

This is the week everything has been building toward. For most women with a standard 28-day cycle, the Peak Day falls somewhere in this week. If yours falls earlier or later based on your tracking, adjust accordingly.

What you do this week:

- Continue all three teas — Moringa in the morning, Cinnamon and Ginger in the afternoon, Womb-Warming Tonic in the evening.
- Continue the Nutrition Blueprint and full hydration.
- Check your mucus several times a day. Watch closely for the clear egg-white mucus.
- The day after the egg-white mucus changes back to sticky or dry — mark the previous day as your Peak Day.
- Time your targeted attempt on Peak Day +1 and Peak Day +2. These two days are your window.

This timing instruction is the most important action in the entire guide.

Not the day before ovulation. Not the day of ovulation. The post-peak window — the two days immediately after your Peak Day.

On your targeted days (Peak Day +1 and +2):

- Use warm water or a sperm-compatible lubricant only. No standard lubricant.
- Lie still for at least 20 to 30 minutes after intimacy. Elevate your hips gently on a pillow if comfortable.
- No douching or internal washing afterward. Let your body do what it is designed to do.

Daily routine this week:

Morning: Temperature immediately on waking — watch carefully for the thermal shift. Moringa Tea. A high-potassium breakfast. Mucus check.

Afternoon: Cinnamon Tea. Potassium-rich lunch. Mucus check. LH strip test.

Evening: Womb-Warming Tonic. Light meal. Final mucus check. Rest well.

Week 4: After the Window — Rest and Wait (Days 22-30)

The post-peak window has passed. Ovulation is confirmed by your thermal shift. Now begins the part most women find most difficult: waiting.

Continue the Nutrition Blueprint and your water intake. Continue the teas if you wish. But try not to obsess over every symptom in your body. What is done is done. Rest is the right response now.

What to watch for this week:

- A temperature that stays elevated past Days 25 to 26 is a good sign that your luteal phase is strong.
- If your temperature drops back down around Day 28, your period is likely arriving.
- If your temperature stays elevated and your period does not arrive — test. Use a sensitive early-detection test.

Do not test before Day 28. Early tests taken too soon produce false negatives and create anxiety that serves no purpose. Rest. Trust the preparation you have done.

The Full 30-Day Calendar

Day	Phase	Key Actions Today
1	Period begins	Record Day 1. Start Moringa Tea. Begin Nutrition Blueprint. Start BBT chart.
2	Period	Moringa Tea. Blueprint nutrition. Water 8-10 glasses. Rest.
3	Period	Moringa Tea. Blueprint nutrition. Water. Rest.
4	Period	Moringa Tea. Blueprint. Water. Rest.
5	Period ending	Moringa Tea. Blueprint. Water. Note when flow stops.
6	Window 2 begins	Moringa Tea. Start mucus checks 2x daily. Water. Blueprint.
7	Window 2	Moringa Tea. Mucus check. Water. Blueprint. Review cycle notes.
8	Window 2	Add Cinnamon Tea (afternoon). Two teas now. Mucus. Water. Blueprint.
9	Window 2	Add Womb-Warming Tonic (evening). All 3 teas now. Mucus. Water. Blueprint.
10	Watch for Window 3	All 3 teas. Start LH strips. Mucus 3x daily. Water. Blueprint.
11	Watch for Window 3	All 3 teas. LH strips. Mucus closely. Water. Blueprint.
12	Likely Window 3 opening	If mucus is creamy — Window 3 is open. All teas. LH. Mucus. Water.
13	Window 3	All teas. Watch mucus very closely. LH strips twice daily.
14	Window 3 or Peak Day	Check mucus on waking, midday, evening. LH strips. All teas.
15	Peak Day or Peak Day +1	If egg-white yesterday and sticky today — Peak Day was yesterday.
16	Post-peak Window	TARGETED ATTEMPT. Warm water or sperm-compatible lubricant only. Rest after.
17	Post-peak Window day 2	Second targeted attempt if window still open. Rest 20-30 min after.
18	Luteal Phase begins	All teas and Blueprint continue. Watch temperature for thermal shift.

Day	Phase	Key Actions Today
19	Luteal Phase	All teas. Blueprint. Water. Temperature charting.
20	Luteal Phase	All teas. Blueprint. Water. Temperature.
21	Luteal Phase	All teas. Blueprint. Water. Temperature. Rest well.
22	Luteal Phase	Continue teas and Blueprint. Rest. Do not test yet.
23	Luteal Phase	All teas. Blueprint. Water. Rest.
24	Luteal Phase	All teas. Blueprint. Water. Rest.
25	Luteal Phase	Temperature still elevated? Good sign. Continue teas and Blueprint.
26	Luteal Phase	All teas. Blueprint. Water. Rest.
27	Pre-test	All teas. Blueprint. Water. You can test from tomorrow if period is late.
28	Test day	If period has not arrived and temperature is still high — test for pregnancy.
29	Wait or new cycle	If positive — STOP all herbal teas immediately and celebrate. If period — note Day 1.
30	Rest or celebrate	Either prepare for next cycle, or celebrate your positive result.

The Actionable Takeaway from Chapter 7

25. The 30-day plan is your complete daily map. Follow it day by day. Do not skip steps. Do not rush.
26. The work is in the preparation — the four weeks of teas, nutrition, hydration, and tracking before your Peak Day. The targeted moment is brief. The preparation is what makes it possible.
27. If the first cycle does not produce the outcome you hoped for, move straight into the next cycle and follow the plan again without stopping.

In Chapter 8, I will talk honestly about what to do if the first cycle does not give you the result you wanted — and when it is the right time to involve a doctor.

"The preparation is not separate from the result. The preparation IS the result, built day by day."

— Mama

CHAPTER 8: Maintenance and Long-Term Success

What to do if the first cycle does not work

I want to talk honestly about something nobody wants to think about. The first cycle may not work.

That does not mean you failed. It does not mean the system does not work. It means biology takes time. And it means there may be one step in the preparation that was not quite as complete as it needed to be.

Mama said to me: "Three full cycles of honest effort. Not one. Not two. Three." She was right. Most natural sex selection methods — in research and in traditional practice — point to a one-to-three-cycle window for results with correct and complete application.

If the First Cycle Does Not Work

Before changing anything, go back to basics. Ask yourself these questions honestly:

- Did you follow the Nutrition Blueprint for the full four to six weeks? Not approximately — fully?
- Were you drinking 8 to 10 glasses of water every day in the week before your fertile window?
- Did you correctly identify your Peak Day? Do you trust your mucus and temperature data?
- Was the targeted attempt made on Peak Day +1 and Peak Day +2 — not before the Peak Day?
- Did you avoid douching, scented products, and standard lubricants throughout?
- Were all three teas taken every day for four full weeks before the targeted cycle?

In most cases where the first cycle does not succeed, the honest answer to at least one of these questions is 'not completely.' That is not a failure. That is information. It tells you exactly where to focus your energy in the second cycle.

If everything was followed completely and correctly, do not change anything. Move into the next cycle with exactly the same preparations. Sometimes the body needs one cycle to fully adjust to the nutritional and hormonal changes the system creates.

How Many Cycles to Try

Give this system three full, honest cycles. Three cycles of complete preparation, accurate tracking, correct timing, and all seven pieces in place.

If three complete cycles pass without success, that does not automatically mean something is wrong. But it does mean it is time to gather more information. Speak to a gynaecologist or reproductive health specialist for a general fertility review.

A Note on Your Partner's Health

The sex of a baby is determined by which type of sperm — X or Y — fertilises the egg. That means your partner's sperm health is directly relevant to this system.

Sperm quality can be significantly affected by heat from tight underwear or laptops placed directly on the lap, alcohol in large amounts, smoking, poor nutrition, and chronic stress over long periods.

During your protocol months, ask your partner to wear loose underwear, avoid prolonged heat around the groin area, reduce alcohol and smoking if applicable, and eat zinc-rich foods such as seeds, eggs, meat, and shellfish. These are small changes that can make a real difference to sperm quality and movement.

When to See a Doctor

See a gynaecologist or fertility specialist if:

- You have been trying to conceive for 12 months or more with no success — or 6 months if you are over 35.
- Your cycles are very irregular or you are not seeing clear signs of ovulation in your tracking charts.
- You have a known reproductive health condition such as PCOS, endometriosis, or a history of pelvic infections.
- You or your partner have reason to believe there may be an underlying fertility issue.

Natural preparation is powerful. But it works within the limits of your underlying biology. If there is a medical reason why conception is difficult, a specialist can identify and address it. Using this system and seeking medical support are not in conflict. They can work together.

The Actionable Takeaway from Chapter 8

28. Give the system three full, honest cycles before evaluating.
29. If the first cycle does not work, review all preparation steps honestly before changing anything.
30. Support your partner's sperm health with simple lifestyle adjustments during the protocol months.
31. See a specialist if there is any reason to believe there may be an underlying issue.

"Persistence is not stubbornness. Persistence is faith with a plan."— Mama

CHAPTER 9: A Letter from Jane

Before we close

I am sitting here thinking about you.

I do not know your name. I do not know which country you are reading this in, or which city, or which room. I do not know how many daughters you have, or how many years you have been hoping, or what the silence in your home has felt like on the hard days.

But I know something about you. I know you are not someone who gives up easily. You are still here. Still looking. Still believing that there is a way forward. That tells me everything I need to know about who you are.

I was that woman too. I sat in the same place you are sitting right now. I felt the same weight. I followed the same quiet hoping from one year to the next, carrying fragments of advice that never added up to a complete picture.

Mama gave me the complete picture. And now I have given it to you.

You have read every chapter. You know the five windows of your cycle and which one to target. You know the alkalinity practices that protect the internal environment. You know the foods to eat and the foods to pull back from. You know how to track three signals and locate your Peak Day with precision. You know the three teas and exactly how to take them. You know the seven signs that confirm the system is working. You have your 30-day plan.

You have the complete system. All seven pieces are now in your hands.

What happens next is your preparation and your faith working together. Some things in this life are beyond what any guide can touch. But the part that can be prepared — the physical, biological, environmental preparation — you now know exactly how to do.

Follow it completely. Follow it honestly. Give it three full cycles of your very best effort.

And then trust.

I am rooting for you. From wherever I am to wherever you are, I am on your side.

Your son is coming.

With love,

Jane O.