# Introduction to NeoFertility & Chart Neo

## A Medical Approach to Restorative Reproductive Medicine (RRM)

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Infertility is a symptom, not a disease. We're looking for the cause of the symptom.

# RRM - RESTORATIVE REPRODUCTIVE MEDICINE

A specialized field of medicine that focuses on identifying the **underlying health conditions** that contribute to reproductive dysfunction and suboptimal reproductive health, treating them to restore the natural functions of the reproductive system. Unlike conventional approaches that use treatments that suppress normal physiology to deal with dysfunction, RRM seeks to work with the body, treating reproductive abnormalities, not by bypassing the body's processes but by diagnosing, understanding, and addressing underlying health concerns. This approach improves overall wellness and restores reproductive abilities such as fertility.

# What does RRM look like in Practice?

- Precision, personalized care — diagnosing and treating root causes
- Common diagnoses: hormonal (thyroid, prolactin, insulin resistance), structural (endometriosis, fibroids), ovulatory (PCOS/PMOS, luteal phase deficiency), male factor
- Multiple recognized RRM frameworks: NaPro Technology, FEMM, NeoFertility, Billings, Marquette
- Multiple recognized FABM (Fertility Awareness-Based Methods) for Charting: Symptothermal, Couple-to-Couple League, Billings, Creighton, Chart Neo, FEMM, etc.
- Carrot Study (March 2026): Nearly 90% of women want underlying conditions treated — not just bypass procedures (JRRM Study as well)

# Chart Neo & NeoFertility

Founded in April 2016

Dr Phil Boyle

CEO & Founder

Dr Monica Minjeur

Associate Medical Director

AJ Freda

Chief Technology Officer

Melissa Buchan, RN

Programs Director

# What Makes Us Different

## Fertility Is Health

We view fertility as a vital sign, not a symptom to suppress.

## Restore, Don't Override

We focus on restoring natural function, not bypassing it.

## Whole-Person Care

We consider body, mind, and relationships in every care plan.

## Empower Through Education

We prioritize transparency, informed choice, and patient agency.

## Built for Collaboration

Healing happens when clinicians, coaches, and couples work together.

## Grounded in Evidence

We lead with science—clear, honest, and clinically sound.

# NeoFertility Published Data


Boyle PC, Stanford JB. NaProTechnology (Natural Procreative Technology) – A multifactorial approach to the chronic problem of infertility. Health Sciences (Sveikatos Mokslai). 2011;21(3):61-68

Stanford JB, Parnell TA, Boyle PC. Outcomes from treatment of infertility with natural procreative technology in an Irish general practice. J Am Board Fam Med. 2008;21(5):375-384. doi:10.3122/jabfm.2008.05.070239

Boyle PC, de Groot T, Andralojc KM, Parnell TA. Healthy singleton pregnancies from restorative reproductive medicine (RRM) after failed IVF. Front Med (Lausanne). 2018;5:210. doi:10.3389/fmed.2018.00210. PMID: 30109231

Boyle PC, Stanford JB, Zecevic I. Successful pregnancy with restorative reproductive medicine after 16 years of infertility, three recurrent miscarriages, and eight unsuccessful embryo transfers with IVF/ICSI: a case report. J Med Case Rep. 2022;16(1):246. doi:10.1186/s13256-022-03465-w. PMID: 35729591

Boyle P, Andralojc K, van der Velden S, Najmabadi S, de Groot T, Turczynski C, Stanford JB. Restoration of serum estradiol and reduced incidence of miscarriage in patients with low serum estradiol during pregnancy: a retrospective cohort study using a multifactorial protocol including DHEA. Front Reprod Health. 2024;5:1321284. doi:10.3389/frph.2023.1321284. PMID: 38239818

Boyle PC, Pandalache C, Turczynski C. Successful pregnancy using oral DHEA treatment for hypoandrogenemia in a 30-year-old female with 5 recurrent miscarriages, including fetal demise at 24 weeks: a case report. Front Med (Lausanne). 2024;11:1358563. doi:10.3389/fmed.2024.1358563

Boyle P. Understanding Restorative Reproductive Medicine. J Restorative Reprod Med. 2025;1:7:1-2

Boyle PC, Toth A, Minjeur M, Turczynski C. Restorative reproductive medicine (RRM) outcomes compared to in-vitro fertilization (IVF) for the treatment of infertility: a retrospective evaluation of a 2019 clinic cohort compared to one cycle of IVF. J Restorative Reprod Med. 2025. doi:10.63264/gejytw70

# NeoFertility Outcomes

**50%**

Fewer preterm births which leads to Healthier moms & babies

**99%**

Frequency with which actual diagnoses are found rather than "unexplained infertility"

**80.6%**

Live Birth Rate after recurrent miscarriage

# PHASE 1

## ASSESS AND PREPARE

## 2 MONTHS

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# Intake & History

| *Symptoms of Endometriosis* | No problem - moderate - severe |
|---|---|
| Very painful periods | 1 2 3 4 5 6 7 8 9 10 |
| Constipation during period | 1 2 3 4 5 6 7 8 9 10 |
| Diarrhoea during period | 1 2 3 4 5 6 7 8 9 10 |
| Sharp pain with intercourse during deep penetration | 1 2 3 4 5 6 7 8 9 10 |

| *Symptoms of Polycystic Ovaries* | No problem - moderate - severe |
|---|---|
| Excessive body or facial hair | 1 2 3 4 5 6 7 8 9 10 |
| Acne on body or face | 1 2 3 4 5 6 7 8 9 10 |
| Overweight despite diet and exercise | 1 2 3 4 5 6 7 8 9 10 |

| *Symptoms of Sleep Apnoea* | No problem - moderate - severe |
|---|---|
| Excessive snoring | 1 2 3 4 5 6 7 8 9 10 |
| Daytime sleepiness | 1 2 3 4 5 6 7 8 9 10 |
| Wake up a lot at night | 1 2 3 4 5 6 7 8 9 10 |

**Symptoms of Endorphin Deficiency** – **Average score out of 10 for the last month or two**

**Woman**

| | No problem - moderate - severe |
|---|---|
| Low Energy | 1 2 3 4 5 6 7 8 9 10 |
| Low Mood | 1 2 3 4 5 6 7 8 9 10 |
| Anxiety | 1 2 3 4 5 6 7 8 9 10 |
| Difficulty sleeping | 1 2 3 4 5 6 7 8 9 10 |

**Man**

| | No problem - moderate - severe |
|---|---|
| Low Energy | 1 2 3 4 5 6 7 8 9 10 |
| Low Mood | 1 2 3 4 5 6 7 8 9 10 |
| Anxiety | 1 2 3 4 5 6 7 8 9 10 |
| Difficulty sleeping | 1 2 3 4 5 6 7 8 9 10 |

*Premenstrual Symptoms* (Please tick if any symptoms are present for **>4 days before onset of bleeding**)

(a) Irritability ___(b) Breast Tenderness ___(c)Bloating ___(d)Weight Gain ___(e)Salt/Sweet Cravings___

(f) Cry Easily ___ (g) Depression ___ (h) Headache ___ (i) Fatigue ___ (j) Insomnia ___ (k) Other ___

**Average Duration of symptoms _____Days;** **Average Severity** 1 2 3 4 5 6 7 8 9 10

- Get History: Female & Male
- Gather data for clinic records & research (STORRM)
- Streamline lab & study ordering
- Assess need for surgical consultation

# Setting Goals

- Explain Process & Timeline
- Chart Neo App – start using
- Reminder that we will consider both Male & Female Factor
- Order Initial Labs
- Discuss Supplements
- Assess other Medications

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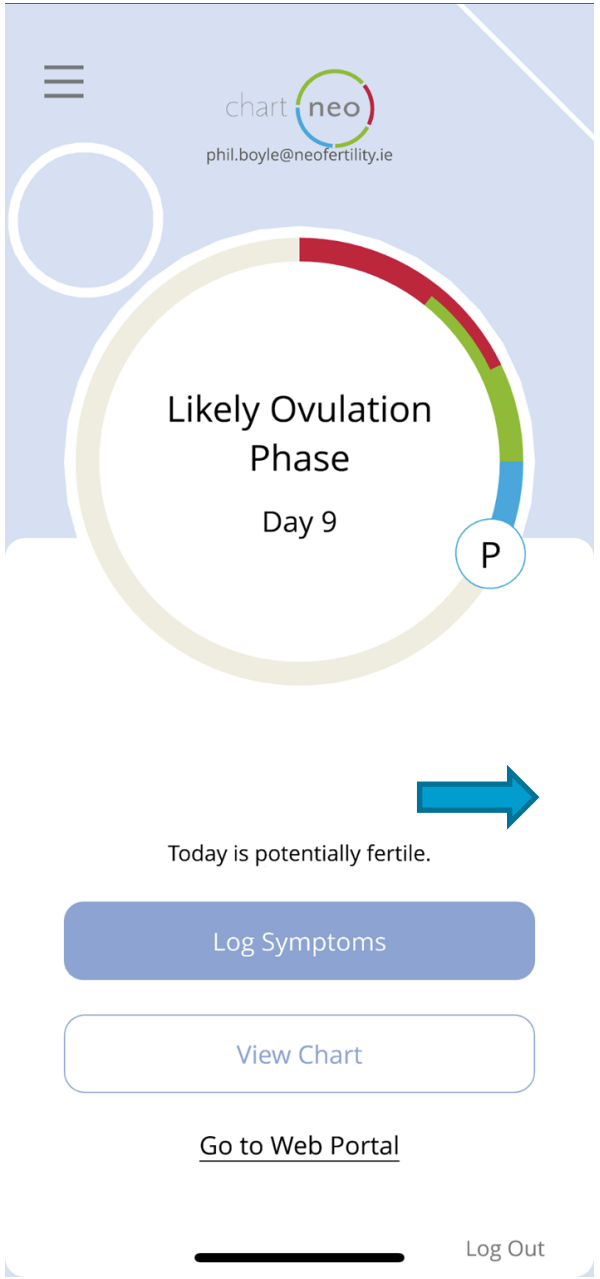
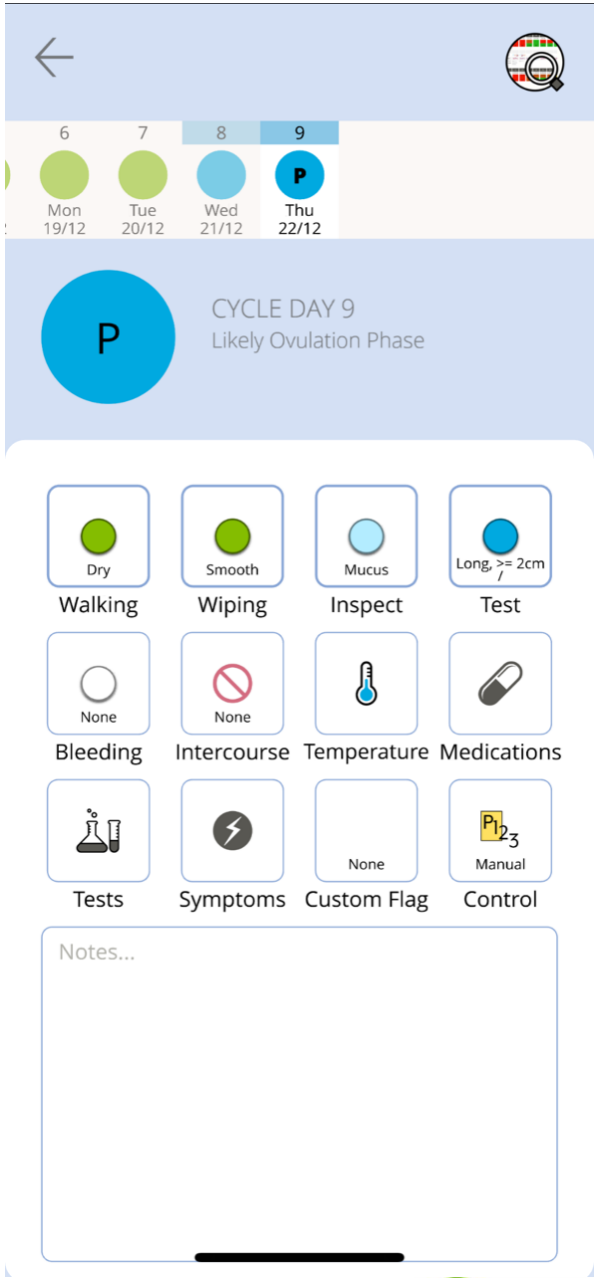
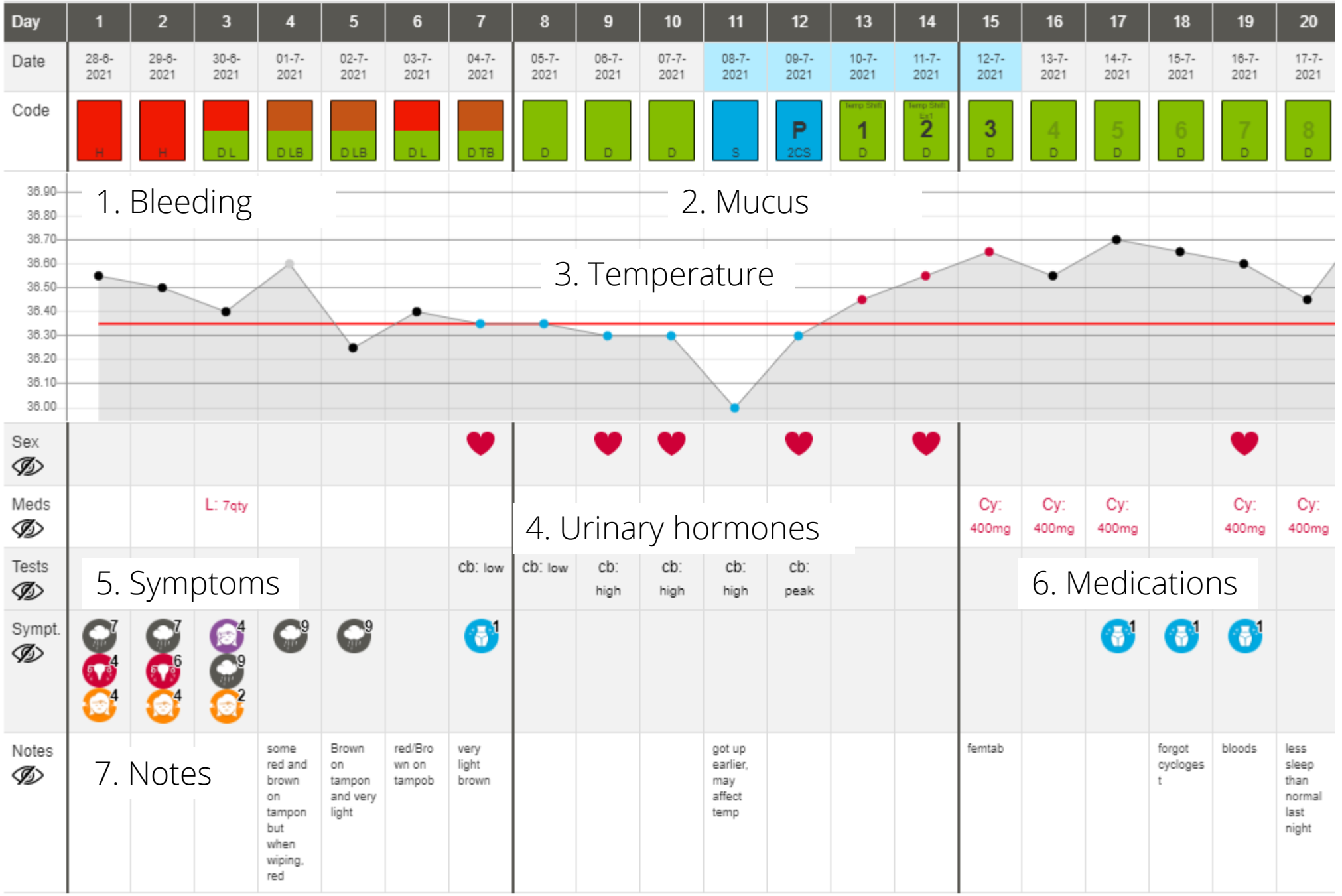
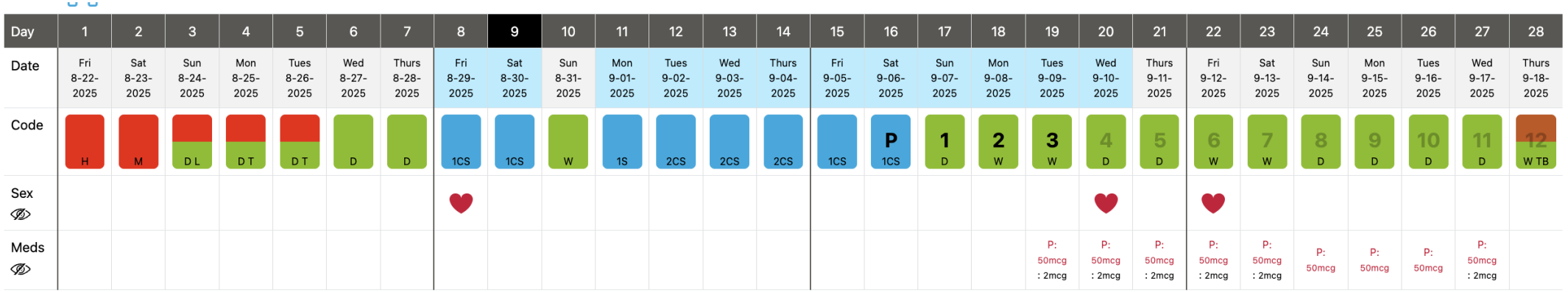
- HIPAA Compliant
- Share data in real time with partner & healthcare team
- Monitor progress over time
- Adaptable to any other FABM already learned
- Offers FABM instructor link as well as an in-app education option





# Day 3 Blood Test



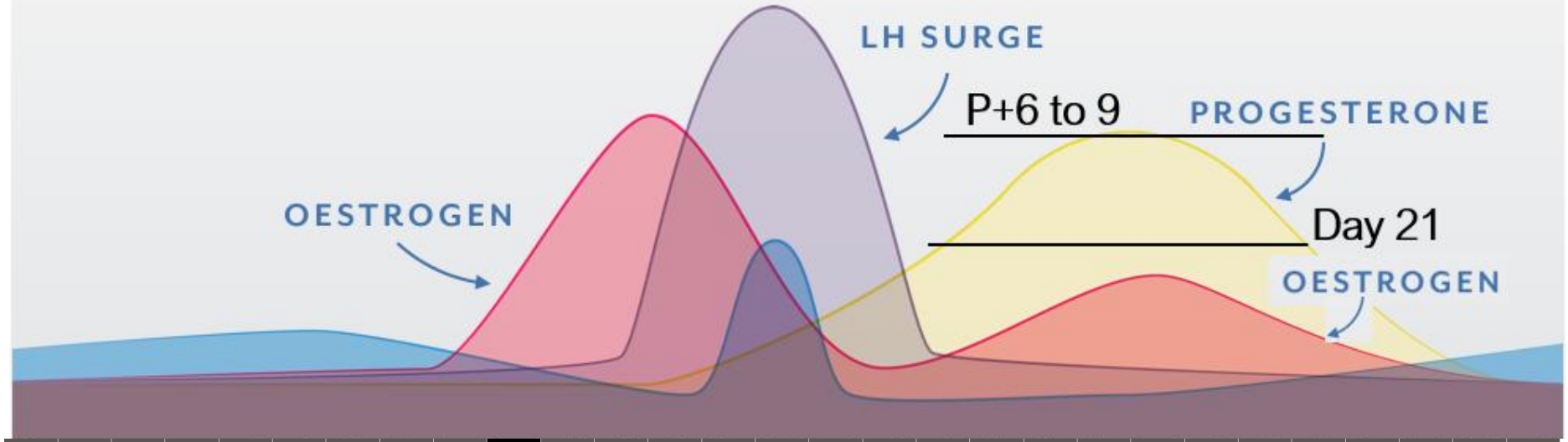
| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Fri 8-22-2025 | Sat 8-23-2025 | Sun 8-24-2025 | Mon 8-25-2025 | Tues 8-26-2025 | Wed 8-27-2025 | Thurs 8-28-2025 | Fri 8-29-2025 | Sat 8-30-2025 | Sun 8-31-2025 | Mon 9-01-2025 | Tues 9-02-2025 | Wed 9-03-2025 | Thurs 9-04-2025 | Fri 9-05-2025 | Sat 9-06-2025 | Sun 9-07-2025 | Mon 9-08-2025 | Tues 9-09-2025 | Wed 9-10-2025 | Thurs 9-11-2025 | Fri 9-12-2025 | Sat 9-13-2025 | Sun 9-14-2025 | Mon 9-15-2025 | Tues 9-16-2025 | Wed 9-17-2025 | Thurs 9-18-2025 |
| Code | H | M | D L | D T | D T | D | D | 1CS | 1CS | W | 1S | 2CS | 2CS | 2CS | 1CS | P 1CS | 1 D | 2 W | 3 W | 4 D | 5 D | 6 W | 7 W | 8 D | 9 D | 10 D | 11 D | 12 W TB |
| Sex | | | | | | | | ♥ | | | | | | | | | | | | ♥ | | ♥ | | | | | | |
| Meds | | | | | | | | | | | | | | | | | | | P: 50mcg : 2mcg | P: 50mcg : 2mcg | P: 50mcg : 2mcg | P: 50mcg : 2mcg | P: 50mcg : 2mcg | P: 50mcg | P: 50mcg | P: 50mcg | P: 50mcg : 2mcg | |

Single Blood test on Cycle Day 3 (or CD2-5)

- FSH, LH, AMH, Prolactin
- DHEA, Testosterone, SHBG
- Vitamin B12, Vitamin D, Folate
- Thyroid, CBC, Rubella
- Antibodies: Thyroglobulin, TPO, TT

# Peak +7 Blood Test

Blood test for oestradiol & progesterone every month on Peak +7 (or 6,8,9) to assess quality of ovulation




| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| Code | H | M | D L | D T | D T | D | D | 1CS | 1CS | W | 1S | 2CS | 2CS | 2CS | 1CS | P 1CS | 1 D | 2 W | 3 W | 4 D | 5 D | 6 W | 7 W | 8 D | 9 D | 10 D | 11 D | 12 W TB |
| Sex | | | | | | | | ♥ | | | | | | | | | | | | ♥ | | ♥ | | | | | | |
| Meds | | | | | | | | | | | | | | | | | | | P: 50mcg : 2mcg | P: 50mcg : 2mcg | P: 50mcg : 2mcg | P: 50mcg : 2mcg | P: 50mcg : 2mcg | P: 50mcg | P: 50mcg | P: 50mcg | P: 50mcg : 2mcg | |

## OPTIMIZE Levels

Progesterone
60-100 nmol/L
19-31 ng/mL

Estradiol
400-900 pmol/L
109-245 pg/mL

# PHASE 2

## BOOST AND BALANCE

## 2-3 MONTHS

# Multifactorial Evaluation & Treatment

- Diet
- Food Intolerance
- Vitamin Deficiency
- Male treatment
- Thyroid dysfunction
- Endorphin Deficiency
- Low DHEA
- Low Sympathetic Tone
- Follicle stimulation
- Mid cycle HCG
- Luteal phase HCG
- Clotting abnormality
- Insulin Resistance
- Endometritis Treatment
- NK Cells
- Immune dysfunction
- Laparoscopy
- Hysteroscopy

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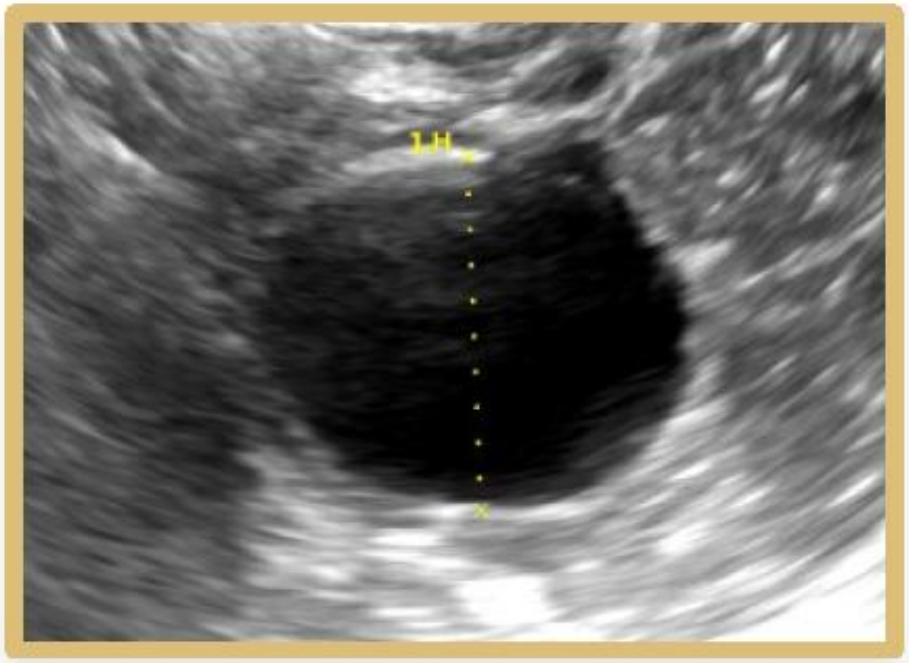
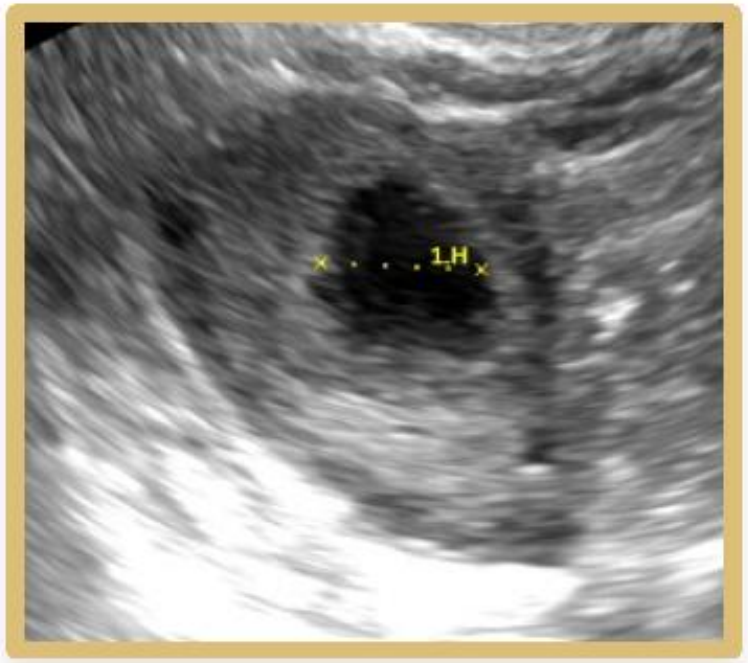
# Confirm Follicular Rupture on Ultrasound

MATURE FOLLICLE



COMPLETE RUPTURE



# PHASE 3

## ALLOW CONCEPTION TO OCCUR

## 1 TO 12 CYCLES

# Effective Cycles x12

1. Optimized Progesterone & Estradiol at P+7
2. Adequate Cervical Mucus production
3. Normal Bleeding Pattern
4. PMS: Well-controlled
5. Period pain: Well-controlled
6. Energy levels: Normal
7. Optimal Male Factor (SFA & DNA Fragmentation)

- Proven Follicular Rupture
- Normal Anatomy by Laparoscopy and/or Hysteroscopy
- Patent Fallopian Tubes by HSG

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# Multifactorial Evaluation

**Multifactorial Advanced Fertility Approach**

Updated: 2/24/26

| | Tested | Pending | Future | Results | Treatment |
|---|---|---|---|---|---|
| **Endorphin Dfc** | 5/27/25 | | | 8/40 | LDN |
| **Adrenal Fatigue** | 5/9/25 | | | cortisol 9.8 | |
| **Thyroid Dz** | 5/9/25 | | | ratio 5.5,<br>AG ab 16 | Lio |
| **Sympathetic Tone** | 5/27/25 | | | 4/13 | n/a |
| **Vitamin Dfc** | 5/9/25 | | | Vit D 32<br>Vit B12 846 | Vit D 5000 |
| **Food Intol** | | | ? Gluten Sensitivity | | |
| **Follicular U/S** | 3/25/25<br>2/2026 | | | 3/2025: Endometrium 10mm. Right mult follicles (4.6 mL), Left (19.7 mL) and 2.1cm hemorrhagic cyst (likely CLC based on timing)<br>2/2026: Endo 17mm. L CLC + hemorrhagic cyst | none |
| **Endometritis** | | Disc 10/30/25<br>OV Pending - MSP, Omaha | x | | |
| **Hysterosalpingogram** | 11/6/25 | | | Normal | |
| **Surgical Eval** | | Disc 10/30/25<br>OV Pending - MSP, Omaha | x | | |
| **H Pylori Testing** | 7/2025 | | | Her - Neg<br>Him - Neg | |
| **Blood Clotting** | | | x | | |
| **Seminal Fluid Test** | 3/19/25<br>6/4/25<br>3/2026 | Repeat Feb 2026 | | 3/25: Total Mot: 3.9 mil<br>Morph: 0.5%<br>6/25: Total Mot: 1.4 mil<br>Morph: 2%<br>3/26: Total Mot: 1.5 mil<br>Morph: 2% | Varicocele repair 10/22/25 |
| **DNA Frag Test** | | | x | | |
| **Male Lab Test** | 7/2/25 | | | Mild low free Test<br>Mild Thyroid | None |
| **NK Cells** | | | x | | |
| **Chromosome Testing** | | | x | | |

# Ongoing Support

- Check in every 2-3 months for follow-up visits
- Monitor charts for intercourse during fertility window
- Also monitor for intercourse outside of fertile times
- Finding time to enjoy each other, keeping things lighthearted
- Give permission to ”take a break” if needed
- Lifestyle Modifications: Stress reduction, Sleep 8+ hrs, Avoid extreme dieting or exercise
- Mental health / Therapy if needed

# Pregnancy Evaluation

## *Focus on Miscarriage & Preterm Birth Prevention*

1. Check Labs with positive home pregnancy test: Quantitative HCG, Progesterone, Estradiol
2. Supplement with Progesterone, DHEA as needed
3. Continue weekly lab tests: HCG, Prog, Est
4. Check Ultrasound until 7wks 3days
5. Continue lab checks every 2-4 wks throughout entire pregnancy.

# Progesterone in pregnancy

**Conception Date**

2-12-2025 ⊕ Add new

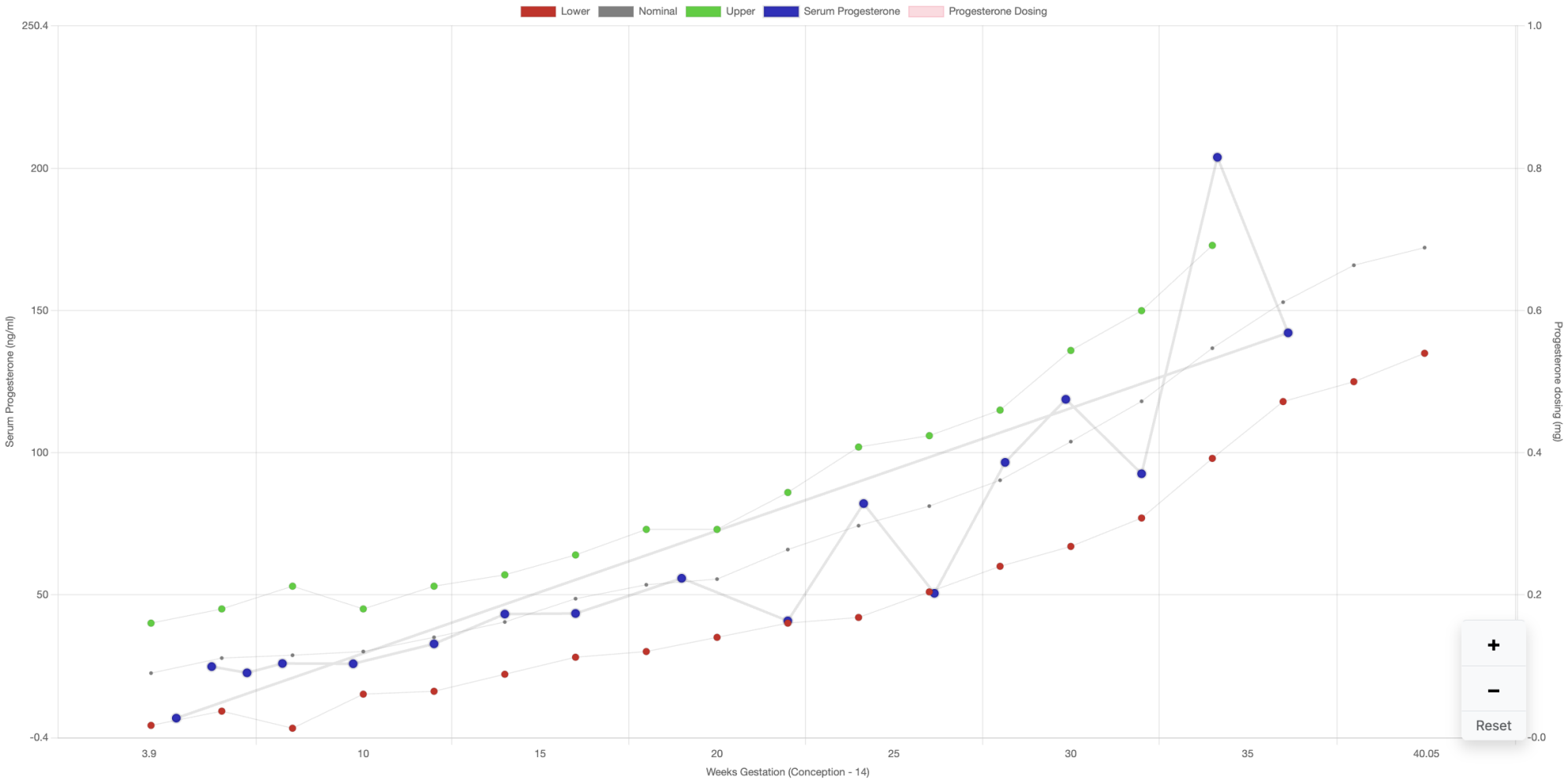
Go

| | |
|---|---|
| cLMP: | 1-29-2025 |
| Due Date: | 11-05-2025 |

## Active Prescriptions

**Prometrium** 200mg

**DHEA** 25mg



# Estradiol in pregnancy

**Conception Date**

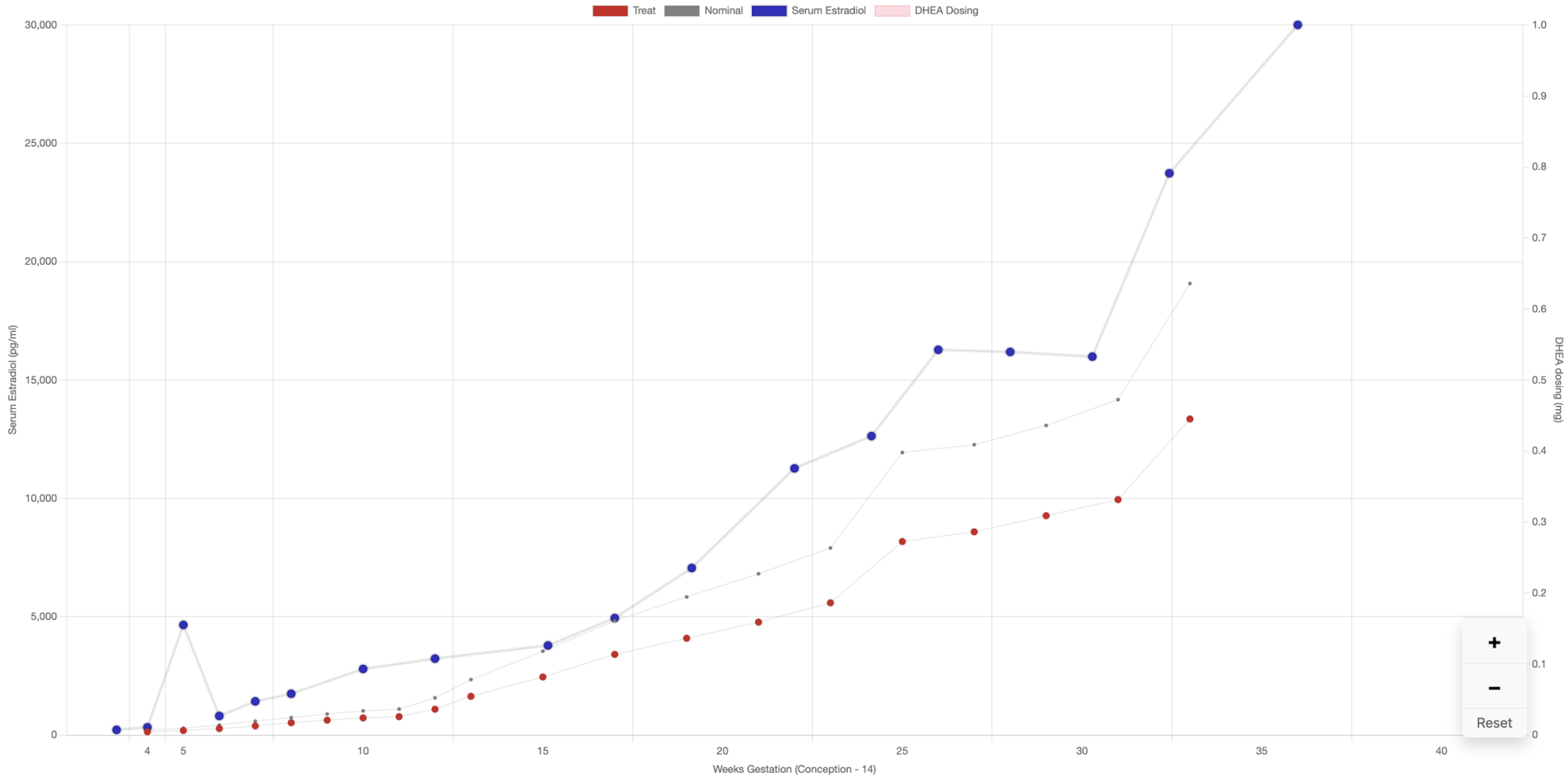
4-07-2025 ⊕ Add new

Go

| | |
|---|---|
| cLMP: | 3-24-2025 |
| Due Date: | 12-29-2025 |

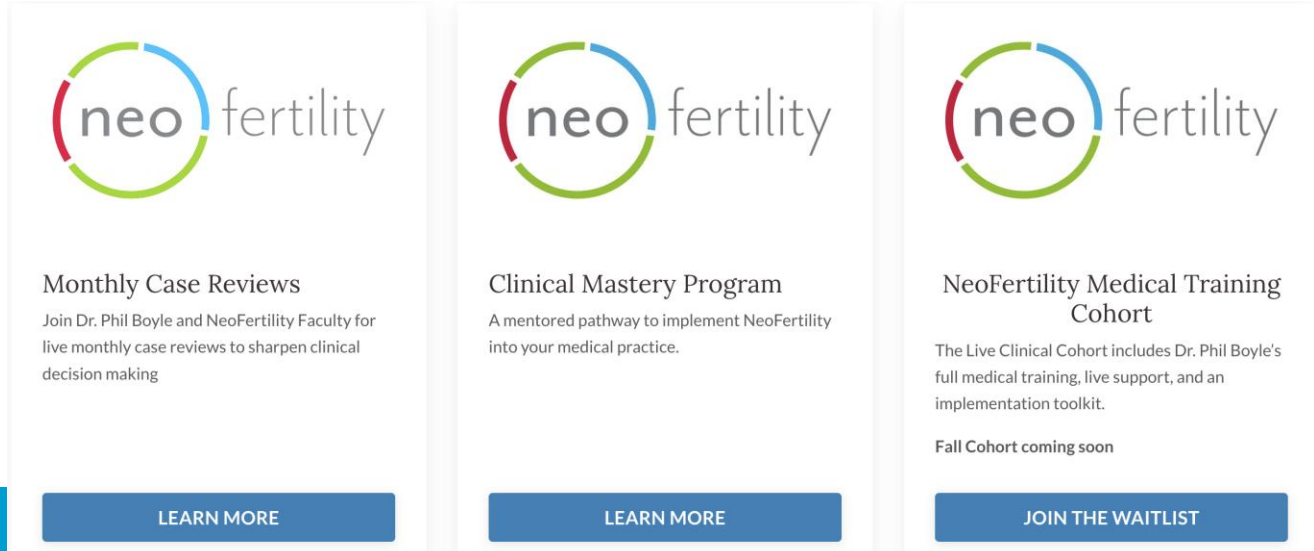
## Active Prescriptions

No active prescriptions found.



# Training Healthcare Professionals

- Neofertilitytraining.com
- Asynchronous learning available with CME Credits
- Cohorts offered twice per year to work through content together and with 5-6 live Q&A sessions
- Clinical Integration Program (CLIP) –Medical forum to keep learners engaged and work through difficult cases together

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# Excepted Fertility Benefits Rule

- **Issued by:** Departments of Treasury, Labor, and HHS
- **Published:** May 13, 2026
- **Creates a new category:** Excepted Fertility Benefits
  - Allows employers to offer fertility coverage separately from major medical insurance (like dental or vision insurance is offered)
  - Currently ~60% of employers offer NO fertility benefits
- **Link:** federalregister.gov/documents/2026/05/13/2026-09479/excepted-fertility-benefits

# What Would Be Covered?

- Diagnosis of infertility
  - Hormone panels, imaging, LH testing, semen analysis
  - Laparoscopy, hysteroscopy, genetic evaluation

- Treatment of infertility
  - Ovulation induction, surgical treatment
  - Male factor infertility evaluation and treatment
  - IUI, IVF, and other ART

# Financial Structure of the Rule

- Proposed lifetime benefit: $120,000 per participant
- Indexed to medical inflation beginning January 1, 2027
- Applies to group health plans for plan years beginning on or after January 1, 2027
- Employers choose which components to offer — flexibility is built in
- Exclusions are permitted (e.g., number of embryos transferred, surrogacy, anonymous donor gametes, embryo/egg donation, genetic screening)

# Considerations for Faith-Based Organizations/Persons

- The lack of culturally appropriate care creates significant barriers for various communities or faith-groups; for some this makes reproductive care entirely inaccessible. RRM overcomes this.
- Exclusions for surrogacy, anonymous donor gametes, and embryo/egg donation are permitted
- Employers with religious objections to certain procedures can structure benefits accordingly
- IIRRM, NeoFertility (and individual doctors) are available to provide medical guidance to faith-based groups submitting comments

# How to Submit

Comments submitted with evidence are STRONGLY encouraged (organizational more so than individual)

https://iirrm.org/proposed-us-federal-rule-on-expected-fertility-benefits/

# Questions?