

# Member Personalized Swaying Plan and Schedule

Member- Jane Doe

## Supplements with Dosages

**Mom Suggested Supplements**

**How Often**


**Dad Suggested Supplements**

**How Often**


## Diet and Blood Glucose Levels

**Diet Specifics**

**When**

Would include which diet to follow, how many calories per day	
Details about increasing or decreasing blood sugar levels	
Protein Intake Information	
Where to get calories from	
Sodium Intake options	
Types of foods	

## Exercise

**Types Allowed**

**Frequency/Duration**


## Weight Loss/Gain

**Recommendations**




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## Lifestyle Recommendations

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Various Topics	How To
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Handling Stress	
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Ions	
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Smoking	
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Alcohol	
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## Sperm Count

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Recommendations	How To
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Details will be provided based on specific Gender desired

- Recommendation 1
- Recommendation 2

## Controlling Cervical Mucus(CM) and vaginal pH

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Various Topics	How To
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## Making the Attempt

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Recommendations	How To
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When	
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How	
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Etc.	
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## After the Attempt

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Recommendation	How To
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## SWAYING INSTRUCTIONS SCHEDULE

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**90 Days out**

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**60 Days out**

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**6 weeks before attempt**

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**30 days before attempt**

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**2 Weeks before attempt**

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**1 Week before attempt**

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**Day before attempt**

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**The Attempt**

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**After Attempt**

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**Upon Getting BFP**

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