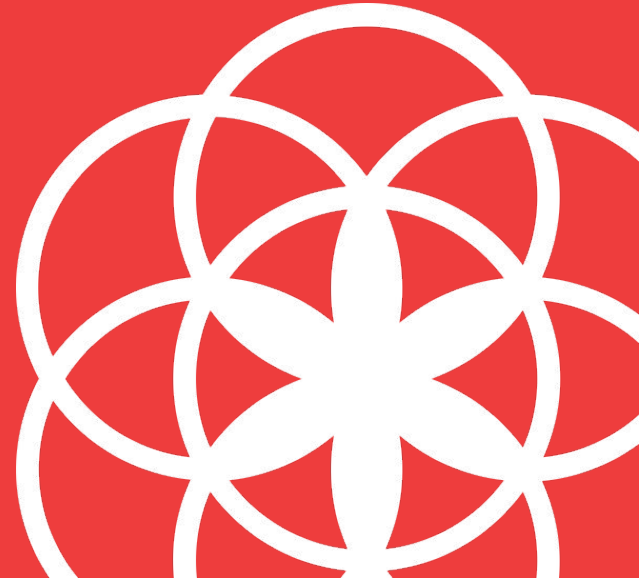


Clue + Title X DIALS

How Clue Supports Reproductive Health



Presentation
Overview

1. **Welcome**
To Clue

2. **Period Tracking**
Is Essential to Health

3. Clue's
Product Offering

4. Deep Dive:
**Clue Conceive &
Clue Birth Control**

5. **FDA Clearance**
& Effectiveness

6. **The Effectiveness Study**
Of Clue Birth Control

7. **Eligibility Criteria & Onboarding**
For Clue Birth Control

8. Highlighting
Patient Education Resources



Hello

Welcome to Clue

About Clue
Female led & Inclusive

Clue is evidence-based
& made by women for
the reproductive health
of people with cycles

**Carrie Walter
& Audrey Tsang,**
co-CEOs



About Clue

Privacy is at the heart of what we do

We are based in Europe, and covered by the General Data Protection Regulation (**GDPR**)—the world’s strictest privacy laws

We **have never**, and **will never**, sell our users data.

We do, however, share de-identified data (only with users’ permission) with research institutions to advance menstrual and reproductive health.

[Clue Privacy Policy](#)

[How to password protect Clue](#)



THE SCIENCE TEAM

Leadership



Lynae Brayboy, MD
Chief Medical Officer



Amanda Shea, PhD
Head of Science



Maris Mosley, WHNP
Medical Science Liaison

HCP Outreach

Product and Scientific Content



Cornelia Hainer, PhD
Science Lead for Product



Sarah Toler, DNP, CNM
Science Content Lead



Jared Falcke, MD
Medical Expertise
for Product



**Danielle Clement,
WHNP, AGNP**
Health Expertise for
Product/ Science Writer



Eve Lepage, MSN, RN
Science Writer



**Morgan
Michalowski,
WHNP, CNM,
IBCLC**
Science Writer

Research



Virginia Vitzthum, PhD
Senior Research Scientist



Cécile Ventola, PhD
Research Manager



Kirsten Weber, PhD
Data Scientist



Erin Walker
Working Student

*We also work with approx. 25
freelance researchers, writers, and
fact-checkers with different clinical
and research backgrounds

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Paggiola, PhD**

Head of Quality
and Regulatory
Affairs



**Hajni
Hejja, MD**

Senior Medical
Safety Lead



**Edidiong
Miracle, MD**

PMS and Vigilance
Manager



**Silvana
Gilistro, BEng**

Quality Manager



**Mylene
Remolcoy**

Working Student
Quality



**Lara
Rashdan,
MBA**

Quality Manager



**Felix
Spörl, MEng**

Senior Quality &
Risk Manager



**Markus
Osterloh,
PhD**

Senior Regulatory
Affairs Manager

Operations

Product Development

Regulatory

MEDICAL ADVISORY BOARD & KOLS



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MD, FACOG

General OB-GYN with interest in AUB Chair of WHrC, Immediate Past Chair of International Federation of FIGO



Aparna Sridhar
MD, FACOG MPH

OB-GYN with Complex Family Planning Specialist, Chair of FIGO Contraception Committee



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MD

Gynecology, Complex Family Planning Specialist



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Breast Surgical Oncologist and Gynecologic Surgeon; Director of the MUSIC™ Sexual Health After Cancer Program



Amber Johnson
MD, MS, MBA FACC

Physician-researcher cardiologist at University of Pittsburgh Medical Center; Drafted American Heart Association scientific statements



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MD, MPH, PhD

Urogynecologist & Perinatal Epidemiologist previously worked for WHO; Prof at [Karolinska Institute](#)



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MD

Founder and CEO of all-female health provider [telemedicine platform](#) in Pakistan



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MB BChir MA(Cantab)
MRCOG DFSRH

Menopause specialist; Gynaecology and healthcare strategy



Leo Han
MD, MPH

OB-GYN, complex family planning/non-hormonal contraception researcher at OHSU



Monique Gary
DO, MSc, FACS

Clinical Director Breast Surgery, interest breast cancer patient education; speaker for [Susan G. Komen Foundation](#)



Heather Woolery-Lloyd
MD, FAAD

Dermatologist; Director of the Skin of Color Division at University of Miami; Social media content creator and tech entrepreneur

Not pictured:

Tomer Singer, MD
OB-GYN/REI Medical Director at Shady Grove New York

Laura Hatzler, MD
OB-GYN Female Sexual Medicine Charité

Research @ Clue

Coming soon

Oregon Health & Science University

Impact of COVID-19 infection and vaccination on the cycle

Johns Hopkins University

Gut function and premenstrual syndrome

Berkeley

Stress and the cycle in adolescents

King's College London

Risk for psychosis across the cycle

Stanford University

Contraceptive use and breast tenderness patterns

University of Oxford

Impact of STIs on PMS symptoms

Max Planck Institute

Changes in sex drive across the cycle

Coming soon

Bill and Melinda Gates Foundation

Impact of menstrual bleeding attitudes on contraceptive decision-making



Clue Period Tracking

**Period tracking
is essential to health**

Period Tracking

Helping clients learn about their bodies and make informed health choices

Period tracking is when an individual inputs Cycle Day 1 menses into an mhealth app.

Clue's core product is a **free** smartphone app used to track the menstrual cycle and associated symptoms, alongside evidence-based patient education.

E.g.: [Cycle Tracking Puts You in Charge](#)



190

countries served

4_m

monthly web readers

290_m

Periods tracked

10_b

health data points tracked

30

Tracking Categories (and expanding)

Period Tracking

The menses is a Vital Sign – Tracking it Supports Client/Provider Interactions

Tracking a period:

- Indicates the hypothalamic pituitary ovarian axis is functional
- Helps clients know their baseline, and communicate histories more accurately
- Helps clients prep for associated symptoms
- Supports conception and pregnancy planning
- Enables faster recognition of late/missed periods

Clue has over 30 tracking categories with 100+ options.

https://www.ctcfp.org/wp-content/uploads/508_2022-JUN-06-infertility_R.pdf

Tracking supports history taking

- ☐ **Pregnancy history**
Gravidity, parity, time to pregnancy, fertility treatments, pregnancy outcome, delivery route, and any complications
- 🕒 **Duration of infertility** and results of any previous evaluation/treatment
- ✓ **Menstrual history**
Age at menarche, cycle intervals/lengths/characteristics, presence of premenstrual symptoms, and onset and severity of dysmenorrhea
- ✓ **Fertility awareness and signs of ovulation**
Positive urine ovulation tests, cervical mucus changes or biphasic basal body temperatures
- ✓ **Coital frequency** and timing during the month
- 🕒 **Sexual dysfunction**
Especially dyspareunia/pain with sex and description – insertional or with deep penetration
- 🕒 **Gynecologic history**
Endometriosis, leiomyomas/uterine fibroids, pelvic inflammatory infections (PID), other sexually transmitted infections (STI)

Protocol Template:
Basic Infertility Services

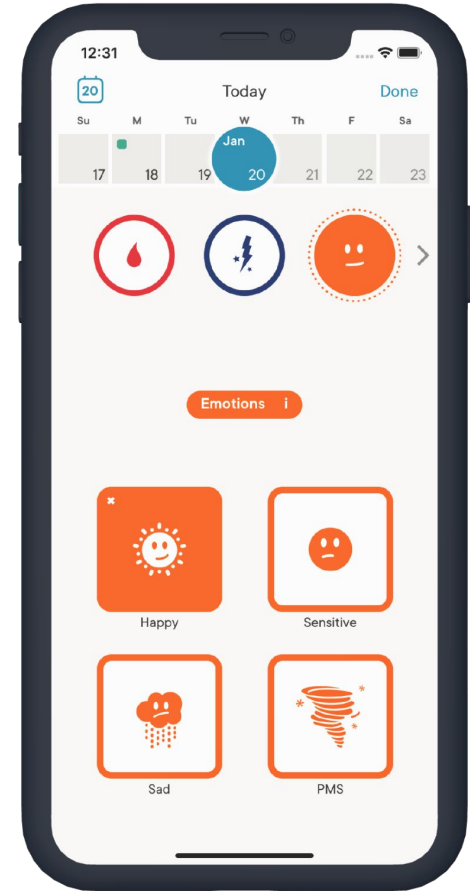
GYN HISTORY



Period Tracking

Implications for chronic health conditions exacerbated by the menstrual cycle

- Mood Disorders
- Menstrual Migraines
- Gastrointestinal Symptoms
- Autoimmune Disorders
SLE, Rheumatoid Arthritis,
Fibromyalgia
- Catamenial Epilepsy and
Catamenial Pneumothorax
- Acne/Hirsutism



Clinical Vignette #1 – Pain

Endometriosis (Pain is our number 1 tracked category after periods)

27 yo GO who tracks cycles using Clue Period Tracking Mode. The patient has an 11 year history of chronic pelvic pain and started tracking 2 years ago. She noticed pain levels increase to 9/10 right during her menses and she reports 2 years of dyspareunia with deep penetration. She states her maternal grandmother struggled with infertility, similar pain and had a TAH-BSO at the age of 39. Her first cousin (15 y.o female) has been admitted 2X for spontaneous pneumothoraces . Pt desires children in 5 years and is curious about her best contraceptive options and how to stop the pain.

Clinical Pearl

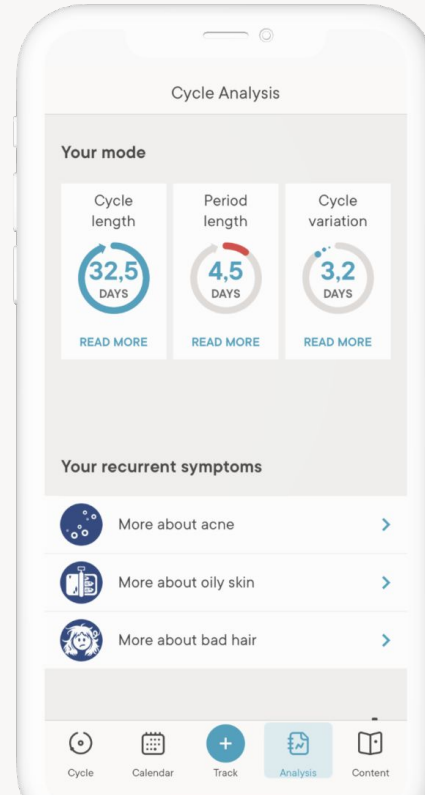
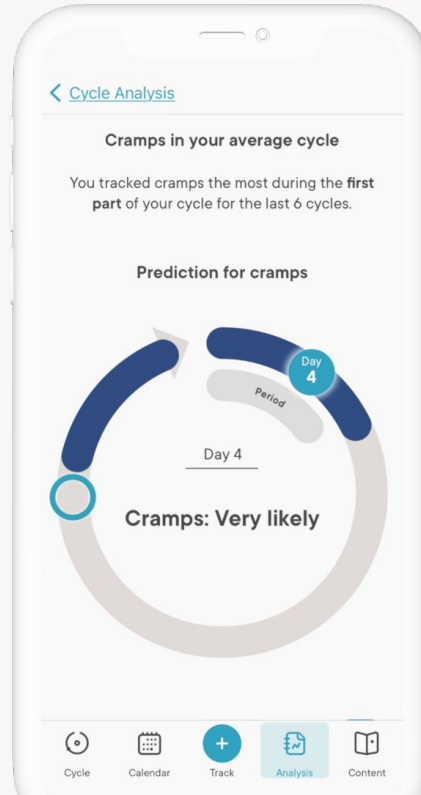
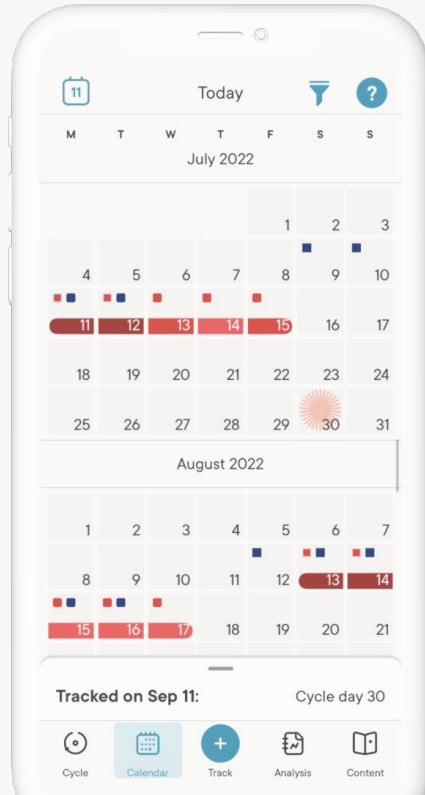
The most common cause of secondary dysmenorrhea is endometriosis (primary dysmenorrhea is pain in the absence of pathology)

people with endometriosis have an increased risk of infertility and ovarian cancer (clear cell and endometrioid)

Period Tracking

Clinical Vignette #1 Endometriosis

(Pain is our number 1 tracked category after periods)



Period Tracking
**Irregular and long cycles
associated with
premature mortality**
Nurses' Health Study II

Wang Y, Arvizu M, Rich-Edwards J,
Stuart J, Manson J, Missmer S et al.
Menstrual cycle regularity and
length across the reproductive
lifespan and risk of premature
mortality: prospective cohort
study. *BMJ*. 2020

Menstrual cycle regularity and length across the
reproductive lifespan and risk of premature
mortality: **prospective cohort study**

What this study adds

1. **Irregular and long menstrual cycles in adolescence and throughout adulthood are associated with a greater risk of premature mortality**, which is slightly stronger among women who currently smoke. These relations were stronger for deaths due to cardiovascular disease when cause specific mortality was tested.
2. The results emphasize the need for primary care providers to include menstrual cycle characteristics throughout the reproductive life span as additional vital signs in assessing women's general health status.

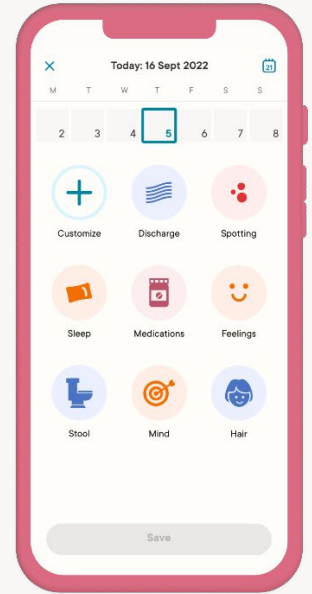
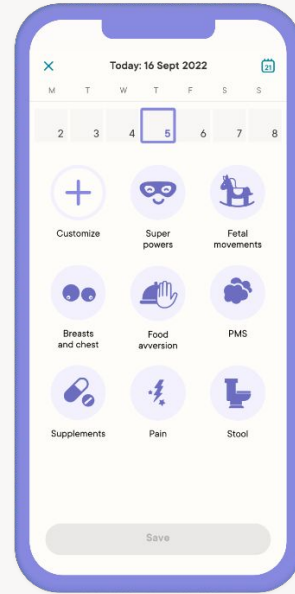
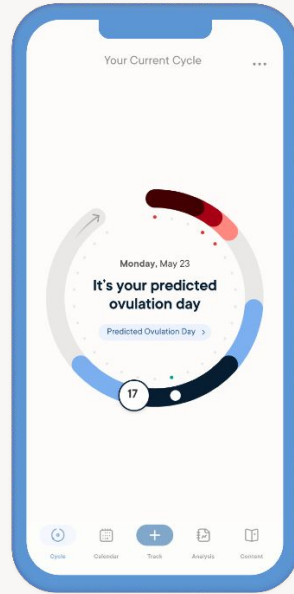
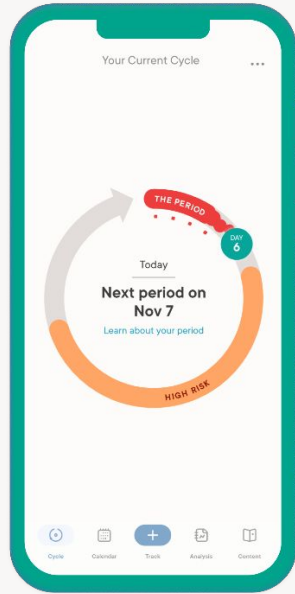
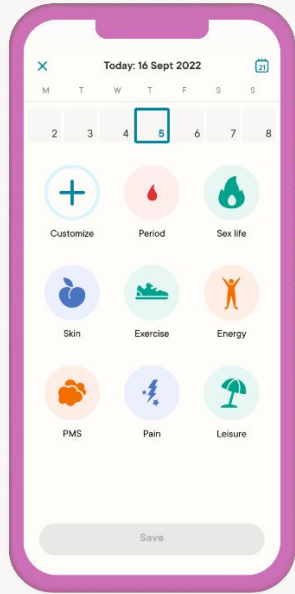
Product Offering

**Clue is a lifelong reproductive
companion for people with cycles**

Clue Plus

Companion for reproductive lifetime of people with cycles

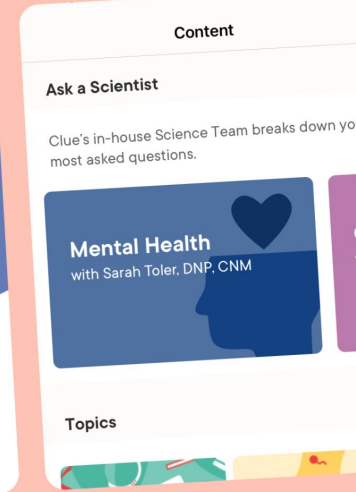
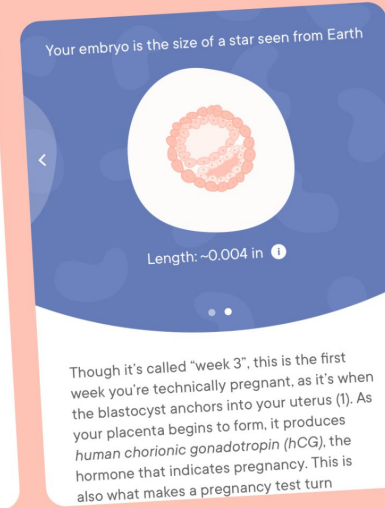
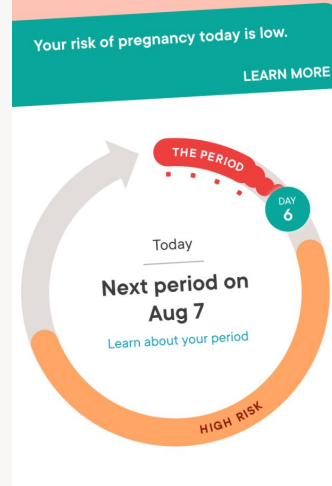
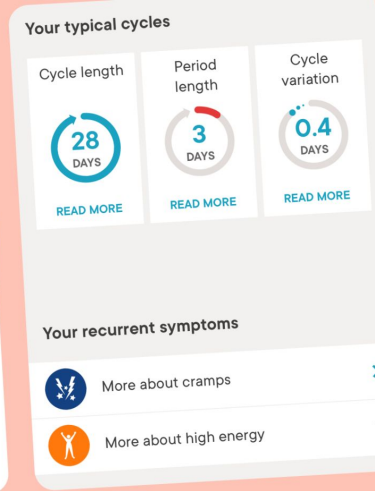
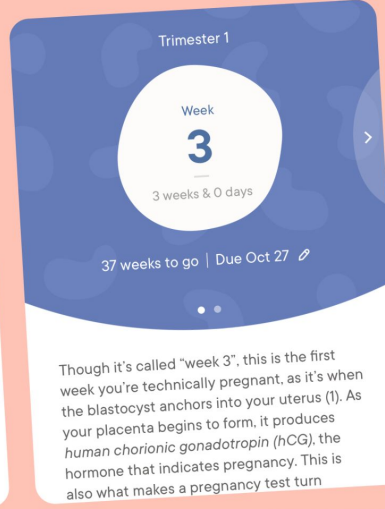
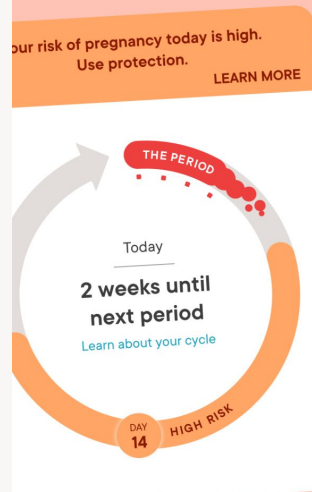
Clue strives to improve health outcomes by supporting people with cycles through their entire reproductive health journey.



Clue Plus Clue Period Tracking Plus


Subscription-only features include:

- In-app content written by clinical experts
- Enhanced cycle statistics
- Symptom predictions



About Clue

Pregnancy & Postpartum feature



Life Stages


Week 21

Varicose veins can form on your vulva, making it feel heavy and achy.


Physiological changes

Your metabolism is getting faster (1). By the end of your pregnancy, you'll be burning about 10-20% more calories per day, while at rest (1). The amount of blood in your blood vessels is also increasing and won't plateau until your


Baby Movement




Low Movement



Average Movement



Frequent Movement



Hiccups

Trimester 1

Week **3**

3 weeks & 0 days

37 weeks to go | Due Oct 27

Though it's called "week 3", this is the first week you're technically pregnant, as it's when the blastocyst anchors into your uterus (1). As your placenta begins to form, it produces *human chorionic gonadotropin (hCG)*, the hormone that indicates pregnancy. This is also what makes a pregnancy test turn

Mood



Confident



Worried




Peaceful



Overwhelmed

Your embryo is the size of a star seen from Earth



Length: ~0.004 in

Though it's called "week 3", this is the first week you're technically pregnant, as it's when the blastocyst anchors into your uterus (1). As your placenta begins to form, it produces *human chorionic gonadotropin (hCG)*, the hormone that indicates pregnancy. This is

Dynamic Family Planning Conception & Contraception

Clue Birth Control (CBC) & Clue Conceive (CC) are software medical devices (SaMD).

To date, CBC is the first and only fully digital solution for contraception.

Clue Birth Control

Supports efforts to reduce unintended pregnancies



Clue Conceive

Takes the guesswork out of conception

Early 2019
Clue acquired clinically validated DOT algorithm

2019
Clue built CBC feature and initial QMS

2020
CBC under review by FDA

Feb 2021
CBC received market clearance by FDA

Jul 2022
CC launch

Fall 2022 TBD
CBC launch in US

How is Clue regulated?

Requires pre-market authorization

Health & Wellness apps

Not regulated

Clue Period & Clue Pregnancy tracking modes:

The first is a mode for enabling people with cycles to monitor and understand their menstrual health.

The second is a mode which allows users to track and follow their pregnancy.

Class I Medical Device

Lower rigour

Clue Conceive mode:

is a software application to predict and display a woman's fertile window as an aid for conception.

Class II Medical Device

Medium rigour

Clue Birth Control mode:

is a software application for contraception for women ages 18 - 45 years old, to monitor their fertility and prevent pregnancy.

Class III Medical Device

High rigour



Clue Conceive

Help Clients Optimize their Natural Fertility



Clinical Vignette #1 – Trying to Conceive

Infertility x 3 months

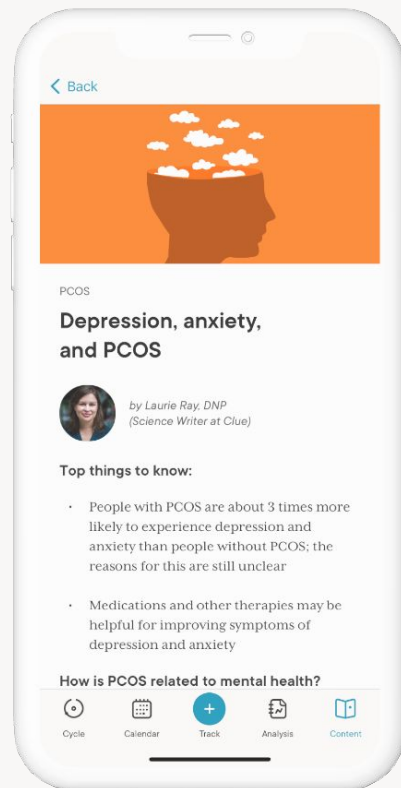
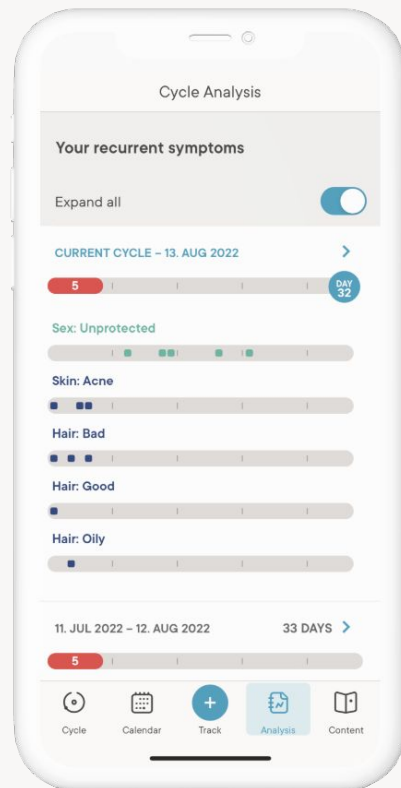
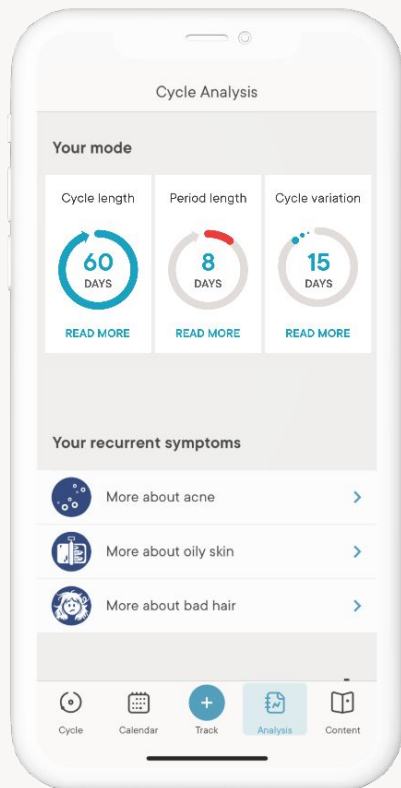
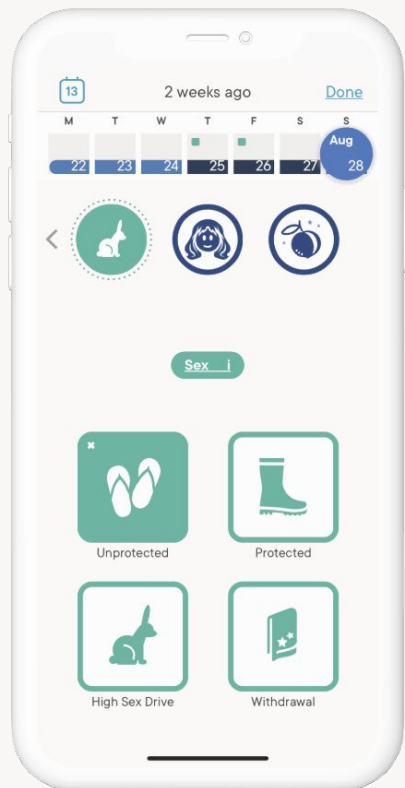
35 yo G1P0010 presents to your clinic crying. She reports that she and her partner have been trying to conceive, but states “We have been doing everything they say on Instagram, but nothing is working!” She reports menarche at 13 and thinks her periods are “normal” but cannot recall her LMP. She had one SAB @6.5 weeks at 28 years old but has gained 25 lbs since then. Her vitals are HR: 80 BP is 138/90 RR:20 and her BMI is 28. You see that she has some acne scarring and hyperpigmentation on chin from electrolysis hair removal. Her neck, axillae and vulva have a darkened, thick velvety appearance and the patient states she has tried skin lightening cream, but states “it doesn’t work”. She has stretch marks on her buttocks and thighs, but no purple striae on abdominal exam. What would you do next?

Clinical Pearl

The diagnosis of Polycystic Ovary Syndrome (PCOS) is a diagnosis of exclusion

8–13% of the population has PCOS

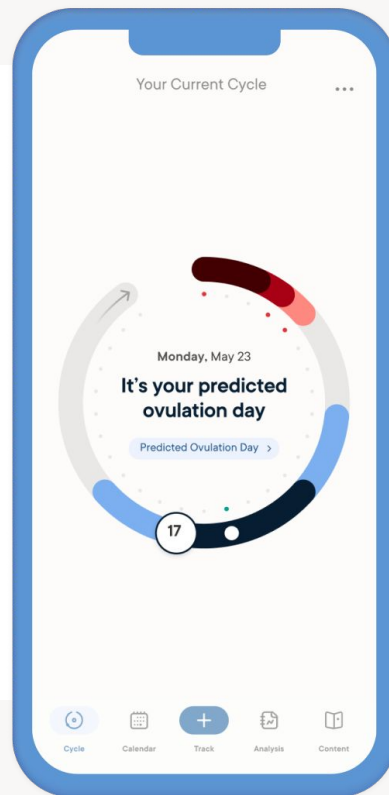
Clinical Vignette #1 – Trying to Conceive : Infertility x 3 months



Clue Conceive

Supporting Clients to Optimize their Natural Fertility

- ✓ **Low barrier to entry**
Only requires period start date & a smartphone
- ✓ **Personalized predictions**
Increase chances of clients becoming pregnant
- ✓ **Patient education about preconception health**
Written by clinical fertility experts

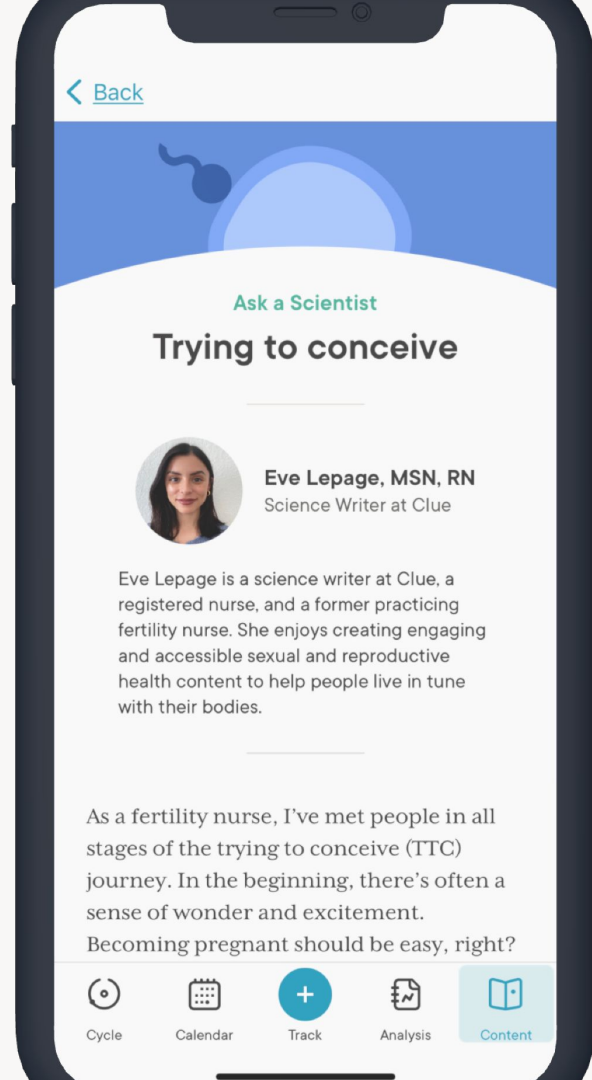


Clue Conceive

Democratizing fertility care access

We recognize that for most people, access to infertility specialists is out of reach. Therefore, the content in Clue:

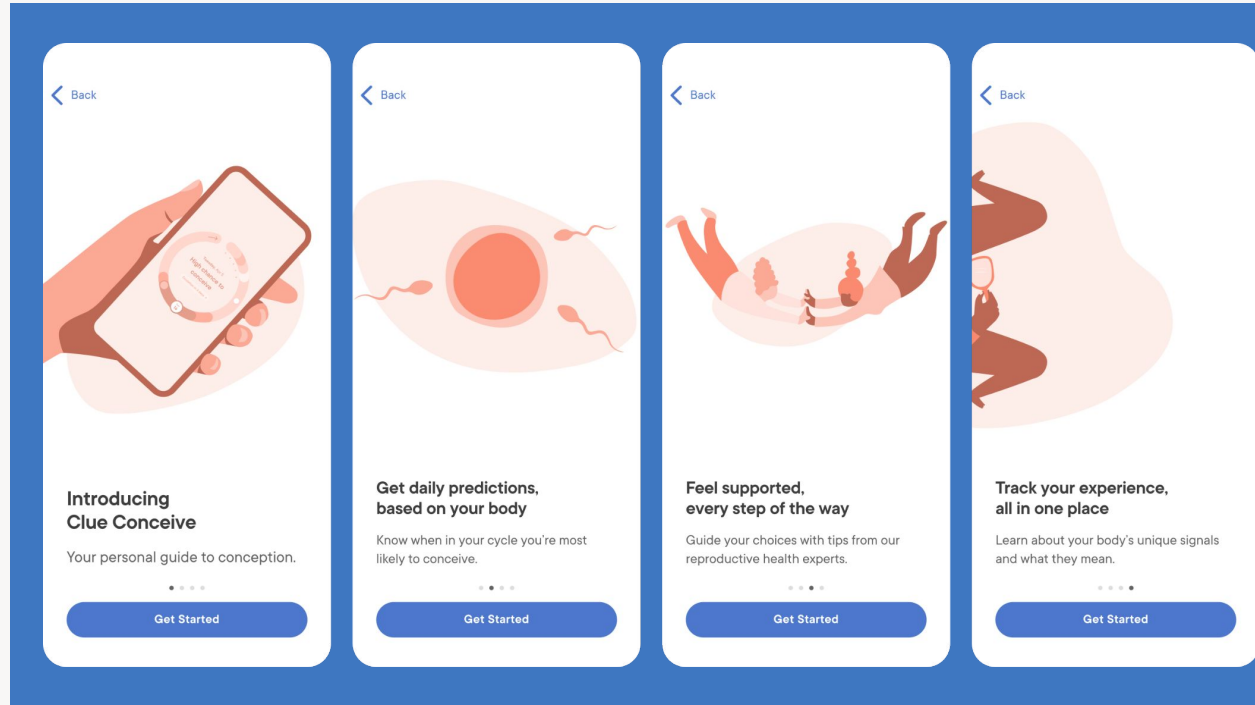
- Is based on [ACOG guidelines](#) (prepregnancy counseling) and [ASRM guidelines](#)
- Educates clients about their menstrual cycle & how to [optimize](#) their natural fertility
- All content is written by healthcare providers with credentials within their topic they write about
- Walks clients through the steps of conception in a supportive & non-judgemental way



Clue's patient education materials empower those wanting to become pregnant to make healthier choices before the first trimester

Clue Conceive Improving preconception health

- Supports shared decision making & opportunities to make informed decisions
- Enhanced opportunities for HCPs to address modifiable risk factors
- Provides education about a healthy pregnancy
- Improved pregnancy dating



Clue Birth Control

Clue Birth Control – Supporting Unmet Contraceptive Needs

Clue Birth Control

Clinical Vignette #1 Army Private E-1

Unmet Contraceptive Need

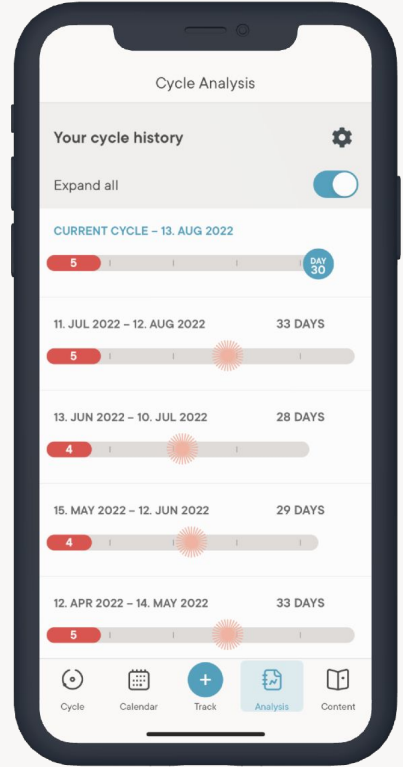
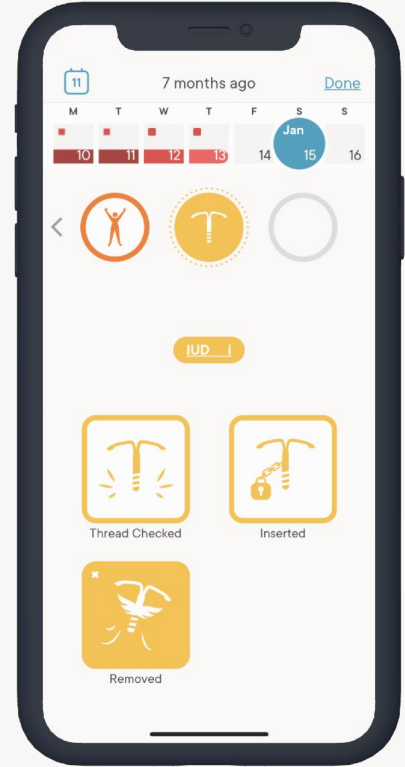
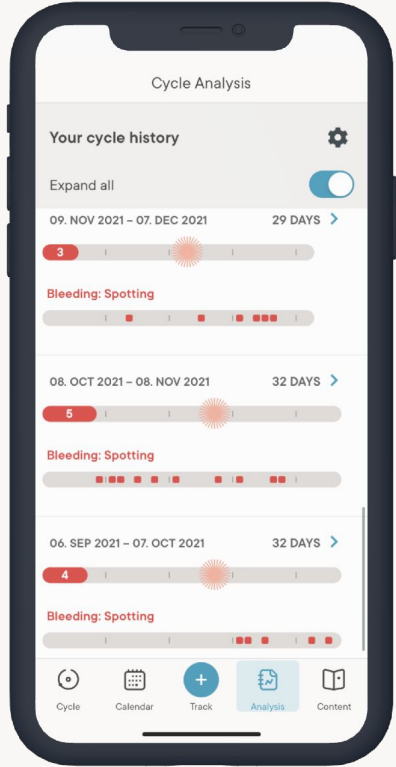
28 yo G0020 presents to clinic after returning from deployment in Afghanistan. She had a levonorgestrel IUD for contraception, but the 6 months of irregular bleeding interrupted her basic training and made her anxious during her deployment. She had it removed, but doesn't want "hormones in my body". She has tried OCPs, the patch, the ring and Depo-Provera. She states she only sees her boyfriend 4 times a year when they are both on leave. She asks what other types of birth control methods are available. What would you recommend for this patient?

Clinical Pearl

Military women have a **65%** rate of unintended pregnancy compared to 45-50% in general population.

There is a lack of contraceptive counseling before deployment, with short acting methods commonly prescribed.

Clue Birth Control
Clinical Vignette
#1 Army Private
E-1: Unmet
Contraceptive
Need

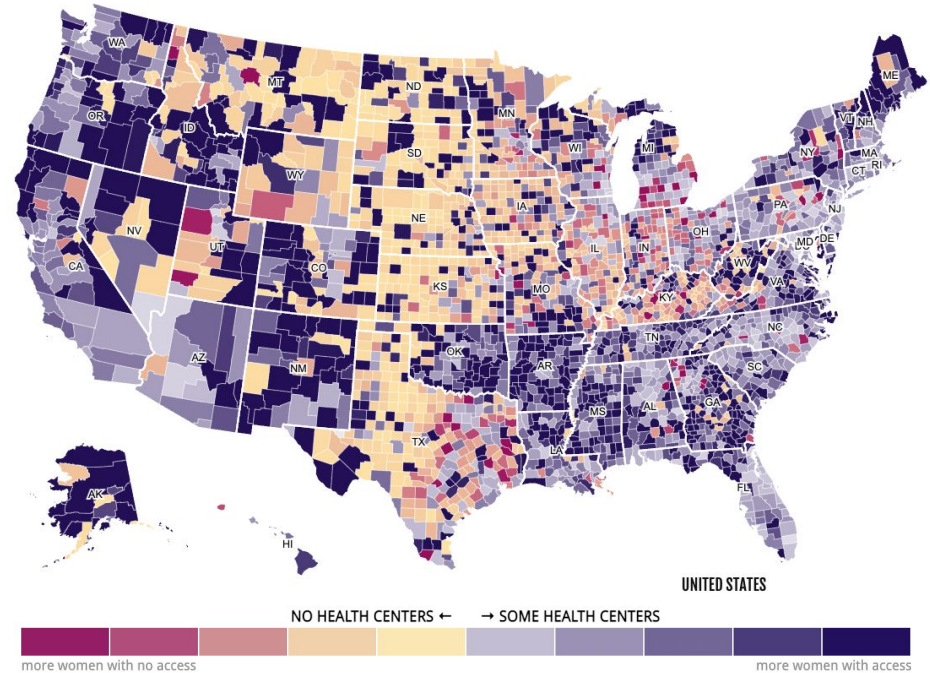


Clue Birth Control

Even in 2022, There is Still an Unmet Contraceptive Need

- **19 million** women live in contraceptive deserts (1)
- **72%** of women have tried multiple types of birth control; on average they use **3.4** different methods throughout their lifetime (2)
- Despite the range of contraceptive methods **73%** of people report side effects as one reason for switching/discontinuing (3)

Health centers offering the full range of birth control methods



1. [Power to Decide - Birth Control Access Sept 2022](#)
2. [Women's Sexual & Reproductive Health Services: Key Findings from 2020 KFF Women's Health Survey April 2021](#)
3. [Predictors of contraceptive switching and discontinuation within the first 6 months of use among Highly Effective Reversible Contraceptive Initiative Salt Lake study participants, Simmons et al, Dec 2018](#)
4. © Power To Decide 2022: <https://powertodecide.org/what-we-do/access/birth-control-access>

Clue Birth Control

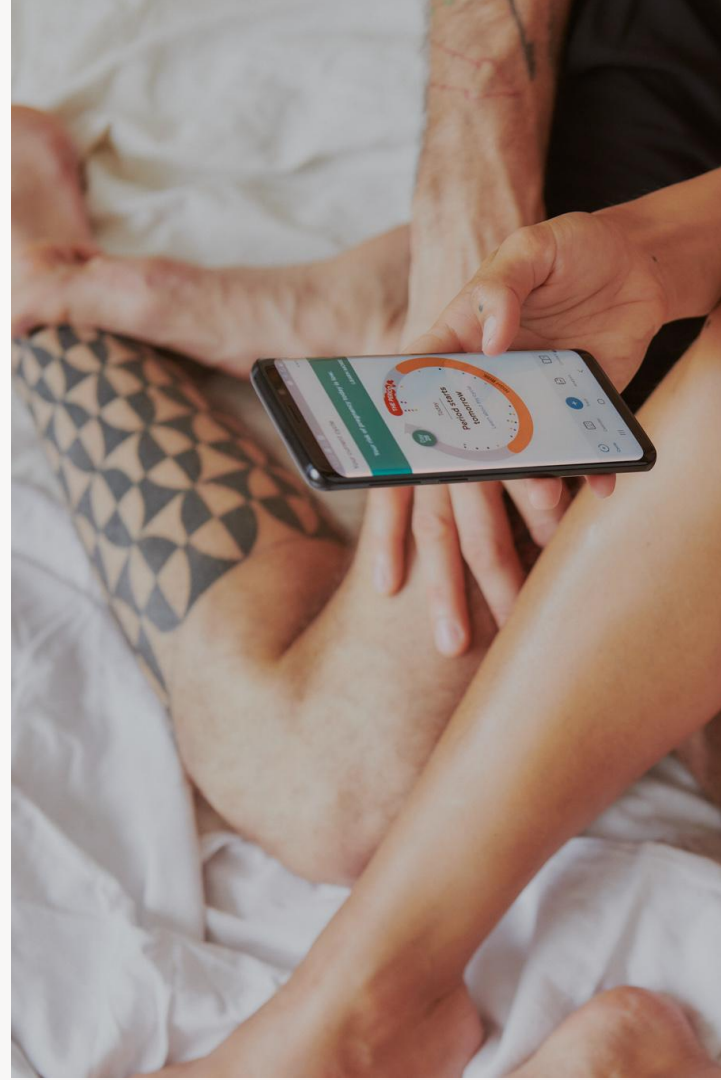
FDA-Clearance & Effectiveness

Clue Birth Control

The first FDA-cleared digital birth control that is portable, discreet, and doesn't need any hardware to make it work.

Clue Birth Control is:

- ✓ FDA-cleared & clinically tested
- ✓ No expensive hardware
- ✓ On demand, convenient & easy to use



Clue Birth Control

Simple, effective, FDA-cleared, birth control

No training needed for use

The app determines eligibility and refers users to their healthcare provider to discuss contraceptive options and risks/benefits.

Easy for patients to use

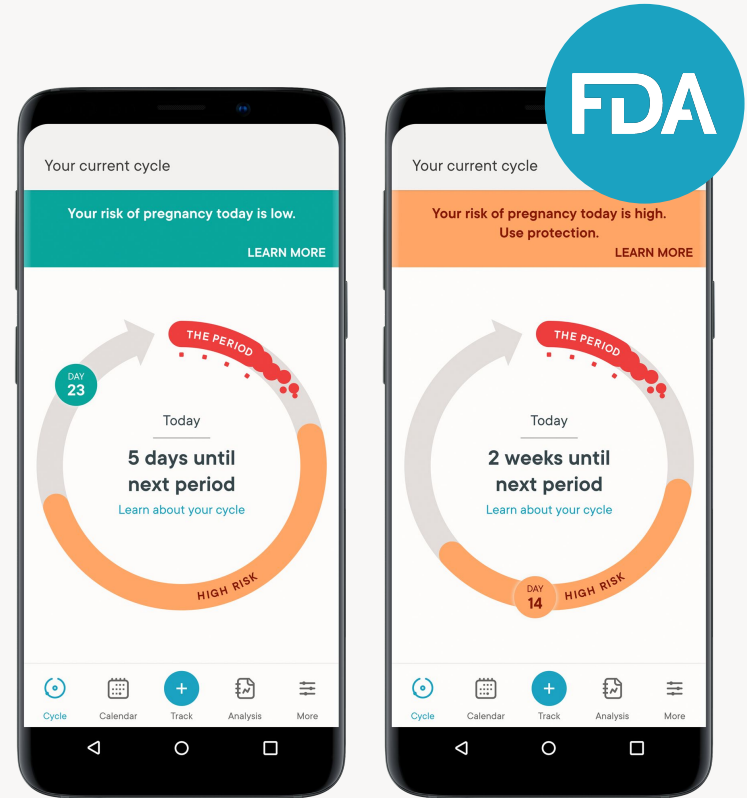
Patients need to track first day of menses and check their risk calculation each time they have intercourse.

Non-hormonal fertility awareness-based method

Ideal for patients who cannot tolerate side effects or those who would like alternatives to hormones.

Evidenced-based method

FDA regulated, cleared for contraception in the USA

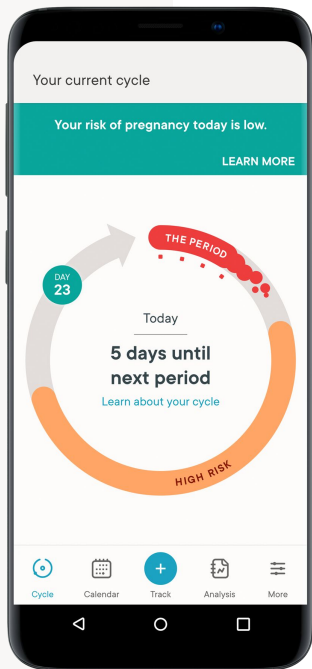


Clue Birth Control Birth Control Comparison

ACOG : Effectiveness of
Birth Control Methods (2021)
Typical Use

**Clue Birth
Control
8 percent**




Check the app each
time you have sex; use
barrier method on
high-risk days








<https://www.acog.org/womens-health/infographics/effectiveness-of-birth-control-methods> Copyright Oct 2021

Most Effective



Less than 1
pregnancy per
100 women
in a year

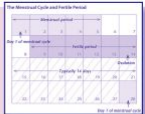

| | | | | |
|--|------------|--|--|-----------------------------|
|  | Reversible |  |  | Permanent |
| Implant | | IUD | | Sterilization |
| 0.05 percent | | 0.2 to 0.8 percent | | 0.15 to 0.5 percent |
| Approved for up to 3 years of use | | Hormonal approved for up to 3 to 7 years of use; copper approved for up to 10 years of use | | Available for women and men |

6 to 12
pregnancies
per 100 women
in a year

| | | | | |
|---|---|---|---|---|
|  |  |  |  |  |
| Injection | Pill | Patch | Vaginal Ring | Diaphragm |
| 6 percent | 9 percent | 9 percent | 9 percent | 12 percent |
| Get a shot on time every 3 months | Take a pill on time each day | Change patch every week | Change ring every month | Use each time you have sex; must be refitted after childbirth |

18 or more
pregnancies
per 100 women
in a year

| | | | |
|---|---|---|---|
|  |  |  |  |
| Male Condom | Female Condom | Cervical Cap | Sponge |
| 18 percent | 21 percent | 17 to 23 percent | 12 to 24 percent |
| Use each time you have sex; protects against HIV and other STIs | Use each time you have sex; protects against HIV and other STIs | Use each time you have sex | Use each time you have sex |

| | |
|---|---|
|  |  |
| Fertility Awareness-Based Methods | Spermicide |
| 24 percent | 28 percent |
| Requires training; use a barrier method or abstain from sex periodically | Use each time you have sex |

Least Effective

Clue Birth Control Effectiveness Typical Use

Birth control effectiveness is often measured in pregnancies per 100 woman-years, i.e. a year of use by one woman, 100 times over.

For example:

“8 in 100 women could become pregnant over one year of Clue Birth Control use.”

This is also sometimes expressed as...
“8% failure rate” or “92% effectiveness”



Clue Birth Control

The Effectiveness Study of Clue Birth Control

The Effectiveness Study
Clinical Trial

A prospective effectiveness clinical trial was conducted to test the effectiveness of Clue Birth Control for pregnancy prevention.

This study followed 718 women for up to 13 cycles. Participants provided data on 6,616 cycles which included detailed information on sexual activity and behavior throughout the study.



**Victoria
Jennings,**
PhD
Veteran FABM Researcher

The Effectiveness Study Dataset

Cycle Length Data:

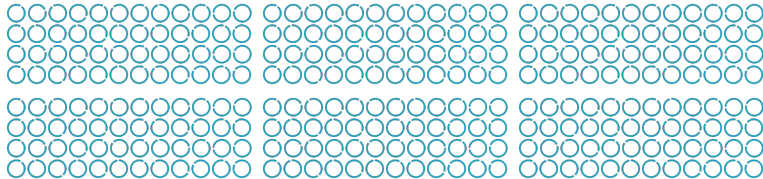
**Fertility
and Sterility.**

FERTILITY AND STERILITY
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Vol. 40, No. 6, December 1983
Printed in U.S.A.

A prospective multicentre trial of the ovulation method of natural family planning. III. Characteristics of the menstrual cycle and of the fertile phase*

World Health Organization



Cycle Length Data:



Ovulation data:



The NEW ENGLAND
JOURNAL of MEDICINE

FERTILITY AND STERILITY
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Vol. 47, No. 2, February 1987
Printed in U.S.A.

Urinary human chorionic gonadotropin among intrauterine device users: detection with a highly specific and sensitive assay*

Allen J. Wilcox, M.D., Ph.D.†
Clarice R. Weinberg, Ph.D.‡
E. Glenn Armstrong, Ph.D.§
Robert E. Canfield, M.D.¶

FERTILITY AND STERILITY
Copyright © 1987 The American Fertility Society

Vol. 44, No. 3, September 1985
Printed in U.S.A.

Measuring early pregnancy loss: laboratory and field methods*

Allen J. Wilcox, M.D., Ph.D.†
Clarice R. Weinberg, Ph.D.‡
Robert E. Wehmann, M.D., Ph.D.§
E. Glenn Armstrong, Ph.D.¶
Robert E. Canfield, M.D.*
Bruce C. Nisula, M.D.¶

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Journal of Medicine

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Number 4

INCIDENCE OF EARLY LOSS OF PREGNANCY

Allen J. Wilcox, M.D., Ph.D., Clarice R. Weinberg, Ph.D., Jose F. O'Connor, Ph.D.,
Dennis D. Brand, Ph.D., Jose F. Soto-Leyba, M.S., Robert E. Canfield, M.D.,
E. Glenn Armstrong, Ph.D., and Bruce C. Nisula, M.D.

How does the Clue Birth Control algorithm predict conception risk?

1.

Predict likely cycle lengths

Using previous cycle lengths

2.

Predict likely ovulation days

Using likely next cycle lengths

3.

Calculate daily conception risk

Based on likely ovulation days

4.

Assign high-risk phase

Based on cycle-specific risk threshold

Clue Birth Control: How Efficacy is Validated

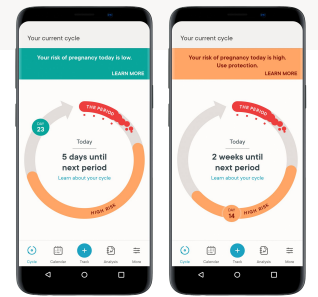
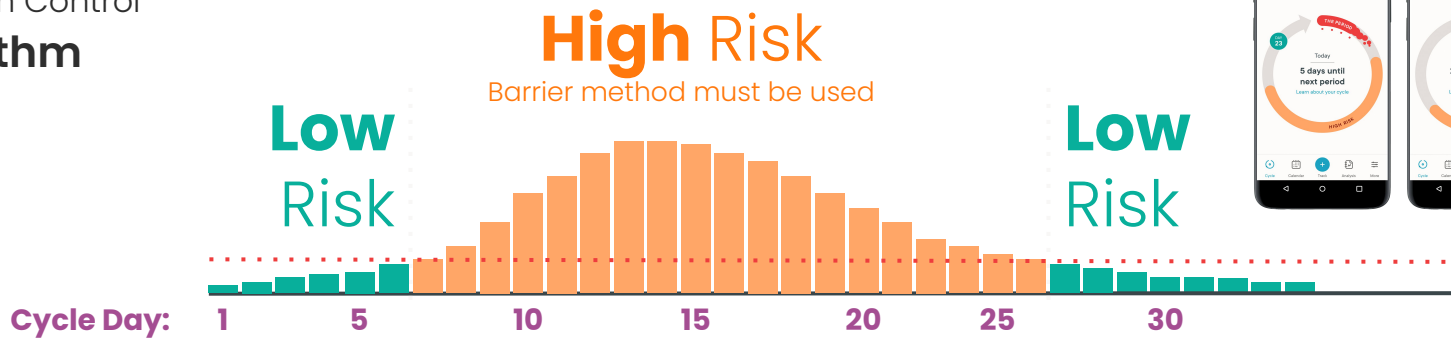
Clue Birth Control User
Patient



The NEW ENGLAND JOURNAL of MEDICINE
Fertility and Sterility.
World Health Organization

Data Sets
WHO/NEJM/Fert&Stert

Clue Birth Control
Algorithm



Clue Reported Failure Rate vs. DOT

To be conservative and empower users, when reporting efficacy figures, Clue uses the upper bound of the failure rate's 95% CI.

| | | DOT | Clue Birth Control |
|---|---|------------------------------------|--|
| Typical Use population failure rate 5.8% (95% CI: 3.57%, 8.09%) | Reported Typical Use Failure Rate | 6% <i>Point Estimate</i> | 8% <i>Uses upper bound of CI</i> |
| Perfect Use population failure rate 1.0% (95% CI: 0.9%, 2.9%) | Reported Perfect Use Failure Rate | 1% <i>Point Estimate</i> | 3% <i>Uses upper bound of CI</i> |



Clue Birth Control Effectiveness Typical Use

Birth control effectiveness is often measured in pregnancies per 100 woman-years, i.e. a year of use by one woman, 100 times over.

For example:

“8 in 100 women could become pregnant over one year of Clue Birth Control use.”

This is also sometimes expressed as...
“8% failure rate” or “92% effectiveness”



Clue Birth Control

**How would your client
use Clue Birth Control?**

How it works

Clue Birth Control

tracking the first
day of their period

1



How it works

Clue Birth Control

checking their risk when
they
want to have sex, and

2



How it works

Clue Birth Control

3

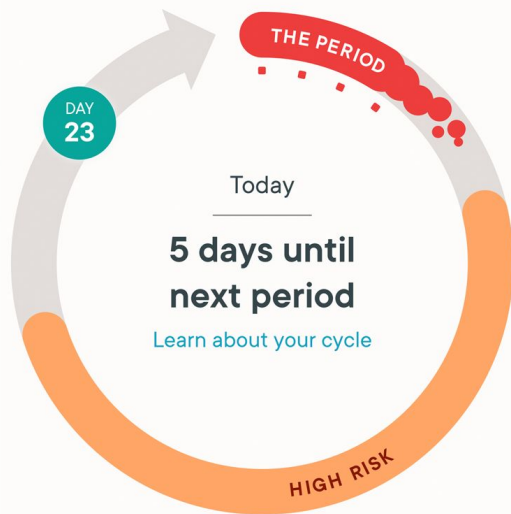
using a backup barrier
method
on high risk days.



Your current cycle

Your risk of pregnancy today is low.

[LEARN MORE](#)



Cycle



Calendar



Track



Analysis

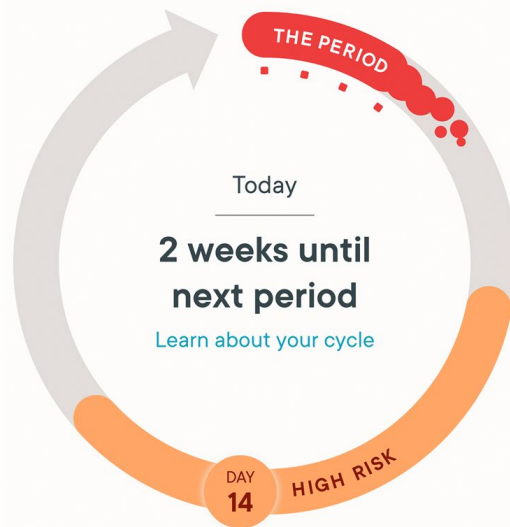


More

Your current cycle

Your risk of pregnancy today is high.
Use protection.

[LEARN MORE](#)



Cycle



Calendar



Track



Analysis



More

Clue Birth Control

Eligibility Criteria & Onboarding

Overview

Patient Eligibility Criteria

Demographic

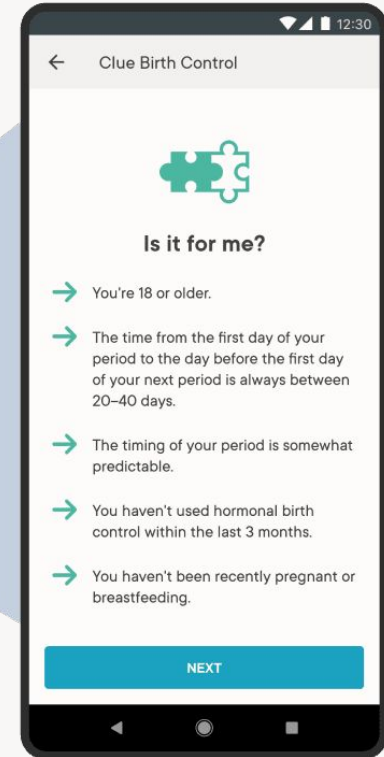
- Must be 18–45 years old
- Must live in the USA

Cycle Regularity

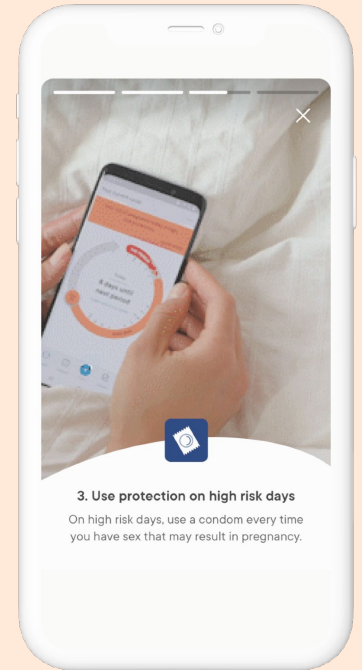
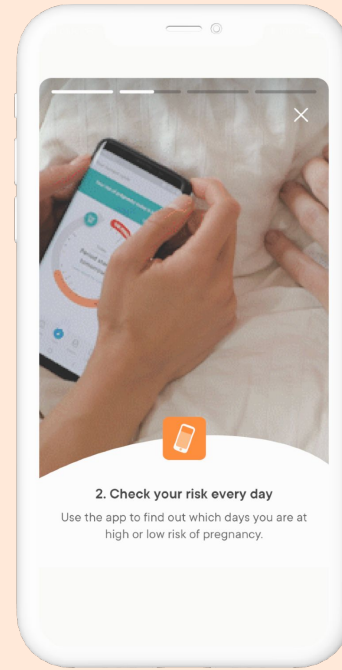
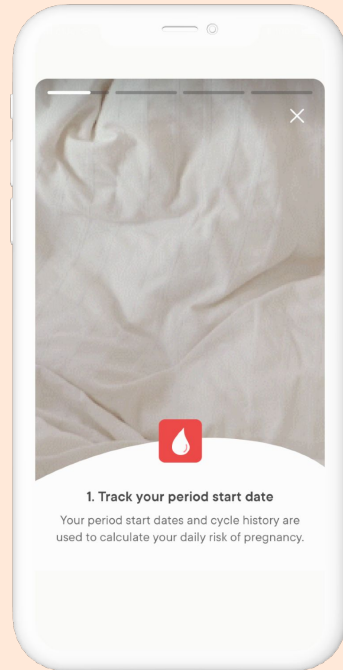
- Last 12 cycles must have been 20 to 40 days long
- The difference between their shortest and longest cycles over the last 12 months must be 9 days or less
- They have had at least 3 eligible cycles (4 periods) since pregnancy

Hormonal Washout

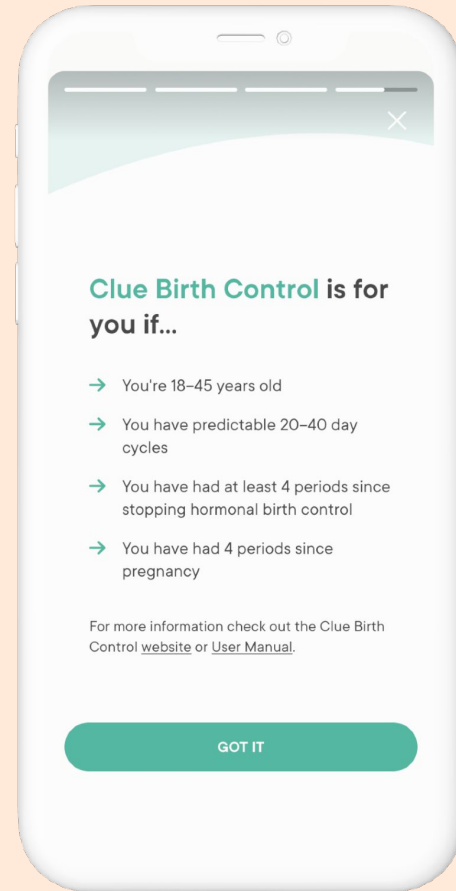
- They have had at least 3 eligible cycles (4 periods) since stopping hormonal birth control including an implant or IUD
- They have had at least 3 eligible cycles (4 periods) removing a non-hormonal copper IUD



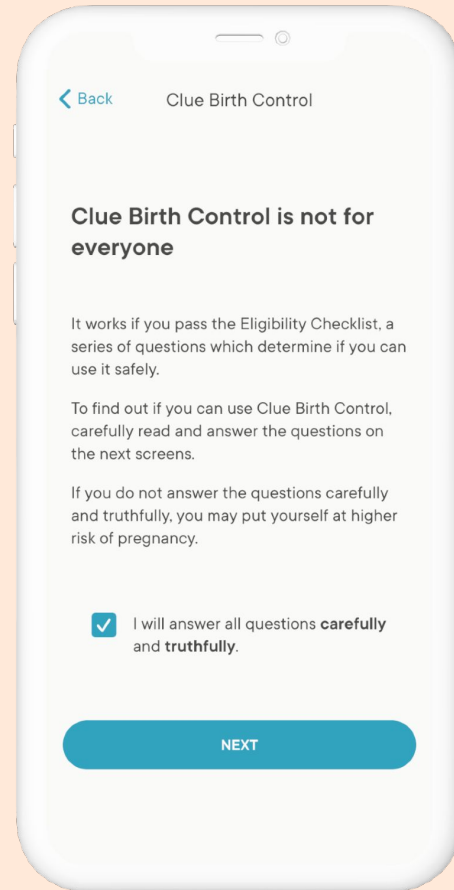
Onboarding begins with background information about Clue.



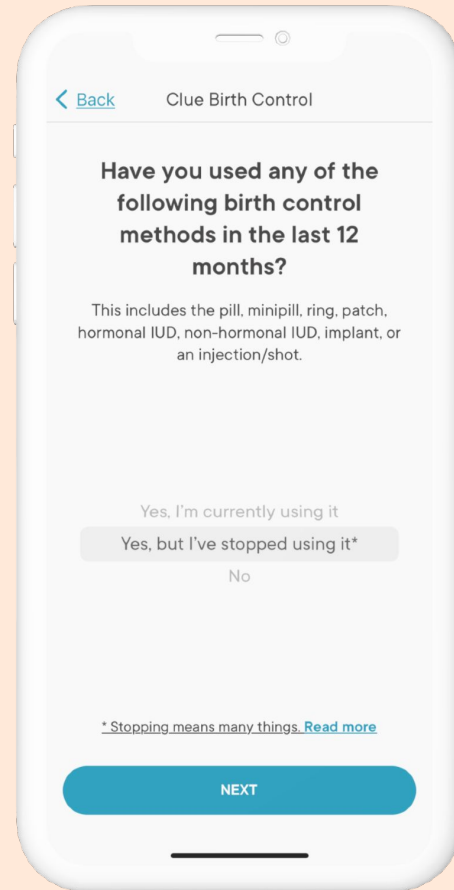
An eligibility overview is given.



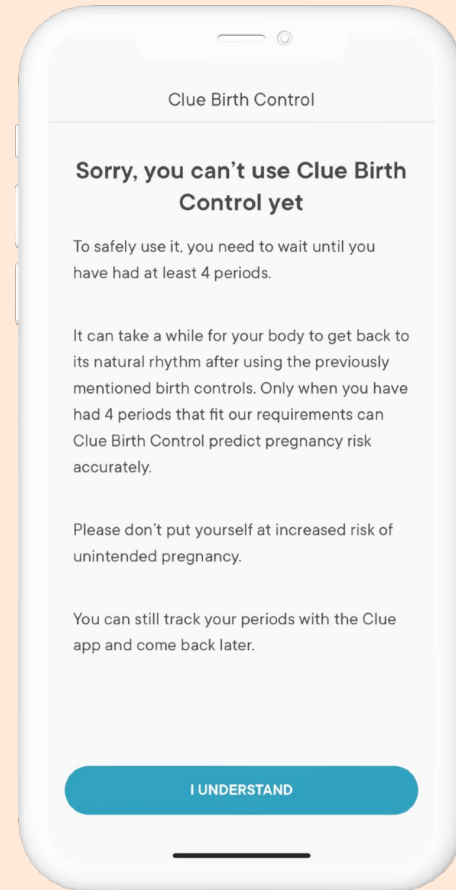
Users must agree to answer all onboarding questions truthfully.



There are several onboarding questions users go through to check eligibility.



Those who do not qualify may not proceed and should talk to their HCP.



Eligibility Criteria

Clue Birth Control isn't right for everyone.

Clue Birth Control

Ideal Patient Characteristics

Consider Clue Birth Control for patients who report:

Adverse Experiences with Hormonal Contraception

Patients who had negative side effects with other methods and /or are seeking a method without either hormones or side effects

Interest in Fertility Awareness Based Method

Clue Birth Control is evidence-based, 92% effective with typical use, and simpler than most other FABMs.

Clue Birth Control may not be appropriate for patients who may experience problems with:

Daily engagement

Patients who are unwilling or unable to check their phone prior to unprotected intercourse

Condom or Abstinence Negotiation

Patients who aren't confident that they can negotiate condom use in cases where sex may result in pregnancy or STI transmission

Lack Smartphone Connectivity or Access

Clue Birth Control requires daily access to a phone with a data plan or WIFI

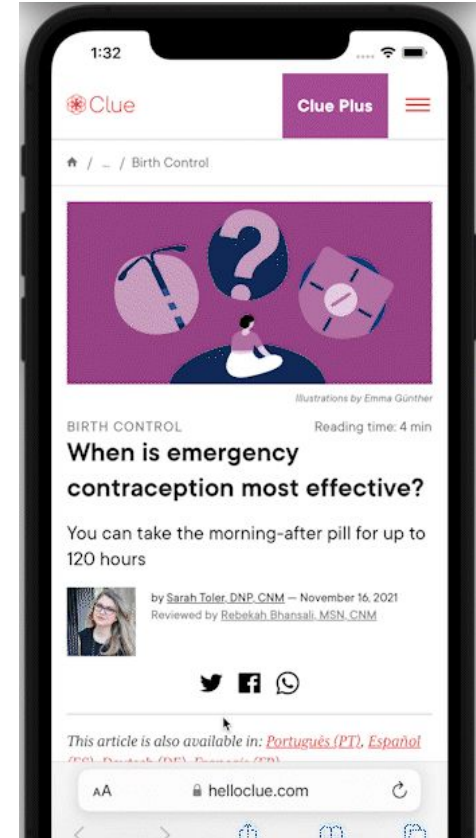
Patient education around condom usage

Clue Birth Control To Consider Before Recommending Clue Birth Control

How to use a condom (the proper method) Video:
<https://www.youtube.com/watch?v=CNI-udagZnE>



Write a prescription for advanced emergency contraception



Patient
Follow up

Follow up questions for 1 month :

- Tell me about your experience so far?
- Did you remember to log the first day of your period for each menstrual cycle?
- How do you protect yourself against pregnancy on high risk days?
- Do you have any issues with condom negotiation?
- Did you fill your prescription for Plan B or Ella?
(If not I will send an additional script to your pharmacy so that you can have on hand in case you have unprotected sex on high risk days.)
- If you decide you want to become pregnant do not use Clue Birth Control make an appointment for a preconception visit and switch to Clue Conceive.

FABM-related ICD 10 Codes:

- **Z30.02** Counseling and instruction in natural family planning to avoid pregnancy
- **Z30.09** Encounter for other general counseling and advice on contraception
- Procreative counseling:
- **Z31.61** Procreative counseling and advice using natural family planning

Web & Mobile Resources

Patient Resources for Better Reproductive Health

Our Content is Inclusive

Clue supports everyone who menstruates. Our products and content are non-judgemental and use inclusive language wherever.

Those persons identifying as non-binary or transgender require resources that will help them improve their overall reproductive health.

The screenshot shows the Clue app interface for an article titled "The science behind periods and gender". The article is categorized under "LGBTQIA+" and has a reading time of 6 minutes. The author is Sarah Toler, DNP, CNM, dated April 12, 2021. It was reviewed by Amelie Eckersley, Marcella Israel, OB/GYN, and Wei Tchou. The article is also available in Portuguese (PT), Spanish (ES), Deutsch (DE), and Français (FR). The illustration shows various people in different poses, some holding their heads, representing diverse experiences.

The screenshot shows the Clue app interface for an article titled "What it's like to get your period when you're trans". The article is categorized under "LGBTQIA+" and has a reading time of 10 minutes. The author is Jen Bell, dated February 19, 2019. The article is also available in Portuguese (PT), Spanish (ES), Deutsch (DE), and Français (FR). The illustration shows a green circle with a red drop in the center, surrounded by transgender symbols (a cross, a circle, and an arrow).

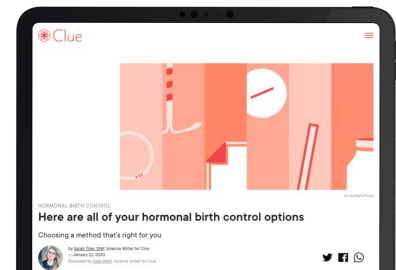
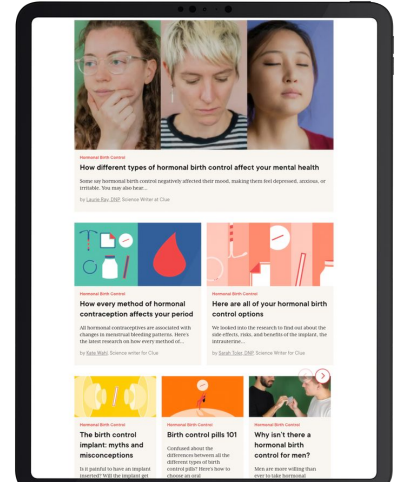
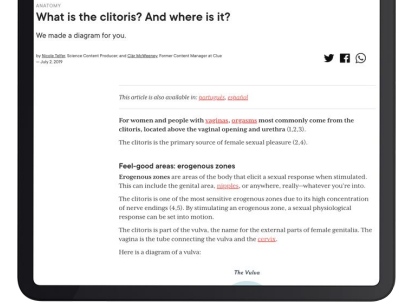
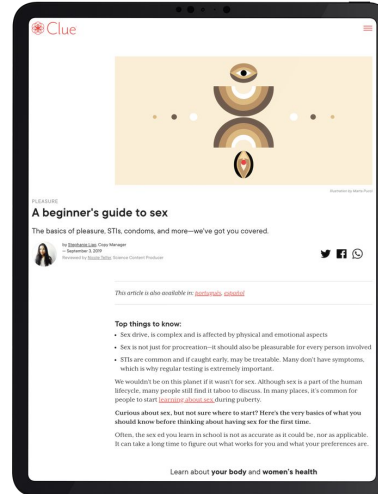
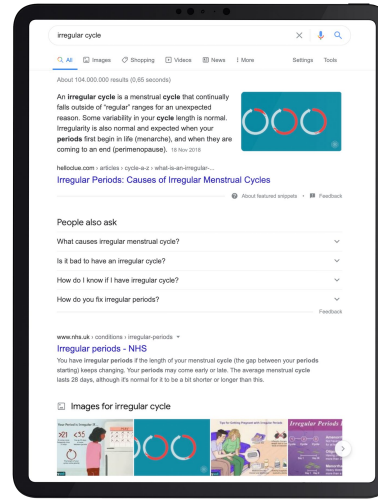
The screenshot shows the Clue app interface for an article titled "Why lesbians use birth control". The article is categorized under "LGBTQIA+" and has a reading time of 7 minutes. The author is Jen Bell, dated February 11, 2019. The article is also available in Portuguese (PT), Spanish (ES), Deutsch (DE), and Français (FR). The illustration shows two hands, one purple and one light purple, holding each other, symbolizing support and care.

Patient Resources

Helloclue.com Encyclopedia

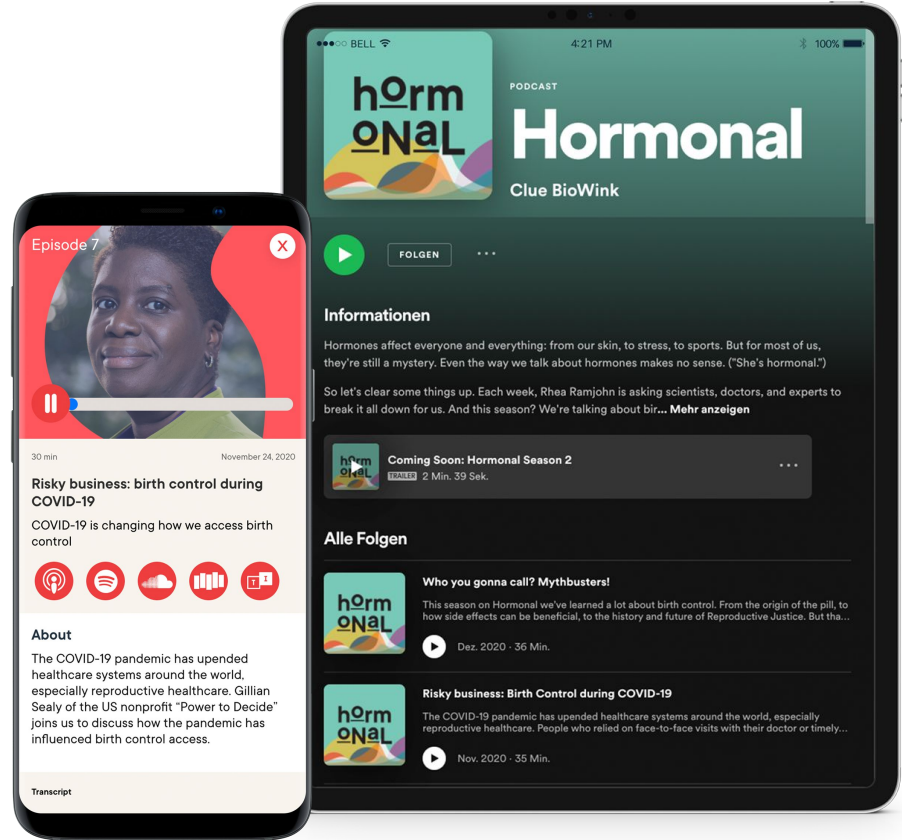
Online encyclopedia for menstruation, sexual & reproductive health topics. Free for everyone.

Evidence-based.



About Clue
Hormonal

Clue's Podcast



**Get 3 Months of
Clue Plus for your
Clients for Free.**

Contact us:

Clinicians@helloclue.com

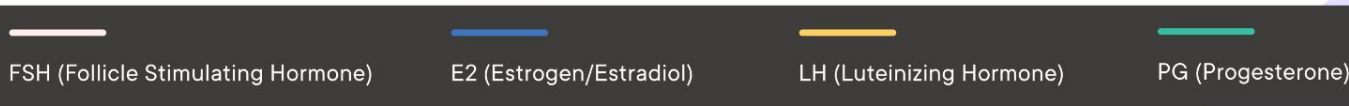
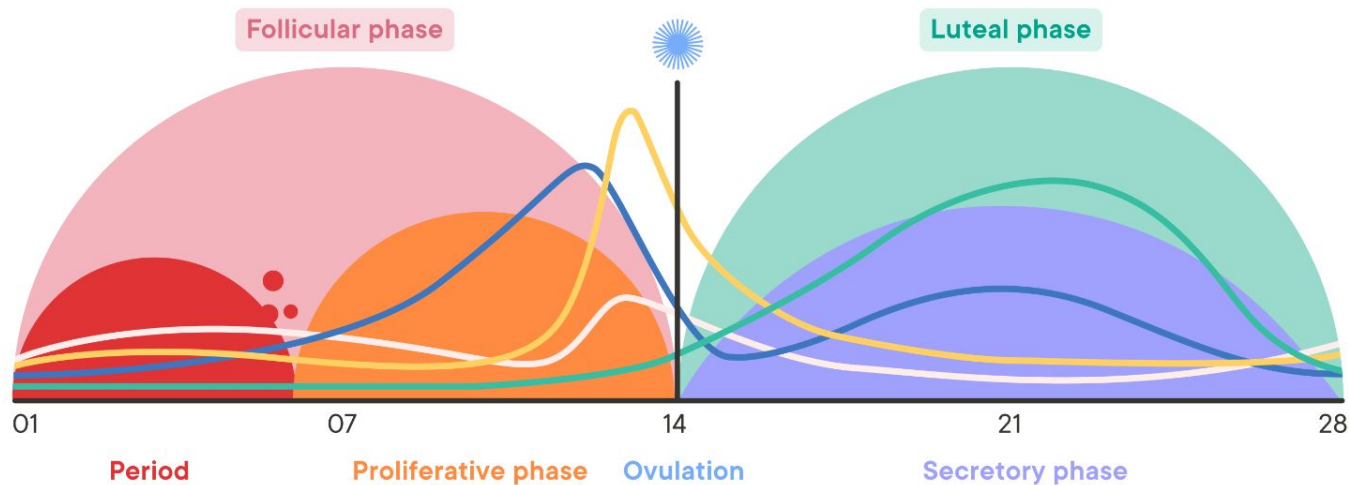


2022 Annual Conference

Nurse Practitioners in Women's Health (NPWH)

September 29 - October 2, 2022

Get to know your cycle



Understanding your cycle phases is important when you are trying to prevent pregnancy, and when trying to become pregnant. Clue's got you covered either way.



Get 3 months of Clue Plus access for **free**. Scan now.

Offer valid until 31st December 2022

Thank you!



@clueapp



helloclue.com



Clue – Period &
Fertility Tracker



@clueperiodtracker



@clue



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Tracking data

30+ categories that can be tracked daily



Clue tracking - most popular categories

