



GET PREGNANT IN NO TIME!

**TAKE THE STRESS & GUESSWORK
OUT OF CONCEIVING**

CLEOPATRA ABDOU KAMPERVEEN, PHD

Science. Wisdom. Bliss.

drcleopatra.com

Hi, Beautiful Conceiving Mommy!!

Welcome! What an exciting time in your life!

I know that you have a million thoughts and questions swirling around in your head right now.



Am I really ready to be a Mom (or a Mom of two, three, four, etc.)?

What if I have trouble getting pregnant?

Are we settled enough to bring a/ another baby into the world?

How will having a/another baby change our relationship? Our life? My career?

Will I be a good Mom?

Will I have an easy pregnancy?

How much weight will I gain?

Will I have a healthy baby?

**This is all totally normal and natural. I promise.
And you are not alone. I am here to hold your hand through this process.**

I have developed this **Get Pregnant in No Time System** to help you conceive quickly and easily. As a scientist, I am all about data. My **Get Pregnant in No Time System** uses 3 sources of data to completely take the stress and guesswork out of conceiving.

Your days of overthinking and worrying are over!

I've already done all of the research and thought through every detail, which means that you can just have fun! Conceiving, like pregnancy, is a special time in your life. It's also an experience that most women won't have many times, so—seriously—enjoy!

Dr. Cleopatra

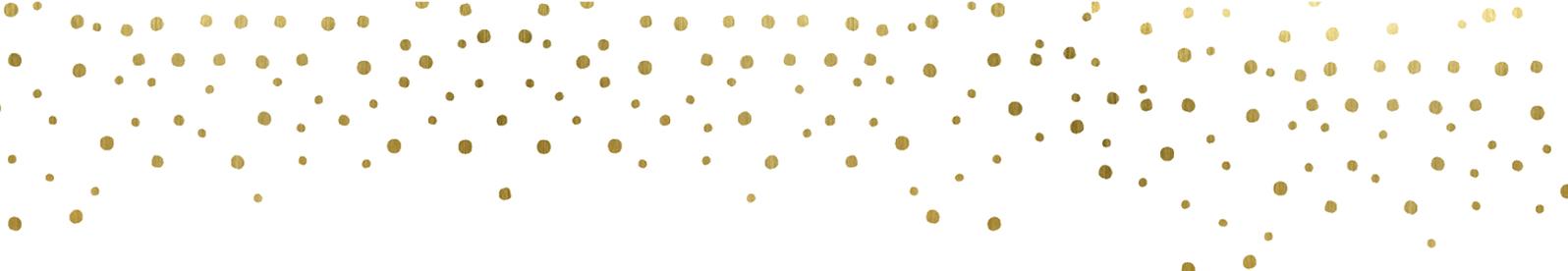
My Clients have had tremendous success with this system, and I have used it myself. I used this system to time the birth of my children to the month! And you don't have to be young or at your peak fertility in order for this system to work. I was nearly 35 and 37 when my children were born.



Jessica's story ♥

"Your system works!!!! I am 36 years old, have a wacky, unpredictable cycle and a diagnosis (PCOS, plus some other problems) that doctors said would make it nearly impossible for me to conceive, and I still got pregnant on THE VERY FIRST TRY using your conceiving system. Because of you, we are now expecting a baby for the exact time of year we wanted without any of the stress that we have seen so many of our friends go through. We can't thank you enough for our baby girl on the way and the ease with which she came to us."

-- Jessica A., Santa Monica, CA



INTRODUCTION



PREPARING TO CONCEIVE

The importance of the preparation phase just before conceiving (known in science as the preconceptional phase) is underestimated in modern-day Western societies. You will notice that my work with women gives this phase special attention. This is because science clearly demonstrates that our mental and physical health, lifestyle, and behaviors before we conceive affect the health and quality of our pregnancies, the health of our children throughout their lives (from birth to old age), and even the health of our children's children.

Want to hear a mind-blowing example of this? Your children's fertility is shaped while they are still in your womb! All the eggs your female children will ever have are already present at birth, and both your male and female children's fertility changes in response to in utero exposure to nutrients and chemicals, including those found in plastics and self-care products.

That's big stuff! Some people would feel overwhelmed by this knowledge. But not you! You are going to put this knowledge to work for you and your family. You are going to use this as an awesome opportunity to do what you can to ensure that you, your children, your grandchildren, your great-grandchildren, and so on, are healthy, happy, and successful.

I have designed a program specifically for the purpose of guiding you through conceiving and pregnancy, so, if you want more support in this beautiful process, I invite you to join me for my [In Bloom Program](#).

In the meantime, here are just a few of the most basic things to remember!

Of course, please be sure to be off of birth control and not using any other contraceptives so that you can get pregnant. Research has shown that most women return to their normal cycle immediately after going off birth control. However, it can take as long as 9 months for your cycle to regulate, especially if you have been on birth control for a long time.

Give yourself as much time as you can to become acquainted with your natural (birth control-free) cycle and the **Get Pregnant in No Time System** before your target conception date.

In a perfect world, you would start living like you are already pregnant in the 120 days leading up to getting pregnant. If you want to look your best during swimsuit season, you're not going to wait until Memorial Day to start thinking about getting in shape. The same idea applies to being the healthiest you can be for pregnancy. Give yourself some time to prepare if you can. Healthy Mommy equals healthy baby.

There's an old saying: You are what you eat. Well, guess what? This couldn't be more true for your baby. Your baby is what you eat. Grow your baby's mind, body, spirit, and immune system on the best things you possibly can.



Alcohol, cigarettes, and other substances should be avoided during conceiving and pregnancy. This includes prescription and over-the-counter medications that can be safely removed from your regimen or that are contraindicated during pregnancy. Although research findings are mixed, caffeine consumption is safest kept to a minimum (i.e., 200mg or one 12-ounce-cup of coffee per day). However, if you have had a miscarriage or difficulty conceiving, eliminate caffeine. (No worries, this does not mean zero chocolate!) We cover everything you need to know for pregnancy in our

14-month mastermind, Dr. Cleopatra's Inner Circle. Send an application request to info@drcleopatra.com.

Some thoughts on alcohol. More and more, I notice women coming to me who just don't feel like they can, or want to, live without alcohol for 14 months (the 10 months of pregnancy —it's not actually 9 months— plus the preconception months, when I recommend that you live as though you are already pregnant). Drinking alcohol is part of our culture, both professionally and socially. Many people enjoy drinking alcohol and don't really know if they want to give it up. And even if they want to stop drinking completely, they're not totally sure that they can. I know that this can be really challenging for some, so I consider these and other questions related to alcohol consumption during conceiving and pregnancy in detail elsewhere. Please apply for my Inner Circle if you want more help figuring this out.

Please note that preconceptional preparation is not only the work of Mothers. In a perfect world, these lifestyle modifications are practiced not only by you, the

Mommy-to-Be, but also by your partner/Baby's Father. Things like alcohol and prescription drug use, in both Mothers and Fathers, affect embryo health, and thus baby health, through their impacts on egg and sperm quality!

I also routinely recommend nutritional and supplement regimens, in addition to other lifestyle modifications. Specific recommendations vary for each person's/couple's constitution, health and fertility status, lifestyle, and priorities. However, there are some **nutritional guidelines and supplements** that benefit virtually every woman and man. We cover these, and everything else you need to know to get pregnant naturally and easily, in my signature In Bloom Program.

Unfortunately, even the basics of preconceptional preparation are virtually ignored in standard medical practice, including by most obstetricians and infertility specialists. In many cases, IVF and other medical interventions to enhance or restore fertility can be avoided with the proper psychological and physiological modifications. If you are deciding whether it is time to seek fertility treatment, do my **In Bloom Program** first. If you are already undergoing fertility treatment, my **In Bloom Program** provides you with the support you need and teaches you how to maximize your odds of success. If you need more specific, personalized guidance, you may want to **apply for one-on-one consulting** (please note that I currently take only a very small number of one-on-one Clients per year, so there is typically a waiting list).

IMPORTANT NOTES

💛 Please give yourself at least 3 to 6 months prior to your target conception date to become accustomed to **Cycle-Tracking** and to collecting your body's data. This way, by the time your target conception window arrives, tracking will be second nature for you and you will be super acquainted with your unique cycle.

💛 If your cycles are irregular, my **Get Pregnant in No Time System** will give you critical data about why and what underlying symptoms and systems might need to be addressed.

💛 If you have an underlying hormonal imbalance, you will likely need to treat the underlying imbalance. Please **schedule an In Bloom application session** for more information on how to treat hormonal imbalances.

RATIONALE FOR DR. CLEOPATRA'S GET PREGNANT IN NO TIME SYSTEM

Most women are shocked to learn that there is only one day (or less!) each month in which an egg can be fertilized. This is because, once an egg is released (i.e., ovulation), it must be fertilized within 12 to 24 hours.

This does not mean that women are only fertile for 12 to 24 hours each month!

Women actually have up to 6 fertile days per month resulting from the overlap in the lifespans of sperm and the egg(s) released during ovulation. The 6 fertile days include the day of ovulation and the 5 days prior. Two of these days—the day of ovulation and the day prior to ovulation—are considered peak fertility days because women are far more likely to conceive as a result of sex on those two days than on any other day of the month. Odds of conceiving as a result of sex on a peak fertility day is over 30%!

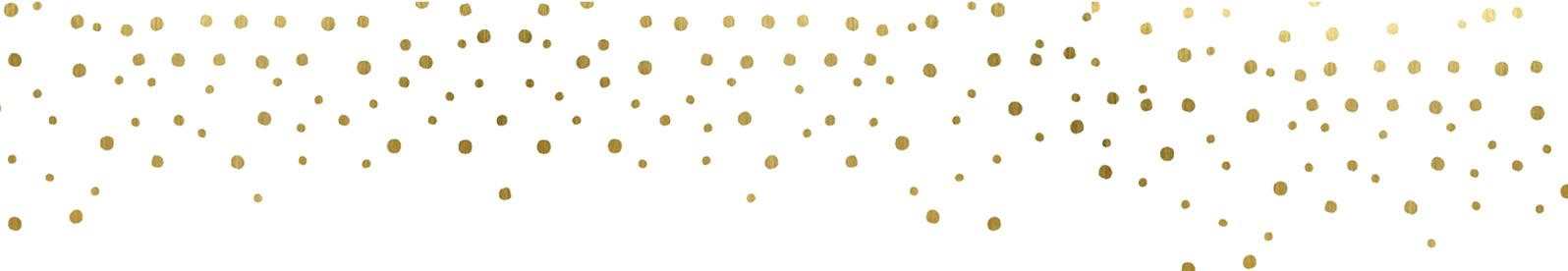


The most important things to know are that the day of ovulation 1) is not guaranteed to be the same for every woman and 2) can vary from one month to the next for the same woman.

Period-tracking apps like Kindara, Ovia, My Cycles and others cannot account for this variability—which is why they should not be relied upon as the sole source of information for pregnancy achievement (or for birth control!). Instead, I recommend using these apps in conjunction with my **Get Pregnant in No Time System** an electronic record of what day you are on in your cycle, symptoms, and when you have sex.

♥ *Healthy women and healthy children, quite literally, are the foundation for a healthy society and for society period. Because of this, maternal-child health is a fundamental metric of health in a country. What's really important to know is that health is transmitted intergenerationally, with the first link between generations being pregnancy. And that is why pregnancy is such a critical developmental period, not just for the woman but also for her offspring. I call pregnancy an intergenerational domino because that is essentially its effect: It is a domino, setting off a cascade of health responses.*

-- Dr. Cleopatra



HOW TO USE DR. CLEOPATRA'S GET PREGNANT IN NO TIME SYSTEM

3 SOURCES OF FERTILITY DATA



You will use **3 sources of data** to take the stress and guesswork out of identifying your fertile days so that you can conceive quickly and easily!

1

FERTILITY MONITOR

+

FERTILITY MONITOR TEST STRIPS



2

OVULATION TESTS



3

CERVICAL FLUID

DATA POINT #1: FERTILITY MONITOR

Each month, you let your **fertility monitor** know when you have started your period by resetting it. You can do this any day between *Day 1* and *Day 5* (count the first day of your period as *Day 1*, even if it starts in the evening). An important note is that you actually have to program the monitor during the window of time in which you want to test each day. This is determined by when you normally pee for the first time each morning (more on this in just one second).

Beginning on *Day 6*, the **fertility monitor** will prompt you to start testing your urine. You test once a day with your first morning urine within the same six-hour window each day. For example, I programmed mine to test at 6am each day, but that allowed me to test between 3am (if I woke up early to pee) and as late as 9am (if I slept later than usual, which happened never 😊).

If you already have children, you might actually find that testing is easier on the days that you wake up early to pee because you can get it done without curious little ones running around trying to see, and participate in, everything you're doing.



The **fertility monitor** measures change in both estrogen and luteinizing hormone (which is often abbreviated as LH) over the course of your cycle. It can identify *up to* 5 high fertility days and *up to* 2 days of peak fertility per cycle. It identifies no more than 6 fertile days total during one cycle, so often this will be 4 high fertility days plus 2 peak fertility days. As the term 'peak fertility' suggests, the peak fertility days are when you are most likely to get pregnant. As I noted, your peak fertility days are the day before ovulation and the day of ovulation.

The sophistication of the **fertility monitor** is awesome. Nevertheless, the **fertility monitor** may be under-powered in identifying peak fertility days for women whose ratio of estrogen to luteinizing hormone doesn't meet the threshold set by the monitor (something that may become more common with age). This means that peak days can be missed even when you are actually ovulating.

In addition, if the **fertility monitor** happens to miss all or most of your high fertility days (because your pee is too diluted for some other reason), you would miss the memo that your peak fertility days are around the corner. And remember: Once you reach peak fertility, you have, *at most*, 2 fertile days left in the cycle.

The goal is to accurately identify all 6 fertile days of the month so that you can make the most of your entire fertile window. This will optimize your odds of conceiving in a given cycle. For these reasons, my **Get Pregnant in No Time System** adds ovulation testing and observation of cervical fluid (optional) as two additional sources of data.



The world sends us one of two messages about being a Mom, and they are the most contradictory messages imaginable: motherhood is all peaches, or, conversely, motherhood is miserable. In fact, it is neither. Motherhood is, at once, the most amazing, worthwhile, and challenging thing a woman will ever do in her lifetime. It is hard and it is magical; and, for that kind of magic, you will gladly tell the hard moments to bring it on. Be deliberate and conscious in how (and with whom!) you step into your role as a mother, and don't be surprised if you are more empowered and blissful than you ever have been in your life.

-- Dr. Cleopatra



♥ **Note:** This photo shows fertility monitor and ovulation test results from my own **Cycle-Tracking**. As you can see here, both my fertility monitor and my ovulation tests identified Day 13 as my first peak fertility day of this cycle. This was the day before ovulation. I had the same result of peak fertility on both tests again the following (Day 14), which was the day I ovulated.

Your fertility will begin to wane for the current cycle after your second peak fertility day. Once you return to low fertility, you can stop testing for the rest of the cycle and then begin again with Day 6 of the next cycle.

An interesting side note is that if you get pregnant, like I did during this cycle, you may notice (if you're nerdy like me and keep testing just to see what happens) that your ovulation tests start to show high fertility again, even though you know you aren't ovulating. This is because the ovulation hormone (luteinizing hormone) and the pregnancy hormone (hCG) are both glycoproteins and the ovulation tests cannot differentiate between the two.

Of course, a pregnancy test is the best way to confirm pregnancy. You may be able to detect pregnancy as early as 10 days post-ovulation. (If you ovulated on Day 14, this would be Day 24 of your cycle). If you get a negative pregnancy test 10 days post-ovulation but think you are pregnant, you can repeat the test 2 to 4 days later. Use first morning urine when taking a pregnancy test before your missed period. After your missed period, you can take the test at any time of day.

Sending you tons of good wishes and baby dust!!! ♥

DATA POINT #2: OVULATION TESTS

Ovulation tests measure only the surge in luteinizing hormone that occurs 24 to 36 hours prior to ovulation. This means that an ovulation test can detect impending ovulation even if your body does not meet a particular threshold of luteinizing hormone to estrogen, as is required for accurate readings by the fertility monitor.

The instructions that come with the **ovulation tests** will tell you to start testing around *Day 11* for the typical 28-day-cycle, but I recommend that you start testing on *Day 6* when you begin testing for your fertility monitor. This is especially important if you tend to ovulate early or have a shorter cycle. For example, I tend to get high fertility readings beginning on *Day 8* or *Day 9*. I would completely miss these fertile days if I didn't begin testing until *Day 11*.

Another strength of adding the **ovulation tests** is that you can test as many times as you want in one day. (The fertility monitor only allows you to test once per day during your morning testing window.)

Testing more than once each day helps to address another potential shortcoming of the fertility monitor, which is that you test using first morning urine because that is when your pee is most concentrated.

(For the **ovulation tests**, too, you should not pee for 4 hours prior so that your pee won't be too diluted to get an accurate reading. Going 4 hours without peeing during the day is really hard for me. I could rarely go longer than 2 or 3 hours and was still able to get accurate readings most of the time, even though I drink a ton of water, which means that my pee is extra diluted.)

The issue with testing only in the morning, though, is that the luteinizing hormone surge is more likely to occur in the afternoon. This means that you could actually miss the surge—and, thus, the identification of peak fertility—with your first morning urine, as tested by the fertility monitor. And, remember, once you hit that peak fertility mark, you have *about* two days to make your baby.

To avoid missing your most fertile window, I recommend using the ovulation tests 3 times per day (and definitely around 1pm; see below for a testing schedule). It only takes a few seconds to do these tests; so—no worries—you totally have time, even if your workdays are crazy busy like mine.

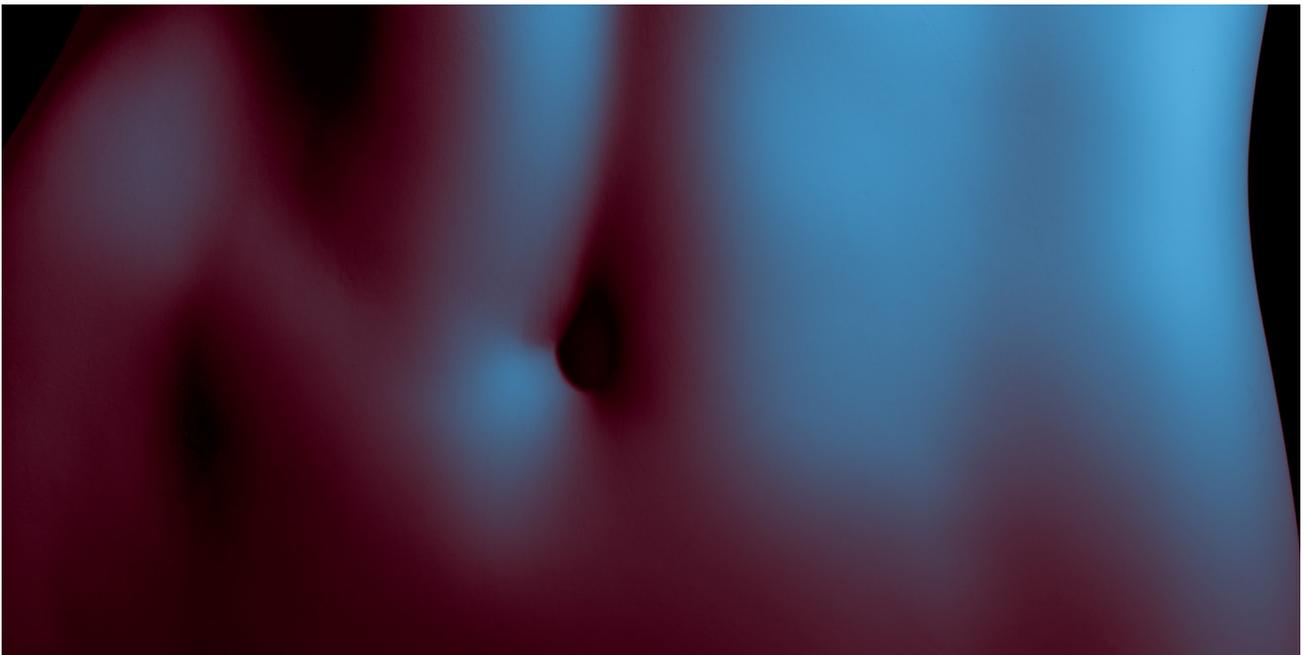
DATA POINT #3: CERVICAL FLUID

This third piece of data is optional, but extremely useful. You don't have to work very hard for it, as others will tell you to do; but I do recommend at least keeping an eye out for your cervical fluid and how it changes over the course of your cycle.

By including observation of your cervical fluid, you will know your most fertile day of the month even before you see it on your fertility and/or ovulation tests!

The day your cervical fluid is wet and slippery like raw egg whites is your most fertile day. Most instructions that you will find for monitoring cervical fluid are more involved than most people prefer (i.e., inserting the middle and index fingers together into the vagina and getting as close to the cervix as possible to sample your fluid). In actuality, though, many women don't have to try so hard to observe their cervical fluid.

Just notice when you go to the bathroom if there is any fluid on your undies and what it feels like when you wipe. It should be wet and slippery like raw egg whites (not wet like water or creamy like lotion; those are earlier stages of cervical fluid). You may also see the fluid sort-of dripping out of your body when you are on the toilet. If you observe this type of fluid, grab your man and get busy regardless of what the monitors say!!



A note on cervical fluid and lubricants. Sperm can't do their job of swimming to meet the egg in the absence of the right type of cervical fluid. Fertile cervical fluid creates a microscopic ferning pattern (also known as arborization). This ferning creates pathways that facilitate the sperm's journey to the egg.



These pathways also serve to weed out lower quality sperm that are irregular swimmers. Given these functions, high quality cervical fluid is way more important than anyone ever tells us. (Who ever tells us about cervical fluid anyway?)

Lubricants can interfere with cervical fluid, so don't use them for conceiving. The exception to this rule is a lubricant such as [this one](#), which is designed specifically to mimic the function of cervical fluid to enhance the likelihood of conceiving.

There are supplements, including L-Arginine, that can improve the quality of cervical fluid. It is important to note that there are also supplements, such as high dosages of Vitamin C, that can dampen cervical fluid quality. I guide you through these details in my In Bloom Program

💛 *At any moment of the day, some desire is in the process of coming true. Old seeds we planted (and perhaps forgot about) are bringing results, mixed in with the beginnings of larger results to come. [The] universe is always listening; none of us is alone.*

-- Deepak Chopra.

💛 *The jump is so frightening between where I am and where I want to be. Because of all I may become, I will close my eyes and leap.*

-- Mary Anne Rudmacher

FERTILITY & OVULATION TEST SCHEDULE

1. Upon waking on *Day 6* of your cycle, start using your **fertility monitor**. Also do an ovulation test. Once you've begun testing with these two tools on *Day 6*, continue testing until both the fertility monitor and ovulation tests reach up to two days of peak fertility.

 **Tip:** You can pee in a cup and test the same urine with both the **fertility monitor** and the **ovulation test** sticks. Follow the instructions for how many seconds to hold the test stick in the urine when testing using a cup; the number of seconds differs slightly for the fertility monitor and ovulation tests. Please note that your urine has to be tested right away to ensure an accurate reading, so try to resist the urge to wait until you are more awake to test your pee.

2. 1pm - Do ovulation test only. Also pay attention for cervical fluid when you pee at this time and throughout the day. Do your best to hold your pee for a few hours before your 1pm test.

3. 5pm - Do ovulation test only. Also pay attention for cervical fluid when you pee at this time and throughout the day. Do your best to hold your pee for a few hours before your 5pm test.

HAVE SEX!

 **Have sex on each of your fertile days.** The advice to limit sex to every other day is frequently given to conceiving couples. Statistically-speaking, this advice is not sound *unless* your partner has a low sperm count or other condition. In that case, you may need to limit sex to every other day.

 **Proxeed** is a supplement that can be used by men to support sperm quality and motility (please join us for In Bloom for a complete and comprehensive understanding of supplements and other factors—including psychology, stress, and emotion—that affects your odds of conceiving.

 You want gravity to work for you when you are conceiving, so stay in a reclining position with legs up for 30 minutes after sex. Wait until after this 30-minute-period to go to the bathroom.

HAPPY BABY-MAKING!!!

Happy baby-making!!! I am so excited for you!!! Prepare to experience a love that you never even knew was humanly possible ♥

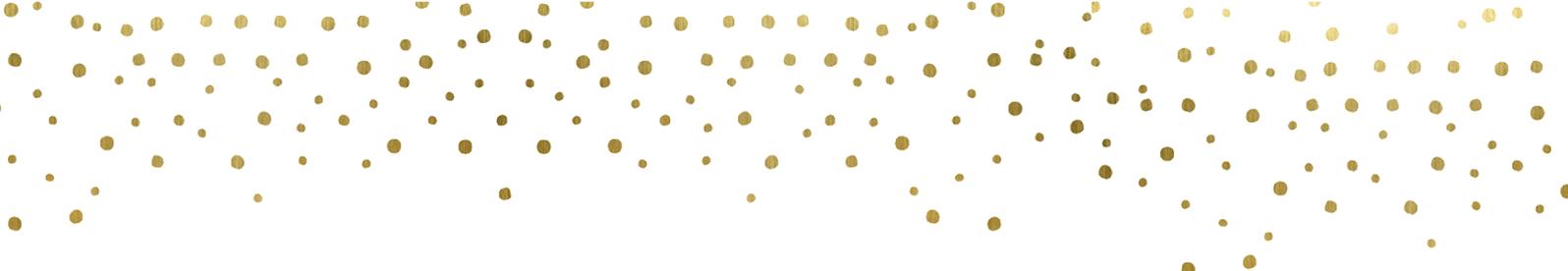
I can't wait to hear your good news!!!!!! I know you likely won't be sharing your news with many others for the first few months, but you can [share it with me](#) as soon as you receive it !♥

Dr. Cleopatra

 You become a Mom the minute you conceive (and even before that!). The very definition of being pregnant is being madly in love with someone you haven't even laid eyes on yet and loving that person more than you ever knew was humanly possible. From this moment on, you are never going to be the same again—and you never, ever want to be the same again.

-- Dr. Cleopatra





THE DR. CLEOPATRA MISSION

The Dr. Cleopatra mission is to magnify the love and goodness in the world by using science, wisdom, and bliss to support women in creating the families and the lives of their dreams.

DR. CLEOPATRA ENVISIONS A BETTER PLANET



We are doing our part to spread love and good health by investing in children and their surroundings. For every family we help to create and support through our one-on-one work, we sponsor a child in the developing world. Our sponsorship provides nourishment, healthcare, and education for the child, as well as resources for the child's family and community.

You deserve to have the life & the family of your dreams. Dr. Cleopatra can help. A lifetime of experience and two decades of formal study have gone into the carefully curated information and support that Dr. Cleopatra provides to her **Community of Moms and Moms-To-Be.**

Dr. Cleopatra also provides personalized concierge consulting for a small number of **one-on-one Clients** each year.

You would need to assemble an army of the most qualified experts to obtain the comprehensive information, guidance, and support that Dr. Cleopatra provides through her **one-on-one Consulting, Inner Circle and In Bloom Program**.

Dr. Cleopatra loves supporting women through some of the most important phases and complex puzzles of their lives, including:

- 💛 Fertility (both natural and assisted)
- 💛 Preconception & preparing the whole self for pregnancy

-  Healthy, happy pregnancy & baby
-  The postpartum period & the identity of a new Mom
-  Motherhood success & well-being for busy professionals

A MESSAGE FROM DR. CLEOPATRA: MY WHY

I have all kinds of credentials that you can read below if you like, but my most important credential is that I am a deeply happy, grateful, and head-over-heels-in-love Wifey and Mommy of 2, making the most of life with my delicious loves and having living room dance parties every chance we get.

I lost my Mom at birth and, at a very young age, became fascinated with the inner and outer worlds of Moms and women who would one day become Moms.

How do they feel? Why are they sad? Where do they go for help? How do they do it all? How do they figure it all out? What kind of help do they need? What would make them happier? What would make this fun? How are the ones who seem to live with ease and inner peace different? These are the questions I started thinking about as a young girl.

The work that I do in the world today is an extension of that little girl's determination to figure out how to help women as well as the love that I live each day with my own family.

I HELP WOMEN CREATE THE FAMILIES AND THE LIVES OF THEIR DREAMS.

I am a spectacularly driven, purpose-oriented woman with a fierce commitment to having the largest positive impact on the world I possibly can. I do this by working on behalf of women, and their dreams, at multiple levels.

I am a scientist and professor. My specialty is reproductive health, human flourishing, and the intergenerational transmission of health. I work to understand what these look like—and have the potential to look like—for all kinds of people in all kinds of circumstances.

I have conducted research on tens of thousands of women of all colors, ages, shapes, sizes, socioeconomic backgrounds, religions, language preferences, and professions to examine how they transmit physical health and emotional well-being to their children.

HOW CAN THIS HELP YOU?

I have discovered that this process of the intergenerational transmission of health begins long before we actually get pregnant and become Mothers. I have seen time and time again (both in my own life and in the lives of the women I have studied and supported) that **fertility, pregnancy, and Motherhood experiences bring life into sharp focus**—especially the parts that aren't working so well.

We actively plan for and shape the body, education, career, wedding, even wardrobe that we want. **Why wouldn't we do the same when it comes to our fertility, pregnancy, and Motherhood (some of the most important things we will ever do in our lifetime!)?**

I created **The Mommy Lifecycle™** to teach you how to choose deliberate action and intentional bliss when it comes to your fertility, to pregnancy, to Motherhood, to finding balance, and to life.



Through my [In Bloom Program](#), and the [Dr. Cleopatra Inner Circle](#), I provide a space of support, learning, and community for women that exists nowhere else in the world. In this space, we address relationships, biology, career, identity, stereotypes, stress, and mindset. Because our whole selves matter for healthy fertility, health pregnancy, healthy babies, and healthy relationships.

Our whole selves matter if we are going to be our healthiest and happiest, as Mothers, professionals, women, and humans. I love working directly with women all over the world.

Beyond my own scrumptious family, helping women create the families and the lives of their dreams is the single happiest thing in the world to me.

I also understand that making the world the healthiest, happiest, most supportive, loving, inspiring, and productive place for women requires working at the level of the structural and social forces that affect women and their families.

GLOBAL IMPACT: CORPORATIONS, PROVIDERS, AND INSURERS

I teach the corporations that employ women, the fertility clinics and other healthcare providers that care for women, and the health insurance companies that shape the healthcare systems that treat women how to make shifts that enable them to take better care of women during critical developmental periods across **The Mommy Lifecycle™** (including making fertility plans, conceiving, expecting, transitioning to Motherhood, and bringing additional children into the family and world).

There is not a bottom line on the planet that doesn't benefit from healthy, happy women, babies, and families.

And, with our bottom line, we are helping to create an even better planet. We are doing our part to spread love and good health by investing in children and their surroundings. For every family we help to create and support, we sponsor a child in the developing world. Our sponsorship provides nourishment, healthcare, and education for the child, as well as resources for the child's family and larger community.

Until next time, I leave you with the meditation that I do with my babies every night. With all my heart, I wish you the bliss that comes from possessing this kind of love and peace.

Peace starts with me.
I love my family.
I love myself.
I love my life.
I love my country.
I love my world.


Dr. Cleopatra



Dr. Cleopatra

BIO & SCIENTIFIC BACKGROUND

FORMAL TRAINING

2010 - PRESENT

Assistant Professor of AGING and PSYCHOLOGY Leonard Davis School of Gerontology & Department of Psychology, University of Southern California, Los Angeles

2010

Postdoctoral Fellow in SOCIAL EPIDEMIOLOGY and POPULATION HEALTH Robert Wood Johnson Foundation Health and Society Scholar, Department of Epidemiology and Institute for Social Research, University of Michigan, Ann Arbor

2008

Ph.D. in SOCIAL & HEALTH PSYCHOLOGY Minor: QUANTITATIVE PSYCHOLOGY/ STATISTICS, Department of Psychology, University of California at Los Angeles

2007

PRENATAL, BIRTH, & POSTPARTUM DOULA. The Chapman Family Center (w. Judy Chapman), Los Angeles

2006

PRENATAL KUNDALINI YOGA INSTRUCTOR, KHALSA WAY METHOD, Golden Bridge Yoga Village (w. Gurmukh and Davi Khaur Khalsa), Los Angeles

2003

M.A. in SOCIAL and HEALTH PSYCHOLOGY, Department of Psychology, University of California at Los Angeles

2000

B.A. in PSYCHOLOGY and ART Magna cum laude, University of Miami, Coral Gables, Florida

For more detail, please see my Curriculum Vitae [here](#).

Dr. Cleopatra Abdou Kamperveen, PhD, is a scientist and university professor specializing in the intersection of **reproductive health, human flourishing, and the intergenerational transmission of health**. Dr. Cleopatra uses her unique blend of a cutting-edge scientific brain and an oozing heart to enhance the inner and outer worlds of moms and moms-to-be by addressing the complexity and magic of being a woman and mother. She also works for the health and well-being of women and their families by consulting with corporations, healthcare providers, and insurers so that they can better support women in their fertility, pregnancy, and motherhood experiences.

Dr. Cleopatra combines a lifetime of scientific knowledge with Eastern traditions and experiential wisdom to guide women through the many unknowns and mountains of conflicting, confusing information that they face as individuals, mothers, and professionals. And she does this in the most green, natural, compassionate, objective, real, heart-centered way possible.

Dr. Cleopatra's scientific research integrates psychology, human development and aging, public health, and medicine to better understand diverse experiences of lifespan and intergenerational health and human flourishing, particularly in pregnancy and women's reproductive health more broadly. She has studied tens of thousands of women and families throughout the United States. Dr. Cleopatra developed **Aging Before Birth and Beyond**, a model of lifespan and intergenerational human development. Dr. Cleopatra also developed the **Culture and Social Identity Health Theory** to strengthen understanding of health in diverse populations in the United States and throughout the world. She was the first to empirically demonstrate the phenomenon of **healthcare stereotype threat** as a psychosocial barrier to healthcare during the reproductive years and throughout the adult lifespan into old age, creating a new area of research. Dr. Cleopatra has published dozens of articles and book chapters in fields as diverse as psychology, public health, medicine, gerontology, and sociology. She also served as an Associate Editor for the first ever Handbook of Minority Aging, published by Springer in 2013.

Dr. Cleopatra's research has been funded by several arms of the National Institutes of Health, including the National Institute on Aging, the National Institute of Minority Health and Health Disparities, and the National Institute of Mental Health, as well as by the National Science Foundation, the U.S. Department of Agriculture, the Robert Wood Johnson Foundation, the Woodrow Wilson Foundation, and the Michigan Center for Integrative Approaches to Health Disparities. Dr. Cleopatra has been cited more than 600 times in just five years in the scientific literature and countless times in the news and popular literature. She has taught thousands of undergraduate and graduate students, including through her USC courses on The Psychology of Human Lifespan Development and Global Health and Aging, consistently receiving the highest possible student ratings. Dr. Cleopatra has received numerous honors and awards in recognition of her scholarship, and is also a selected member of the Fulbright Specialists Roster.

Dr. Cleopatra lives in Los Angeles with her husband, Jair Kamperveen, and their two children.



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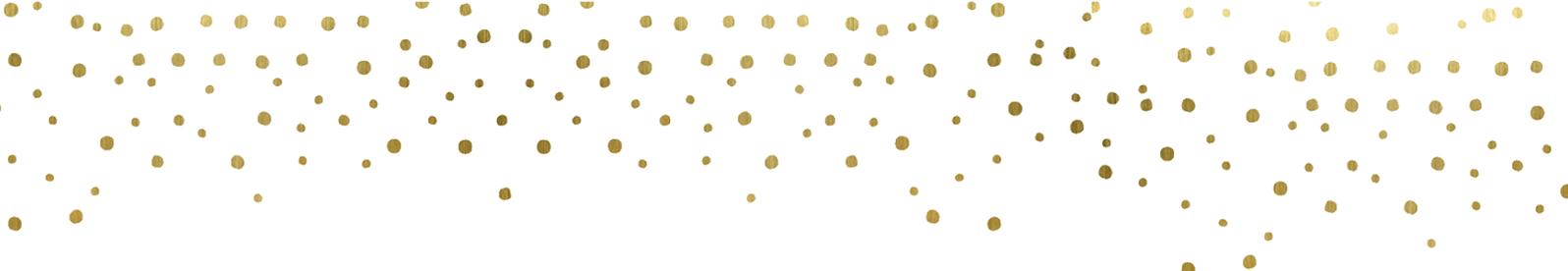
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