resolve
THE NATIONAL INFERTILITY ASSOCIATION

the bay state chapter

greater hartford chapter

Serving New England

New England Infertility and Family Building Conference

Achieving Parenthood: The Road to Resolution

Offering over 40 workshops on:

- medical treatment
- emotional and legal issues
- adoption
- donor egg
- insurance coverage
- and more

Featuring a keynote address by Kristen and Mark Magnacca, "Creating a Sense of Control"

Sunday, November 12, 2006

8:45 a.m. - 4:45 p.m.
Best Western Royal Plaza Hotel
Marlborough, MA

See Pages 11 - 14 for complete details

Why You Should Attend Our Annual Conference

By Rebecca Lubens
Executive Director, RESOLVE of the Bay State

We have often been told that attending our annual conference is a "life-changing event." Sounds like an extreme claim, doesn't it? Yet our experience has shown that this is a common response from our conference attendees, and I'd like to suggest reasons why you are likely to feel the same way when you attend:

Many attendees have never before seen – in one place, at one time – so many people who also struggle with infertility. At 8:00 a.m. on Nov. 5th last year, attendees began to arrive at the conference center, at first in trickles and then in hordes. They all gathered in the ballroom to hear the keynote address – all 200+ strong. Dispersing to the various meeting rooms, they passed each other in the hall and met in smaller groups for each workshop. They gathered together again for lunch, chatting in the buffet line and at the lunch tables. In sessions on adoption, infertility treatment, donor egg, and more, attendees met others like themselves who were travelers on the same journey – searching for information, for hope, and for a satisfying resolution to infertility. Where else could you find such strength in numbers?

Many attendees are deeply touched, or usefully informed, by one (or more) of the presenters. With over 40 workshops, and presenters including reproductive endocrinologists, embryologists, urologists, social workers, lawyers, nurses, attorneys, psychologists, complementary medicine

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Quarterly Newsletter
Fall 2006

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Educational Programs Fall 2006

- **Adoption Decision Making Series**
- **Donor Egg Decision Making Series**
- **Failed IVF: Is It the Embryo or Is It the Uterus?**
- **Embracing the Heritage of Your Adopted Child**
- **The Myths and Realities of Complementary Treatments for Infertility**

SAVE THE DATE! - Sunday, November 12
Infertility and Family Building Conference
See Page 5 for details.

RESOLVE Information

It's easy to become a member of RESOLVE. Simply fill out the form on the back and mail / fax it today.

Household membership: $ 55 Professional membership: $150

RESOLVE of the Bay State Member Benefits

RESOLVE of the Bay State is the Massachusetts Chapter of RESOLVE, Inc. Join the Bay State Chapter and you automatically become a member of National RESOLVE.

Chapter Helpline – 781-890-2225, for information and support from a trained callback volunteer.
Quarterly Newsletter — co-published with RESOLVE of Greater Hartford
Insurance and Donor Egg Call-in Hours — 781-890-2225, for assistance with your insurance problems or donor egg issues. Check our website or this newsletter for scheduled hours.
Educational Programs – varied monthly presentations by experts in the fields of infertility or adoption. Also multi-week seminar series providing an in-depth look at one topic.
Professionally-Led Support Groups – a variety of time-limited groups that meet on a weekly basis, for women and couples, led by a licensed therapist. Many members state that their support group participation was the best thing they did for themselves during their infertility.
Monthly Peer Discussion Groups – open forums held at various locations providing information and support to people interested in learning more about their infertility and RESOLVE. Groups focusing on specific areas of interest are held in our Waltham office.
Discounts — members can attend all Peer Discussion Groups free of charge and receive substantial discounts on programs and literature.
Annual Conference – a day-long educational event with over 40 workshops focusing on infertility treatment, emotional issues, donor egg and adoption.
Directory of Services – a resource book of infertility and adoption services published annually.
Advocacy — for protection of the Massachusetts insurance mandate and continued legislative and insurance reform.
Member-to-Member Connection — members are matched with member volunteers who share similar experiences or who have a specific area of expertise.
Chapter Library – located in the Waltham office. Call for hours.
Volunteer Opportunities — we depend on volunteers for many of our services. Feel good helping others facing similar challenges.

RESOLVE of Greater Hartford Member Benefits

RESOLVE of Greater Hartford is the Connecticut Chapter of RESOLVE, Inc. Join the Greater Hartford Chapter and you automatically become a member of National RESOLVE.

In addition to the quarterly newsletter co-published with the Bay State chapter, and the Annual Conference held in Massachusetts, benefits include:

Chapter Helpline — 860-523-8337 for information and support from a trained callback volunteer.
Educational Programs — varied presentations by experts in the fields of infertility, insurance or adoption
Monthly Peer Support Groups — groups are open to individuals or couples experiencing primary or secondary infertility. Meetings are free for members.
Lending Library — free of charge for all members. Please e-mail info@resolveofgreaterhartford.org for a list of current books.
Advocacy — for protection of the Connecticut insurance mandate and continued legislative and insurance reform. Please contact resolvectadvocacy@yahoo.com or 860-523-8337 for any CT insurance or advocacy questions.
Member-to-Member Contact/Friendships — finding people who have traveled or are currently traveling this same journey, to share your emotions and situations with, can make you a stronger person/couple in dealing with your fertility.
Volunteer Opportunities — please contact 860-523-8337 or info@resolveofgreaterhartford.org if you are interested in becoming a volunteer.

National Benefits

Family Building Magazine — published quarterly.
Medical Telephone HelpLine — 888-623-0744 to speak with the Medical Counselor.
Discounts on RESOLVE literature — a variety of written materials on every aspect of infertility.
Online Community — Access 10 bulletin boards at www.resolve.org, including Getting Started, Adoption, IVF and High-Tech Procedures, Third Party Reproduction, Pregnancy After Infertility, Parenting After Infertility, Male Perspective, Secondary Infertility, Pregnancy Loss, and High FSH.
Also — Advocacy for legislative and insurance reforms, and National RESOLVE's comprehensive website: www.resolve.org

Educational Programs

RESOLVE of the Bay State is pleased to announce our FALL Programs, designed to provide information and support to people experiencing infertility. Meetings combine formal presentations with ample opportunities for discussion with presenters and members of the audience.

FEES: (unless indicated otherwise) RESOLVE members, $10 per person; non-members, $20 per person
Register in advance for these programs by calling 781-890-2225 or emailing the office at admin@resolveofthebaystate.org

Adoptees Speak

With A Panel of Adoptees

Please join us for a fascinating evening. A panel of adoptees will discuss their experiences of adoption as well as their perspective on searching for birth parents. There will be plenty of time for discussion and questions.

Where: Boylston Place of Chestnut Hill, 2nd Floor Cinema, 615 Heath Street, Chestnut Hill, MA 02467
When: Tuesday, October 17, 2006, 7:00 p.m. - 9:00 p.m.

Experiencing Infertility: When Couples Disagree About What to Do Next:

With Andrew Geller, PhD, Clinical Consultant, RESOLVE of the Bay State

You are in the process of starting or expanding your family, but you and your partner can't agree on which path to take. You have gathered lots of information, but now need to decide whether to continue or stop infertility treatment, or whether to move on to other family building options (such as adoption, donor egg, donor insemination, surrogacy), or living child-free. You may be in very different places about which options you would even consider. This program will help you to understand the dreams behind your conflict, find ways to move past disagreement and feeling "stuck" as a couple, and move toward mutual decision-making.

Where: Boylston Place of Chestnut Hill, 2nd Floor Cinema, 615 Heath Street, Chestnut Hill, MA 02467
When: Tuesday, October 24, 2006, 7:00 p.m. - 9:00 p.m.

Family Building Through Adoption and Donor Egg: Which Option is Right For You?

With Ellen Glazer, LICSW, and Author

Perhaps standard infertility treatments have been unsuccessful so far, and you want to explore other family building options. Some people "know" immediately which option feels right to them, but many examine their options from several perspectives before making this decision. Ellen Glazer is an adoptive parent, therapist, and author specializing in infertility and family building issues. Ellen will compare and contrast both family building choices to help you decide which one is right for you.

Where: Boylston Place of Chestnut Hill, 2nd Floor Cinema, 615 Heath Street, Chestnut Hill, MA 02467
When: Tuesday, December 5, 2006, 7:00 p.m. - 9:00 p.m.

Learn From a Panel of Adoptive Parents

Moderated by Deb Olshever, LICSW

Adoptive parents share their stories of forming a family, and what they learned along the way about the process and about themselves.

Where: Flashner Conference Room A, Children's Hospital in Waltham, 9 Hope Avenue, Waltham, MA. **Please note:** Children's Hospital of Waltham is a daytime outpatient clinic. No children are present at this facility in the evenings or on weekends.
When: Monday, December 11, 2006, 7:00 p.m. - 9:00 p.m.

Educational Programs

Coming in 2007

Ask the Nurse: Questions You Can't/Won't Ask Your Doctor

With Carol Lesser, NP, Boston IVF

Infertility can be a difficult time, full of questions and concerns. You may even feel like your life is starting to spin out of control. You may not feel comfortable asking your doctor certain questions, or just may not be sure which questions need answering, or even how to ask them. At this program you will learn some strategies for communicating effectively with your nurse, doctor, or clinical team, so that you can understand all about your medical care. Please bring questions about all aspects of your
treatment: medical and emotional, plus how to navigate the clinic bureaucracy. Knowledge is key to feeling more in control and will make the infertility journey easier.

Where: Eliot Church of Newton, 474 Centre Street, Newton Corner, MA 02458
in the Parlor/Living Room

When: Wednesday, January 17, 2007, 7:00 p.m. - 9:00 p.m.

Adoption Decision Making Series

This series is designed to ❊ Guide you through the maze of adoption issues and options. ❊ Help you gather information from top adoption professionals in one place. ❊ Offer opportunities for dialogue with others making the same kinds of decisions to form their families.

Saturdays, 1:00 p.m. - 5:30 p.m. January 20 and 27, 2007

Flashner Conference Room A, Children's Hospital of Waltham, 9 Hope Ave, Waltham, MA*

*** Children's Hospital of Waltham is an outpatient clinic. No children are present at this facility in the evenings or weekends.**

Saturday, January 20, 2007 -- 1:00 p.m. - 3:00 p.m.
Session 1 — Adoption Decision Making

Discussion of how you make the emotional leap to adoption, led by an adoption counselor. Includes strategies for couple decision-making throughout the adoption process; discussion of the many decisions along the way; overview of the adoption process — from application through placement.

Saturday, January 20, 2007 -- 3:30 p.m. - 5:30 p.m.
Session 2 — International Adoption

In-depth overview of the experience of international adoption, with a panel of international adoption specialists including adoption agencies and social workers. Covers factors in picking an agency, a country (i.e., parent age, travel and time, age and experience of pre-adoptive children, and medical issues) and issues surrounding transracial and transcultural adoptions.

Saturday, January 27, 2007 -- 1:00 p.m. - 3:00 p.m.
Session 3 — Domestic Adoption

In-depth overview of the experience of domestic adoption, with a panel of domestic agencies, adoption attorneys, and social workers. Will cover traditional in-state agency adoptions as well as the growing trend toward the use of out-of-state agencies, attorneys, and facilitators to identify birth parents looking to make an adoption plan.

Saturday, January 27, 2007 -- 3:30 p.m. - 5:30 p.m.
Session 4 — Adoptive Parents and Birth Parents Talk about Adoption

Panel discussion with parents that have experienced adoption from each side. Panelists will include adoptive parents and birth parents. Will cover real life stories and allow time for plenty of questions. Wrap up will include discussion of next steps and where participants can find continued support.

Pre-registration is required. Registration forms for these series are available on our website at www.resolveofthebaystate.org. RESOLVE member fees: $100 individual, $175 couple; non-member fees: $125 individual, $250 couple. Full payment is required regardless of the number of sessions attended.

Massachusetts - Peer Discussion Groups - Topic-Oriented

These meetings are all held in our Waltham Chapter Office, 395 Totten Pond Rd., Suite 403, Waltham

Pregnancy Loss Discussion Group

This group will focus on support and acceptance for individuals who have experienced miscarriage /stillbirth/ectopic pregnancy/ recurrent pregnancy loss. Come and talk with others about the impact of loss on all aspects of life, the emotional and psychological experiences of grief and loss, coping strategies, decision making, and how to move forward.

Wednesdays
November 1 and December 13
7:00 - 9:00 p.m.

Donor Egg Discussion Group

Are you considering donor egg as a way to build a family? Are you in the process of donor egg or parenting children through egg donation? Join us for an open discussion of the issues, decisions, and emotions surrounding this family building option. This group will be led by Cara Birrittieri, a mom through donor egg who has just authored a book that discusses donor egg.

Mondays
October 30 and December 11
7:00 - 9:00 p.m.

Adoption Discussion Group

Join us for an open discussion led by an adoptive mom. Bring your questions, concerns, and ideas to be shared with others who are exploring adoption or are in the process of adopting. Find some answers and strategies and connect with others.

Thursdays
October 26 and January 11
7:00 - 9:00 p.m.

Secondary Infertility Discussion Group

Coping with infertility while parenting? The struggles and frustrations of secondary infertility are unique. Join others who understand the challenges.

Tuesdays
October 17 and November 28
7:00 - 9:00 p.m.

Massachusetts - Peer Discussion Groups - General Infertility

Waltham
RESOLVE office, 395 Totten Pond Road, Ste 403
Tuesdays, 7:00 - 9:00 p.m.
October 10, November 14 & December 12

Stoughton
Whole Person Health, 294 Pleasant St (Rte 139)
Thursdays, 7:00 – 9:00 p.m.,
October 19, November 16 & December 21

Amherst
The Arbors at Amherst, 130 University Drive
Wednesdays, 7:00 - 9:00 p.m.,
October 4, November 1 & December 6

Worcester
Tatnuck Park at Worcester, 340 May St, The Computer Rm
Wednesdays, 7:00 - 8:30 p.m.,
October 25, November 15 & December 13

Connecticut - Peer Discussion Groups - General Infertility

Farmington Area
held on the 3rd Thursday of every month
University of Connecticut Health Center / Dowling South Building, 2nd Floor 'Education' Room
263 Farmington Avenue

Thursdays, 7:00 p.m. -- October 19, November 16 & December 21, 2006

Hamden/New Haven Area
held on the 2nd Tuesday of every month
Hamden Surgical Building, 2080 Whitney Ave., Hamden Suite 250
Hamden, CT

Tuesdays, 7:00 p.m. -- October 10, November 14 & December 12, 2006

You do not need to be a member of RESOLVE to attend. Suggested donation for non-member is $3 per person, $5 per couple; free for RESOLVE members. Monies donated to RESOLVE of Greater Hartford for ongoing operating expenses. *Please note: All discussions remain confidential.*

We are looking for Peer Support Group Leaders for other counties in CT (Litchfield, Middlesex, New Haven, New London, Tolland, and Windham). If you are interested please contact 860-523-8337 or info@resolveofgreaterhartford.org.

Please call the RESOLVE of Greater Hartford HelpLine for more information or to check for cancellation due to bad weather: **860-523-8337**

***Please RSVP for the New Haven Peer Support Group which runs from September 2006 through May 2007.**

Events Calendar

KEY: EP: Educational Programs SS: Seminar Series
GID: General Infertility Discussion Group TDG: Topic-Oriented Discussion Group

October 2006

10	Tuesday	GID – Waltham, Massachusetts
10	Tuesday	GID – Hamden/New Haven area, Connecticut
11	Wednesday	SS – Donor Egg Decision Making Series – #4
17	Tuesday	EP – Adoptees Speak
17	Tuesday	TDG – Secondary Infertility
19	Thursday	GID – Farmington, Connecticut
19	Thursday	GID – Stoughton, Massachusetts
24	Tuesday	EP – Experiencing Infertility:When Couples Disagree on What to Do Next
24	Tuesday	Insurance Call-in Hours
25	Wednesday	GID – Worcester, Massachusetts
26	Thursday	TDG – Adoption
30	Monday	Donor Egg Call-in Hours
30	Monday	TDG – Donor Egg

November 2006

1	Wednesday	TDG – Pregnancy Loss
1	Wednesday	GID – Amherst, Massachusetts
12	Sunday	Infertility and Family Building Conference
14	Tuesday	GID – Waltham, Massachusetts
14	Tuesday	GID – Hamden/New Haven area, Connecticut
15	Wednesday	GID – Worcester, Massachusetts
16	Thursday	GID – Farmington, Connecticut
16	Thursday	GID – Stoughton, Massachusetts
16	Thursday	GID – Farmington, Connecticut
28	Tuesday	TDG – Secondary Infertility

December 2006

5	Tuesday	EP - Family Building Through Adopting and Donor Egg: Which Option is Right for You?
5	Tuesday	Insurance Call-in Hours
6	Wednesday	GID – Amherst, Massachusetts
11	Monday	EP - Learn From a Panel of Adoptive Parents
12	Tuesday	GID – Waltham, Massachusetts
12	Tuesday	GID – Hamden/New Haven area, Connecticut
13	Wednesday	GID – Worcester, Massachusetts
13	Wednesday	TDG – Pregnancy Loss
21	Thursday	GID – Stoughton, Massachusetts
2	Thursday	GID – Farmington, Connecticut
30	Monday	TDG – Donor Egg

January 2007

11	Thursday	TDG – Adoption
17	Wednesday	EP – Ask the Nurse: Questions you Can't/Won't Ask Your Doctor
20	Saturday	SS – Adoption Decision Making Series – #1 & 2
27	Saturday	SS – Adoption Decision Making Series – #3 & 4

Massachusetts Call-in Hours: Insurance and Donor Egg

Call **781-890-2225** on the dates indicated to get your questions answered live.

Insurance Call-in on Tuesdays, October 24 & December 5:

Having difficulty getting insurance coverage for your doctor's recommended treatment plan? Need help framing an appeal letter to your insurance company? Want to know what the Massachusetts mandate covers? Call for consultation with our Insurance Advocate, Marymichele Delaney.

Fees: FREE to RESOLVE members, or join RESOLVE over the phone with your credit card.

Donor Egg Call-in on Monday, October 30:

The topic for the evening is legal issues in connection with egg donation, and the donor matching, screening, and coordination process.

Your questions answered by Robert Nichols, Esq., Egg Donation and Surrogacy

Fees: FREE to RESOLVE members. $20 for non-members, or join RESOLVE over the phone with your credit card.

Professionally Led Support Groups:

- **Women's Primary Infertility Group**
- **Women's Secondary Infertility Group**
- **Donor Egg Group**

Fees: $25 per person, $40 per couple, per meeting. RESOLVE membership required. You can print out, complete, and mail or fax us the support group application on our website. CT members interested in a future professionally led support group should call 603-523-8337 or email info@resolveofgreaterhartford.org

Continued from Page 5

is eventually recruited in a normal cycle. Although levels of inhibin B are known to be lower in older women, it is not clear whether the same values can be used to determine the number or quality of developing follicles in younger women.

Even among patients with normal baseline values of estradiol and FSH, there remain subgroups of patients who are more likely to respond to treatment or to achieve pregnancy spontaneously. The best-studied dynamic test is the "clomiphene challenge test," which was initially reported in 1987 and included both fertile as well as infertile groups. On cycle day 3, E2 and FSH are measured in the blood. Subsequently, clomid 100 mg is administered from cycle days 5 to 9. A repeat level of FSH is then obtained on cycle day 10. Abnormal values on either day 3 or day 10 are associated with reduced pregnancy rates, irrespective of age.

More recently, transvaginal ultrasound at the beginning of a cycle can be used to count the number of small resting ovarian follicles between 2 to10 mm prior to any stimulation. This "antral follicle count" is a number that can reflect the underlying egg supply and predict a response to ovulation induction with medication. It is a technique that is operator dependent, meaning that a trained sonographer or experienced physician is best able to determine this number. There is variation in cutoffs used by different investigators for norms (6-10 on average). The antral follicle count is also less accurate in predicting outcome in younger patients, below age 35. Ovarian volume has also been studied by ultrasound, but this marker has not proven to be a reliable way to assess ovarian function.

Other correlated testing with fertility treatment includes using a woman's response to gonadotropin drugs, which contain FSH or FSH with LH, in order to assess her ovarian reserve. "EFORT" or exogenous FSH ovarian reserve test is the measurement of baseline cycle day 3 E2 and FSH with repeated estradiol measurement after administration of 300 IU of FSH medication. This may predict high responders to ovarian stimulation, but does not add to the predictive value of the clomid challenge test.

Various combinations of the above tests have been used in the quest to determine individual response and prognosis for a live birth. It is important to distinguish between tests that show the likelihood of recruiting more oocytes and those that predict pregnancy. Sorting out the numbers is all about interpretation and the recognition that these are not absolute numbers.

For the individual patient, the interpretation of any test must be taken in the context of the clinical diagnosis and the actual chronological age of the patient. Normal ovarian reserve testing does not mean that an older patient has a high probability of success, while decreased ovarian reserve testing does not rule out the possibility of pregnancy in a younger patient. Clinical decisions to treat should be made considering the whole picture of a patient's reproductive health.

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- Advanced reproductive technologies
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- Mind/body care and emotional support
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www.BostonIVF.com

Introducing Dr. David Ryley

Boston IVF is pleased to announce the arrival of its newest reproductive endocrinologist, David Ryley, MD.

Dr. Ryley practiced general obstetrics and gynecology at Newton-Wellesley Hospital for 13 years. He has extensive experience in infertility, ovulatory dysfunction, recurrent miscarriage, and reproductive genetics, and is a clinical instructor at Harvard Medical School.

Dr. Ryley sees patients at Boston IVF – The Boston Center. For appointments, call **(617) 735-9000**.

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Call us toll-free at **1-866-DreamDonor** (1-866-373-2636)

Reproductive Age and Tests of Ovarian Reserve

By Grace Lee, MD - Harvard Vanguard Medical Associates, Center for Fertility and Reproductive Health

Female reproductive age is directly associated with fertility, defined as the probability that a single cycle will result in a live birth. The impacts of delayed childbearing and increased chronological age have been studied in the past. Approximate numbers for declining fertility have been derived from groups that do not exercise contraception, such as studies of the Hutterites, or from donor insemination programs in women without known female factors. In the Hutterites, peak fertility occurs during age 20-24. A significant decline begins after age 30 (15-19% lower), while a more dramatic decline occurs at age 35 (26-46%). Donor insemination cumulative pregnancy rates suggest that more cycles are needed to achieve pregnancy with increasing age, and that the probability of a healthy live birth decreases by 3.5% per year after age 30. Pregnancy loss rates also increase with age concurrently with the decline in fertility. The overall conclusion is that on average, an older woman will take longer to achieve pregnancy and have a lower chance of a live birth.

It is important for each woman to know how her reproductive function relates to her chronological age. Most of reproductive aging is attributed to ovarian decline rather than uterine issues. The most important part of assessing fertility is in determining ovarian reserve. Reproductive aging as evidenced by age at menopause is highly variable. The decline in fertility occurs at least ten years prior to complete cessation of menses with variable rates among individuals. This is why testing within age groups is meaningful.

Many of the following common tests have been refined and studied through in vitro fertilization data:

The most common blood tests used to assess fertility potential are baseline levels of estradiol (E2) and follicle stimulating hormone (FSH) on cycle day 3. Both are hormone levels that should be low at the beginning of the cycle if the regulatory pathways between the ovary and pituitary are functional. Low values for both suggest that there is adequate ovarian reserve. Typical abnormal values are estradiol greater than 70-80 pg/ml and FSH greater than 10-15 IU/ml. These values have been studied in IVF data, which show that lower values are associated with a higher chance of oocyte retrieval and live birth. However, the results of these tests are dependent upon laboratory

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standards. The best indicator of an abnormal value is one derived from pregnancy correlations with an individual laboratory's assays.

Occasionally, a cycle day three level of inhibin B may be checked in addition to blood tests for E2 and FSH. Inhibin B is secreted by the developing pool of oocytes from which a dominant follicle is eventually recruited in a normal cycle. Although levels of inhibin B are known to be lower in older women, it is not clear whether the same values can be used to determine the number or quality of developing follicles in younger women.

Even among patients with normal baseline values of estradiol and FSH, there remain subgroups of patients who are more likely to respond to treatment or to achieve pregnancy spontaneously. The best-studied dynamic test is the "clomiphene challenge test," which was initially reported in 1987 and included both fertile as well as infertile groups. On cycle day 3, E2 and FSH are measured in the blood. Subsequently, clomid 100 mg is administered from cycle days 5 to 9. A repeat level of FSH is then obtained on cycle day 10. Abnormal values on either day 3 or day 10 are associated with reduced pregnancy rates, irrespective of age.

More recently, transvaginal ultrasound at the beginning of a cycle can be used to count the number of small resting ovarian follicles between 2 to10 mm prior to any stimulation. This "antral follicle count" is a number that can reflect the underlying egg supply and predict a response to ovulation induction with medication. It is a technique that is operator dependent, meaning that a trained sonographer or experienced physician is best able to determine this number. There is variation in cutoffs used by different investigators for norms (6-10 on average). The antral follicle count is also less accurate in predicting outcome in younger patients, below age 35. Ovarian volume has also been studied by ultrasound, but this marker has not proven to be a reliable way to assess ovarian function.

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Various combinations of the above tests have been used in the quest to determine individual response and prognosis for a live birth. It is important to distinguish between tests that show the likelihood of recruiting more oocytes and those that predict pregnancy. Sorting out the numbers is all about interpretation and the recognition that these are not absolute numbers.

For the individual patient, the interpretation of any test must be taken in the context of the clinical diagnosis and the actual chronological age of the patient. Normal ovarian reserve testing does not mean that an older patient has a high probability of success, while decreased ovarian reserve testing does not rule out the possibility of pregnancy in a younger patient. Clinical decisions to treat should be made considering the whole picture of a patient's reproductive health.

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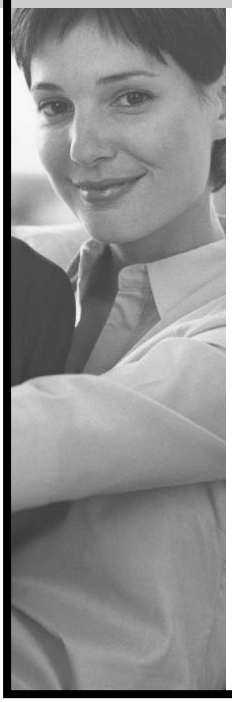

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How Many Is Enough?

Choosing the number of embryos to transfer during assisted reproduction

By Shaun C. Williams, MD - *Board Certified, Reproductive Endocrinology and Infertility,* Connecticut Fertility Associates

The journey through infertility treatments and assisted reproduction at times can seem an overwhelming numbers game. Those participating must comprehend a vast ledger of hormone values, follicle counts, semen parameters, and pregnancy rates, while juggling treatment costs, cycle days, and medication doses. For those undergoing in vitro fertilization, there is an acute focus on egg production followed by fertilization rates, embryo scoring, and cell numbers, all to help achieve the singular goal of a healthy child.

Once all other steps have been accomplished, the embryo transfer presents yet another numerical challenge for both patients and physicians. How many embryos should be replaced to provide the best chance possible for that healthy child? And the key here is a healthy child, as well as parents who are both emotionally and psychologically healthy at the completion of the procedures, whether successful or not. The risk of no embryos implanting resulting in an unsuccessful treatment must be weighed against the risk of too many embryos implanting resulting in a multiple pregnancy. Twins, and especially triplets or more, are at a significant risk of premature delivery causing in many instances neonatal death, or potentially life-long abnormalities such as mental retardation, cerebral palsy, and respiratory difficulties. A single implantation has the highest likelihood of leading to a normal pregnancy, and a healthy child.

Yet we must always remember that despite what we know about biology, we can never completely understand all the processes of life. The most experienced embryologist still cannot know with certainty if a single embryo has what it takes to lead to pregnancy. The process is imperfect, and science is not yet at the point where we can put just one embryo back and know that it will implant and lead to that one healthy child. Yet recommendations for the number of embryos to transfer are not simply relying on random chance, such as the throw of dice, nor do they rely on a single strategy in all instances. Individual characteristics such as embryo quality, the reason for undergoing IVF, prior experiences, and most important, a woman's age must be considered when deciding on how many embryos to transfer.

Our professional society, the American Society for Reproductive Medicine, has developed guidelines for the number of embryos to transfer. These guidelines recommend that for women under age 35, no more than two embryos should be transferred, and consideration for a single embryo transfer should be given for those with the highest likelihood of pregnancy, including those women with multiple high quality embryos, those undergoing the first attempt with IVF, and those in which IVF is overcoming a barrier such as tubal blockage, severe male factor, or anovulation.

For women 35 to 37, no more than three embryos should be transferred, and consideration of transferring two embryos should be given to those with a good prognosis. Between 38 and 40, no more than four embryos should be transferred, again with consideration of transferring three, and for those over the age of 40, no more than five embryos should be transferred. The guidelines also state however, that those having previous unsuccessful IVF cycles, or those with a poorer prognosis, may have additional embryos transferred according to individual circumstances.

Why does age make such a difference? There is a gradual decline in a woman's ability to conceive spontaneously as age increases past 35, with a rapid decline once beyond 40. We see this same trend in IVF cycles. According to the most recent national data from the Centers for Disease Control for 2003, IVF pregnancy rates for those less than 35 were 43%, decreasing to 19 % for those aged 41-42. This decline is generally attributed to a decrease in egg quality, which results in embryos that cannot continue to develop past an early stage. As the ability to test embryos prior to transfer has evolved (preimplantation genetic screening), we see more genetically abnormal embryos as age increases. Some reports have demonstrated that even in women under the age of 35, nearly

Continues on Page 15

2006 - New England Infertility and Family Building Conference

About the Conference

RESOLVE of the Bay State, a chapter of RESOLVE, Inc.: The National Infertility Association, is sponsoring this day-long educational event for the New England region, with over 40 workshops covering all aspects of medical treatment, emotional issues and adoption options.

If you are new to infertility or in the midst of the process and are facing difficult decisions, the volume of information and the range of feelings you must sort through can be overwhelming. This annual conference will provide the information you need in a compassionate context, with people who know what it is like to face this crisis. The conference will help you become an informed consumer of infertility treatment and services, help you meet the challenge of your infertility, and help you make the best possible choices.

The conference also provides family members and friends with a unique opportunity to learn about the infertility crisis faced by their loved ones.

What the Conference Provides

- ☆ Information on state-of-the-art infertility treatments
- ☆ Tools for managing the emotional experience of infertility
- ☆ Resources and information on adoption, donor egg, and other family building options
- ☆ Insight into how others have faced the challenges of infer tility and successfully achieved parenthood
- ☆ Resources for family, friends, and professionals

Keynote Address: "Creating a Sense of Control" with Kristen and Mark Magnacca

Kristen and Mark co-founded Insight Development Group, Inc., a communication consulting firm that helps clients boost performance and reach higher levels of achievement. Kristen is the author of *Girlfriend to Girlfriend: A Fertility Companion* (Authorhouse, 2000) and *Love and Infertility: Survival Strategies for Balancing Infertility, Marriage and Life* (Lifeline Press, 2004). Mark is the author of *The Product Is You* (Authorhouse, 2003). They have appeared together and independently in numerous media outlets including the Today Show, CNN, MTV, The New York Times, Woman's World, ConceiveMagazine, and USAToday. Both Mark and Kristen are national speakers in the field of self-development.

Sponsor Acknowledgements

This event is made possible through the generous support of:

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Continued from Page 1

practitioners, and of course, your peers – all expert in the variety of family building options – I can almost guarantee that one of them will make a lasting impression on you. Some presenters will offer factual information, with slides or overheads, which summarize years of practice in their field – compressed into a one-and-a-half hour session! Others will focus on the options for making new dreams of family and will touch your heart. Whatever the focus of the workshop, all the presenters share a compassionate approach and deep commitment to helping individuals and couples create a family. Be prepared to take lots of notes and ask all your questions, and at least one "gem" will certainly come your way.

Many attendees are moved by conversations with, or hearing from, other attendees or parent panelists. At last year's conference, I sat down for lunch at a table where two couples were deeply engaged in conversation. They were discussing IVF cycles and the ups and downs of the process. The connection they made was meaningful, as they were talking with intense focus, smiling, and even laughing at times! This organization is a big believer in the importance of peer-to-peer support – especially the kind you receive in person. Who else but a peer can truly know, and share, the pains and struggles of your experience? We affirm that sharing with peers can bring deep relief and a sense of being truly understood, at last.

Whatever brings you to our conference, I believe you will come away from the experience and say of at least one of these observations – yes, that happened to me! That is our hope, and our aim, in putting on this conference for you. We want you to leave with new ideas, new insight, and new confidence about choices and options. We believe you will not be alone in finding our conference a "life-changing experience."

SESSION A: 9:15 - 10:45 a.m.

TREATMENT OPTIONS

A-1 Everything You Want to Know About IVF
Review of the IVF process including treatment protocols, interpreting IVF success rates, methods to improve diagnosis and treatment of infertility, and the role of the embryology lab. – Halina Wiczyk, MD, Baystate Reproductive Medicine

A-2 Low Ovarian Reserve and Treatment of Poor Responders
This session covers ovarian reserve, the tests (FSH levels, etc.) that are available to evaluate it, and implications for treatment outcome. Also learn about treatment options and lab findings in the "poor responder." – Serene Srouji, MD, Center for Reproductive Medicine, Brigham and Women's Hospital

A-3 PCOS: Management and Treatment
A review of the causes of and treatments for infertility in polycystic ovarian syndrome (PCOS). – Charles Obasiolu, MD, Chief, Fertility & Reproductive Health, Harvard Vanguard Medical Associates

A-4 Endometriosis, Fibroids, and Infertility
An overview of the medical, surgical, and ART treatments for women with endometriosis and uterine fibroids. – Robert M. Weiss, MD, Director, Reproductive Endocrinology and Infertility, Boston Medical Center; Fertility Centers of New England

INSIGHTS AND INFORMATION

A-5 Legal Aspects of Collaborative Reproduction
Understand the legal and practical aspects of building your family through donor egg, donor sperm, donor embryo, or gestational surrogacy. – Susan L. Crockin, Esq., Private Practice

A-6 Managing Your Health Insurance: What You Should Know about Your Infertility Coverage and the Massachusetts Mandate
Understand insurance products, accessing your benefits, managing an appeal, the Massachusetts mandate, and advocating for yourself. – Marymichele Delaney, Benefits Manager, Harvard University and Principal, Delaney Consulting, and Carol Thompson, Financial Services Manager, Reproductive Science Center

A-7 Strategies for Survival: Balancing Infertility, Marriage, and Life
Learn proven strategies to help you overcome the emotional challenges of infertility, communicate effectively with your spouse or partner, and maintain a sense of control over your lives. – Kristen and Mark Magnacca, Insight Development Group, Inc.

A-8 Practical and Emotional Aspects of Donor Egg
Explore issues to consider when making the decision to pursue donor egg, including considerations for finding and working with the right donor for you. – Susan Levin, LICSW, Reproductive Science Center; Amy Demma JD, Founder and Principal, Prospective Families, and panel of parents

ADOPTION

A-9 Moving from Infertility to Adoption
A discussion about the stages of moving into adoption, from stopping medical treatment through facing the emotional obstacles to considering adoption. – Ellen Glazer, LICSW, Private Practice

A-10 Domestic Independent Adoption: A Growing Trend
Learn about domestic independent adoption and whether you should explore this option. Includes how to build your team: the attorney, facilitator, and marketer. Hear from parents who have used this option. – Marla Allisan, JD, LICSW, Full Circle Adoptions; Betsy Hochberg, LICSW, Director, Adoption Resources, and panel of parents

A-11 Gay Adoption Planning
Gay couples and individuals are able to adopt, both internationally and domestically. Explore resources and options, as well as limitations and issues that GLBT prospective adoptive parents need to consider. – Beverly Baccelli, LICSW, Director, Southeastern Adoption Services

A-12 International Adoption: An Overview
This discussion provides tools for making the decision to adopt internationally and selecting the country/ agency. This session covers the home study, health, emotional and legal risks, costs, timeframes, and more. – Joan Clark, Executive Director, Adoption Community of New England, Inc., and panel of parents

SESSION B: 11:05 - 12:35 p.m.

TREATMENT OPTIONS

B-1 Medical and Emotional Aspects of Donor Egg
A medical review of the donor egg process, cycle success rates, and how to get started, with an overview of the emotional aspects and issues to consider when deciding to pursue donor egg. – Rachel Ashby, MD, Center for Reproductive Medicine, Brigham and Women's Hospital, and Lynn Nichols, LICSW, BCD, Boston IVF

B-2 Infertility Medications: What Are They and Are They Safe?
Learn about medicines used during controlled ovarian stimulation cycles, how they work, monitoring logistics, risks of multiple gestation, and success rates. Discussion includes drug interactions and side effects. – Marcus Jurema MD, Reproductive Medicine and Infertility, Women & Infants' Hospital of Rhode Island

B-3 Adding Complementary Therapies to Your Treatment
This session covers alternative therapies for infertility, including acupuncture, Chinese herbs, massage, and yoga, which enhance your wellbeing and possibly affect infertility treatment outcomes. – George and Eileen DePaula, Root and Branch Oriental Medicine, and Monica Morell, PhD, yoga instructor

B-4 Failed IVF: Is It the Embryo or Is It the Uterus?
This session addresses methods used to carefully evaluate both embryo and uterus to discern the cause of prior failed IVF. – R. Ian Hardy, MD, PhD, Associate Medical Director, Fertility Centers of New England

INSIGHTS AND INFORMATION

B-5 Adoption and Donor Egg: Which Is Right for You?
Discuss issues couples consider when choosing donor egg and/or adoption as a path to parenthood, including existing family composition, and influence of ethnicity, culture, and other factors that affect this decisionmaking process. – Ellen Glazer, LICSW, Private Practice, and panel of parents

B-6 Same Sex Couple Parenting
Support, information, and resources on parenting options and concerns for same sex couples. – Liz Coolidge, LMHC, Coordinator, GLBT Family and Parenting Services, Fenway Community Health Center

B-7 Parents Experiencing Infertility
Explore strategies for coping with the unique challenges and losses, such as feelings of isolation and lack of validation by others, that accompany the experience of secondary infertility. – Holly Simons, PhD, LICSW, Private Practice, and panel of parents

B-8 Infertility Causes Stress, But Does Stress Cause Infertility?
This session presents the research and sorts through the myths about the impact of stress on the reproductive system, and the relationship between distress and infertility treatment outcome. Also learn how to most effectively minimize stress. – Alice D. Domar, PhD, Domar Center for Complementary Health Care, Boston IVF

ADOPTION

B-9 The Experience of the Adopted Child
A discussion of the fears and issues of adoptive parents and their children. – Deb Shrier, MSW, LCSW, Wide Horizons for Children

B-10 Domestic Adoption: An Overview
This session covers getting started, selecting an agency or attorney, the home study, emotional and legal risks, costs, timeframes, issues of agency, and more. – Nancy Rosenhaus, LICSW, Associate Director, Adoptions with Love; Dale Eldridge, LICSW, BCD, Coordinator of Services to Adoptive Parents, Adoption Choices; and Betsy Hochberg, LICSW, Director, Adoption Resources

B-11 How to Decide: Which Country is Right For You?
A discussion about how one decides which country to choose when adopting internationally, including the specific criteria (such as age, marital status, etc.) for adoption specified by various countries. – Dawn Davenport, author, adoptive mother, researcher, attorney

B-12 Blended Families — The Issues and Rewards
Learn how birth and adopted children can happily and successfully mingle in one family, and how the concerns and challenges can be overcome. – Amy Cohen, LICSW, Executive Director, Adoptions with Love, and panel of parents

SESSION C: 1:45 - 3:15 p.m.

TREATMENT OPTIONS

C-1 When Age is a Factor
Learn how the aging process affects fertility, what the treatment options are, and how they should be used in the older patient. – Selwyn Oskowitz, MD, Boston IVF

C-2 From Egg to Embryo: What Happens in the Lab
Discussion of the lab's role in infertility treatments, including techniques that can enhance IVF outcomes, such as blastocyst culture, assisted hatching, and more. – Kathryn Go, PhD, Scientific & Laboratory Director, Reproductive Science Center, and Lynette Scott, PhD, HCLD, Laboratory Director, Fertility Centers of New England

C-3 It's Not Just My Problem, Honey: Infertility Evaluation and Treatment for Men and Women
Evaluation and management of male infertility, including genetic issues, IVF and ICSI, and more, along with evaluation and treatment options for female infertility. – Robert Oates, MD, Dept. of Urology, Boston Medical Center, and Isaac Glatstein, MD, Reproductive Science Center

C-4 New Protocols in IVF
Latest and upcoming treatments for infertility and new techniques in the lab, with specific examples, as well as how to assess whether to pursue these new options. – Claudio Benadiva, MD, IVF Laboratory Director, Center for Advanced Reproductive Services, University of Connecticut

INSIGHTS AND INFORMATION

C-5 Navigating IVF: The Patient's Perspective
Walk through an entire IVF cycle from the patient's perspective, and learn how to plan your life around a cycle, including both the typical process (bloodwork, ultrasounds, injections, etc.) and how to manage the unexpected (such as hyperstimulation, low response to medications, a cancelled cycle). – Adele Kauffman, PhD, Program Psychologist, Reproductive Science Center, and panel of patients

C-6 Roundtable Discussion For Professionals
A facilitated discussion for infertility professionals about what your patients/clients need from you, how to improve communication, and how to better meet their needs. – Andrew Geller, PhD, Clinical Consultant, RESOLVE of the Bay State, Private Practice, and Carol Lesser, NP, Boston IVF

C-7 Donor Egg Discussion Group
A discussion of the issues and concerns about conceiving and parenting through donor egg, including how to talk with family, friends, and your child. – Nancy Docktor, RNCS, Fertility Centers of New England

C-8 Infertility Issues for Single Women
Examine the issues for women who feel they can comfortably and successfully be single mothers, but who are facing the roadblock of infertility. – Merle Bombardieri, LICSW, Wellspring Counseling Center

ADOPTION

C-9 Will This Child Be Mine? Bonding and Attachment in Adoption
Gain an understanding of how bonding and attachment happen in adoptive families, the similarities and differences in parenting by birth and by adoption, and the common fears about loving a child not related by blood. – Lisa Lovett, MSW, LICSW, Clinical Manager, Wide Horizons for Children

C-10 Paths to Successful Adoption — Adoptive Parents Speak
Adoptive parents share their stories about the country of origin and agency they used to bring their children home. – Panel of Adoptive Parents

C-11 Legal Strategies in Domestic Adoption
This session covers the legal issues involved in domestic infant adoption including potential pitfalls. Learn strategies for dealing with instate and outofstate agencies and independent adoptions. – Paula Mackin, Attorney at Law, Private Practice, and Karen Greenberg, Attorney at Law, Konowitz & Greenberg

C-12 Techniques for Grieving Infertility While Adopting
Feeling grief about not having a biological child is normal during the adoption process. Learn techniques for accepting this loss, getting past the hurdle, and having a positive adoption experience. – Deborah Silverstein, LICSW, Focus Counseling, and panel of parents

SESSION D: 3:30 - 4:45 p.m.

TREATMENT OPTIONS

D-1 Medical and Legal Aspects of Donor Egg
An overview of the donor egg process including indications for the use of donor egg, medical protocols, donor selection and screening, recipient preparation, and success rates, along with a review of the legal issues involved in donor egg. – Brian Berger, MD, Medical Director of Donor Egg and Gestational Carrier Program, Boston IVF, and Robert Nichols, Esq., PC, Egg Donation and Surrogacy

D-2 Acupuncture for Infertility
Covers how Chinese medicine can be used along with Western medicine for infertility, and how each person is evaluated and treated, using herbs and/or acupuncture, and the theories behind how these modalities work. – William Mueller, Lic.Ac., Dipl.Ac., Cambridge Health Associates

D-3 Knowing When to Stop Treatment: A Medical and Psychological Perspective
A consideration of the medical and emotional factors that help in deciding when to end infertility treatment and move on to other family building options. – Patricia McShane, MD, Medical Director, Reproductive Science Center, and Merle Bombardieri, LICSW, Wellspring Counseling Center

D-4 PGD: Past, Present, and Future
An explanation of preimplantation genetic diagnosis (PGD), and the benefits, risks, and alternatives associated with this technology, including which patients might benefit from this procedure. – Irene Souter, MD, Massachusetts General Hospital Fertility Center

INSIGHTS AND INFORMATION

D-5 Sex and Intimacy During Infertility
This session addresses how to maintain emotional and sexual intimacy despite the stresses of infertility. – Suki Hanfling MSW, LICSW, AASECT, Founder & Director, The Institute for Sexuality & Intimacy

D-6 Outcomes: The Story from the Other Side
Hear from those who have resolved their infertility through a variety of family building choices including IVF, donor egg, and adoption. – Debra Olshever, LCSW, LMHC, MEd, Adoption Associates, and panel of parents

D-7 For Men Only- A Discussion Group
Meet with other men to discuss experiences, ideas, and strategies for tackling infertility. – Andrew Geller PhD, Clinical Consultant, RESOLVE of the Bay State; Private Practice

D-8 The Power of Contemplation
Learn how to use a mind/body approach, and understand the transformational power of the Relaxation Response and a meditative practice called contemplation, to help you cope with your infertility. – Leslee Kagan NP, CoDirector, Mind/Body Program for Infertility, Mind/Body Medical Institute

ADOPTION

D-9 Medical and Developmental Concerns in International Adoption
This session addresses the health and developmental issues of the internationally adopted child to be aware of when exploring this adoption option. – Laurie Miller, MD, Pediatrician, Floating Hospital for Children

D-10 Domestic or International Adoption: Which is Right For You?
An overview of each of these adoption options to help you decide which choice is right for you. – Elizabeth Swire Falker, Esq., PC, StorkLawyer.com, author, adoptive parent; Sarah Summers, Chair, RESOLVE of the Bay State Adoption Committee, adoptive parent; and Dale Eldridge, LICSW, BCD, Coordinator of Adoptive Parent Services, Adoption Choices

D-11 Talking with Birthparents, Before and After the Adoption
Between your first contact with birthparents and the birth and hopedfor placement of the child, there are many hot topics, difficult questions, and subtleties in how to talk with them. This session provides guidance for having these conversations, so your needs will be met and you can forge the kind of connection that is comfortable for you. – Marla Allisan, JD, LICSW, Full Circle Adoptions; Raquel Woodard, LICSW, BCD, Coordinator of Services to Birth Parents and Children, Adoption Choices, and panel of birthparents

Conference Registration Form

➡ Step 1: Attendee Information

Name #1: _____Name #2: _____

Additional Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

➡ Step 2: Membership

*If you are not yet a member, join now and save on registration fees*___ $55.00 individual or household___ $150.00 professional

➡ Step 3: Registration* - Choose one of the following options:

Standard Registration

RESOLVE Members: ❑ $95 Individual ❑ $175 Couple
Non-members: ❑ $160 Individual ❑ $250 Couple
Family & Friends: ❑ $45 per person for 3rd person

Walk-In Registration — received after 11/8/06 **

RESOLVE Members: ❑ $115 Individual ❑ $195 Couple
Non-members: ❑ $180 Individual ❑ $270 Couple
Family & Friends: ❑ $55 per person for 3rd person

➡ Step 4: Continuing Education Credits (7.2 hours for nurses as established by the MA Board of Nursing; 6.5 hours for social workers as established by the National Association of Social Workers)

❑Nursing ❑Social Work, License #_____ $35 processing fee

➡ Step 5: Payment

Total Fee $ _____

❑Check Enclosed, payable to RESOLVE of the Bay State, Inc.

Credit Card: ❑VISA ❑M/C ❑Amex ❑Discover

Acct. #: _____ Exp. Date: _____

Signature: _____

➡ Step 6: Workshop Selection *(Lunch included with registration.)*

Select only ONE workshop per person in each session.

	Session A	Session B	Session C	Session D
Person 1				
Person 2				

➡ *Step 7: Mail this form with your payment to be received at our office by November 8, 2006.*

TO: RESOLVE of the Bay State, Inc.
395 Totten Pond Road, Suite 403
Waltham, MA 02451

OR Fax this form with credit card information to: 781-890-2249

**Registration fees can be refunded with a written cancellation request received by November 3, 2006. No refunds will be given after that date. Financial assistance is available. Call 781-890-2225 for details.*

*** Lunch is not guaranteed with walk-in registration.*

Continued from Page 10

50% of the embryos created during IVF are abnormal, and this increases to 70-80% for those over the age of 40. So even though an embryo may look normal under the microscope, the potential of that embryo may be very poor.

As age increases, more embryos are transferred knowing that a higher percentage of embryos are abnormal, and the hope is that one of the several can lead to pregnancy. It is true that every embryo transferred can potentially lead to pregnancy, but this scenario is much less likely for some individuals. The risks posed by a twin pregnancy are less than for triplets, but are still considerable. Transferring two good quality embryos in a younger individual produces twins a good deal of the time, and the decision to transfer only one embryo can be made if a twin pregnancy is not desired.

At times, even younger women may produce embryos that are of poorer quality. Each lab has experience with its own grading system and expectations for success with different grades of embryo quality. This too must be considered when deciding how many to transfer, but unfortunately this variable is not known until the actual day of transfer. Additional embryos are typically transferred as embryo quality decreases.

It must always be remembered that this decision is different for each individual, and must be arrived at after thoroughly considering all the information that is available at that moment. Patients should understand the decision-making process leading to the physician's recommendation at the time of transfer, and patients should be comfortable with the final decision as well as the potential outcomes following the embryo transfer. A good dialogue between patients and physician is never more important than at this time.

It may be that in the future we can identify and select the one best embryo that can lead to pregnancy, and eliminate the risk of multiples following IVF. We are not quite there yet. No pregnancy vs. too many—the risk of each outcome leads to a final decision during this most complex process. But the goal of a healthy child with healthy parents at the end of the process must always be kept in mind—while trying to stack the odds in everyone's favor—when deciding how many embryos is enough to reach that goal.

"Moving Forward" after Infertility

By Julie, Member of RESOLVE of the Bay State

My husband and I have been through many years of infertility including six unsuccessful IVF's. Family has always been everything to me and we desperately wanted to start one of our own. Our infertility has left us emotionally, physically and spiritually drained. As a woman, the heartache and "emptiness" I felt on a day-to-day basis is hard to put into words. The isolation just took over the very essence of who I was.

Infertility began to define who I was as a person and became "all consuming" in every aspect of my life. Meanwhile my friends were all getting pregnant and going on with their lives, while I was left to question my purpose and what my future would be like. I have never felt so alone and so "broken" as a woman. I questioned my spiritual beliefs. I didn't understand for a moment why God would do this to us. I experienced every single emotion you can think of, from very deep sadness to extreme anger. I was beyond devastated and felt betrayed by my body for not working the way that it naturally should have.

Through all the treatments it was a struggle every day to just go to work and put on a "happy face," as I work in a salon and take care of clients. It was especially difficult taking care of pregnant clients or clients who would tell me they were newly pregnant. It just hurt **so** much and life didn't seem fair. Every time I found out another attempt at IVF was unsuccessful I felt like I was falling deeper into a big black hole, and it took all of my strength to crawl out of it.

Since then I have realized that yes, life **ISN'T** fair, but I've come to learn it's all about the way we deal with the things life throws at us. Acceptance didn't happen overnight, but as time passed I gradually came to accept that my dream was probably not going to happen. It was the most difficult thing to come to acceptance, but also very healing at the same time. There was a sense of "freedom" for me as well. I still have my bad days, but have worked through the stages of grief thanks to a wonderful therapist who has helped me reach this point.

I believe going through infertility was the worst and most difficult part of my life, but I also believe I came out of it a much stronger and better person. Infertility has changed me in many ways and has changed the way I look at life. I also feel that I have grown from this experience and feel that whatever happens in the future I will be okay because I am strong. Not to say our journey is over; actually in a way I believe it is just beginning.

I feel blessed to have a wonderful, supportive husband who has gone through it all with me. Somehow I believe we will be lead down the right path; it may just be a different path than we had so desperately hoped for. I have learned so much about myself and my marriage through all of this, and I am forever grateful to have a friendship with my husband as well as a strong marriage. We don't know why these things happen but we do know that we've fought this battle with everything we have in us physically, mentally and spiritually.

It is now time for us to "move forward" and look at things from a different perspective. Infertility has taken away too many years and now we are searching for a new path that is right for us. We have no idea what that path will be but we want to continue to "move forward." I consider this journey to be a huge life-altering struggle that can destroy your heart and soul little by little, but in the end I also believe we are all true survivors that can get through the worst and become stronger than we ever imagined.

If you are interested in "moving forward" and meeting people who can truly relate to what you've been through, please contact us.

We would love to meet you. Our names are Julie and Craig. You have just read some of our story about living with infertility. We live in Weymouth on the South Shore and are looking for couples who would like to meet, talk, and maybe even have dinner. Our story is probably much like yours. We have exhausted conventional medical treatments. We are taking a break to reflect and think about things. We know there must be other couples that are in the same circumstance.

We are willing to open up our home to other South Shore couples who may want to meet other people they can talk to, maybe even share some information with. We are looking for couples thinking about what to do next, whether it is donor egg, adoption, or to resolve without children.

If you have any interest in meeting other couples, please call Julie at 781-340-6917 or contact us by email at hall.julie@comcast.net.

My Path to Parenthood (Loss Mentioned)

By Barbara Lynn
Member- RESOLVE of Greater Hartford

I have a tattoo. It's just above my right ankle. It's a pink-and-purple hibiscus, with a yellow center and green leaves surrounding it. There's a small blue butterfly tucked underneath, delicate and fragile. To the casual observer, this might be simply a pretty design. To me, it is a powerful symbol of the pathway that my husband and I traveled on our journey to become parents. What does a tattoo have to do with infertility, or with adoption? Well, maybe nothing – and maybe everything.

I was told, when I was six years old, that I had a chromosomal disorder called Turner Syndrome. As a result, I would never be able to have children. I grew up knowing that I would never experience pregnancy or carry a child inside me. It was just a part of who I was, like my hair color or the shape of my eyes. I was eager to become a mom, though, and I always knew that a child who joined our family through adoption would be ours – not our "adopted child," simply "our child."

When I was 30, I fell in love. It was a fairy-tale romance, and my husband and I were married a year-and-a-half later. We had talked very seriously about adoption in the time leading up to our wedding, but about six months after we were married we learned that IVF with donor egg was an option. I had never planned on having biological children of my own, but the chance to carry a pregnancy was certainly worth trying!

My husband and I jumped on the infertility rollercoaster, and after our initial testing was complete we were quickly matched with an egg donor. We did a mock cycle, settling into a routine of shots and bloodwork and monitoring. Our first "real" cycle, later that year, resulted in a chemical pregnancy, but we were still excited. We had come so close!

We were overjoyed when our second cycle resulted in a pregnancy. Everything was initially going well, but I developed preeclampsia at eighteen weeks. I became very sick, spent weeks on bedrest, and hoped for the best. Our little angel soon stopped growing, however, and sadly left us when I was twenty-two weeks pregnant.

It was an extremely difficult time. We cried, grieved, and eventually started to heal. About eight weeks after our loss, I had the butterfly tattoo done. A butterfly represents a departed soul, or a spirit that has passed. It represents renewal, rebirth, and eternal life. It represents change and transformation and hope. And now, to me, it also represents our lost baby.

A few months later, my husband and I revisited the idea of adoption. We decided to pursue a domestic situation, hoping for a newborn that would be with us from the very start. We selected an agency, completed our application, and finished the mountain of paperwork and visits that went along with our homestudy.

Finally, we were done, and simply in "wait mode." It was November, so we took a deep breath and settled into enjoying the holidays with the thought that it would be quite some time before we heard anything.

Much to our surprise, the phone rang twenty-six days later. We'd been matched with a birthmom! She was due in eleven weeks, and it was a girl! We were so excited that we could hardly breathe! We were scared – okay, terrified – but also cautiously optimistic. I had two or three phone conversations with our birthmom, and truly enjoyed getting to know this remarkable woman. Her courage and determination to do what she felt was best for the unborn baby were inspiring and moved me to tears more than once.

About two weeks before our daughter's due date, my husband and I traveled to Hawaii. Our baby was to be born on the island of Kauai, and we wanted to be there. We got off the plane, after long hours of travel, to find that our birthmom had come to the airport to meet us! Despite being travel-weary and overwhelmed with emotion, it was when I saw her for the first time that I knew everything was going to be just fine. It was a true gift to spend time with her in the days leading up to our little one's arrival.

Continues on Page 18

Continued from Page 17

Soon after, we were in the delivery room for the birth of our baby. We heard her first cries, held her within moments, cut the cord, and brought her home with us the very next day. We remained together in Hawaii for several weeks, until the paperwork was done and we were able to go court for our finalization hearing. My daughter (officially!) and I got on the plane to fly home later that same day, and I remember feeling an amazing sense of peace and calm as the plane started a final descent into Logan just as the sun's first rays slanted into the cabin and lighted up my sweet girl's face. We were finally home.

We were soon surrounded by family and friends, and began the fun chaos of settling into life as a newly expanded family. We received the final adoption decree in the mail a month after returning home, and now have that day marked on our calendar to celebrate each year. Actually, we seem to have many days to celebrate this year!

Were there scary moments along the way? Of course. Did things go just as planned? Well, for the most part – there were some bumps along the way. But I do know this: the last thing I did, before leaving Hawaii with our little miracle, was to have the hibiscus tattoo added to the butterfly on my ankle in honor of our little aloha girl.

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ADOPTING ACROSS STATE LINES?
By Barbara Burford, President
Connecticut Council on Adoption

Adoption in 2006 is far different than it was even five years ago. Birthparents who wish to make an adoption plan for their unborn or newborn child often choose agencies that allow them to select a prospective adoptive family to adopt their baby, usually through non-identifying profiles. Matches are being made through these agencies found on the internet. Often, the parties are in different states. While this expands the options for everyone involved, it also complicates the placement process because adoption laws are different in every state. This article will clarify some of the issues unique to Connecticut families adopting from other states.

Connecticut is an "agency state," meaning that non-related adoption placements must be made by child-placing agencies licensed or approved to place in Connecticut. To obtain a list of licensed Connecticut agencies, go to www.state.ct.us/dcf. Click on DCF Licensed Facilities, then click on Child-Placing Agencies.

Private or independent adoptions are not lawful in Connecticut. However, "identified adoptions" are allowed. Simply put, identified adoptions are matches made between birth and adoptive families before child-placing agency involvement, but then follow guidelines put forth in DCF Regulations. These regulations govern the home study, payments made for birth parent expenses, payments made for "locating" a child, etc. Families should receive copies of the regulations through their home study agency.

The CT Council on Adoption has formed an ad hoc committee to review the identified adoption regulations in response to changes in the adoption field, particularly with the use of the internet.

Steps to Out-of-State Infant Adoptions

1. Locate a licensed CT adoption agency to do your homestudy.
2. Familiarize yourself with the CT identified adoption regulations.
3. Locate an out-of-state child-placing agency.
4. Make sure the out-of-state agency is currently approved by DCF to place children into Connecticut. *
5. Maintain contact with your Connecticut agency.
6. Following the match and birth, the out-of-state agency completes steps to legally free the child for adoption.
7. The out-of-state agency completes the Interstate Compact** packet.
8. Expect to remain out-of-state up to two weeks after the baby's birth.
9. Post-placement supervision by your home study agency will be required for about 6-9 months before finalization.

*State of Connecticut Department of Children and Families ("DCF"), Division of Administrative Law and Policy, 505 Hudson St., Hartford, CT 06106, phone (860) 550-6306.

** All children placed into CT from another state **must first** be referred to the Interstate Compact Office, a unit within DCF at 505 Hudson St., Hartford, CT 06106, (860) 550-6469. This is state and federal law and protects the rights of children and the citizens of Connecticut. "Checklists" for the required documents are available to agencies.

Professional Members

RESOLVE of Greater Hartford would like to Acknowledge the support of the following Professional Members:

Linda Chaffkin, MD

Beth Cooper, PHD

Matthew G. Ely, MD

Andrea Gendrachi

Richard Kates, MD

Donald Maier, MD

Center for Advanced Reproductive Services

Donations - In Support of Those Touched by Infertility

RESOLVE of the Bay State wishes to acknowledge and thank all those who have generously made donations during the last quarter. RESOLVE of the Bay State and RESOLVE of Greater Hartford are licensed 501(c)(3) non-profit organizations and eligible for matching funds from employers.

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Non-RESOLVE Programs

The following programs may be of interest to RESOLVE members. A listing does not consitute an endorsement by RESOLVE. See page 23 for advertising and editorial policies. DEADLINE for Fall: August 7, 2006

Premature Ovarian Failure Group

Premature ovarian failure represents a dual diagnosis of infertility and menopause, a very difficult combination for many patients. If you are interested in meeting others with this diagnosis to discuss coping strategies and mutual concerns related to body image, relationships, welf-esteem, sexuality, and exploring options of building a family, please contact:

Alma R. Berson, PhD, LICSW
at 617-876-1355

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Adoption Choices offers individual adoption consultations *free of charge* to people who are exploring adoption as a way to build their family.

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- Specific steps toward a successful placement
- Emotional, legal, and financial issues inherent in adoption

Appointments are scheduled at your convenience at our Framingham office.

Please call or send e-mail to:
Dale Eldridge, Coordinator of
Adoptive Parent Services
508-875-3100 or 1-800-872-5232
deldridge@jfsmw.org

Adoptions with Love, Inc.
188 Needham Street, Newton, MA

Adoptions with Love, Inc., is a non-profit, independent, FULL SERVICE adoption agency placing domestic newborn infants for over 18 years. With our extensive experience, we are committed to helping inquiring couples become successful adoptive parents in less than one year. **We offer free consultations with a staff social worker.**

Please call to learn more about Adoptions with Love's program. 617-964-4357 - www.adoptionswithlove.org

Adoption Resources Information Meeting

Adoption Resources, a non-profit agency for more than 130 years, invites prospective adoptive parents to our Informational meetings. We offer a range of placement programs, including parent identified , and international. Meetings are free and held in our office at 1430 Main Street, Waltham.

For more information or to register, please call 617-332-2218 or 800-533-4346

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Non-RESOLVE Programs, Cont.

The following programs may be of interest to RESOLVE members. A listing does not consitute an endorsement by RESOLVE. See page 23 for advertising and editorial policies. DEADLINE for Fall, August 7, 2006

ODS Adoption Community of New England, Inc.

If you think adoption might be in your future, learn all you can about it from the experts. ODS ACONE has been providing information and support about adoption since 1967. It is one of the oldest non-profit adoption support organizations in the country. ODS ACONE sponsors the Annual New England Adoption Conference, recognized nationally for its comprehensive coverage of all adoption issues. ODS ACONE offers half-day seminars throughout the year, which give the complete overview of all the adoption options. There are also baby-care classes for soon-to-be adoptive parents, with life-like dolls for hands-on practice.

To learn details of program offerings, as well as dates and registration information, contact ODS ACONE at 1-508-429-4260 or www.odsacone.org

In Vitro Fertilization Informational Sessions for Patients in Connecticut

The Center for Advanced Reproductive Services at the University of Connecticut presents informative programs on infertility, and specifically, in vitro fertilization (IVF). The programs are led by experts in the field of reproductive endocrinology, Dr. John Nulsen, Dr. Donald Maier, Dr. Claudio Benadiva or Dr. David Schmidt. They include an in-depth explanation of the IVF process including a discussion on emotional issues, as well as options for financial planning.

Pre-registration is required. For more information, dates and times, directions, and to register, please call **860.679.4580** or go to our website at **www.uconnfertility.com**.

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The Center for Advanced Reproductive Services

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Newsletter Policies and Chapter Leaders

Contact Information

This Newsletter is published quarterly with a circulation of approximately 1,400.

Send all Correspondence to:
RESOLVE of the Bay State
395 Totten Pond Rd, Ste 403
Waltham, MA 02451

E-mail: Admin@resolveofthebaystate.org
Phone: 781-890-2225
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This Newsletter accepts paid advertisements. Advertisements submitted must be size and camera ready and must be approved by the Editor. Please call 781-890-2225 for rate and size information. We limit our paid advertisements and will accept them on a first-come, first-served basis. We also accept announcements of upcoming events for inclusion in the Non-RESOLVE Programs section, and Requests for Contact ads from those conducting research studies.

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Please contact your local chapter if you are interested in becoming a volunteer

Editorial Policy

This newsletter is primarily a vehicle for local news, events, and articles of interest. Members are encouraged to submit comments and articles. The editor reserves the right to edit all submissions.

Newsletter Submission Deadlines

Fall 2006	August 7, 2006
Winter 2007	November 6, 2006
Spring 2007	February 5, 2007

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Ask the RE

What can be done to lower FSH?

By August C. Olivar, M.D.
Director of the Center for Advanced Reproductive Services, Hartford Division
Professor of Obstetrics & Gynecology, University of Connecticut School of Medicine

Follicle Stimulating Hormone (FSH) is one of the pituitary hormones responsible for the growth and maturation of ovarian follicles during the menstrual cycle in women of reproductive age.

The secretion of this hormone is controlled by the production of estrogens (mainly Estradiol) and a peptide (Inhibin), both produced by the ovaries. This control is called negative feedback, thus, when the production of these two factors is low (menopause, premature ovarian failure, ovarian surgery, removal of the ovaries, etc.) the FSH is high.

In approximately 1% of patients, menopause can occur before 40 years of age.[1] This event can occur due to significant decrease or absence of primordial follicles in the ovaries (premature menopause) or to resistance of those follicles to FSH (Resistant ovarian syndrome or Savage syndrome).

In some cases of Savage syndrome, FSH can be decreased by taking estrogens and progestins. This event may last several months or years and spontaneous or induced ovulation may occur in some few cases, leading to pregnancy.[2]

[3] Coulam CB: The prevalence of autoimmune disorders among patients with primary ovarian failure. Am Reprod Immunol 1983; 4:63-6
[4] Olivar AC: The role of laparoscopic ovarian biopsy in the management of premature gonadal failure. Conn Medicine 1996; 60: 707-708

It is better to do 1 or 2 inseminations for an IUI cycle?

By John C. Nulsen, MD
Director, The Center for Advanced Reproductive Services
University of Connecticut Health Center

A number of studies, including investigations performed at our center, have demonstrated that the utilization of intrauterine inseminations (IUI) in combination with ovulation induction using either clomiphene citrate or gonadotropin therapy is effective in overcoming various causes of infertility including unexplained infertility, infertility associated with minimal to mild endometriosis, and minimal to mild male factor disease. Presumably the increase in concentration of both sperm and eggs within the female reproductive system results in an enhancement in fertility.

A number of studies have attempted to determine the best time to perform IUIs and the number of IUIs to perform after a spontaneous surge, as detected utilizing an over-the-counter ovulation predictor kit or after triggering ovulation with an injection (hCG). There are currently at least four randomized, prospective studies that have attempted to determine if one appropriately timed IUI is as effective as two IUIs. In the patients receiving a single insemination, IUIs were typically performed 34-35 hours after detection of the LH surge or administration of hCG. In patients receiving two inseminations, IUIs were typically performed 12-19 hours and 34-43 hours after LH surge detection or hCG administration. Two studies demonstrated increased pregnancy rates with two inseminations, while two other studies demonstrated no increased pregnancy rates in patients receiving one vs. two inseminations. Unfortunately there are design flaws in each of these studies, such as enrolling small numbers of patients in both the control and study groups or including multiple cycles from the same patient and treating each cycle as an independent event. These flaws would lead most statisticians to question the validity of the conclusions drawn from these investigations.

So what can we say about the value of one vs. two inseminations for patients undergoing ovulation induction? Unfortunately there is no data that unequivocally demonstrates superior pregnancy rates for patients undergoing two IUIs compared to patients undergoing one IUI. What is for certain is that the cost of doing two IUIs is twice that of doing one IUI, and yet there is no guarantee of higher pregnancy rates. Therefore, until more conclusive data is available, it seems prudent to recommend only one appropriately timed IUI per cycle.

If you have a question you would like to submit please e-mail it to info@resolveofgreaterhartford.com.

(Footnotes)