

The Secret Club Project: Understanding Pregnancy Loss through the Arts

By Valerie Hays

Laura Seftel, a certified creative arts therapist and licensed mental health counselor, found that creative expression was the best way for her to navigate through the grief of her 1993 miscarriage. In 2000, she received a grant for starting the Secret Club Project: a community of artists exhibiting works that portray the theme of pregnancy loss. What began in Northampton, Massachusetts with a group of nine artists now includes the award-winning art of over forty-five artists from around the world. Many of these artists presented archived work that had been created at the time of a loss, and others created art specifically for the Secret Club.

While miscarriage is represented most frequently in the artwork, the project aims to be inclusive in addressing all areas of what Seftel refers to as a "spectrum of losses," which includes failed fertility treatments, stillbirth, molar pregnancy, ectopic pregnancy, loss in multiple gestation pregnancy, abortion, and other losses that are not easily labeled. The Secret Club Project continues to expand today, as Seftel does slide presentations all around the United States. Seftel will be presenting for RESOLVE of the Bay State at a program in 2008.

The project has two missions: first, to educate and to sensitize communities to the hidden losses of so many families, and second, to validate women's and men's feelings by representing their experiences artistically. Seftel refers to the grief of pregnancy loss as "disenfranchised grief" or "underground grief" — one that is not easily acknowledged or spoken of.

Continues on page 6

The RESOLVE Fertility Treatment, Donor Egg, and Adoption Conference Moving through Infertility: Learning Options, Making Choices

Offering nearly 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,
"Finding Your Inner Strength"

Saturday, October 27, 2007

8:30 a.m.–5:00 p.m.

Best Western Royal Plaza Hotel
Marlborough, MA

See Pages xx-xx for complete details.

QUARTERLY NEWSLETTER

FALL 2007

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EDUCATIONAL PROGRAMS FALL 2007

- Adding Complementary Therapies to Your Infertility Treatment
- Adoption Options: Lessons Learned Along the Way

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 Call-in Hours — 781-890-2225, for assistance with your insurance problems. Check our website or this newsletter for scheduled hours.

Educational Programs — varied monthly presentations by experts in the fields of infertility, donor egg, 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 resolvetadvocacy@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.

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 — National RESOLVE's comprehensive website: www.resolve.org

RESOLVE EDUCATIONAL PROGRAMS

RESOLVE of the Bay State is pleased to announce our SUMMER 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

Choosing an Egg Donor

With Ellen Glazer, LICSW, Private Practice

This workshop is for individuals and couples who face what is for most an unexpected task: identifying an egg donor. It will focus on the process of decision making, looking at such questions as:

- How important is it that the donor looks like me?
- How important is it that the donor shares my ethnicity?
- Should we look for woman who has donated before or someone who has never donated and does not anticipate donating again?
- Should we look only at women who are moms, women over or under a certain age, or women who share our interests?
- What about health history and mental health history?

The goal of this workshop is to help participants gain greater clarity about what is important to **them**. The workshop will NOT attempt to give people a guidebook or crib sheet to decision making, but rather, to help attendees identify their priorities. The workshop will NOT discuss specific donor agencies, but will address some of the characteristics of desirable programs.

About the presenter: Ellen Glazer is a therapist and author of several books. She offers private counseling on infertility and decision making on other family building options such as egg donation and adoption. Her most recently authored and acclaimed book is *Having Your Baby Through Egg Donation*.

Where: First Unitarian Church of Newton in the Alliance Room, 1326 Washington Street, West Newton, MA

When: Wednesday, December 12, 2007, 7:00 – 9:00 p.m.

Massachusetts Insurance

Call-in Hours:

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

Insurance Call-in on Tuesdays,
DATES TO COME
7:30–8:30 p.m.

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.

Professionally Led Support Groups

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

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 860-523-8337 or email info@resolveofgreaterhartford.org

BAY STATE – PEER DISCUSSION GROUPS – GENERAL INFERTILITY

| | |
|---|---|
| <p style="text-align: center;">Waltham</p> <p>RESOLVE office, 395 Totten Pond Road, Ste 403 Tuesdays, 7:00–9:00 p.m. October 9, November 13, and December 11</p> | <p style="text-align: center;">Stoughton</p> <p>Whole Person Health, 294 Pleasant St (Rte 139) Thursdays, 7:00 – 9:00 p.m. October 18, November 15, and December 13</p> |
| <p style="text-align: center;">Amherst</p> <p>The Arbors at Amherst, 130 University Drive Wednesdays, 7:00–9:00 p.m., October 3, November 7, and December 5</p> | <p style="text-align: center;">Worcester</p> <p>Tatnuck Park at Worcester, 340 May St. Tuesdays, 7:00–8:00 p.m. October 23, November 27, and December 18</p> |
| <p style="text-align: center;">Warwick, RI</p> <p>Diversified Resources, 70 Jefferson Blvd., 2nd floor Wednesdays, 6:00–8:00 p.m. October 31, November 28, and December 19</p> | <p style="text-align: center;">NEW! Lebanon, NH</p> <p>Women’s Health Resource Center, on the Lebanon Mall Saturdays, October 20 and November 17 9:30–11:00 a.m.</p> |

CONNECTICUT – PEER DISCUSSION GROUPS – GENERAL INFERTILITY

| | |
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| <p style="text-align: center;">Farmington Area held on the 3rd Thursday of every month</p> <p>University of Connecticut Health Center / Dowling South Building, 2nd Floor ‘Education’ Room 263 Farmington Avenue Thursdays, 7:00 p.m. July 19, August 16 and September 20</p> | <p style="text-align: center;">Suffield CT/Springfield, MA Area held on the 3rd Tuesday of every month</p> <p>Suffield, CT “Kent” Library, Art Gallery Room 50 North Main St., Suffield, CT (just two miles from MA border) Tuesdays, 7:00 p.m. July 17 and September 25 (fourth Tuesday)</p> |
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MASSACHUSETTS – PEER DISCUSSION GROUPS – TOPIC-ORIENTED

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

| | |
|---|--|
| <p style="text-align: center;">Pregnancy Loss Discussion Group</p> <p>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.</p> <p style="text-align: center;">Wednesdays October 17 and December 5 7:00–9:00 p.m.</p> | <p style="text-align: center;">Donor Egg Discussion Group</p> <p>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.</p> <p style="text-align: center;">Mondays xxxx xxxxxx 7:00–9:00 p.m.</p> |
| <p style="text-align: center;">Adoption Discussion Group</p> <p>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.</p> <p style="text-align: center;">Thursdays October 11 and December 6 7:00–9:00 p.m.</p> | <p style="text-align: center;">Secondary Infertility Discussion Group</p> <p>Coping with infertility while parenting? The struggles and frustrations of secondary infertility are unique. Join others who understand the challenges.</p> <p style="text-align: center;">Tuesdays October 30 and December 18 7:00–9:00 p.m.</p> |

HOW DO YOU KNOW AN IVF PROGRAM IS GOOD?

How Do You Know an IVF Program is Good?

By Michael Alper, MD

Medical Director – Boston IVF

Associate Clinical Professor OBGYN – Harvard Medical School

You have been trying to have a baby for some time and have determined that you need infertility treatment. Your doctor recommends In Vitro Fertilization (IVF). You did not expect to be in this position. You like your doctor, but how do you know the IVF program that is recommended is a good one? After all, it is an important phase of your life and you do not have an infinite number of tries at the treatment. So, how do you determine that a particular IVF program is good and the right one for you?

Most cities have more than one IVF program to choose from and there are often other programs in adjacent cities. It is not uncommon for centers to market themselves – some have better websites and marketing campaigns than others. One never judges a book by its cover, right?

Then how do you know what is really the best program to go to? Here is a “checklist” that I believe is important to consider:

• Reputation

Like any service and product, reputation within the community is important. It is unlikely that a medical group can maintain a good reputation if it does not treat patients well and has not gained respect within the medical community. Nurses are particularly good references for physicians as they work with them closely. Ask around and get advice.

• Longevity

An IVF center that has been in practice for years is experienced and experience matters in medicine. Also, look at the staff – if they have been there for some time, then that says something about how they treat their employees. If they treat employees well, they likely treat patients well also!

• Credentials

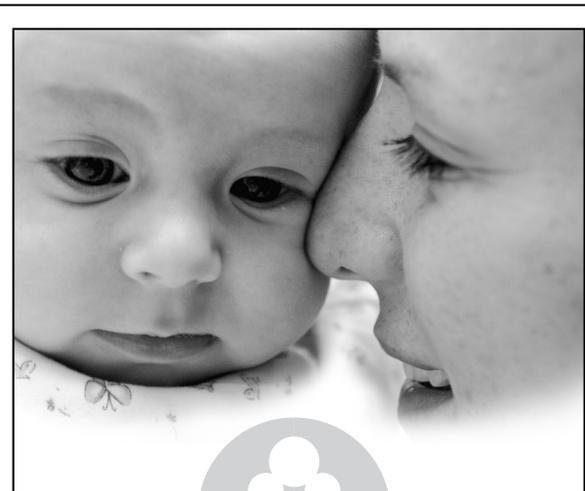
Make sure that your doctor is a bone fide reproductive endocrinologist with appropriate fellowship/subspecialty training. Board certification by the American Board of Medical Specialties is another method to assure that the physician has met appropriate standards. Medical school, residency and subspecialty training do shed some light on the education and standing of the physician since training in top-notch institutions is quite competitive.

Although the credentials of the physicians are important, the credentials of the IVF program itself are vital also. They should be accredited by the American Society of Reproductive Medicine (ASRM), CLIA (federal authorities), and other regulatory bodies. My personal bias is that an IVF Program should have a Quality Management system in place such as the International Standards Organization (ISO), but this is rare in North America.

• Size

In medicine, size may matter. The larger IVF programs usually get large because they have a good reputation and have met the needs of their patients. Most large IVF programs are good for a good

continues on page 7



A Personal Look at Your Fertility Care

When it comes to helping you become a parent, Boston IVF believes in a personal approach. We call it your Signature Success.™ It's part of the individual attention that creates the best fertility experience.

Your Personal Care Team

Your team includes a doctor, nurses, and a counselor, all dedicated to your fertility care.

Your Optimal Care

Your Harvard-affiliated medical team uses the most advanced reproductive technologies and takes on complicated cases that other fertility centers can't or won't consider.

Your Total Well-being

The Domar Center for Complementary Healthcare integrates acupuncture, mind/body programs, massage, and nutrition counseling with your fertility treatment.

Your Best Fertility Experience

Boston IVF recently celebrated our 20th anniversary and nearly 20,000 babies born to our patients. We're proud to be America's most experienced fertility provider.



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Continued from page 1



Dream – mixed media
Brenda Phillips
Plainfield NH

In 1990, I lost another baby and went to my studio explicitly to express my grief. I did a whole series of sketches using ink, black, white and gold paint on brown paper trying to work through the pain. My hope is that others who have lost babies will feel some comfort seeing images that capture the reality and the pain of the experience.

By introducing the public to the project, she seeks to develop awareness and a sense of compassion among doctors, nurses, midwives, social workers, and all those who may be able to help families through these traumatic experiences. This kind of support is especially important for loss survivors who often feel misunderstood by medical professionals, friends, and family. It is Seftel's hope that society will become more compassionate as they develop a better understanding of these kinds of losses.

The project also aims to help pregnancy loss survivors feel less lonely during their grieving. "It's so validating to realize: I'm not alone, I'm not going crazy, and

nothing is wrong with me [for experiencing such intense feelings]," Seftel says. The project helps to acknowledge the fact that it is normal to be a changed person after experiencing a truly profound loss.

Because society has no established rituals to mark pregnancy loss, creating art can be especially helpful to integrate the loss into one's life. "This kind of grief is so challenging to describe with words; the arts can help turn an invisible loss into a visible one. It's a way for women to communicate with others and with themselves," Seftel explains. She terms the grieving after a pregnancy loss "body grief" — a physical grief that involves body changes, hormone fluctuations, and other physical manifestations of depression and anxiety. The act of making art can begin to relieve the body of some of its grief by transforming the grieving process from something passive to something more active. The loss can become memorialized in a tangible way, and the healing can begin.

Seftel has also written a book, *Grief Unseen: Healing Pregnancy Loss through the Arts*, which can serve as both a guide for medical and mental health care practitioners and as a self-help book for sufferers of pregnancy loss. The book describes the grief associated with specific types of loss and explains how the arts can be such a useful form of therapy. It includes images from the visual arts, writings, poetry, and references to song lyrics, literature, theater, and film.

Seftel gives a historical and cultural account of pregnancy loss and its representation in the art world. She writes, "No matter what the expressive medium, when we give form to this invisible grief, even if it is difficult to gaze upon, these images invite us beyond the state of overwhelming or

frozen emotions. And if we put forth our images and tell our true stories, we break the isolation that too often surrounds us when we need connections the most." (p. 173–174) At the end of the book Seftel suggests creative activities, rituals, and memorials for specific issues around loss. It is a comprehensive, detailed resource for therapists, and a compassionate guide for survivors of pregnancy loss.

For more information on the Secret Club Project or to learn how to submit a work of art, visit Seftel's website, www.secretclubproject.org.



Untitled – oil on paper
Laura Seftel
Northampton, MA

Like many pieces in my artwork about my miscarriage, this painting reflects an internal bodily experience of loss. This piece remains beyond spoken language for me. I was never able to title it. Seeing how images of my pregnancy loss flooded my artwork inspired me to seek out other women artists. I wanted to know if others were using art to express their pain, confusion, anger and isolation following their own losses.



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Continued from page 5

reason. If there are several IVF programs in a given community, the competition usually raises the bar and service may be better than a program that is the sole infertility provider in a community. So, beware also — you do not want to go to a larger program where you are just a number and do not receive the personal attention that you deserve. Also, some smaller programs may be very good.

• Research and Teaching

An IVF program that does research and teaches medical students and doctors in training is an important asset. If a program is training the young specialists for the future, it often means that they have bright and creative talent to perform this function. If the IVF center has a fellowship program and is responsible and accredited to train fertility specialists, then that raises the bar even further. Having such training programs keeps the IVF program more transparent compared to a program that is solely owned with little oversight.

• Publications

If the IVF staff publishes in peer-reviewed journals, there is a good chance that they are cutting-edge in their thinking. It takes time and energy to write medical articles and books.

• Paramedical Support

Patients may like their doctor but have difficulty with an administrative or other support area. This can lead to extreme frustration and disappointment with the program's performance. Secretaries and receptionists must work well with doctors and nurses in making the IVF experience a good one.

• Pregnancy Rates

Unfortunately, some IVF programs market their pregnancy rates making the uninformed patient think that the better pregnancy rate is associated with better quality. This practice is regrettable since IVF programs know how to have high pregnancy rates — replace too many embryos, discourage patients with lower chances of success from undergoing IVF, rushing patients to IVF before considering simpler alternatives first, etc.

The overall pregnancy rate in a particular age group of an IVF program is often totally irrelevant to you. What is important is to know what your expectation is for having a baby given your age and diagnosis in that particular IVF center. Unfortunately, there are no published data to make this comparison so you must ask your doctor directly for this data (if it is available).

• Beware of Slickness and Unrealistic Promises

Couples going through infertility are desperate at times and vulnerable. Beware of IVF programs that have guarantees or make suggestions that you are definitely going to be successful. There are no guarantees in medicine, and IVF has its risks and rewards. No one has a magical trick. Look for a physician who gives you an honest and balanced view of your condition and prognosis.

• Emotional Support

Many couples discontinue IVF treatment before the treatment has had an opportunity to work. The most common reason for this is emotional stress. Other treatments such as acupuncture and mind-body may also help patients cope with stress and, in some opinions, improve pregnancy rates with treatment. Therefore, it is important for the medical staff to offer both psychological support and ancillary services.

• Manage your Expectations

It is common to want to hear what you want to hear from a physician. Patients will often seek opinions from multiple physicians until they hear the opinion they want to get. Be realistic. If everyone says something similar, there may be something to it. It is always important to be hopeful and optimistic and to hold onto this in a realistic way is good. But have a plan and a back-up plan with your doctor.

References:

- Alper MM et al: Is your IVF Program Good? *Human Reprod* (2002) 17: 8–10
 Alper MM: IVF Outcomes — why doesn't anyone get it? *Fertil Steril* (2004) 81:514–516

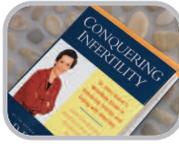


Mind/Body Weekend Retreat for Infertility

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authority in mind/body medicine

This program will help you reduce stress related to infertility and learn new lifestyle habits that will enhance fertility. **Decreasing stress levels has been shown to increase pregnancy rates.**

Alice D. Domar, Ph.D. author of the book *Conquering Infertility*, has conducted ground-breaking work in the infertility field, specializing in the relationship between stress and infertility and creating innovative programs to





help women manage stress while increasing their fertility treatment success rates. Please join Dr. Domar and her select group of colleagues for this informative and life-changing retreat.

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Choosing an Adoption Agency

By Dale Eldridge, LICSW, BCD

For many people, the initial trips to an adoption agency are marked by feelings of sad resignation. Most prospective parents have grown up in our culture with the dream of finding their life partner and giving birth to children. While many exceptions exist, most people become adoptive parents following the loss of that long held dream. Either infertility, the lack of a suitable partner or both generally lead to this loss. The impact varies for different people, but as with any significant loss it is usually important to take time to grieve before moving into the next steps. Exploring adoption agencies is one effective way to decide on the most appropriate next steps. Some people will ultimately decide to live childfree or to pursue donor egg or surrogacy. Many others will go on to adopt. To make a well-informed decision, it is a good idea to gather reliable information about your options. Then you can better assess how well each option will fit your altered life plan.

Assessing adoption options can feel very daunting. There are a variety of decisions to make: infant or older child; international or domestic adoption; public or private agency; traditional agency placement or parent identified adoption. And that is just the beginning! Ultimately, you need to reflect carefully to decide how flexible you can be (or can become) about issues of openness in adoption, the child's ethnic background, medical history and the degree of legal risk you find tolerable. The decisions you make will be highly personal ones. No one can dictate how open or flexible you should be about any of these issues. Your ideas will evolve over time, and hopefully, the agency you select will become a resource for you, educating you about your choices, respecting your views and supporting your evolving decisions.

There is good news and bad news about adopting as a resident of Massachusetts, one of the few remaining "agency states." Only

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- Polycystic ovary
- PMS
- Miscarriage
- High FSH level
- Poor egg quality
- Stress

FOR MEN

- Low sperm count
- Low sperm motility



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licensed adoption agencies are permitted to facilitate adoptions in this state. In most other states, private adoptions are generally facilitated by attorneys, who are not subject to the clinical and ethical practice standards that govern agencies. The good news is that the agency affords you a level of protection not generally built into the process in most states, where adoption practice is largely unregulated, and there are lots of agencies to choose from. The bad news is that there are lots of agencies to choose from. This can feel a bit bewildering when one is trying to narrow the options.

In assessing the suitability of an agency, there are objective and subjective issues to consider. It is very important to determine the level of staff experience and expertise by asking questions about the staff's credentials as well as the overall history of the program. Speak with someone at the Massachusetts Office of Early Education and Care to see if any complaints have been lodged against an agency you are considering. Checking client references is a good way to learn about how it felt to work with a particular agency. Choose a program where you feel the staff is knowledgeable, competent, attentive, and accessible.

An agency's overall philosophy will also be important to you. For example, some agencies are more progressive and inclusive than others. What are the agency expectations about age, single parenting or sexual orientation? The amount of education for pre-adoptive parents is an indicator of the agency's commitment to helping clients become the best adoptive parents they can be. It also reflects the agency's commitment to children, as they are the ones who benefit from parent preparation. Post-adoptive parenting support is another indicator of agency values.

In the beginning, if you know what type of adoption you want to pursue, that helps narrow your options. Some agencies only facilitate domestic adoptions. Others only work with international adoptions, and some provide both services. Many people do not make that determination until they are engaged in the home study process, and for them it is important to work with an agency that offers both types of adoptions.

Within the field of international adoptions, some agencies have their own overseas programs. Others work in partnership with outside international placement agencies. There are advantages and disadvantages to both approaches, and it is helpful to learn about them to decide the best approach for you.

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The RESOLVE Fertility Treatment, Donor Egg, and Adoption Conference

Saturday, October 27, 2007
Best Western Royal Plaza Hotel
Marlborough, MA

Moving through Infertility: *Learning Options, Making Choices*

About the Annual Conference

RESOLVE of the Bay State is sponsoring this day-long educational event for the New England region, with nearly 40 workshops covering all aspects of medical treatment, emotional issues, donor egg, 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 family building services, help you meet the challenge of your infertility, and help you make the best possible choices.

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 infertility and successfully achieved parenthood
- ☆ Resources for family, friends, and professionals

ABOUT THE KEYNOTE SPEAKERS

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, Conceive Magazine, and USA Today. Both Mark and Kristen are national speakers in the field of self-development.

Why You Should Attend Our Conference

By Rebecca Lubens

Executive Director, RESOLVE of the Bay State

We have often been told that going to our annual conference is a "life-changing experience." Sounds like an extreme claim, doesn't it? So I'd like to suggest why you are likely to feel the same way about attending:

Many participants have never before seen – in one place, at one time — so many people who also struggle with infertility. At 7:45 a.m. on Nov. 12th last year, attendees began to arrive at the conference center, at first in trickles and then in hordes. They gathered in the ballroom to hear the keynote address — all 200+ strong. Dispersing to the breakout meeting rooms, they passed each other in the hall and met in smaller groups for the presentations. They gathered again for lunch, chatting in the buffet line and at the lunch tables. In every workshop, attendees met others like themselves who were travelers on the same journey — searching for information, for hope, and for resolution to their infertility.

Many participants are deeply touched, or usefully informed, by one (or more) of the presenters. With 40 workshops, and presenters including reproductive endocrinologists, embryologists, social workers, lawyers, nurses, attorneys, psychologists, and of course, your peers — all expert in the many 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 their focus, 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 participants 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?

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

SESSION A: 9:00–10:30 AM

SESSION B: 11:00 AM–12:30 PM

SESSION C: 1:45–3:00 PM

TREATMENT OPTIONS

A-1 Everything You Want to Know About IVF

For patients relatively new to IVF, a review of the IVF process including treatment protocols, medications, interpreting IVF success rates, methods to improve diagnosis and treatment of infertility, and the role and techniques of the embryology lab. – *Daniel Grow, MD, Chief, Baystate Reproductive Medicine, and Catherine Racowsky, PhD, HCLD, Director, IVF Lab, Center for Reproductive Medicine, Brigham and Women’s Hospital*

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.” – *Samuel Pang, MD, Medical Director, Reproductive Science Center*

A-3 PCOS: Management and Treatment

A review of the causes and treatments for infertility in polycystic ovarian syndrome (PCOS). – *Mahmood Niaraki, MD, Fertility & Reproductive Health, Harvard Vanguard Medical Associates*

A-4 Why Infertility Shouldn’t Be Unexplained

Learn the importance of an early and thorough evaluation to enable diagnosis and focused treatment for the infertility patient, and review the shortcomings of proceeding with treatment when the cause of infertility is unknown. – *R. Ian Hardy, MD, PhD, Medical Director, Fertility Centers of New England*

A-5 Egg Donation or Adoption: Which is Right for You?

Discuss issues to consider when you are nearing the end of treatment and considering egg donation and/or adoption as next steps, including the social, emotional, and ethical issues involved in making either choice. – *Ellen Glazer, LICSW, Private Practice, and panel of parents*

A-6 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-7 Health Insurance Coverage for Infertility: What You Should Know and How to Advocate for Yourself

Understand insurance products, what the Massachusetts insurance mandate covers, accessing your benefits, managing an appeal, and advocating for yourself. – *Marymichele Delaney, Benefits Manager, Harvard University and Insurance Advocate, RESOLVE of the Bay State, and Carol Thompson, Financial Services Manager, Reproductive Science Center*

A-8 Domestic Adoption: An Overview

Learn about the wide range of domestic adoptions, including full-service agency adoptions, out-of-state adoptions, private adoptions, and DSS adoptions. Gather advice on how to build your team: the physician, social worker, attorney, and marketer. – *Betsy Hochberg, LICSW, Director, Adoption Resources; Nancy Rosenhaus, LICSW, Associate Director, Adoptions With Love, and panel of adoptive parents*

A-9 Will This Child Be Mine? Family 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. – *Panel of adoptive parents and adoptees*

A-10 Paths to Successful Adoption: Adoptive Parents Speak

Adoptive parents tell their stories about their domestic and international adoptions, including how they made decisions along the way and advice they feel is important to share with others considering adoption. – *Debra Olshever, LCSW, LMHC, MED, Adoption Associates, and panel of adoptive parents*

B-1 Infertility Tests: What Do the Results Mean?

Interpretation and discussion of the usefulness and limits of FSH, CCCT, estradiol, inhibin, antral follicle count, and AMH tests, and the effects of age in predicting IVF outcomes. – *Vito R. S. Cardone, MD, Medical Director, Cardone Reproductive Medicine & Infertility, LLC*

B-2 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. – *Selwyn Oskowitz, MD, Boston IVF, and Merle Bombardieri, LICSW, Wellspring Counseling Center*

B-3 Choosing the Best Embryo

What happens in the IVF lab, how embryologists interact with clinicians, and how to choose the best embryos to prevent multiple births. – *Robert Weiss, MD, Fertility Centers of New England and Boston Medical Center, and Lynette Scott, PhD, HCLD, Laboratory Director, Fertility Centers of New England*

B-4 Surgical Approach to Fibroids & Endometriosis: When the Goal is Fecundity Enhancement

Find out how fibroids and endometriosis affect fertility, and learn about the latest surgical techniques and medications that are used to treat these conditions. – *Antonio R. Gargiulo, MD, Center for Reproductive Medicine, Brigham and Women’s Hospital*

B-5 Practical and Legal Aspects of Egg Donation

For those considering or planning to use donor egg to build a family, this session addresses working with an agency, finding a donor, costs, the relevant laws, contracts, and more. – *Robert Nichols, Esq., PC, Egg Donation and Surrogacy, and Karen Gilpin, Egg Donation Coordinator, Dream Donations*

B-6 The Truth about the Stress/Infertility Connection

Learn about the normal emotional responses to infertility and why they happen, the most recent research on the impact of stress on fertility and treatment outcome, and the interventions that will effectively reduce the emotional impact of infertility. – *Alice D. Domar, PhD, Domar Center for Complementary Healthcare, Boston IVF*

B-7 Intimacy and Sex During Infertility

This session addresses how the different reactions of women and men to infertility affect a couple’s relationship, how to manage conflict and rebuild trust and connection, and how to nurture emotional and sexual intimacy. – *Susan Mikesell, PhD, LICSW, Harborside Counseling Services*

B-8 Moving from Infertility to Adoption

This discussion will explore the stages of moving into adoption, from stopping medical treatment through facing the emotional obstacles to considering adoption. – *Ellen Glazer, LICSW, Private Practice, author of Beyond Infertility: The New Paths to Parenthood and The Long Awaited Stork: A Guide to Parenting After Infertility*

B-9 International Adoption: An Overview

This discussion provides tools for making the decision to adopt internationally and selecting both the country and the agency. It covers the home study; health, emotional, and legal risks; costs; time frames, and more. – *Joan Clark, Former Executive Director, Adoption Community of New England, Inc., and panel of adoptive parents*

B-10 Legal Strategies in Domestic Adoption

This sessions covers legal issues in domestic infant adoptions, including reducing the risks to disrupting the adoption and a view on approaching open adoption agreements. – *Karen Greenberg, Attorney at Law, Konowitz & Greenberg*

C-1 Medical and Emotional Aspects

A medical overview of the donor egg process, rates, and how to get started, and an overview of emotional aspects and issues to consider when you sue donor egg. – *Rachel Ashby, MD, Center for Reproductive Medicine, Brigham and Women’s Hospital, LICSW, BCD, Boston IVF*

C-2 My IVF Cycle Didn’t Work: What’s Next?

After a failed IVF cycle, an examination of cycle parameters, doctor, changes to make in your next cycle, and what to expect if you may not work, and ideal cycle parameters. – *Reproductive Science Center*

C-3 Recurrent Pregnancy Loss: Medical and Emotional Aspects

A review of the clinical causes and treatment options for miscarriage, followed by a discussion of treatment and coping strategies. – *Sandra Carson, MD, Fertility Centers of New England, and Lynn Spurrell, PhD, Women & Infants’ Hospital*

C-4 Patient Friendly IVF

Learn how the treatment process can be made more patient friendly through non-invasive evaluation, minimal monitoring, and eliminating the risks of medication. – *Michael Alper, MD, Medical Director, Boston IVF*

C-5 Answering the Tough Questions About Egg Donation Conception

Explore the ethical and emotional challenges of egg donation to conceive your child, including religious and cultural perspectives; known vs. anonymous donor; and the importance of connection; who to tell, what to tell, when to tell. – *Sharon Steinberg, RN, MS, CS, Harvard Medical School, and panel of parents*

C-6 Navigating a Cycle: What to Expect and How to Manage

Walk through an IVF cycle from the nurse’s perspective, learning how to plan your IVF cycle, including both the typical process and how to handle the unexpected. – *Kristin MacCutcheon, RN, Boston IVF, and panel of patients*

C-7 Improving Wellness During Infertility

Learn about ways to improve your physical and mental health during infertility through the relaxation techniques and positive psychology. – *Janet Fronk, RN, Henry Institute of Mind Body Medicine*

C-8 Effects of Alcohol and Drug Use on Fertility and Development

This session addresses the health and development of the fetus to be aware of in domestic adoption, including prenatal conditions (drug and alcohol use), the importance of quality and verification of information, and how to use this information to help you assess each situation before adoption. – *Barbara A. Morse, PhD, Director, Fetal Alcohol Education and Prevention, and Director, The Fetal Alcohol Education and Prevention Program*

C-9 International or Domestic Adoption: How to Choose

This workshop focuses on the key factors to consider in the decision to adopt domestically or internationally, and how to determine which option would be the best for your family. – *Dale Eldridge, LICSW, BCD, Center for Adoption Services, Adoption Choices, and panel of adoptive parents*

C-10 International Adoption: Choosing a Country

Learn about international adoption, including trans-racial issues, the steps to select a country, and how to decide which country to choose based on factors such as age, marital status, travel expenses, etc. – *Ava Sarafan, LICSW, Clinical Supervisor, Delongchamp, Director of Community Outreach, Children, Inc., and Laura Weingast, LICSW, Adoption Associates*

INSIGHTS AND INFORMATION

ADOPTION

BREAK & VISIT EXHIBITS 10:30–11:00 AM

LUNCH & VISIT EXHIBITS 12:30–1:45 PM

BREAK & VISIT EXHIBITS 3:00–3:30 PM

ESS: "Finding Your Inner Strength"

15 PM

SESSION D: 3:40–5:00 PM

of Donor Egg
 process, cycle success
 overview of the emo-
 -en deciding to pur-
 -ter for Reproductive
 l, and Lynn Nichols,

D-1 New Protocols in IVF
 Latest and upcoming clinical 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

's Next?
 questions to ask your
 , reasons why cycles
 – *Ania Kowalik, MD,*

**D-2 Elective Single Embryo Transfer: A Realistic
 Option for Reducing IVF Multiples?**
 The use of fresh elective single blastocyst transfer (eSBT) has
 been shown to significantly reduce twin gestation rates (and
 associated health risks to mothers and babies), while yielding
 similar pregnancy success rates to a fresh double blastocyst
 transfer. Learn about the success of eSBT, and why the young,
 favorable-prognosis patient with good quality and quantity of
 embryos should consider using this technique. – *Aaron Styer,*
MD, Massachusetts General Hospital Fertility Center

ical and
 ents associated with
 the emotional issues
MD, Director, Division
ility, and Emily
of Rhode Island

**D-3 Adding Complementary Therapies to Your
 Treatment**
 This session will cover complementary treatment approaches
 such as acupuncture, Chinese herbs, massage, and nutrition
 for the infertility patient during a medical treatment cycle and
 when taking a break from medical treatment. – *Sue Harris, LicAc,*
Whole Person Health, and Lyn Swirda, LicAc, MAC, DiploAc, Cen-
ter for Complementary Medicine, Inc.

ie improved through
 ng, simplified medi-
 -multiple pregnancies.
ston IVF

About Donor
 ges of using a donor
 s and cross-cultural
 s; the loss of genetic
 en to tell, and more.
Vanguard Medical

D-4 Donor Egg Discussion Group
 Join two mental health professionals and your peers to discuss
 the maze of feelings and considerations that surround building a
 family through egg donation. – *Nancy Docktor, RN, CS, Fertility*
Centers of New England, and Susan Levin, LICSW, Reproductive
Science Center

ect and How
 's and the patient's
 life around a cycle –
 ow to manage the
SN, Assistant Nurse
n IVF, and panel of

D-5 When Couples Disagree: How to Move Forward
 Gain insight into the dynamics and complexity of couple deci-
 sion-making, learning how to weigh each other's preferences
 without becoming polarized and how to arrive at a mutually sat-
 isfying decision. – *Holly Simons, PhD, LICSW, Private Practice*

ertility
 ical and emotional
 tion response, yoga,
N, CS, MEd, Benson-

**D-6 How I Resolved My Infertility: Stories From the
 Other Side**
 Hear from those who have resolved their infertility through a
 variety of family building choices, including IVF, donor egg,
 adoption, and resolving without parenting. – *Tara Cousineau,*
PhD, Senior Psychologist, Domar Center for Complementary
Healthcare, Boston IVF, and panelists

posure on
 evelopmental issues
 udging the impact of
 e and smoking), the
 and area resources
 and after the adop-
 -mental Psychologist
Program

**D-7 Medical and Developmental Concerns in
 International Adoption**
 Learn about the health and developmental issues in international
 adoption including prenatal conditions, the quality and verifica-
 tion of information, impact of foster and orphanage care, and
 area resources to help you assess each situation. – *Laurie*
Miller, MD, Pediatrician and Director, International Adoption
Clinic, Floating Hospital for Children, and author of The Hand-
book of International Adoption Medicine

tion?
 in making the deci-
 onally and how to
 est choice for your
 -ordinator of Parent
 -adoptive parents

**D-8 Ask the Director: The Top 10 Adoption Questions
 Answered**
 This session allows agency directors to share the top ten things
 they want you to consider when pursuing the dream of adop-
 tion, plus you will have an opportunity to ask your questions.
 – *Ann Rankowitz, LICSW, Regional Manager, Wide Horizons for*
Children, Rhode Island; Pat Brady, LICSW, Director, Act of Love/
MSPCC; and Marla Allisan, LICSW, Director, A Full Circle Adop-
tions and attorney

ing a Country
 uding cross-cultural
 lecting an agency,
 ose based on crite-
 -periences, child care,
visor, MAPS; Bonnie
ntreach, Alliance For
SW, Director, Angel

**D-9 Adoptive and Birth Families: The Wide Spectrum
 of Relationships**
 This panel features adoptive parents with different birth fam-
 ily relationships: from closed adoptions, to meeting only at the
 birth, to scheduled visits as the child grows. It also covers the
 selection process, early meetings, perspectives on how children
 feel, and adoptive parents' changing views of birth parents.
 – *Raquel Woodard, LICSW, BCD, Coordinator of Birth Parent and*
Child Services, Adoption Choices; Ann White, Adoption Special-
ist, Jewish Family Service of the North Shore, and panel of adop-
tive parents

15–3:40 PM

MD Serono, Inc., Conference Sponsors.



STEP 1: ATTENDEE INFORMATION

Name #1: _____

Name #2: _____

Additional Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

STEP 2: MEMBERSHIP (see reverse for the benefits of membership)

If you are not yet a member, join now and save on registration fees.

___ \$55 individual or household ___ \$150 professional

STEP 3: REGISTRATION* – (Lunch included with registration.)

Choose one of the following options:

STANDARD REGISTRATION — received by 10/25/07

RESOLVE Members: \$120 Individual \$220 Couple
 Non-members: \$185 Individual \$350 Couple
 Family & Friends: \$70 per person for 3rd person

WALK-IN REGISTRATION — received after 10/25/07**

RESOLVE Members: \$140 Individual \$265 Couple
 Non-members: \$205 Individual \$395 Couple
 Family & Friends: \$90 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

Select only ONE workshop per person in each session.

HINT: Make the most of your registration fee. Attend with a partner or
 friend and register for eight different workshops total!

| | Session A | Session B | Session C | Session D |
|----------|-----------|-----------|-----------|-----------|
| Person 1 | | | | |
| Person 2 | | | | |
| Person 3 | | | | |

STEP 7: Mail or fax this form with your payment to be received at our office by October 25, 2007.

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 October 19, 2007. No refunds will be given after that date. Financial assis-
 tance is available. Call 781-890-2225 or email admin@resolveofthebaystate.org
 for more details.

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

CHOOSING AN ADOPTION AGENCY — CONTINUED

For domestic adoptions, some agencies offer only traditional agency placements. Others specialize in parent-identified adoptions, and some do both. Again, you need to learn as much as you can about these options to make the best choice for yourself.

Agency fees vary depending upon the type of adoption and the services provided before, during and after that process. Potential additional expenses include legal fees, birth parent expenses or international travel and program costs. The specifics of what you will actually be paying for are very important when evaluating agency fees.

If you might be open to parenting a child who is in state custody, there are many children, often legally free for adoption, who need permanent, loving homes. If you feel able to parent an older child, or a sibling group, this may be a good option for you. Adoptions of these waiting children are accomplished through the Department of Social Services or a DSS contracted agency. Bear in mind that these children are likely to have some special needs. This can mean many different things, depending on the child's circumstances. While the challenges can be great, so too are the rewards.

Once you have assessed the viability of a program in terms of staff experience and expertise, their accessibility, commitment to education and child welfare, overall philosophy, and compatibility in terms of the type of adoption you seek, there remains the question of how good a fit a given agency is for you. This assessment should include all the aforementioned elements.

In addition, you may want to pay attention to pure "chemistry" to guide you in your assessment. Are you comfortable with the professional staff of a particular agency? Are they knowledgeable? Are they experienced? Are they trustworthy? How do you think you will feel about having them play a critical role in your life at a very vulnerable time? Although, as mentioned earlier, it can feel overwhelming to have so many choices, there is good news in that as well. With such a rich variety of options, you are very likely to find an agency that feels right to you.

Most agencies offer free informational groups or individual consultations. Take the time to visit several and be sure to ask plenty of questions. The guidelines in the RESOLVE Directory of Professional Services can be helpful as you formulate your questions. The adoption overview workshops sponsored by ACONE (Adoption Community of New England) are also designed to help you assess the most appropriate type of adoption for your family. RESOLVE of the Bay State also offers a variety of workshops throughout the year that are designed to help prospective adoptive parents explore the possibilities. When making these critical decisions, take the time to select a program that will respect and support you throughout the process. I wish the best of luck to all of you.

Dale Eldridge has worked as a clinical social worker in the adoption field for over 20 years, and for 15 years has been the Coordinator of Adoptive Parent Services at Adoption Choices, the adoption program at JFS Metrowest in Framingham. Adoption Choices, a program of Jewish Family Service of Metrowest, is a progressive, non-profit agency, providing a full range of adoption services to individuals and families of all ages, religions and backgrounds. Located in Framingham, Mass., the program has been building families by adoption for 25 years.

Creating a new life doesn't have to put yours in turmoil

At Fertility Centers of New England, we'll help you feel in control of the treatment process. We help you explore all of your options, providing education and support at every step.

So you can proceed at your own pace, without turning your life upside down. We have helped thousands of families overcome the physical, emotional, and social challenges of infertility. Let us help you. For information or to make an appointment, call **1.877.FCNEIVF** or visit **www.fertilitycenter.com**



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Reston, VA 20191
703 349 1236
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Serving Prospective Parents & Egg Donors across the United States.

I'm Supposed to WHAT?! The Challenges of Giving and Getting Shots

By Martha Diamond, Ph.D. and Janet Jaffe, Ph.D.

Giving or getting shots is one of the scariest parts of infertility treatment for both men and women — and for different reasons. For women, the shots hurt and the hormones can cause significant mood fluctuations, bloating, and overall discomfort. On top of that, the shots make the upcoming procedure that much more real, raising hopes as well as anxiety. For men, a range of feelings may emerge: from feeling positive, as an active participant in the treatment, to feelings of dread as the one inflicting pain. So much is at stake; it's no wonder both men and women feel overwhelmed at this crucial time.

Because women bear the brunt of the invasive medical procedures in an infertility workup, men often feel helpless as they watch their partner go through test after test. He may feel out of the loop, standing helplessly on the sidelines, while his partner is the focus of treatment. Administering the shots may give him a sense of being included in an active way. Rather than feeling powerless, he can feel like an effective contributor. Other times, however, men may get anxious and not want to participate, fearful of causing their partner pain or of making a mistake. Sometimes schedules make it impossible for men to participate, adding to the frustration for both of you.

Women, too, vary in whether they prefer their partner's help or want to give themselves the injections. Because the situation can be so tense, tempers may erupt. To avoid arguments, some women opt to maintain control and not rely on their partner's assistance.

Remember, there is no right or wrong here; do whatever makes you and your spouse the most comfortable. If you disagree, remember that it's not just the physical act of giving shots that is fueling the tension between you, it's the months of procedures and disappointments that have left you both depleted. Each of you has your own conscious and unconscious feelings about the infertility and its treatment, and you may not always be on the same page. Try not to take your spouse's attitude personally. If he is not comfortable giving shots, it is not because he doesn't care, and if she does not want him to, it is not because she doesn't trust him. You are both, understandably, very anxious and stressed.

Here are a few tips that can make getting and giving the shots a bit easier:

- Draw a target on your skin to give you or your partner the exact place to aim. This can lower anxiety about hitting a nerve or otherwise making an error.
- Practice injecting a piece of fruit, like an orange, to give you the sensation of the correct angle and pressure.
- Do a practice shot in your doctor's office (without medicine) under the watchful eye of a professional. That way, if you have any questions you can get them answered right then, as well as receive tips. Sometimes couples will go to their doctor's office

and administer the first real shot there, just for the reassurance of the supervision.

Even if your partner does not want to give the injections, he can still help and provide support while you do it. Perhaps it can be his job to mix the serum, fill the syringe, mark the spot, and give you a hug after it's over. That way, he can still be involved and you will feel less alone.

Finally, try to keep your sense of humor about the shots. Couples are often very tense about the injections and tempers can flare. Try not to judge your partner for how you each cope with this unnatural and unromantic method of making a baby. If you can step back and laugh at the absurdity of the situation, it is easier to stay connected during this most difficult part of the reproductive experience.

*Martha Diamond, Ph.D. and Janet Jaffe, PhD are both psychologists who also experienced infertility first hand. Co-founders and co-directors of the Center for Reproductive Psychology in San Diego, CA, they also co-authored *Unsung Lullabies: Understanding and Coping with Infertility* (St. Martin's Press, 2005). They can be reached at www.ReproductivePsych.org or www.UnsungLullabies.com.*

Professional Members

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

Aydin Arici, MD

Claudio Benadiva, MD

Beth Cooper, PhD

Matthew G. Ely, MD

Lawrence Engmann, MD

Andrea Gendrachi

Richard Kates, MD

Donald Maier, MD

John Nulsen, MD

August Olivar, MD

David Schmidt, MD

Center for Advanced
Reproductive Services

Massachusetts' Giant Step for Family Values

How the Massachusetts Infertility Mandate Makes a Difference in the Lives of One in Ten Citizens

By Terri Davidson Cabitt

Vice President, Board of Directors, RESOLVE of the Bay State

Editor's Note: This op ed piece was printed in the *Worcester Telegram* on xxx, shortly after our April 10, 2007 celebration of the 20th anniversary of the Massachusetts Infertility Insurance Mandate.

Can the bluest of blue states be a family values state too? You'd get a resounding "yes" in answer from the legions of men and women in Massachusetts who have achieved their cherished dreams of having a family here, despite the reproductive obstacles they faced.

For 20 years ago, back in 1987, Governor Michael S. Dukakis signed House Bill 3721, which gave infertility legitimacy as a medical condition and mandated insurance coverage for its treatment. As we reach the 20th anniversary of this historic legislation, we must applaud the Governor and legislature for their foresight in passing the Massachusetts Infertility Mandate.

These elected officials could not have predicted the impact their actions would have on the thousands and thousands of Massachusetts families that were created as a result. This mandate made it possible for women and men to seek fertility treatment without financially bankrupting themselves.

At the time, the *New York Times* predicted this mandate would help "several hundred families." In 2007, we estimate that between 50,000 and 60,000 babies were conceived via fertility treatment since the mandate's passage. That's family values in action —encouraging the growth and well being of the family in a concrete way.

In becoming the first state to provide mandated fertility insurance coverage, Massachusetts once again led the nation in creating innovative and far reaching legislation. And in the 20 years since its passage, 14 additional states have passed other versions of an infertility mandate for their residents. Massachusetts' law, however, remains the gold standard for comprehensive coverage.

Sadly, federal legislation for fertility coverage has remained elusive and the residents of the 36 remaining states without laws are left to fend for themselves when they are unable to conceive or carry a child to term. Imagine adding financial strain to the already devastating physical and emotional stresses of infertility.

During the 20th anniversary of the mandate in 2007, RESOLVE of the Bay State, a non-profit infertility education, support and advocacy organization, is recognizing and saluting the men and women who helped make this historic legislation possible. This includes the legislators and Governor Dukakis who passed and

signed this bill into law and the tireless supporters of RESOLVE of the Bay State who lobbied vigorously for its passage.

We are using this anniversary year to thank them for giving Massachusetts residents the resources to resolve their infertility challenges, as well as the hope that medical expertise could help fulfill their dreams in a safe, responsible way. We salute them for recognizing that adding infertility coverage to health insurance plans would not be a costly burden on the healthcare system, as is frequently and erroneously assumed, but rather allows physicians here to use the best medical practices to treat their infertility patients.

Bills are passed on a daily basis and it is often hard for the average person to grasp how one law or the other will affect him or her. But for the one in ten individuals affected by infertility, this law has had profound and wonderful results. Infertility exacts an enormous toll on both the affected individuals and on society. Couples in their most active and productive years are distracted by the physical, financial and emotional hardships of this disease. For these couples, infertility is more than a disease; it is a devastating life crisis that can greatly impact the couple's general health, marriage, family relationships, job performance and social interactions.

Those who sought treatment and were successful cannot imagine their lives without their precious children. Those who work in the infertility field realize that reproductive medicine would not have advanced as much without passage of the law. Those who pursued treatment, and ultimately adopted children to build their families or chose to resolve without children, also know that this bill gave them the opportunity pursue their dreams of building a family.

That's why we have named our celebration Massachusetts: First for Families. This is a state where family values aren't just a political catch phrase — they are lived, and experienced, each and every day.

The Unexpected Path

By A RESOLVE of Greater Hartford Member

My husband and I were once fertile. We were that couple envied by so many. With our first child, we got pregnant on our first try. Two years later, when I was 34, we got pregnant with our second child — this time on the second try. While I always wanted three children, my husband did not join me in that desire until just after our second child was born. It was decided — we would be a family of five.

However, we wanted to wait a bit. Our oldest had just been diagnosed with a number of neurodevelopmental issues and would require additional attention, and his most important therapies were not being covered by insurance. We wanted to tend to his needs and stabilize a bit financially, and then we would conceive our third child. I had talked it over with my OB who felt that waiting a year would not make too much of a difference. It might just take us a little longer to conceive. We had a plan. Never in my wildest dreams did I ever think we would deal with infertility.

So, at the age of 37, we started trying. A good friend and my sister were both trying at the same time — how fun to all be pregnant together! I used OPKs for the first time to really help us along. Five months and six cycles later (with both my friend and sister pregnant), I went to my OB. Something was going on. We went to an RE for a consult and heard the happy news, “We shouldn’t have any problem getting you pregnant.” With such optimism and a lot of naiveté, we kept trying on our own, and delayed our first IUI until my husband’s travel season ended and my busy season at work

ended. At the age of 38, after almost a year of trying on our own, we began our first cycle.

As each failed cycle passed, our RE’s optimism waned. I had poor ovarian response, AMA, and high FSH. He started talking about donor egg. We were ambivalent about even IVF. By this time, I had found RESOLVE’s bulletin board and was becoming a much more savvy consumer. I added acupuncture, herbs, and as much meditation and yoga a working mother of two children could fit into her schedule. I ate as organically as our budget would allow. I advocated for more aggressive treatment. I sought a second opinion in the face of my original RE’s resistance and his clinic’s insurance errors that almost ended treatment for us. At the age of 40, after more than two years of trying and one year of treatment that included six failed IUI’s, two failed IVF’s, a failed CCT followed by a passed CCT, we switched REs and insurance companies and began our third and final IVF attempt. Incredibly, we were successful.

Secondary infertility (SIF) has many unique challenges. I went to all my treatment appointments alone, as my husband needed to stay with our children. He would do his part, drive home, and I would leave for mine. We needed to arrange childcare for my retrievals, but I went to all monitoring appointments, IUI’s, and transfers alone. I remember vividly, during my final cycle, dropping my youngest off for her first day of kindergarten, racing to my former RE’s to pick up the one frozen embryo we had, and racing back to pick my daughter up at school. I drove her and her potential future sibling to my new RE’s lab to drop off our frostie for my transfer the next day. Then we had to race back to school to pick up my son. Secondary infertility produced many logistical challenges.

Why are so many couples so happy with us? *It must be the little things.*

Fertility specialists who are leaders in their field. Care that’s personalized to meet your specific needs. The latest research, techniques and technologies. Our goal is to provide you with the greatest chance of success, while giving you the emotional support you need.

Visit us at www.uconnfertility.com or call us at one of the numbers listed below for more details and to register for one of our IVF information sessions.

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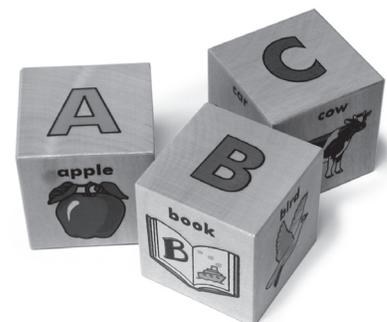


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As a parent, I live in the world of children and parents — it was impossible to isolate myself from other expanding families. We endured unintentional hurts such as the comment from my child's first grade teacher, "You have such incredible children, you should have another." If only she knew how hard we were trying.

It was wonderful to find the RESOLVE bulletin boards, but even there, out of the pain of primary infertility came hurtful statements such as, "You should be grateful for what you have." I was grateful, I had been incredibly blessed, and I knew exactly how much I was missing, having had children. I had a crib sitting empty in my nursery for three long years, an attic full of baby clothes, a basement filled with infant toys, and an aching, longing heart — all waiting and waiting for our child to join us. Fortunately, I found a group of women who welcomed and embraced me, willing to support me in my pain, despite my status as a former fertile. Without them, I truly believe our youngest would not be with us today.

I had to grieve on my journey through secondary infertility. I had to mourn the family of my dreams. I wanted children close in age and I cried on my youngest's fifth birthday. If we ever had our child, there would be such a gap. I needed to grieve each failed cycle. Every Christmas, I grieved as I set up two Christmas stockings embroidered with my children's names and packed away the coordinating, unnamed third stocking, wondering if I would ever be able to hang it by the fireplace.

While my family is not the one that I had envisioned, I would not trade them for the world. We have so much to be grateful for: insurance coverage — without which we would never have been able to pursue treatment; our second RE who was willing to take a chance on a couple with an abysmal track record; the friends we made along the way, and most of all, our incredible children. My oldest child, who never knew about our struggles with SIF, said to me one day recently, "Mom, we sure are lucky we have our baby, aren't we." My response, "We are the luckiest family in the world."



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NON-RESOLVE PROGRAMS

The following programs may be of interest to RESOLVE members. A listing does not constitute an endorsement by RESOLVE. See page 23 for advertising and editorial policies. DEADLINE for Fall 2007: August 13, 2007.

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, self-esteem, sexuality, and exploring options of building a family, please contact:

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

FREE ADOPTION CONSULTATION

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

Topics:

- ◆ Current adoption options
- ◆ 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

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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188 NEEDHAM STREET, NEWTON, MA

Adoptions With Love, Inc. is a non-profit, independent, **FULL SERVICE** domestic adoption agency placing newborn infants for over 20 years into loving homes. With our extensive experience, we are committed to helping inquiring couples become successful adoptive parents in 6–18 months.

We offer FREE consultations with a staff social worker. Please call 617-964-4357 to learn more about Adoptions With Love's program or visit 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

ADOPTION COMMUNITY OF NEW ENGLAND, INC.

If you think adoption might be in your future, learn all you can about it from the experts. 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. ACONE sponsors the Annual New England Adoption Conference, recognized nationally for its comprehensive coverage of all adoption issues. 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 ACONE at 1-508-366-6812 or www.adoptioncommunityofne.org

NEWSLETTER POLICIES AND CHAPTER LEADERS

CONTACT INFORMATION

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

Send all Correspondence to:

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Phone: 781-890-2225
Fax: 781-890-2249
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All others who wish to reprint articles from this newsletter must first obtain written permission. Please send your request to:

Attn: Editor, RESOLVE of the Bay State, 395 Totten Pond Rd, Ste 403, Waltham, MA 02451

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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 2007 August 13, 2007
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