

2007 Marks the 20th Anniversary of the Mass. Infertility Insurance Coverage Mandate

By Davina Fankhauser

Vice-President, Board of Directors, and Advocacy Committee
Chairperson, RESOLVE of the Bay State

I recently spoke with my cousin who lives in a state without a mandate to cover infertility treatment. He and his wife are facing their third unsuccessful IVF cycle. The anger and frustration in his voice seeped through the phone. "With the kind of money we are spending, this is a hard blow. We don't live in a state with coverage."



L to r: Rep. James Miceli, Rep. Ronald Mariano, Bay State Executive Director Rebecca Lubens, Speaker of the House Salvatore F. DiMasi, and Rep. Kevin Honan. These legislators, among others, were honored for their farsighted sponsorship of the Mass. Insurance Mandate.

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QUARTERLY NEWSLETTER

SUMMER 2007

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EDUCATIONAL PROGRAMS
SUMMER 2007

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

ANNUAL INFERTILITY & FAMILY BUILDING CONFERENCE

Saturday, October 27, 2007
Best Western Royal Plaza Hotel
Marlborough, MA
8:45 a.m.–4:45 p.m.

Join us for this day-long educational event for consumers and providers, covering medical treatment, emotional issues, donor egg, adoption, and other family building options.

SEE PAGE 5

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

Adding Complementary Therapies to Your Infertility Treatment

With Susan Harris, Lic. Ac., and Liza Keogh, yoga instructor, Whole Person Health

Have you wondered how alternative therapies are used alone or in conjunction with infertility medical treatments? Acupuncture, Chinese herbs, massage, and yoga modalities will be demonstrated. You will learn how these therapies work and how they can enhance your well-being and possibly affect infertility treatment outcomes.

Where: Boylston Place at Chestnut Hill, 2nd floor Cinema Room, 615 Heath Street,
Chestnut Hill, MA 02467

When: Tuesday, July 17, 2007, 7:00 –9:00 p.m.

Adoption Options: Lessons Learned Along the Way

Panel moderator, Dale Eldridge, LICSW, BCD, of Adoption Choices and a panel of adoptive parents

Spend the evening with a panel of adoptive parents and hear how others have faced the many decisions of the infertility journey and ended up as parents. Learn how the panel approached the range of adoption options for forming their families.

The discussion will include tips on how to get started, strategies for making decisions such as domestic vs. international adoption, selecting adoption professionals and agencies, finding and meeting the birth parents, and getting through the home study and other paper work. The panel will share their wisdom after going through the adoption process so you can take away some valuable lessons learned along the way.

Dale Eldridge has worked as a clinical social worker in the adoption field for over twenty years, and for 15 years has been the Coordinator of Adoptive Parent Services at Adoption Choices, the adoption program at JFS Metrowest in Framingham. In this capacity, she has helped guide hundreds of families through the process to build their families through domestic and international adoption.

Where: Flashner A Conference room, Children's Hospital at Waltham, 9 Hope Ave.,
Waltham, MA 02453

When: Thursday, Sept 27, 2007, 7:00–9:00 p.m.

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. July 10 and September 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. July 19, August 16 and September 20</p> |
| <p style="text-align: center;">Amherst</p> <p>The Arbors at Amherst, 130 University Drive Wednesdays, 7:00–9:00 p.m., July 11 and September 5</p> | <p style="text-align: center;">Worcester</p> <p>Tatnuck Park at Worcester, 340 May St. 7:00–8:00 p.m. Wednesdays, July 25 and August 22 Tuesday, September 25</p> |
| <p style="text-align: center;">Warwick, RI</p> <p>Diversified Resources, 70 Jefferson Blvd., 2nd floor Wednesdays, 6:00–8:00 p.m. July 25, August 29 and September 26</p> | <p style="text-align: center;">NEW! Lebanon, NH</p> <p>Women’s Health Resource Center, on the Lebanon Mall Saturdays, July 21 and August 18 9:30–11:00 a.m.</p> |

CONNECTICUT – PEER DISCUSSION GROUPS – GENERAL INFERTILITY

| | |
|---|--|
| <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. June 19, July 17 and September 25 (fourth Tuesday)</p> |
|---|--|

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 July 11 and September 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 July 2 and September 17 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 July 26 and September 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 July 31 and September 18 7:00–9:00 p.m.</p> |

SAVE THE DATE!

INFERTILITY AND FAMILY BUILDING CONFERENCE

SATURDAY, OCTOBER 27, 2007

8:45 AM–4:45 PM

BEST WESTERN ROYAL PLAZA HOTEL, MARLBOROUGH, MA

An all-day informational conference for consumers and providers, offering in-depth exploration of the medical, emotional, and legal aspects of infertility, donor egg, adoption, and other family building options.

Keynote address: "Finding Your Inner Strength"

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

Featuring presentations by the region's leading infertility, donor egg, and adoption specialists, on topics such as:

- Everything You Want to Know about IVF
- Managing Your Health Insurance
- Making the Leap to Adoption
- Adoption Choices—Domestic and International
- Evaluation of Ovarian Reserve
- Medical Aspects of Donor Egg
- AND MORE

Also on site:

- 30+ Exhibitors—infertility clinics, pharmacies, adoption agencies, donor organizations, and more.
- Book sale—open all day.
- Book signings—by our presenter/authors.
- Lunch included in the registration fee.

EVENTS CALENDAR

KEY: EP: Educational Programs
 GID: General Infertility Discussion Group

SS: Seminar Series
 TDG: Topic-Oriented Discussion Group

| July 2007 | | |
|-----------------------|-----------|---|
| 2 | July | TDG – Donor Egg |
| 10 | July | GID – Waltham, MA |
| 11 | July | GID – Amherst, MA |
| 11 | July | TDG – Pregnancy Loss |
| 17 | July | EP – Adding Complementary Therapies |
| 17 | July | GID – Suffield, CT/Springfield, MA |
| 19 | July | GID – Stoughton, MA |
| 19 | July | GID – Farmington, CT |
| 21 | July | GID – Lebanon, NH |
| 24 | July | Insurance Call-in Hour |
| 25 | July | GID – Worcester, MA |
| 25 | July | GID – Warwick, RI |
| 26 | July | TDG – Adoption |
| 31 | July | TDG – Secondary Infertility |
| August 2007 | | |
| 16 | August | GID – Stoughton, MA |
| 16 | August | GID – Farmington, CT |
| 18 | August | GID – Lebanon, NH |
| 22 | August | GID – Worcester, MA |
| 29 | August | GID – Warwick, MA |
| September 2007 | | |
| 5 | September | GID – Amherst, MA |
| 5 | September | TDG – Pregnancy Loss |
| 6 | September | TDG – Adoption |
| 11 | September | GID – Waltham, MA |
| 11 | September | Insurance Call-in Hour |
| 17 | September | TDG – Donor Egg |
| 18 | September | TDG – Secondary Infertility |
| 20 | September | GID – Stoughton, MA |
| 20 | September | GID – Farmington, CT |
| 25 | September | GID – Worcester, MA |
| 25 | September | GID – Suffield, CT/Springfield, MA |
| 26 | September | GID – Warwick, RI |
| 27 | September | EP – Adoption Options |
| October 2007 | | |
| 27 | October | Annual Infertility and Family Building Conference |

Massachusetts Insurance Call-in Hours:

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

***Insurance Call-in on Tuesdays,
July 24 and September 11
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

IS A SUPPORT GROUP RIGHT FOR YOU?

Is a Support Group Right for You?

By Diane Clapp, BSN, RN, © RESOLVE, Inc.

If any of the following statements apply to you, you may want to consider joining a RESOLVE professionally led support group.

- I'm feeling lonely and isolated.
- I have very few people to talk with about my infertility. No one understands!
- Everyone I know is pregnant or has children.
- My husband/wife is the only one I have for emotional support.
- Infertility is affecting my work and career.
- I feel that my life plan is out of control.
- I'm having trouble navigating through my medical treatment options.
- I can't decide when "enough is enough."
- Holidays and coping with family and friends are becoming more and more difficult.

You may be hesitant to join a support group because of some assumptions about what happens in a group.

- Being in a RESOLVE support group is like going to therapy.

No, a support group is not designed to offer professional counseling or psychological therapy. It is, however, therapeutic to talk with others about an intense experience like infertility.

- I'll have to bare my soul and talk about the most private areas of my life.

It is up to you to decide how much information and emotion to share with the group. You remain in control.

- A support group will go on for months.

A RESOLVE support group is limited to 4 to 8 sessions.

- Joining a support group of infertile women or couples will just make me feel worse.

You will receive support for your pain and disappointment and will also learn new methods of coping that can help you move forward.

More about Support Groups

RESOLVE Support Groups provide a wonderful opportunity for people to meet others who are sharing the experience of infertility. They are designed to help individuals and couples express feelings and concerns in a safe place, develop a support network, and face difficult decisions with renewed resolve and increased awareness of resources available for help. For many, these groups provide a way to deal with their pain and explore new options.

These Support Groups are led by an experienced mental health professional and meet for 4–8 weeks. There are usually 4–10 people in a group. This longer format allows for fuller exploration of a variety of infertility-related topics and the development of personal connections between group members.

Groups form as soon as there are enough interested participants. Some groups form quickly (2–3 months) while others take longer to form. You should apply as soon as you think you are interested to ensure your involvement in a group when you really need it. An application form is available on our website: www.resolveofthebaystate.org, or for CT group information, email info@resolveofgreaterhartford.org.

PEER INTO COMPASSION AND SUPPORT

Peer Discussion Groups ... the hardest part is walking through the door. You can always find something else to do. But if you'd like to spend some time with people who really know what you're going through in your experiences with infertility, then a RESOLVE Peer Discussion Group is for you.

Why go through infertility alone when there's a whole community of people who speak your language. Understand your yearning. Share your struggles. It's come as you are. You can pour your heart out, or be there and just listen. Both men and women are welcome, so bring your partner or come yourself. All are welcome at our discussion groups, offered in: Amherst, Stoughton, Waltham, and Worcester, MA; Farmington and Suffield, CT; and now in Warwick, RI and Lebanon, NH.

There are also Topic Discussion Groups for those who'd like to focus on a specific issue. These include: Pregnancy Loss,

Donor Egg, Adoption, and Secondary Infertility. All of these groups meet in our Waltham, MA office.

Pre-registration is **strongly** recommended for all Discussion Groups, so the volunteer leader will know how many people to expect. You can register up until the day a group meets by calling our HelpLine at 781-890-2225, or emailing us at admin@resolveofthebaystate.org and telling us which group you will be attending. Remember, these groups are **free** for RESOLVE members, and only a \$5 donation per person for non-members. To RSVP for CT groups, call 860-523-8337 or email info@resolveofgreaterhartford.org. The hardest part is walking through the door!

Continued from page 1

Most of the residents of Massachusetts do have coverage for infertility treatment. This is because, over 20 years ago, RESOLVE of the Bay State volunteers wrote a bill defining infertility as a disease that should be reimbursed by medical insurance companies. Those volunteers worked closely with state legislators and in October 1987, those pioneering representatives and senators voted to pass the bill into law. The Massachusetts mandate to cover infertility treatment was the first in the country and is so comprehensive it is referred to as the “Gold Standard.” Former Governor Michael Dukakis shared with RESOLVE of the Bay State that signing the Definition of Infertility Bill into a law was one of the greatest moments in his career.

On April 10, 2007 RESOLVE of the Bay State celebrated the efforts of fifteen current Massachusetts legislators who had the courage to vote “yes” to this groundbreaking legislation. Our honorees joined us for lunch at the State House, along with fellow legislators, families created as a result of the insurance mandate, local clinics, and professionals throughout the infertility community. The Guests of Honors included: Senators Frederick Berry, Robert Havern, Joan Menard, Michael Morrissey, Stanley Rosenberg, Richard Tisei and Speaker of the House Salvatore DiMasi, Representatives Gloria Fox, Kevin Honan, Frank Hynes, Thomas Kennedy, James Miceli, Byron Rushing, Angelo Scaccia, and Patricia Walrath. Each awardee expressed their pride in passing the mandate and their continued commitment to making Massachusetts first in families.

Massachusetts residents who qualify for coverage under the current mandate can thank past and present RESOLVE of the Bay State volunteers, clinics and pharmaceutical companies, as well as our state legislators who proactively protect this family building mandate. We can be grateful that we receive benefits to which everyone in this country should be entitled.



Davina Fankhauser, Bay State Board Vice President and Mandate Event Chair, addresses the crowd as her husband, Barry, and daughter, Isabella, look on.



Bay State Board President Beth Panella, and her daughter Megan, speak to Selwyn Oskowitz, MD, of Boston IVF, program speaker and early advocate for the Mass. Insurance Mandate.

We understand that not every resident currently qualifies for this insurance coverage. This is why we are constantly working to ensure coverage for everyone. We cannot fight for these benefits without your participation. Right now, we encourage you to contact RESOLVE of the Bay State to learn what steps you can take to make a difference.

For example, we ask you to contact your state representative and voice your support of Representative Jennifer Callahan’s bill, House Bill 924, which would expand the definition of infertility to include treatment for women between the ages of 40–50.

If you have been denied coverage, we hope you will contact RESOLVE of the Bay State’s Insurance Call-in Hours and speak to our Insurance Advocate. Calling 781-890-2225 on Tuesday evenings, July 24 and September 11, from 7:30–8:30 PM.

Together, we can create a ripple of support and work toward coverage for all Massachusetts residents, and maybe someday, set the standard for federal coverage. Congratulations to our great state. Thank you to those who worked so hard to make this law a reality.

The Infertility Marathon: Strategies for Getting to the Finish Line

By Heather Lutz

When I ran my first marathon, my greatest fear was not finishing. I thought I would be one of those runners who quit early and had to admit defeat in front of hundreds of spectators, family members, and friends. How awful! Despite my fear, I completed the race *and* had the time of my life getting to the finish line. I became a marathoner thanks to the race tactics that sustained me along the entire 26.2-mile course.

The marathon is now behind me, but I face the challenge of infertility every day. The race strategies that helped me achieve 26.2 are now helping me cope with invasive medical treatments, stressful situations, and difficult emotions. Whether you have just started your infertility journey or are a seasoned veteran, you can benefit from these tried and true sports strategies to get you through any rough terrain you encounter along your marathon course.

Re-hydrate at Regular Intervals

Proper hydration is absolutely necessary to complete a marathon. Water stops are positioned every two miles along a marathon course so that runners can stretch their legs and replenish fluids. On the infertility course, a water station is a reprieve from the demanding physical, emotional, and financial burdens of infertility. It is an opportunity to relax and enjoy time off from treatments, appointments, or research. This planned mental break will help you refocus your mind and reenergize your body. Take time to plot your course and arrange water stops along the way. Your mind and body will thank you!

Befriend your Cheering Squad

The fans standing in the boiling heat or pouring down rain, hauling signs and noise-makers to every mile marker along the marathon course, are the people who get fatigued runners to the finish line. You have friends, colleagues, and family members who are aware of your struggle with infertility. Make them your personal cheerleaders. Ask them to call, e-mail, or write regularly. Explain that you may not always respond, but that you deeply appreciate their caring gestures. Just knowing that people care will help you overcome the anger, fear, frustration, and disappointment that you can leave you mentally and emotionally exhausted. A personal cheering squad will lift you up when times are tough and keep you focused on the future so that you can stay on-course.



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.



www.BostonIVF.com • 888-300-BIVF(2483)

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Dress for Success

Very few runners cross the finish line with a smile if they have spent 26.2 battling blisters or nursing skin rashes. Appropriate attire is a must for every marathoner. Similarly, dealing with infertility puts significant and constant strain on your body. Protect yourself from the elements by eating healthfully and exercising regularly. Be sure to get plenty of sleep and make time for activities that you enjoy. By taking care of your physical well being, you can reduce the impact of stress and approach each leg of your journey with positive mental energy.

Begin with the End in Mind

Many people train for a marathon, but less than one percent of the general population *become* marathoners. This is why

it is so critical for runners to visualize their end goal, even during the very early stages of training. Every mile logged, every iced knee and sun burnt nose, is just a bump on the road to marathon glory.

On the infertility course, you also need a clear goal to help you overcome setbacks. Consider a failed or delayed treatment cycle, an insensitive comment from a friend, or bills from your doctor's office. All of these experiences result in stress and tension, even tears. But if you begin your infertility journey with the end in mind, you know you are moving closer to achieving your goal with each step you take.

Every infertility journey will end in resolution. For some, the journey will lead to parenthood through conception or adoption. For others, the journey will conclude with a commitment to childfree living. But for everyone, the desired outcome is one that can be confidently embraced for a lifetime. Understanding and establishing your vision from the start will not only help you create your roadmap, it will keep you on-course when times are tough.

Dealing with infertility, much like running a marathon, is a draining experience. Along the course we encounter peaks and valleys, unexpected challenges and emotions. Yet we know there is a real and final conclusion ahead. Regardless of where you are in your infertility journey today, you can practice new strategies to effectively manage infertility. Each step you take is just as important as the final step you will take to reach the finish line. So, keep it moving with confidence, hope, and commitment. Plot your course, lean on your support systems, and keep your eye on the end goal.

Heather Lutz resides in Southborough, Mass. with her husband, their dog, Jake, and their four cats!

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Fertility issues treated:

FOR WOMEN

- Hormone imbalance (irregular or no periods, etc.)
- Endometriosis
- Polycystic ovary
- PMS
- Miscarriage
- High FSH level
- Poor egg quality
- Stress

FOR MEN

- Low sperm count
- Low sperm motility



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Shelton: 4 Corporate Drive • Suite 286 • (203) 929-6412 www.nefertility.com

Moving Toward Adoption

By Debra Olshever, LCSW, LMHC, MEd,
Adoption Associates

Here are a few thoughts, and some concrete steps you can take, to begin making the transition from pursuing a pregnancy to pursuing parenthood through adoption:

Most couples that contemplate becoming parents do so by imagining a pregnancy and birth experience. They are willing to pursue many physically and emotionally difficult routes to achieving this goal. They carefully research clinics and hospital programs and all sorts of high tech methods to achieve a pregnancy. They ride an intense roller coaster of ups and downs along the way, and become very focused on “their numbers” (usually referring to various hormone levels). They live from month to month, hoping for success with treatment.

If they receive bad news, someone along the way tentatively suggests that they consider adoption. At first they do not want to even think about it, or maybe one spouse is receptive to the idea, but the other is not. However, the idea does germinate, as they realize their odds of getting pregnant through treatment. After all, adoption does have 100% success rate if they “hang in there for the ride.” Perhaps they meet someone who has adopted, and see how beautiful the baby is (and the fact that the child actually has 10 toes)!

So the couple tentatively starts to attend orientation meetings and open houses at different adoption agencies to learn more about the process. They hopefully also begin to read, maybe attend educational programs, and talk to many people. And finally they put their application in to one agency, and make a decision that will become a lifelong process. First there is the issue of talking to the world and their family and friends about adoption. And most important, there is talking to their child in a way that enhances their self-esteem and helps them to understand the many different facets of adoption and why a plan was made.

None of this is easy. It involves a lot of emotional fortitude and flexibility. It involves education. It involves teaching others. It involves researching the many different options (should I do parent identified adoption, agency identified, international, or what?). It involves being an informed consumer about the different approaches agencies use. This area has a variety of agencies, giving couples many options and choices in the way that they achieve parenthood. Be sure to ask questions and get good answers, so you can make an informed decision.

Get ready to begin an exciting and wonderful journey, perhaps different than what you expected when you imagined parenthood, but nonetheless, every bit as exciting and fulfilling. The good news is that your experiences of loss and surviving infertility will only help make you a better adoptive parent and advocate in the end.

Steps to Learning about and Pursuing Adoption:

1. Take advantage of the resources and programs of RESOLVE of the Bay State and RESOLVE of Greater Hartford, of Adoption Community of New England (www.AdoptionCommunityofNE.org).
2. Get a list of licensed agencies, available in RESOLVE of the Bay State’s Adoption Beginner’s Packet.
3. Read, attend meetings at various agencies, gather policies and information.
4. Talk to couples that have successfully adopted at different agencies, and listen to their experiences.
5. Get your questions and concerns answered, or at least clearly expressed.
6. Be open — think of different approaches and what would work for you as a couple and a family.
7. Meanwhile start gathering documents and writing an autobiography. Every licensed agency in Massachusetts has similar requirements as part of the approval process before starting a Home Study and submitting an application.
8. Talk with others, possibly including mental health professionals — you might get some good ideas. Filter what you hear through your own perceptions and needs.
9. Make a commitment, continue reading and learning, and “enjoy the ride.”
10. Congratulations — you are on your way to becoming a family!

Debra Olshever is a principal with Adoption Associates, a group with many years of personal and professional experience with adoption, and working with people whose lives are touched by infertility, assisted reproduction, and domestic and international adoption. Contact Adoption Associates at www.adoptionassociates.org or at 617-965-9369.

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A Family of Two

By Jennifer A. Redmond

My husband and I struggled with infertility for several years. I was going to say “on and off” for several years, but even when we weren’t “trying” there was always the hope that I might get pregnant.

I have unexplained infertility — no reason was discovered for my inability to get pregnant. After six failed procedures, and one miscarriage at 11 weeks, we decided to take a break. We wanted our lives back. We were stressed out and exhausted from all aspects of treatment: injectable medications, the monthly anticipation and resulting disappointment with each failed pregnancy test, and the cost.

During this break, I joined a mind-body group. The stated goal of the group was not to achieve pregnancy, but rather to regain a sense of control, to de-stress, to come together with other women and couples who were also struggling with infertility and talk about our experiences, learn coping techniques, and have an

Just as my experience with infertility was a journey, so too is the decision to live our life without children of our own.

emotional outlet. I was very angry and very sad. I felt like my body, which was created to bear children, was defective — that *I* was defective. I felt guilty that I was letting my husband down (he didn’t make me feel guilty, I brought that on myself). I remember spending time with girlfriends and their new babies and young children and feeling like “the girl without a baby.” I had a hard time attending baby showers, christenings, and celebratory, baby-centric events. In the group I learned relaxation techniques including meditation, which helped me to begin to let go of the anger, the guilt, the sadness, and the pain. I started journaling. The mind-body group was life-changing.

The decision to remain childfree evolved. As I mentioned earlier, it started as a much-needed break from treatment. We tried it on, and it seemed like it might fit. As time went on, we thought about and talked about the option of continuing this way. I saw a therapist who specialized in working with infertile women and couples, and she helped me explore this further. Remaining “childfree”— a term neither my husband nor I really like —seemed like a viable option.

I refer to us as a “family of two.” It’s a more positive and accurate description of who we are. Family is important to us. My husband has five siblings and I have three; we have 19 nieces and nephews. We love spending time with them, and we also treasure spending time together and with our large network of friends. Interestingly, many of our friends, whom we have known for years, don’t have children for one reason or another. And, of course, many do.

There are certainly many positive things you can identify about not having children, including financial aspects and independence. Those didn’t guide our decision, however, which wasn’t always easy, even after we were resolute that it was right for us.

Just as my experience with infertility was a journey, so too is the decision to live our life without children of our own. Along the way a sense of control returned to my life. Infertility brings with it a sense of powerlessness. Each month another treatment cycle is attempted, and you hope for the best, knowing you have little or no control over the outcome. Making this decision was empowering.

It is the first step in a process, the first step in allowing myself to begin to answer the question, “Suppose I didn’t have children, what would that be like?” The answer continues to unfold every day.

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Infertility Treatment in PCOS

By Sasmira Lalwani, MD, Tufts-NEMC and Women & Infants' Hospital, Reproductive Medicine and Infertility

Polycystic ovarian syndrome (PCOS), a hormonal disorder that interferes with ovulation, is a leading cause of infertility affecting an estimated 5–10% of women. While diagnosis of PCOS requires 2 out of the 3 conditions stated below, PCOS is typically characterized by a history of irregular periods, elevated androgen levels (which may result in increased hair growth or acne), and polycystic appearing ovaries. In many cases, women with this condition are not diagnosed until they seek treatment due to infertility.

The cause of PCOS is not well understood. Recent research suggests that insulin resistance and elevated insulin levels may play a key role in the excess production of androgen by the ovaries. Obesity is also a common feature of this syndrome and in itself has an adverse effect on reproductive outcomes. Losing 5–10% of body weight as a way of increasing insulin sensitivity was shown to be effective in restoring ovulation for 50% of patients over a 6-month period.

To stimulate ovulation, a first line of treatment for women with PCOS has been clomiphene citrate. With clomiphene, about three quarters of women with PCOS will ovulate and 50% of those women will get pregnant. Complications with clomiphene are relatively rare. In addition clomiphene has an advantage over alternative injectable medications because the risk of multiple pregnancies is significantly lower.

The past few years have also seen considerable interest in examining the use of insulin sensitizers to induce ovulation in women with PCOS. By increasing insulin sensitivity and reducing the circulating levels of insulin, the androgen production is also decreased, enhancing ovulation and fertility.

The most commonly used insulin sensitizer for this purpose has been Metformin. Early studies suggested that Metformin alone or in combination with clomiphene might be considered as a potential first line treatment. However, until recently, no large scale studies had been done that directly compared Metformin, clomiphene, and combination drug strategies based on successful pregnancy rates.

To address this question the Reproductive Medicine Network undertook a large multicenter trial with the goal of directly comparing pregnancy rates between these treatment options. This study, published earlier this year in the *New England Journal of Medicine*, demonstrated that with respect to successful pregnancies, Metformin was not as effective as clomiphene and also that the combination of Metformin and clomiphene did not provide any improvement in successful pregnancy rates. This result was somewhat surprising since the Metformin treatments did demonstrate a higher rate of ovulation

induction than clomiphene. However, in the study population, the ovulations that resulted from the clomiphene treatment were twice as likely to result in a successful pregnancy than the ovulations resulting from Metformin.

If initial treatments with clomiphene are unsuccessful, another option is treatment with gonadotropins. Gonadotropins are injectable hormones that directly stimulate the ovary and are very effective at inducing ovulation and improving pregnancy rates. PCOS ovaries are often more difficult to stimulate with gonadotropins and caution needs to be exercised to avoid overstimulation resulting in multiple pregnancies and ovarian hyperstimulation syndrome (OHSS). This treatment is more expensive than clomiphene and requires close monitoring with frequent ultrasounds and checking hormonal levels.

Laparoscopic ovarian drilling provides another option if the above approaches have not been successful. This treatment is very similar to ovarian wedge resection, which was one of the earliest infertility treatments for PCOS. This procedure makes several small punctures in the ovary resulting in a significant reduction in androgen levels. Ovarian drilling is not a common treatment for PCOS as it is invasive, and potentially increases the risk of adhesion formation and decreasing ovarian reserve. It has similar pregnancy rates as gonadotropins, though it does involve a lower incidence of multiple pregnancies and ovarian hyperstimulation syndrome.

If other strategies have not been successful, in-vitro fertilization (IVF) can also be undertaken. In addition, many newer treatment strategies such as in vitro maturation are currently being developed as additional lines of treatment for infertility patients with PCOS.



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RESOLVE Loses Former Board Co-President

By Valerie Hays

RESOLVE lost a valued member of its community when Marie McPartland-Conn, former Co-President of the Bay State Chapter's Board of Directors, passed away unexpectedly on February 14, 2007, at the Lahey Medical Center in Burlington. Marie served as co-president for several years in the mid 1990's and was a dedicated and important volunteer. Marie was more comfortable working behind the scenes at RESOLVE than in the public eye, and was responsible for the newsletter and did lots of writing for the organization during her term as co-president. Marie was very active and attended frequent board meetings and RESOLVE events as her part of her responsibilities. She was a committed and esteemed contributor to the Bay State chapter.

Bonny Gilbert, Marie's co-president, described her as "funny, warm, personable, and low stress," and said that Marie had come to volunteer for RESOLVE after her own journey through infertility and the birth of her daughter, Theresa. Bonny and Marie became good friends while serving as co-presidents, and they enjoyed a long friendship that lasted beyond their years of working together at RESOLVE.

Aside from her work at RESOLVE, Marie enjoyed a variety of other activities in her free time. She especially loved participating in a Scottish country dancing group with her daughter. She was an avid gardener and shared this hobby with



Marie Mcpartland-Conn and her daughter, Theresa.

her husband, Daniel. She also loved hiking, kayaking, and fishing trips to Maine with her family. Marie was married to Daniel for twenty-six years and shared a home with him in Billerica. Along with her husband and daughter, Marie leaves her sister-in-law and parents-in-law. Marie was working as a technical writer for Cisco Systems when she died.

Many RESOLVE members will remember her fondly and appreciate all of her important contributions to the Bay State Chapter.

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Donald Maier, MD
Claudio Benadiva, MD, HCLD
David Schmidt, MD
August Olivar, MD
Lawrence Engmann, MD, MRCOG

Hamden office:
2080 Whitney Avenue
Suite 250
Hamden, CT 06518
(203) 230-4400



Ask the RE

I am about to start my third IVF cycle. I am 30 years old. During my first two IVF cycles, I was slow to respond to the medications. We did end up retrieving 10-12 eggs after 14 days of stimulation meds. Could the slow response or longer stimulation time have impacted my cycle outcome? Does length of time impact egg quality?

By Nora Miller, MD
Connecticut Fertility Associates, Norwalk, CT

The amount of time that it takes to stimulate the ovaries to develop mature-sized follicles and eggs is important. Measuring the size of the follicles on ultrasound enables one to determine if the egg inside the follicle will be mature and, therefore, able to fertilize. Ideally, the follicles should be ready for ovulation to be induced on the tenth day of stimulation for an in vitro fertilization (IVF) cycle. If it takes much longer for the follicles to reach maturity, for instance 13 or 14 days, the egg quality may be affected.

Sometimes, increasing the dose of gonadotropins (recombinant follicle-stimulating hormone, FSH, such as Follistim or Gonal F, and human menopausal gonadotropins, a combination of FSH and luteinizing hormone, such as Menopur) used may expedite the growth and development of the follicles to reach maturity sooner. Alternatively, changing the IVF medication protocol and using a gonadotropin-releasing hormone antagonist, such as Ganirelix or Cetrotide, instead of Lupron, may shorten the time that is necessary for the follicles to reach the appropriate size. It is likely that the reason your IVF cycles were unsuccessful is because of the long duration of medication stimulation. By changing your medication, and therefore, decreasing the number of stimulation days to be closer to ten, you will have a better chance that your next IVF cycle will be a pregnancy one.

.....

I had a septum removed several years ago. I was recently told that this might cause a problem during late pregnancy (36+ weeks). Is this true? What problems could this cause and what can be done to reduce the risks?

By Donald Maier, M.D.
Lead Physician, The Center for Advanced Reproductive Services, University of Connecticut Health Center

There is no evidence that this should be a problem. Quite a few years ago we published an article looking at the subsequent pregnancy outcomes in women who had a septum removed by hysteroscopy (Daly DC, Maier DB, Soto-Albors C: Hysteroscopic metroplasty: six years' experience. Obstet Gynecol 73:201, 1989).

We found that women who had previously had early pregnancy losses now had a loss rate similar to the general population. Women who had later losses, in the second trimester, still had a somewhat higher than usual risk for that problem. However, there were no patients with problems late in pregnancy.

Other procedures do carry a risk for problems late in pregnancy. These include cases where there were significant adhesions within the uterus. In women who have had that problem, the lining of the uterus may not return to a completely normal state. This can lead to problems where the placenta either attaches too firmly and is not easily removed at delivery (placenta accrete or percreta), or where the placenta attaches abnormally low (placenta previa). With the latter, bleeding may occur late in pregnancy and require emergency Cesarean section. There is now evidence accumulating that Cesarean sections by themselves may increase the risk for these problems in a future pregnancy. Women who have had a septum removed, however, do not seem to be at risk for these problems.

Professional Members

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

- Aydin Arici, MD
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Beth Cooper, PhD
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Campaign 2007: Why Does RESOLVE of the Bay State Ask for Charitable Donations?

As a membership organization, we are often asked why we solicit (some would say bother) individuals for charitable donations each year. There are a number of compelling reasons:

- As a 501(c)(3) nonprofit, we must rely on philanthropy as a critical source of revenue to meet our budget each year. In this way, we are exactly like all of the other disease-oriented organizations, such as the American Cancer Society, the American Diabetes Association, etc.
- We only receive a small portion of our revenues from membership dues, leaving us to find the majority of our funding from other sources, including member fundraising.
- Of the \$55 you pay for membership each year, we retain only half to support the direct services we offer in our region. The remaining \$27.50 goes to support RESOLVE headquarters in Maryland.

But perhaps most important, consider this:

- The dollars you pay for membership benefit you — providing you with free or reduced-cost access to all of our programs, services, and publications.
- The dollars you give to our Campaign 2007 benefit the entire community of couples and individuals who are struggling with infertility.

So the next time you receive a fundraising letter, or a phone call, asking you for a charitable donation to RESOLVE of the Bay State, please remember that your donation – and we think of it as a gift – helps us grow and succeed together, as a community. Help us share the message: You are not alone.

Also, to make giving as easy as possible, remember our online “Give” button. Simply go to our home page, www.resolveofthebaystate.org, and click on “Give.” We thank you.

We would also like to thank the following for their recent gifts in support of those touched by infertility:

- All contributors to our Bloomingdale’s “Shopping Benefit” fundraiser, which raised \$900
- Nina DeLuca
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Endocrinology and Infertility
Department of Obstetrics and Gynecology
Hartford Hospital*

100 Grand Street
Suite E3
New Britain, CT 06050
Phone 860-224-5467
Fax 860-224-5471



85 Seymour Street
Suite 507
Hartford, CT 06106
Phone 860-548-1383
Fax 860-548-1787

lchaffkin@cffwh.org

The Center For Fertility And Women's Health, P.C.

Anthony A. Luciano, MD

*Professor, OB/GYN
University of Connecticut School of Medicine
Director of Endoscopic Surgery
The Center for Advanced Reproductive Services*

100 Grand Street
Suite E3
New Britain, CT 06050
Phone 860-224-5467
Fax 860-224-5471



85 Seymour Street
Suite 507
Hartford, CT 06106
Phone 860-548-1383
Fax 860-548-1787

aluciano@cffwh.org

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

ADOPTION COMMUNITY OF NEW ENGLAND, INC.

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**To learn details of program offerings, as well as dates and registration information, contact ACONE at 1-508-366-6812 or
www.adoptioncommunityofne.org**

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CONTACT INFORMATION

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

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

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

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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
Winter 2007 November 14, 2007

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