

Loss and Infertility

By Patricia Irwin Johnston, MS

Loss and the potential for loss are central to understanding the emotional impact of infertility. Much of the challenges in couples' communication, denial in the face of unsuccessful treatment, and inability to consider alternatives to the conception of a genetically shared child is rooted in the fear—often unrecognized and therefore unexpressed and not dealt with—of the finality of experiencing one or more of infertility's six major losses.

As an individual, each of us looks at each of these losses differently, finding some of them "no big deal" and others especially challenging. But as a certain TV psychologist is fond of saying, "You have to name it to claim it." In other words, resolving feelings about loss and choosing options is far easier and ultimately more successful when each partner in a couple identifies and actively deals with the losses most important to him or her, considering their impact on his or her long-term happiness with alternative forms of family building or lifestyle changes.

Losses Accompanying Challenged Family Building

- Control over multiple aspects of life (including privacy)
- Individual genetic continuity, linking past and future
- The joint conception of a child with a beloved life partner
- The physical satisfactions of pregnancy and birth
- The emotional gratifications of pregnancy and birth
- The opportunity to parent

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This brief article, adapted from Chapter 1 of my new book *Adopting: Sound Choices, Strong Families* identifies three of those losses.

The Loss of a Jointly Conceived Child

Our earliest dreams about parenting included the expectation of our parenting a jointly conceived child. Gay and lesbian partners perhaps face this loss earlier than heterosexuals do. In choosing a life partner all of us do at least a little fantasizing about what our children might be like. Will he have her intellect and his sense of humor? Grandpa's red hair and Aunt

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SAVE THE DATES!

Adoption Decision Making Seminar

Saturday, May 31, 2008

Donor Egg Decision Making Seminar

Saturday, June 14, 2008

See page 3 for more information

QUARTERLY NEWSLETTER

SPRING 2008

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EDUCATIONAL PROGRAMS

SPRING 2008

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- **Talking with Children About Donor Conception**
- **The Secret Club Project**
- **Financing Adoption and Egg Donation**

RESOLVE INFORMATION

It's easy to become a member of RESOLVE. Simply fill out the form on page 16 and mail / fax it today.

Household membership: \$55

Professional membership: \$150

RESOLVE of the Bay State Member Benefits

RESOLVE of the Bay State provides compassionate and informed support and education to people experiencing infertility and seeking to build a family.

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

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

ADOPTION DECISION MAKING SEMINAR

This one-day program will guide you through the maze of adoption issues and options. You will be able to gather information from top adoption professionals in one place, and you will have the opportunity to speak with others making the same kinds of decisions to form their families.

Saturday, May 31, 2008 • 9:30 a.m. to 5:00 p.m.

Flashner Conference Room A, Children's Hospital at Waltham, 9 Hope Ave., Waltham, MA

Session 1, Domestic Adoption: The morning starts with an overview of the adoption process, including insights on how people make the decision to use adoption to form a family. A panel of New England domestic adoption professionals will cover how to choose an agency, the home study, costs, and the range of openness in adoptions today. There will be an overview of the different players in the field including traditional in-state agency adoptions, out-of-state agencies, attorneys, facilitators, state departments of social services, and advertising to identify children and birth parents looking to make an adoption plan.

Session 2, International Adoption: The afternoon begins with an overview of the differences between domestic and international adoption. A panel of experienced international adoption specialists will provide an in-depth discussion about the process of international adoption and the latest information on the international adoption reforms. Topics will include the factors in choosing a country (including age of parents, travel and time requirements, age and experience of pre-adoptive children, and medical issues) and the realities of trans-racial and trans-cultural adoptions.

Session 3, Adoptive Parents Talk about Adoption: The day concludes with a lively panel discussion with parents who have recently adopted. The panel will share their real life stories and lessons learned along the way. There will be plenty of time for Q&A. Wrap-up will include discussion of next steps and how to find continued support.

DONOR EGG DECISION MAKING SEMINAR

This one-day program is for those who are considering donor egg as a family building option. The program will provide you with "how-tos" and cover the medical, ethical, emotional, legal, and parenting issues of this family building choice. Meet others who are considering this choice and also speak with those who are currently parenting children through donor egg.

Saturday, June 14, 2008 • 9:30 a.m. to 5:00 p.m.

Flashner Conference Room A, Children's Hospital at Waltham, 9 Hope Ave., Waltham, MA

Session 1, Preparing the Way for Egg Donation: This session covers the medical overview of the egg donor process, and information about donor screening and the coordination of the donor with the recipient. Known and anonymous donors will be discussed. With Vito R.S. Cardone, MD, Medical Director, and Daniele Cardone, BSN, Donor Egg Program, Cardone Reproductive Medicine & Infertility.

Session 2, Finding a Donor and the Legal Issues: Finding a donor using an egg donation agency, how the process works, and the costs involved. Legal issues and contracts will be covered. With Sanford M. Benardo, Esq., Founder and President, and Kathy Benardo, Egg Donor Gestational Carrier Program Manager, Northeast Assisted Fertility Group.

Session 3, Psychosocial Issues: A therapist discusses the emotional issues for men and women, and the ethical issues to consider. Secrecy vs. privacy and deciding how/when to talk with your child and others about donor egg will be discussed. With Ellen Glazer, LICSW, therapist in private practice and author of *Having Your Baby Through Egg Donation*.

Session 4, A Group Discussion About the Issues: Recipient Parents Speak: A panel consisting of parents who achieved their families through donor egg will talk about their experiences and answer questions. Included will be a discussion of how parents talk with children about their origins. Moderated by Carol Frost, LICSW, Private Practice.

Pre-registration is required by completing and submitting the Registration Forms to be found on our website, www.resolveofthebaystate.org. **Fees:** RESOLVE members, \$100 per person, \$175 per couple. Non-members: \$125 per person, \$250 per couple. Boxed lunches will be available for purchase (see details on registration form) or you can bring your own lunch. Full payment is required regardless of the number of sessions attended.

RESOLVE EDUCATIONAL PROGRAMS

RESOLVE of the Bay State is pleased to announce our SPRING 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

The Every Day Certainty Seminar

With Kristen Magnacca, Infertility Coach and Author

Are you in the middle of a fertility treatment, anticipating another cycle, or dreading May 11th, Mother's Day? If you are, The Every Day Certainty Seminar will help you to create a sense of peace and certainty when faced with great uncertainty. This unique one-evening program will help you think more clearly, reduce anxiety, and gain a new perspective on your situation.

Join Kristen, author of *Girlfriend to Girlfriend: A Fertility Companion* and *Love and Infertility: Survival Strategies for Balancing Infertility, Marriage and Life* and learn to apply her proven strategies for surviving and thriving while dealing with the emotional, physical and spiritual trauma of infertility.

You will leave the workshop with your own personal Every Day Certainty Pocket Companion that contains your top goals for the next 12 months. In addition, you'll develop your personal gratitude list and nurturing items for your mind, body, and soul to help you cope with the day-to-day challenges of treatment and the unexpected surprises along the way. *Note:* Each attendee will receive a complimentary copy of Kristen's book.

When: Monday, April 28, 2008, 7:00 – 9:00 p.m.

Where: The Scandinavian Living Center, Annex Conference Room, 206 Waltham St., West Newton, MA 02465

Talking With Children About Donor Conception: Why, When and How?

With Miriam Ornstein, MD, Audrey Rubin, MD, MPH, Sharon Weinstein, MD, Harvard-affiliated child and family psychiatrists

How should I tell my child about his or her origins? With so many ways to build a family, the questions of "if," "how," "what," and "when" to talk with children about their family's and their own creation are challenging and thought-provoking. If you are considering, in the process of, or have already become parents through the use of donor conception (donor egg, donor insemination, or surrogacy), you have probably contemplated how to talk about this choice with your children and others who are important to you.

The workshop will guide you through this emotionally laden decision-making process, and help you examine the impact of your choices. We will explore the risks and benefits of speaking openly with children at various developmental stages, as well as of the issues involved in maintaining privacy and confidentiality. We will talk about the challenges of facing questions and responses from others, as well as strategies for addressing concerns. The film *Telling and Talking About Donor Conception* by Leisel Evans (2006 Donor Conception Network) will be shown to facilitate discussion.

When: Saturday May 3, 2008, 1:30 – 4:30 p.m.

Where: The Scandinavian Living Center, 206 Waltham St., West Newton, MA 02465

Fees: RESOLVE members: \$15 per person, \$25 per couple. Non-members: \$25 per person, \$45 per couple.

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The Secret Club Project: Understanding Pregnancy Loss Through the Arts

With Laura Seftel, LMHC, ATR-BC, and author

Our speaker, a certified creative arts therapist and licensed mental health counselor, will talk about creative expression and art as a way to deal with the grief associated with pregnancy loss, failed fertility treatments, and stillbirth. A slide show of her work after her miscarriage, along with that of several other artists will be shown.

The discussion will focus on validating the “underground grief” of pregnancy loss, and the importance of rituals such as creating art to help move toward healing. The program will also include discussions about sensitizing medical professionals, therapists, and the community in general about how to understand this loss in order to help break the sense of isolation felt by those who have experienced loss.

Laura Seftel will also discuss her book, *Grief Unseen: Healing Pregnancy Loss through the Arts*. Copies will be available for purchase and signing. CEUs will be available for an additional \$15 to nurses and social workers that register for this program.

When: Tuesday, June 3, 2008, 7:00 – 9:00 p.m.

Where: Rosen Auditorium, Brennan Library at Lasell College, 80-A Maple St., Newton, MA 02466

Financing Adoption and Egg Donation

With Jennifer Adams, Certified Financial Planner Practitioner, Ameriprise Financial Services; Carol Thompson, Financial Services Manager, Reproductive Science Center, and Amy Demma, JD, Founder and Principal, Prospective Families

Are you exploring adoption and/or egg donation as a way to build your family? Perhaps you would like to compare both options from a financial perspective. Come learn about the costs and finances of each family building option.

Jennifer Adams will cover adoption financing and costs. Carol Thompson will address insurance coverage for egg donation and the appeals process if you are denied coverage by your medical insurer. Amy Demma will cover the costs of finding a donor using an egg donation agency and legal fees associated with this process.

When: Tuesday, June 10, 2008, 7:00 – 9:00 p.m.

Where: Rosen Auditorium, Brennan Library at Lasell College, 80-A Maple Street, Newton, MA 02466

Massachusetts Insurance Call-in Hours

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

***Insurance Call-in on Tuesdays,
April 29 and June 3***

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**
- ◆ **Couples' Decision Making 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 style="text-align: center;">RESOLVE office, 395 Totten Pond Road, Ste 403 Tuesdays, 7:00–9:00 p.m. May 13 and June 10</p>	<p style="text-align: center;">Stoughton</p> <p style="text-align: center;">Whole Person Health, 294 Pleasant St (Rte 139) Thursdays, 7:00–9:00 p.m. April 17, May 15, and June 19</p>
<p style="text-align: center;">Amherst</p> <p style="text-align: center;">The Arbors at Amherst, 100 University Drive Wednesdays, 7:00–9:00 p.m. May 7 and June 4</p>	<p style="text-align: center;">Worcester</p> <p style="text-align: center;">Tatnuck Park at Worcester, 340 May St. Wednesdays, 7:00–8:30 p.m. April 23, May 21, and June 25</p>
<p style="text-align: center;">Warwick, RI</p> <p style="text-align: center;">Diversified Resources, 70 Jefferson Blvd., 2nd floor Wednesdays, 6:00–8:00 p.m. April 30, May 28, and June 25</p>	<p style="text-align: center;">Boston</p> <p style="text-align: center;">Morville House, 100 Norway Street Wednesdays, 7:00–9:00 p.m. May 21 and June 18</p>

MASSACHUSETTS – PEER DISCUSSION GROUPS – TOPIC-ORIENTED

These meetings are 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;">Wednesday May 21 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, May 19 and June 30 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 April 17 and May 29 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 April 29 and June 17 7:00–9:00 p.m.</p>
<p style="text-align: center;">Donor Egg Parents' Discussion Group</p> <p>Are you parenting a child(ren) through egg donation or are you pregnant through egg donation? Join a peer-led donor egg parenting group that will meet at the group leaders' homes. Meet other donor egg parents in a supportive environment for socializing and discussion of relevant issues. Please bring your children. Light snack provided.</p> <p style="text-align: center;">Saturday, May 31, 2008 10:30 a.m.–12:30 p.m., Medfield, MA <i>Please email or call our office if you plan to attend, and we will send you the meeting address.</i></p>	<p style="text-align: center;">CONNECTICUT – PEER DISCUSSION GROUP – GENERAL INFERTILITY</p> <p style="text-align: center;">Farmington Area held on the 3rd Thursday of every month University of Connecticut Health Center / Dowling South Building, 2nd Floor 'Education' Room 263 Farmington Avenue, Farmington, CT Thursdays, 7:00 p.m. April 17, May 15, and June 19</p>

Fertility Preservation and Enhancement of ART Efficacy: Why women of reproductive age should always demand a reproductive surgeon

By Antonio R Gargiulo, M.D.

Assistant Professor of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School; Associate Reproductive Endocrinologist, Center for Reproductive Medicine, Brigham and Women's Hospital; Medical Director, Center for Reproductive Care, Exeter Hospital

Introduction: What is a Reproductive Surgeon?

It wasn't long ago that most couples suffering from infertility had never heard the term reproductive endocrinologist until they were referred for advanced reproductive technologies (ART). Times have definitely changed: couples facing infertility today are much better informed about what kind of medical professional they should consult at different stages of their reproductive endeavor. They come to the attention of the reproductive endocrinologist earlier in the diagnostic and therapeutic process, armed with a surprising wealth of knowledge about ART.

It is therefore quite perplexing that, when faced with benign gynecologic disease that may pose a very serious threat to their reproductive function, many women—including most Internet savvy infertility patients—appear totally unaware of the advantages offered by reproductive surgeons. A reproductive surgeon is a reproductive endocrinologist who specializes in minimally invasive surgery and operates by simple yet radical principles: 1) every surgical act is accurately planned in view of the current and foreseeable reproductive needs of the particular patient, and 2) any surgical acts that are not absolutely essential to enhance patients' fertility are carefully avoided. To give an idea of how complex and specialized the field of reproductive surgery can be, we shall briefly review some of the common conditions affecting women of reproductive age.

Endometriosis

Endometriosis is a common chronic inflammatory condition of the pelvic organs in women of reproductive age that is variably associated with infertility and chronic pelvic pain. We do not know the cause of endometriosis and we do not have a medical cure that is compatible with normal reproductive function. The choice on whether to offer surgery and to what extent to proceed is usually very difficult and depends on many factors. A profound knowledge of the extensive medical literature covering the controversial issue of endometriosis surgery is essential to make the best decision, because surgical treatment of endometriosis can either help the patient conceive or hinder her chances, often irreversibly.

Let us consider a few facts to exemplify the complexity of decision making and technical choices behind effective endometriosis surgery. Endometriosis of minimal and mild degree allows a fecundity (monthly chance of spontaneous pregnancy) comparable to that of unexplained infertility, yet electrocoagulation of this stage of disease may be beneficial. Moderate and severe endometriosis

allow only rare spontaneous pregnancies, yet surgical treatment aimed at restoring fecundity has been repeatedly shown to be a futile endeavor. However, if the moderate or severe degree of endometriosis is determined by the presence of an endometrioma (an endometriotic cyst of the ovary), then the beneficial effects of surgery are usually quite profound.

For patients undergoing IVF, endometriosis surgery is indicated only in exceptional circumstances, as this intervention will invariably decrease ovarian reserve and not benefit embryo quality nor the ultimate success. However, some cases of tubal disease due to endometriosis must be specifically addressed in IVF patients because it can dramatically reduce pregnancy rates if left untouched. It should be clear by the above statements that only a certified infertility specialist can safely and effectively address endometriosis in the context of the patient's reproductive life plan. Unfortunately, this is still rarely the case.

Fibroids

Benign uterine muscle tumors, called myomata, are very common in women over 30 years of age and often have a hard fibrous consistency, hence the lay term "fibroids." Because of their frequent occurrence, medical research studying the impact of fibroids on spontaneous fecundity, recurrent pregnancy loss and IVF success is even more controversial than that of endometriosis. Medical treatment is elusive and the indication for surgery must stem from careful consideration of many factors, including the patient's symptoms, her prior reproductive performance and age, other fertility factors including the type of fertility treatment planned, and finally the size, number, exact location and radiologic appearance of the tumor(s). Once again, the expertise involved in such evaluation is limited to infertility subspecialty practice.

However, the main advantage of relying on a reproductive surgeon for the management of uterine fibroids during reproductive age is that endoscopy (laparoscopy or, if at all possible, hysteroscopy) will be the preferred operative route. Laparoscopic myomectomy causes pelvic adhesions in 25% of cases, compared to 90% of cases of conventional open myomectomy. Pelvic adhesions are unequivocally associated with infertility, therefore the choice should be quite easy. In addition, the laparoscopic approach offers lower complication rates, shorter hospitalization, faster return to normal activities (four weeks faster!) and lower postoperative pain. The concern of a high risk of uterine rupture in pregnancies following laparoscopic myomectomy has been all but dissipated by the recent publication of large studies showing a risk of such complication at 0.26% (lower than the 0.32% risk of uterine rupture following a single term cesarean section). In conclusion: the indication of myomectomy in women of reproductive age is a very delicate one, and the treatment should be laparoscopic or hysteroscopic, with rare exceptions. Regrettably the great majority of myomectomies in the United States are currently performed via conventional open surgery and not by reproductive surgeons. Patient awareness can and must improve this trend.

Robotic-Assisted Reproductive Surgery

There is always a cutting edge in every medical specialty. Reproductive surgery is on the verge of a revolution due to the recent

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Wilma's athletic prowess? Gosh, think of the medical expenses if she inherits both her mother's crossed eye and her father's terrible overbite! This child who represents the blending of both the best and the worst of our most intimate selves also represents for many a kind of ultimate bonding of partner to partner. In giving our genes to one another for blending, we offer our most vulnerable, intimate and valuable sense of ourselves—a gift that is perhaps the most precious we can offer. How more vulnerable can we be to another, how much more trusting, than to agree to give 23 of our unique chromosomes in exchange for 23 of our partner's to make a new 46-chromosome human being? Losing that dream and so feeling forced to consider alternatives such as donor insemination, hiring a surrogate mother, adopting, etc. can be painful indeed for those for whom this expectation was particularly important.

Pregnancy and Birth—Lost Physical and Emotional Expectations

Another challenging loss to deal with is that of the physical satisfaction of successful pregnancy and birth experiences. Though many people see the loss of a pregnancy as belonging entirely to women, this is not so. True enough, the physical changes and challenges of pregnancy and birth are experienced by women alone, but producing a child, as any counselor of pregnant teens will verify, is the ultimate rite of passage for both men and women—the final mark of having reached adulthood. You're grown up now, and your parents aren't in charge anymore. Beyond that, the physical ability to impregnate a woman or to carry and birth a child represents the ultimate expression of maleness or femaleness—our bodies at work doing what they were built to do.

For many people, losing such capacities challenges their feelings about their maturity or their sexuality or both—about their competence as adult men and women. It is their own discomfort with, and fear of, this loss that generates from outsiders the tasteless humor that relates infertility to sexuality in comments such as, “Do you need a little help there? Happy to offer my services!” or “Let me show you how it's done,” or “Hey, all Steve has to do is look at me and I'm pregnant—must be in the water!”

Some do succeed in becoming pregnant—sometimes over and over again—but these pregnancies result in repeated miscarriages and neo-natal deaths. Trying to block out the unhelpful platitudes from well-meaning others (“Perhaps it was God's will.” . . . “Don't worry, there will be another.” . . . “At least you know that you can get pregnant!”) can be a struggle like no other.

And there's more. Over the last several decades, a substantial element of our society, fearful of the impact of massive changes in family structure (and there certainly have been some), has mystified the experience of birth to an exaggerated extent. In search of the perfect “bonding” experience, couples carefully choose specific kinds of childbirth preparation—they attend classes together, read books, practice breathing, and so on. They expect to experience a magical closeness in spousal relationships, an irreplaceable wonder in sharing the birth experience, an expected instant eye-to-eye bonding between parents and child (a kind of magical superglue without which many fear that families will disintegrate). Hospitals marketing to the expectations of these couples compete with one another to provide birthing rooms with the perfect equipment (birthing beds, chairs, tanks), the perfect atmosphere (music, guests allowed, champagne afterwards), and the perfect preparation (Lamaze classes, classes for siblings-to-be).

This set of expectations about the emotional gratifications of a shared pregnancy, prepared childbirth, and breast-feeding experience, though far too often unrealistic, is widely held. To risk losing such an experience is much more significant to today's would-be parents than it would have been to their parents and grandparents—whose mothers gave birth anesthetized in sterile operating rooms while fathers paced in waiting rooms outside, who often didn't see and hold their children until hours after their births, who bottle fed formula to their infants—and, who bonded with their kids!

And so we have looked briefly at just three of infertility's six major losses. You can find discussion of the others online at <http://www.perspectivespress.com/978-0-944934-34-0.html>, where all of Chapter 1 is available. Chapters 2 and 3 of *Adopting: Sound Choices, Strong Families* offer tools for dealing with loss and also a template for making sound decisions about further treatment, childfree living, collaborative reproduction, and adoption within the framework of understanding loss. Subsequent sections and chapters identify core issues and challenges to be considered in deciding whether you can live successfully in the culture of adoption and attach to a child not genetically related to you and, as well, how to make choices about the kind of child you might adopt, from where, and how to choose the safest and most helpful professional assistance.



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introduction of robotic assistants in our operating rooms. Such futuristic machines allow laparoscopic surgery and microsurgery to be performed at a level of precision and safety unimaginable just a few years ago. This is due to full three-dimensional view, superhuman wristing of instruments at all conceivable angles and scaling of movements to adapt to the more precise steps of the operation. In early 2007 reproductive surgeons at the Center for Reproductive Medicine at Brigham and Women's Hospital performed the first successful robotic tubal reanastomosis in New England and the first successful robotic myomectomy in Boston (please see our streaming video at https://www.partners.org/international/videos/video_myomectomy_rad_hysterectomy.htm). Since then, our team has performed almost one hundred surgeries ranging from debulking of complex endometriosis to large multiple myomectomies, and is currently actively proctoring more reproductive surgeons in the New England region to foster the diffusion of this promising technique for the benefit of our patient population.

Conclusions

Reproductive surgeons are a largely underutilized asset for infertility patients and for women of reproductive age in general. Although not all reproductive endocrinologists choose to practice reproductive surgery, all infertility practices have one or more skilled reproductive surgeons among their staff, or should be ready to provide their patients with unbiased referral to certified reproductive surgeons outside of the practice. Robotic-assisted reproductive surgery is the latest frontier of this highly specialized field, holding the promise of a more readily available access by patients to an even more superior quality of reproductive surgery.

Resources on the Radio

For family building information, we usually talk to other people, read books and articles, and go online. But did you know that information is also available in radio broadcast format?

Here are some resources we've heard about recently. Let us know if you are aware of others so that we can share the information with other newsletter readers.

“**Speaking of Adoption**” is on the airwaves Tuesdays from 2–3 pm ET on 1240 AM WOON (Rhode Island) and live on the internet at www.onworldwide.com (click on ON TV). Or access the program 24/7 in the archives of www.onworldwide.com by clicking on ON DEMAND and again on the show name. Host Donna Montalbano is an award winning advertising copywriter, freelance magazine writer, and novelist. She interviews authors, advocates, and other experts on adoption and infertility topics.

“**Creating a Family**” is an interview call-in talk show about infertility, adoption, and assisted reproduction. Host Dawn Davenport, author of *The Complete Book of International Adoption* (Random House 2006), interviews leading authorities in these topic areas. The show is live, with call-in questions allowed, on Wednesdays from 12-1 pm EST. You can access it at this link: http://www.findingyourchild.com/?content=radio_show. (The show is broadcast on BlogTalkRadio, a social radio network online.) Recent topics, accessible in the show's archives, include Adoption 101, Surrogacy, and The Mind/Body Connection in Infertility, among others.

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EGG DONATION: A PERSONAL STORY, PART 2

Egg Donation: A Personal Story, Part 2

By Julie Givens, RESOLVE member

I recently wrote an article for this newsletter about my husband's and my personal experience with egg donation. As I finished the article, I realized that it ended with the birth of our son. The fact that he is the product of egg donation has become such a normal part of our lives that as I wrote, I thought that couples who might be considering egg donation might appreciate hearing what it's like to be the mother of a donor egg baby.

My husband and I decided to use an egg donor because we wanted the chance to have the experience of pregnancy and the birth of our child. I distinctly remember being completely focused at the time on two things: getting pregnant and having a baby. I know now that those two events, which are so desired by couples experiencing infertility and seem so unattainable, are actually such small parts in the life of your child and in your life as a parent. Of course, if someone had told me that at the time (and it is very possible that someone did, and I simply don't remember), I would not have had the perspective necessary to understand the meaning of that statement. Becoming a parent is like climbing Everest (for some of us, literally)—it is truly something you cannot imagine or understand until you do it yourself.

It is an interesting phenomenon of infertility (and life) that once you attain a long-awaited goal, it is human nature to spend an incredibly short amount of time enjoying the moment and to quickly shift your thinking to the next step. I was surprised by how rapidly I began to focus not on the donor, who I had thought of incessantly during the

process, but on myself. Suddenly, I was pregnant, and in the next blink of an eye, I was miserably sick. At every appointment with my OBGYN, there was another step, another appointment, another week of pregnancy to get to. I began to replace the infertility newsletters and books on my bedside table, little by little, with pregnancy books.

I was recently asked at a RESOLVE conference if the donor was a "big part" of my pregnancy in terms of being reminded of her by my doctor, nurses, or others. I remember feeling very proud that I had gotten as far as I had. I felt that I was entitled to some recognition of what my husband and I had been through to get pregnant, and the fact that we had used a donor and were brave enough to be honest and open about it was something I treated like a badge of honor. In every instance, when the fact that the pregnancy was the result of donor egg came up, people were wonderfully supportive. As an obstetrics practice, there must have been some experience with donor egg—no one was surprised or confused, and no one asked questions that made me uncomfortable. My doctor and nurses were excited for us and supportive of our choice to use donor eggs and to be open about that fact. The focus was on having a baby and becoming parents, not how the baby was created.

When our son Kai was born, we existed in the newborn haze that all parents are in—happy, sleep deprived, overwhelmed, excited, and scared. When the haze began to clear, however, I remember being simply happy to have a baby and happy to be a mother. I did not think much about the donor, although many people commented that Kai looked just like my husband. I did wonder sometimes what she looked like and what part of my son's face had come from her. When Kai was 9 months old, we took him

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EGG DONATION: A PERSONAL STORY PART 2 — CONTINUED

over Christmas to visit my husband's family in Spain. As the trip got closer, I suddenly panicked and asked my husband to tell his family not to make a big deal about how Kai looked like him. I was afraid that in their Mediterranean, open way, they would say something that would make me feel embarrassed or less than Kai's mother. My anxiety peaked as we left for the trip. On the way there, though, I suddenly realized that this baby was mine, would always be mine, and did not have to look like me in order for people to recognize him as mine. The fact that he looked like my husband was a wonderful thing, but it did not define our son nor our places as his parents. It was a turning point for me. I knew then that I could never be challenged as Kai's mother, and that the fact that we used someone else's genetic material as part of the medical process was just a small, though important, part of who Kai is and who we are as a family.

My husband and I are very open about having used donor egg to have our son. We made a decision before even doing the transfer that we would be open and honest about using donor eggs. Our decision was threefold. First, neither of us felt flawed for not being able to create a baby without outside help. We felt fortunate that this option had been available to us, and proud for having been brave enough to try it. Second, we are by nature open and honest people and also very bad liars. In Spain, there is a saying that "a secret is something you tell one person at a time." We believed that it would be impossible to keep the fact that we used a donor a total secret (for example, our son's medical history involves a stranger), and that by trying to keep it a secret, we would only end up hurting people along the way, because the information would inevitably come out. Third, to use a phrase I recently heard from author and therapist Ellen Glazer, "privacy slides into secrecy." We felt that by trying to maintain what we termed our or our son's privacy about his genetic makeup, we would create a situation in which that information would be seen as "secret" instead of private. In the end, secrets only create a sense of shame and deception, and we did not ever want our son to feel ashamed of who he was or where he came from.

Our decision then was to make the information completely public, to friends, family, medical providers, and eventually, to strangers as the conversation came up. Over the course of my pregnancy and after having my son, I have encountered so many women who are suffering through the pain and isolation of infertility, and I have often offered my story to them. I began to feel strongly that women who had used donor eggs were in hiding—both public women who "miraculously" have twins at 47, as well as normal, everyday people. I know there are others out there, but I have yet to encounter a single one who will disclose the use of donor eggs. I started to feel like it was my duty, after receiving the gift of a wonderful child, to give back to the world by being open about donor egg so that others may be inspired to try this wonderful way to build a family.

I am sure that people wonder: do you think of your son as yours? Do you think about the donor? I do think about our donor, almost every day. When my son does something fabulous, infuriating, exasperating, or just plain genius, I think of her. I have never, ever thought of her with regret or sadness. I think of her with gratitude and an open heart, that her willingness to participate in the infertility treatment of total strangers allowed the creation of a unique and wonderful human being that we have the privilege to raise. She is an ever-present, yet very tiny, part of my son's life. He is just 3½ years old, so we have not started talking with him about her yet, but

we will. Our plan is to make her part in his creation so normal and unremarkable that he never thinks of himself as different.

Not long before we embarked on the donor egg part of our infertility journey, someone said to me, "Your children come to you when they should, in the way they should." It is the type of statement that can easily hurt and offend infertility patients, who are raw with emotion and want so desperately to have a child. But the statement touched me deeply and changed the way I saw our path. I knew then that we would be parents, albeit not in the way or at the time that we had originally intended, but when and to whom it was meant to be. In the end, that is exactly what has happened. We are the perfect parents for Kai, and he came just when he should have. He has filled our lives in a way that we could not have anticipated.

About the Author: *Julie Givens resides in West Newbury, MA with her husband and two treasured boys, each of which came to their family in their own way, at their own time. She welcomes questions about donor egg at juliegivens@yahoo.com.*

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My New "Normal"—Parenting after Infertility

By Lisa Reichmann

When my husband and I were in the midst of our struggles with infertility, I longed for the day that things would go back to "normal": the day I could spend time with my friends who had babies, the day I could be genuinely happy when someone announced a pregnancy, the day I could resume my hobbies that took a back seat during our fertility treatments, the day we could travel without worrying about our treatment schedule, the day I wouldn't feel like I was always on the "wrong" side of the statistics, the day I would get my eternal optimism back. I hoped that one day when, or more accurately if, we were successful, things would go back to normal.

Before we began our two-year odyssey through the world of ART, I was so carefree and positive. My friends jokingly referred to me as "little miss sunshine" because I always saw the good in any situation. I was thankful for a wonderful life—a loving husband, a supportive family, a broad network of friends, a rewarding job and most important, exceptional health. I enjoyed socializing with friends and meeting new people. I was a Type-A high achiever who believed that through hard work anything was possible. Even when we began our fertility treatments, I was optimistic that we would be successful very quickly.

Almost two years later, with two IUIs and five in vitro fertilization (IVF) cycles under our belts and nothing to show for it, I had become a person I didn't even recognize. I had withdrawn from friendships either because I didn't want to disclose what we had been going through or because I didn't get the support or reaction I was hoping for when I did. I avoided conversations with others who may have been trying to get pregnant for fear of hearing another "We're pregnant!" announcement. My husband and I put off making vacation plans out of fear of a conflict with an upcoming treatment cycle.

I was sadly discouraged by the notion that no matter how hard I worked, how diligently I "studied," or how perfectly I behaved, I still couldn't get pregnant. I started to doubt myself and my self-worth. No longer was I the eternal optimist—I was now convinced that if something bad could happen, it would happen to me. Once outgoing, I now shunned social contact. I hated the changes I saw within myself, which just made me more depressed.

To make a long story short, our sixth IVF cycle (a last "Hail Mary" attempt) at an out-of-state clinic resulted in twins born in March 2006.

When we were in treatment I imagined having a child (or children) as a "cure" for infertility, and I assumed I would revert to the person I once was. Instead, I've come to realize that our experience with infertility fundamentally changed who I am, and has subsequently redefined what is normal for me.

My first clue to the permanent changes that had taken place came when we received the news that the beta (pregnancy blood test) was positive; we couldn't even feel the elation and joy that should accompany that news. Rather, I held my breath and waited for the other shoe to drop. I researched every possible pregnancy complication and, as a result, was convinced I would have complications (my high-risk obstetrician/gynecologist, bless his heart, was extremely patient with me). Before infertility I took good health for granted; now I was sure that I would fall into the miniscule percentage of pregnant women who have adverse outcomes. After a small scare at the very beginning of the pregnancy (upon which I assumed the worst possible outcome), I took disability leave from work so that I could stay on (self-imposed) bed rest the remainder of the pregnancy, just to be on the safe side. As an athlete used to training for and running marathons this was not an easy task, but in my mind it was entirely worth it.

In an effort to protect myself from becoming attached to a pregnancy that may not come to term, I would not allow myself to think of the

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two fetuses inside of me as babies—rather, I referred to them as “Twin A” and “Twin B,” up until their birth. I wouldn’t buy baby furniture or other baby supplies, as I was too afraid of tempting fate. I didn’t have a baby shower. Essentially, I spent my entire pregnancy in utter fear. Looking back, I’m sad that I wasn’t able to enjoy my pregnancy like my friends who had an easy time conceiving enjoyed theirs. They bought furniture when they were eight weeks pregnant and had multiple baby showers. I was holding my breath.

I sense I parent very differently than I would if I had not gone through infertility. Although I always pictured myself returning to work after having children, I decided to be a stay-at-home mother. Even though I loved my job and my co-workers, I just couldn’t imagine going into an office and leaving these children I worked so hard to have. I want to spend every second I can with them. I worry incessantly about the well-being of my children and obsess over absurd scenarios that might cause them harm; I am sure I would have worried plenty even without going through infertility, but my sense of fragility of life is so much more magnified due to my experience.

I find it very difficult to fit in with mothers who did not experience infertility. I just can’t relate when they complain about their children and talk about “going crazy” when they spend too much one-on-one time with their kids. I still feel a twinge of self-pity and jealousy when someone announces an easily conceived pregnancy. I still feel uncomfortable at baby showers, unless it’s a shower for someone I know who has experienced infertility. I still think of myself as infertile.

Sometimes I wish I could be as carefree and naïve as I was before. But there’s not a chance I would go back and erase the whole experience. I’m definitely a different person, and some of that is manifested in positive ways. I am more appreciative, more realistic, and less frazzled by the “little things.” Infertility made me a stronger person, fortified my marriage, allowed me to meet some of the most admirable, supportive women I’ve ever known through RESOLVE and other infertility support organizations and, most important, brought us the two children who would not be here if it weren’t for our experience. This is my new normal.

Postscript: After writing this article, I found out that my husband and I had conceived “spontaneously,” and quite unexpectedly, especially given what we had gone through to conceive the first time. We are expecting our third child in November. One might think that this pregnancy has made me feel more “normal,” more like one of my “fertile” friends. Yet the truth is that even a spontaneous pregnancy cannot erase the experience of infertility. Rather, a spontaneous pregnancy puts someone like me in a very difficult position: I’m no longer infertile, yet I certainly don’t feel like I fit in with the fertile world. I still feel like I need support, but I worry that the infertility community I’ve come to feel most comfortable in will no longer view me as part of that community (luckily, so far my worries are unfounded and I have found nothing but support and encouragement). It is clear that no matter what happens after our experience with infertility, my perspective will always be shaped by that experience.

About the Author: *Lisa Reichmann is the Newsletter Co-Coordinator for the Mid-Atlantic Region of RESOLVE and a HelpLine volunteer. She has also served as a Peer-Led Support Group host. She and her husband Dan welcomed their twins in March 2006.*



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Worth Every Minute

By Carolan Gozzi

I'm Carolan, and this is the story of our struggle to have children.

I was 32 and Joe was 37; we had been trying to get pregnant for several months. My husband Joe had returned from the urologist with confirmation that he had a motility problem. We were referred to an area fertility clinic, where we started our long journey of IVF cycles with ICSI. We were extremely lucky: I became pregnant on my first cycle. On April 28, 2002, I gave birth to a 7 lb. beautiful, healthy boy, Logan. This was the most rewarding experience! It was worth every needle prick.

Ten months later we were determined to have another baby. Yes, we were blessed with a healthy child, but we really wanted a sibling for Logan. I knew I had the strength, perseverance, and my husband's support. We tried several cycles with no success. Some cycles didn't produce any mature embryos at all. It was very hard going all the way through a cycle and not making it to the transfer stage. We sadly experienced a miscarriage on our seventh cycle.

We took a few months off to let my body, emotions, and my husband's sanity get back on track. I had this strong feeling it was going to happen. We just had to keep trying. We went through another three cycles and no pregnancy. My strong feelings became a reality when in our eleventh cycle I got pregnant. I gave birth to an 8.3 lb. beautiful, healthy boy, Rowan.

About a year later we decided to try for one more child. Of course, my family, friends, and even the doctor thought we were crazy. I

knew it was possible after two successful pregnancies; it just wasn't going to be easy. We even hoped for a girl. Sadly, I did not get pregnant with cycle 12. We told the doctor that thirteen would be our last attempt. We started the cycle, and I only had a handful of follicles that measured to size on each ovary. I made it as far as retrieval but the left ovary was hidden. I had one embryo that made it to the division stage for transfer. We decided to go ahead with the transfer even though there was only one embryo. What did we have to lose? We came this far, and it was all in God's hands. Sadly, the transfer was not successful.

I was 36 and the odds were against us—four years older with eggs showing signs of age. Cycle after failed cycle was grueling. However, I still felt we were meant to have more children. I contacted our doctor and told him we really wanted one more cycle. This would be our last and final cycle, number 14. Our doctor advised against it because my body was too tired, and it had been through so much stress. He was very fair and had our case reviewed by seven of his colleagues. The doctors unanimously voted for one more cycle.

I was so attuned to all the calculations and sizes of follicles that it was scary. At my retrieval, I prayed that my left ovary was not hidden. I got into the room with the same nurses and staff and begged them to do whatever necessary to reach my left ovary. Retrieval was done and in my sleepy state, my nurse whispered, "We got to your left ovary but I had to kneel on top of you to get to it." I didn't care if they hung me from my feet to get to that ovary. Three days later we received the call that there were three embryos to transfer; two 8b and one 7c.

The anxious 12-day waiting time began. A blood test the next day confirmed the pregnancy. Interestingly, the HCG count was rather high at almost 400. It's usually in the 100-150 range. We knew we were going to be blessed with twins, and the ultrasound confirmed it. The doctors, nurses, our parents and friends were amazed by this miracle. We truly believe that the baby we lost was now given back to us.

Our miracle babies were born via c-section at 35 weeks. Our daughter, Kieran, weighed 5.11 lbs. and two minutes later our third son, Quinn, arrived weighing 5.6 lbs. Both babies were healthy.

We are so blessed to have such miracles in our lives. Not a day passes without thanking God, and our doctors and staff for all they have done. If not for them, we would not have our family. It was a long and painful road we would take over again. It was worth every minute!

Please feel free to contact me if you have any questions or just need some support! Carolan Gozzi 508-650-3979 or gzzcar@rcn.com.

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Advocacy Update, Grant News

At the end of March, the good news in advocacy was that Senate Bill No. 599—adding “inability to carry a pregnancy to term” to the insurance mandate—was reported out favorably by the legislature’s Financial Services Committee. In specific, the committee members met in executive session to review the public testimony and discuss the merits of the bill, before making their recommendation to the full membership that the bill “ought to pass.”

There are quite a number of steps to follow before the bill can be actually enacted, but we have passed the first hurdle! Many thanks to all for letting your voices be heard in support of this key piece of legislation. It truly makes a difference. We will be calling on you again soon to express your support for the bill, as it is considered by the entire legislature.

We also heard in late March that our Lisa Fenn Gordenstein Access Scholarship grant from the TJX Foundation has been renewed. This grant funds our Insurance Call-in Hours and provides us the funds to give scholarships to those who cannot afford to attend our major programs. The grant was named in honor and memory of the sister of former Board member, Debby Fenn. Debby’s sister Lisa, a TJX employee, was tragically killed on 9/11. Many thanks to Lisa Rothstein for preparing the grant renewal application, and to Debby Fenn for her enthusiasm and support of RESOLVE of the Bay State.

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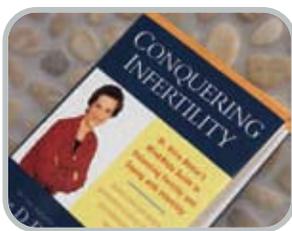
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Serving Prospective Parents & Egg Donors across the United States.



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.

The Center for Advanced Reproductive Services

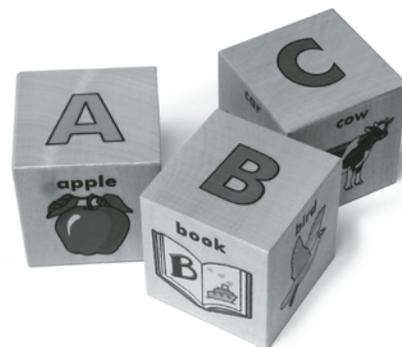


Farmington office:
Dowling South Building
263 Farmington Avenue
Farmington, CT 06030-6224
(860) 679-4580

Hartford office:
100 Retreat Avenue
Suite 900
Hartford, CT 06106
(860) 525-8283

John Nulsen, MD
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



NON-RESOLVE PROGRAMS

The following programs may be of interest to RESOLVE members. A listing does not constitute an endorsement by RESOLVE. See page 19 for advertising and editorial policies. DEADLINE for Summer 2008: May 28, 2008.

MIND/BODY PROGRAMS FOR FERTILITY

CREATED BY DR. ALICE DOMAR

BEST SELLING AUTHOR AND INTERNATIONAL
AUTHORITY IN MIND/BODY MEDICINE

ENHANCE YOUR CHANCE! This program for everyone will help you reduce stress and anxiety related to infertility and teaches you new lifestyle habits that will enhance your fertility. **Studies show that participants in mind/body programs double their chance of having a baby.**

Two Programs to Choose From

- Ten Week starting April 23, 2008
- Weekend Retreat – April 12 & 13, 2008

To register, contact (781) 434-6578 or
domarinfo@domarcenter.com,
or online at www.domarcenter.com

ADOPTIONS WITH LOVE, INC.

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.**

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.

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

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**

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.

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Phone: 781-890-2225
Fax: 781-890-2249
Website: www.resolveofthebaystate.org

ADVERTISING POLICY

This Newsletter accepts paid advertisements. Advertisements submitted must be emailed as PDFs 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.

The service providers advertising in this newsletter have not been screened or required to meet any specific criteria and have paid a fee to be included. Therefore advertisements for services/persons/providers should not in any way be considered endorsements or recommendations, either express or implied, by RESOLVE of the Bay State or RESOLVE of Greater Hartford.

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NEWSLETTER SUBMISSION DEADLINES

Summer 2008	May 28, 2008
Fall 2008	August 27, 2008

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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.



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