Finding Our Essential Selves: The True Guide to Treatment Decision Making

By Anne Belden, MS

What would it be like to awaken each morning and be naturally pointing toward your "True North"? How would this self-knowledge impact your decisions around your fertility treatments? Who would you be as you moved through the rocky terrain of infertility if your own compass kindly kept you traveling down your own clear and true path?

One of the many challenges of seeking pregnancy is to stay the course—not just any course, but your own course, the one that feeds your soul or your "Essential Self." Often our most well-meaning family members give us advice and support, but it comes from what they deem best for us, which is not always what we know (or suspect) to be best for ourselves. And our doctors tell us the latest technology and statistics, and guide us to the "best next step" from their medical perspective. We get pulled, tugged, and encouraged to begin another round of IUI or consider IVF… which is fine, IF that is truly what we want to be doing.

Sometimes, in the midst of all of this well-meaning support, we lose our center. Think for a moment of your body as a compass, your very own set of navigational instruments, arranged like those little nesting boxes, one inside the other. The outermost box is your body and is the easiest to access. By being in touch with what your body is feeling, you can then connect with the next layer within—your emotions. And therein lies your Essential Self, gently holding your truth.

Our Essential Self is the hardware we are born with. It is who we are at our core—our true essence. It is like a deep flowing river within, fed by wisdom and inner strength. The Essential Self is not changed by the current of relationships, the pebbles of daily challenges, or new streams that join into its flow; it remains true to itself.

In contrast is our "Social Self," ready in waiting for the ever-changing software that we must update, process, and respond to. Our Social Self is malleable, influenced by outside forces. It is here that we make decisions based on what others want, or what we think we are supposed to do, rather than what feeds our soul. We need our well developed Social Self; we just don't want it conducting our symphony.

So, when you are lost in the murky pond of "what do I do next?" press the pause button, and ask yourself what your body is feeling. Then, ask yourself these three questions to get your compass spinning, leading you right to your Essential Self:

1. ***What am I feeling right now?***
2. ***Why am I feeling this way?***
3. ***What will it take to make me happy?***

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SAVE THE DATE:

RESOLVE of New England's Annual Fertility Treatment, Donor Choices, and Adoption Conference

Saturday, November 6, 2010

(See page 5 for more information.)

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Elective Single Embryo Transfer (eSET)

Getting the Most from Your Infertility Insurance Coverage

RESOLVE INFORMATION

It's easy to become a member of RESOLVE. Go to our website and click on "Membership."

Household Membership: $55/year Professional Membership: $150/year

RESOLVE OF NEW ENGLAND Household Member Benefits

RESOLVE OF NEW ENGLAND provides compassionate and informed support, education, and advocacy to people in New England who are experiencing infertility and seeking to build a family. Join those who know what it's like to wish for a baby. You are not alone.

Chapter HelpLine — leave a message at 781-890-2225, for information and support from our Member Services Coordinator.

Quarterly Newsletter — includes information about our programs and services, as well as articles of interest.

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

Educational Programs — reduced fees for varied monthly presentations by experts in the fields of infertility, donor conception, or adoption. Also day-long seminars providing an in-depth look at one topic.

Monthly Peer Discussion Groups — open forums held at various locations providing information and support to people interested in learning more about infertility and RESOLVE. Groups focusing on specific topics are held in our Waltham office.

Discounts — members can attend all Peer Discussion Groups free of charge and receive substantial discounts on attending all of our programs and for literature.

Annual Conference — discounted fee for this day-long educational event with over 40 workshops focusing on infertility treatment, emotional issues, donor conception, and adoption.

Directory of Services — a resource book of infertility, mental health, donor conception, and adoption services, published annually.

Advocacy — for protection of the Massachusetts insurance mandate, implementation of mandates in New England states without a mandate, and for 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.

RESOLVE OF NEW ENGLAND Professional Member Benefits

We welcome professionals working in infertility, adoption, donor conception, and related fields to become professional members of RESOLVE OF NEW ENGLAND, the only organization providing direct services to people experiencing infertility in New England. RESOLVE OF NEW ENGLAND offers its professional members a number of benefits in addition to those available to our household, consumer members, including:

AS ALWAYS:

- By purchasing your new or renewed membership through us, ***all proceeds stay local*** and help us provide services to those experiencing infertility in the New England area.
- Option to advertise/list in our annual printed directory.
- Option to exhibit/advertise at our annual conference.
- Option to write articles for and advertise in our quarterly newsletters.
- Discounted pricing to events.
- Leadership/volunteer/presentation opportunities.
- Indirect benefits: advocacy for preservation of infertility insurance mandates and introduction of new mandates; media efforts on infertility issues.

IN THE WORKS:

- Basic 2-line (Name, Phone) alphabetical listing on our website.
- Name listed in quarterly newsletter as a professional member of RESOLVE.
- A badge for you to place on your website, indicating your RESOLVE Professional Membership.
- Discount on conference and program CEU processing fees – 50%.
- Professional Membership certificate.
- Membership card.
- Access to an online "Resource Center" with a searchable archive of past newsletters/articles.
- Access to a "Members Only" forum, with special designation as a Professional.

We are always looking for new ways to provide benefits and services to our members, both household and professional. If you have any suggestions on how we can better provide for our members, or if there is a feature or benefit you'd like to see, please let us know. And as always, thank you for your support of **RESOLVE OF NEW ENGLAND!**

RESOLVE EDUCATIONAL PROGRAMS

RESOLVE OF NEW ENGLAND 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 attendees. **FEES** (unless indicated otherwise): $20 per person for non-members; $10 per person for RESOLVE members. Register in advance for these programs by emailing our office at admin@resolveofthebaystate.org, or by calling our HelpLine and leaving a message at 781-890-2225. Then simply pay at the door when you check in.

Elective Single Embryo Transfer (eSET): Achieving One Healthy Baby per Pregnancy

With Danielle Vitiello, MD, and Lynette A. Scott, PhD, Fertility Centers of New England

A multiple pregnancy may feel like a welcome relief after the struggles of infertility. But with the recent bad publicity about multiple births after IVF, and concerns about exploding health care costs, elective single embryo transfer (eSET) is attracting close attention and is viewed as a viable option for a number of women. Many fertility centers now offer eSET in order to reduce multiple births and achieve the goal of one healthy baby per pregnancy. Why should you consider this technique?

Fertility treatment cycles are responsible for 50% of twin births and 75% of higher order births. It is important to be aware that there are significant risks and that poor health outcomes can be associated with this type of pregnancy, to both mother and fetus/child. For example, the major problem with twin pregnancies is prematurity, and the more premature the delivery, the greater the risks of complications both at birth and beyond. For the mother, risks include conditions such as high blood pressure and gestational diabetes, as well as the psychological stresses of raising several children at once.

This program will cover the success rates of the eSET technique, along with information about how the embryology lab can select the best quality embryos for the highest rates of success. The presenters will explain who is a good candidate for this technique, and how it achieves the goal of healthier outcomes for both mother and baby. There will be plenty of time for Q&A.

When: Tuesday, July 27, 2010, 6:30 – 8:30 p.m.
Where: The Walker Center, 171 Grove Street
Newton, MA 02466, in the Living Room

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RESOLVE of New England

Getting the Most from Your Infertility Insurance Coverage

With Marymichele Delaney, RESOLVE of New England's Insurance Advocate, Delaney Consultants; and Lisa Catalano, Manager of Billing and the Managed Care/ Financial Team, Brigham and Women's Center for Infertility and Reproductive Surgery

Learn about choosing insurance coverage for your infertility treatments, what medical information is sent to your carrier, self-advocacy, and working with your doctor on an appeal for denied coverage. In addition, the program will offer information regarding coverage for donor cycles.

When: Wednesday, September 22, 2010, 7:00 – 9:00 p.m.
Where: The Walker Center, 171 Grove Street
Newton, MA 02466, in the Living Room

RESOLVE OF NEW ENGLAND
Massachusetts Insurance Call-In Hours

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

Insurance Call-in
Tuesday, September 14, 2010 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.

781-890-2225

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

PEER AND TOPIC DISCUSSION GROUPS

What are peer discussion groups? These groups meet monthly at various locations on an ongoing basis and are led by a "peer" who is currently or has experienced infertility. These discussion groups are a great way to share feelings, stories, and strategies in a safe place, with others who are facing similar challenges. The groups offer the emotional support of others; provide strategies for coping, and information about RESOLVE resources.

GENERAL INFERTILITY DISCUSSION GROUPS: General infertility discussion groups are open to those – women and men, couples and individuals – who have primary infertility (those with no children).

Waltham, MA: RESOLVE of the Bay State Office, 395 Totten Pond Rd., Suite 403
Times: Wednesdays, 7:00-9:00 p.m. Dates: August 4 and September 1, 2010

Worcester, MA: Tatnuck Park at Worcester, 340 May St.
Times: Wednesdays, 7:00-8:30 p.m. Dates: July 28, August 18, and September 15, 2010

Boston, MA: Morville House, 100 Norway St. (near Symphony Hall)
Times: Wednesdays, 6:15-8:00 p.m. Dates: July 21, August 18, and September 15, 2010

Warwick, RI: Panera Bread, 1000 Bald Hill Road, Ste. 11, Warwick, RI
Times: Wednesdays, 6:00-8:00 p.m. Dates: July 28, August 25, and September 29, 2010

Farmington, CT: UConn Health Center/Dowling South Bldg., 2nd floor Education Rm., 263 Farmington Ave
Times: Thursdays, 7:00 p.m. Dates: August 19 and September 16, 2010

Portland, ME: Mercy Hospital, Fore River Campus, 3rd Floor Conference Room, 175 Fore River Parkway
Times: Tuesdays, 6:30 – 8:00 p.m. Dates: September 14, 2010

TOPIC DISCUSSION GROUPS: These are informal discussion groups that focus on a particular topic and are led by a volunteer with experience in that subject. Groups meet in our Waltham, MA office, 395 Totten Pond Rd., Suite 403, unless otherwise noted.

Pregnancy Loss Discussion Group: For those who have experienced a miscarriage/stillbirth/ectopic pregnancy, or recurrent pregnancy loss. Discuss the impact of loss and find support for the emotional experience of grief.
Times: Wednesdays, 7:00-9:00 p.m. Dates: July 28 and September 15, 2010

Secondary Infertility Discussion Group: For those who are experiencing infertility while parenting. The struggles and frustrations of secondary infertility are unique. Join others who understand the challenges.
Times: Mondays, 7:30-9:00 p.m. Dates: August 2 and September 13, 2010

Adoption Discussion Group: For those exploring adoption, informal discussion about the issues and concerns surrounding this family building option, led by an adoptive mother. Gain answers and strategies, connect with others.
Times: Wednesday / Thursday, 7:00-9:00 p.m. Dates: Wednesday, July 21 and Thursday, September 2, 2010

Donor Egg Discussion Group: For those considering donor egg as a way to build a family, a discussion of the issues, decisions, and emotions surrounding this family building option. This group is led by a donor egg mother and author.
Times: Mondays, 7:00-9:00 p.m. Dates: July 26, August 30, and October 4, 2010

Pregnancy After Infertility: For those currently pregnant, an informal discussion about issues and concerns.
Times: Mondays, 7:00-9:00 p.m. Dates: July 26, August 23, and September 27, 2010

Donor Egg Parents Group: For those currently parenting children through egg donation. Children are welcome. Contact us with number attending and we will send you the address, as these groups meet on a rotating basis in the homes of parent volunteers.
Date: Thursday, July 22, 6:30 p.m. in Lexington
Check website for future dates and times as these change monthly.

Fees: Free to RESOLVE members. Nonmembers $5 per person. **Registration:** Pre-registration is requested by email to admin@resolveofthebaystate.org or by phone to 781-890-2225. Walk-ins are also welcome to attend.

Help is just the beginning.

When you need more than science, RESOLVE of New England provides emotional and practical support, education, advocacy...and something else:

Hope.

The RESOLVE of New England

Fertility Treatment, Donor Choices, and Adoption Conference

SATURDAY, NOVEMBER 6, 2010 • 8:30AM-5PM • Best Western Royal Plaza, Marlboro, MA

Join us for an all-day informational conference for consumers and providers, offering in-depth exploration of the medical, emotional, and legal aspects of infertility, donor options, adoption, and other family building choices. Featuring presentations by the region's leading infertility, donor egg, and adoption specialists, on topics such as:

- Everything You Want to Know About IVF
- Making the Leap to Adoption
- Adoption Choices—Domestic and International
- Evaluation of Ovarian Reserve
- Medical and Emotional Aspects of Donor Egg
- Ask the Experts Q&A sessions
- Complementary Medicine

Also on site:

- Exhibitors from infertility clinics, pharmacies, adoption agencies, donor organizations, and more.

Let's imagine you are faced with your next step decision; perhaps it is whether or not to do IVF. First ask yourself: "What am I feeling?" If the answers don't readily pop up, finish these sentences:

I wish_____

I hope_____

I am angry that_____

I am afraid that_____

I am sad that_____

I am happy about_____

Filling in these blanks should put you on the track of knowing what you are feeling as you consider the IVF question, or any other questions requiring a decision.

Next, ask: "Why am I feeling this way?" This question helps you begin to trace the emotion to its source. Sometimes it requires asking a series of "whys?" to really get to the kernel of truth. Then you uncover which feelings are coming from your core, and which are imposed upon you.

And third: "What will it take to make me happy?" Well, a baby, of course! But take a moment and see if you can broaden your response. Think in the realm of "I will only be happy when I have done absolutely every possible treatment available," or maybe "I will be happy after doing what we can for three more months and that is all I can take," or "We are willing to spend x amount of money and then we are done." Be intentional and really consider what your parameters are. And most of all, consider what you need to stay emotionally and physically whole.

Our heads noodle around decisions, but our bodies firmly cradle the truth. Build up your awareness of how your body is feeling by focusing on these key questions, and your Essential Self will be waiting to gently lead you down the right path.

About the Author: Anne Belden, MS, is certified as a Gestalt Coach, as well as a Martha Beck Life Coach and also fully trained in the Co-Active coaching model. She lives in Maine with her husband, two teenaged children, and a wooly Old English sheepdog. Her practice is Sea Changes Life Coaching. She can be reached at abelden@me.com and her website is www.seachangeslifecoaching.com.

Pre-implantation Genetic Diagnosis: The Next Frontier in Assisted Reproduction

By Carla M. DiGirolamo, MD, PhD, and Kathryn J. Go, PhD, Reproductive Science Center of New England

The notion of "assisted reproduction" began as early as the late 1800's when animal experimentation set out to investigate the concept of artificial insemination of sperm into the female reproductive tract. By 1950, the first human artificial insemination was performed at Cornell University. In the late 1960's and early 1970's, fertilization of human eggs and sperm in the laboratory, known as "in vitro fertilization (IVF)" represented the next leap forward in assisted reproductive technology (ART). With these advances also came skepticism and outright hostility over the ethical issues surrounding whether science should interfere with a process as sacred as the genesis of human life.

Over time, ART became mainstream as hundreds of thousands of children have been born with the help of ART. It is amazing to think that within just a generation, ART has advanced from literally, sperm collection and egg retrieval performed in secrecy with in vitro fertilization performed in the basement of Columbia University, to tens of thousands of healthy children born each year from fresh and cryopreserved embryos and further, government mandated insurance coverage for this technology in 15 of the United States.

Although leaps and bounds have been made in mainstreaming assisted reproduction, the cycle of ethical questions with advancing technology still continues, in particular, with pre-implantation genetic testing of embryos.

Pre-implantation genetic diagnosis (PGD) is a technique used to determine the genetic characteristics of an embryo prior to transfer into the woman's uterus. PGD was initially used to select for female gender in couples at risk for passing on diseases linked to the X chromosome, such as hemophilia, to their sons. PGD involves removing 1 or 2 cells from a 3-day-old embryo, referred to as embryo biopsy, and analyzing these cells for the genetic abnormality in question. Embryo biopsy with genetic diagnosis has allowed families to achieve pregnancy and the birth of unaffected children and has been a therapeutic boon to couples at risk for diseases such as cystic fibrosis, Tay-Sachs, spinal muscular atrophy, and a myriad of other conditions.

In contrast, embryo biopsy with screening (PGS) for aneuploidy (abnormal chromosome number) remains controversial. While some centers have reported that pregnancy and live birth rates have been improved for patients of advanced age, with recurrent pregnancy loss or multiple IVF failures, this has not been universally observed. Many speculate that the limitations of PGS including the inability to examine the entire chromosomal complement and the representation of the entire embryo with the biopsy of just 1 or 2 cells may, at least in part, explain this discrepancy in findings.

A new technology that allows assessment of all the chromosomes within a biopsied cell from an embryo is now available. Called microarray analysis, this method can also provide a concurrent diagnosis of a known genetic disease, allowing both genetic screening for abnormal chromosomes as well as diagnosis of a more specific gene defect from a single biopsy sample.

As molecular methods improve in conjunction with the analytical methods to interpret them, these techniques may also be applied to determining which embryos have the optimal chance for implanting. The application of

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Stop the Infertility Bashing! Let's Win the Public Relations War

By Terri Davidson

I've noticed it for a while, but it seems to be getting worse and is becoming a little scary. I don't think any other field in medicine—even plastic surgery—comes under the degree of intense scrutiny that infertility does. Maybe I have this perspective because I've been working in infertility public relations for almost 14 years, so I remember when it was relatively easy to get positive media coverage for the clinics and organizations with which I worked. Reporters gladly interviewed happy families with their miracle babies and wrote uplifting articles about the wonders of assisted reproductive medicine. In general, the press lauded the infertility field's accomplishments as progress. There would be the occasional blip, i.e., the "cloning" crisis or the birth of the McCaughey septuplets, but we were able to turn those debacles into teachable moments, especially in Massachusetts. In this state we could discuss the merits of mandated infertility insurance coverage that discouraged the inappropriate use of procedures resulting in higher order multiple births.

> ***"…this is becoming the norm and…no other medical issue receives this type of derision."***

Losing Control of the Message

But those were the days before self-inflicted wounds like Octomom, Jon and Kate Plus Eight, and talk of excessive compensation for egg donors, as well as before controlling health care costs was on everyone's mind. Now newspapers are going the way of the dinosaur, the media is veering toward tabloid sensationalism, and the Internet allows everyone to express an opinion, whether informed or not. Somewhere along the way, a seismic shift occurred in both media and public perception that infertility treatment in general, and infertility treatment insurance coverage in particular, are actually problematic for society and are a cause of the rising cost of health care. The message of "joy about creating families," (not to mention that family growth stimulates the economy and creates the next generation of workers to fund Social Security, etc.) has become lost. The tone has become decidedly unsympathetic. No, I don't have statistics from a media watchdog organization and, yes, positive exposure still is happening in all parts of the country and on national outlets, but my gut feeling says that the amount of infertility bashing is on the rise.

This is especially true in Massachusetts where the landmark, 23-year-old Massachusetts Infertility Mandate has been under attack in recent months from now Senator Scott Brown and with the recent publication of a front-page Boston Globe article about health insurers noticing a trend of individuals buying health insurance coverage a few months before they need "...an expensive elective procedure that can be planned ahead, such as knee or hip replacements or fertility treatments."

It is bad enough that the Globe article (http://www.boston.com/news/local/massachusetts/articles/2010/04/04/short_term_customers_boosting_health_costs/) was full of holes and did not have any input from patients or professionals in the field, but what is even more disturbing are the very harsh public comments that follow the article. The posts ranged from calling infertility treatment a lifestyle choice to denying it is a medical condition to deriding how much it costs to making it seem like the health care crisis would be solved, and all medical/ethical dilemmas would vanish if society banned infertility treatments. These comments are not new. We have all seen them. What bothers me is that this is becoming the norm and that no other medical issue receives this type of derision.

So how did the infertility field go from being miracle worker to health care scapegoat? How can a group that represents only 1 in 8 people of reproductive age garner the support it needs? I have outlined the problem, but what are the solutions?

Evoking Empathy and Rallying the Public

There is a bright side to this public relations crisis. The infertility community, led by patient organizations like RESOLVE of New England, RESOLVE: The National Infertility Association, and the American Fertility Association, has organized and become connected in more ways than ever before. RESOLVE of New England has been on the forefront of leading the campaign to update the definition of infertility in the Massachusetts Infertility Mandate, so that insurance companies do not use outdated language to deny coverage for recurrent pregnancy losses or to reset the clock that delays treatment for women over 35. This year's National Infertility Awareness Week, led by RESOLVE: The National Infertility Association, was a tour de force example of using the power of both social

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and mainstream media to let the public and elected officials know that infertility is a medical condition deserving attention, resources, and empathy.

The AFA has broken new ground by publicizing infertility prevention awareness among 20-something women as well as GLBT family building. Countless bloggers and Twitter and Facebook participants have organized to spread the word about infertility news stories and have willingly shared their own journeys to make the public cognizant of their struggles. Fertility clinics, egg donation and surrogacy agencies, and other fertility providers have been involved at both the local and regional levels. There is a lot to celebrate.

Internally our community seems to be more united and organized than ever before. But there are many concentric circles of support around us, comprised of individuals who may be waiting for us to ask them for help. We need to step beyond our usual comfort zone and reach out to them. How? First, let's rally the men and women who have previously battled infertility. Many clinics keep lists of former patients, especially those who have succeeded in conceiving children. They represent the first group of individuals who would support the Massachusetts Infertility Mandate, which helped them build their families. Next, consider our family members, all those would-be grandparents, aunts, and uncles, and dear friends. These are people who love someone who is experiencing infertility.

Then among the population at large are the truly empathetic—those who understand that their children are their most precious gifts, want others to be able to experience that same joy, and realize that putting families first is the best investment society can make. They have no self-interest other than wanting to do the right thing. Support and advocacy efforts for many other medical conditions and diseases like breast cancer and HIV/AIDs are organized around this model of support for both public relations and fund raising.

So when we add the numbers, our power extends way beyond 1 in 8. The support is there for the asking. Let's get started.

About the Author: Terri Davidson is a fertility marketing specialist whose dual passions are family building and marketing. She has been a RESOLVE of New England board member for seven years. Please check out her web sites at www.fertilitymarketingmaven.com and www.terridavidsoncommunications.com.

Adoption Is Not the Same as Having a Child of Your Own: Myths and Realities

By Dawn Davenport

The statement that adoption is not the same as having a child of your own is both remarkably accurate and remarkably wrong. The first part—"not the same as"—is quite true. Adoption and giving birth are two very different ways of creating your family, just as New York City and Paris are two different vacation destinations, or chocolate and vanilla are two different flavors of ice cream.

We seem to focus so readily on what adoptive parents miss by not giving birth that we overlook what parents by birth miss by not adopting. As a mother by birth and adoption, I have often felt a little sorry for people who haven't adopted. They have missed so much.

It's of course true that adoptive parents don't get to experience the joys and pains of pregnancy and birth. They don't have the visual proof of impending parenthood and the communal sharing this elicits. They don't get to indulge in the pregnant parent's favorite pastime—playing Guess the Gene. They likely won't get to breastfeed exclusively. The expense of adoption, while often similar to the expense of giving birth, is covered by the adoptive parents rather than insurance. And then there is the worry about the unknown—prenatal exposures, genetic conditions, emotional state of the expectant mother, and so on.

On the other hand, if you haven't adopted, you haven't felt the breath-holding excitement of "getting the call" announcing that a birth mother has chosen you (domestic adoption) or that a child has been referred (international adoption). You've missed the wonder of meeting a fully formed human being that is your child, complete with all the unspoken possibilities of that relationship. Oh, and you'll never have the pins and needles sensation of waiting to travel to pick up your child, whether you're driving across town or flying across an ocean—making lists, packing and unpacking, giggling at absolutely nothing, and worrying over absolutely everything.

People who've never adopted have never felt the overwhelming intensity of first meeting their child. It's hard to explain the giddy anticipation mixed with unnamed anxiety. This combination of emotions helps etch even the tiniest details into your memory forever—the colors, the smells, the words, the emotions. For me, this moment is one of my "mountain top experiences."

Adoption can make the everyday seem miraculous: The moment when this child that you met only a few months or even weeks before seeks you, and only you, out of the crowd with her eyes. The moment when you realize that your small, developmentally delayed child is now a robust, into-everything preschooler, and the quiet pride you feel knowing that but for you, these gains may not have happened. The contentment in knowing that you took a risk and it paid off. A feeling of satisfaction unique to adoptive parents when we look around our Thanksgiving table and realize that we are a family created by choice and love.

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Adoption: Myths and Realities

So, yes, creating a family by adoption is not the same as creating a family by birth. But the "child of your own" part couldn't be more wrong.

The phrase "a child of your own" implies a desire for a child who looks and acts like you. A child you conceive will share half your DNA, and while it's true that appearance and certain characteristics are influenced by genetics, what's most interesting from research, as well as from my personal experience, is how little of our traits, personality, and intelligence are controlled exclusively by our genes.

A child conceived and born of you and your spouse will be a mixing of two different gene pools, with a unique environment thrown in for good measure. Your child by birth may be nothing like you at all. I can honestly say that I am no more similar to my kids by birth than to my kid by adoption. And for the record, being similar to a child doesn't guarantee closeness or parental enjoyment. In fact, sometimes it means just the opposite. Also, it's easy to find similarities with all of your kids, if you look for them.

But what the "child of your own" comment really misses is that, in reality, this feeling comes through the acts of parenting. Sure, giving birth is one act, and a big darn act at that, but parenting is made up of thousands of acts each day, and it is the sum total of all these acts of claiming that creates this feeling of "own-ness." Biology has little to do with it, unless you make it an issue.

I can hear it now, that all these things I mentioned that are special about adoption are not necessarily unique to adoption. Parents by birth can and do have some of these same experiences. True enough, but doesn't that help make the bigger point? Neither way is superior; both are special, and both are great ways to have a child of your very own.

About the Author: Dawn Davenport is the host of the internet radio show, Creating a Family: Talk about Infertility and Adoption, and is the executive director of the nonprofit Creating a Family, providing unbiased resources on adoption or infertility (www.CreatingaFamily.com). Dawn is also the author of The Complete Book of International Adoption.

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PGD: The Next Frontier in Assisted Reproduction

this potential analysis may allow single embryo transfer to become the standard, providing patients with both the best chance of pregnancy and the lowest incidence of a potentially risky multiple gestation.

Without question, pre-implantation genetic testing has revolutionized assisted reproductive technology. However, as with all advances, caution needs to be exercised. Once such example described above is screening embryos for aneuploidy (PGS). The limitations on the technology for this application are clear. The American Society for Reproductive Medicine (ASRM) and the American College of Obstetricians and Gynecologists (AGOG) have concluded that there is not sufficient evidence of clear benefit to routinely offer PGS to patients with recurrent loss, advanced age, or recurrent IVF failure.

Many clinicians, though, would agree that there are cases where circumstances may justify PGS and these are considered on a case by case basis. Even more controversial is the use of PGD for gender selection for social reasons, most commonly for family balancing and cultural considerations. The ethical clash that has erupted pits reproductive autonomy against the fear of the "Brave New World" of "designer" babies, and discarding embryos simply because they do not have the desired height, eye color, IQ, career preference, ethnic profile, societal class, or sexual preference.

History has presented these lessons to us before where technology challenges the current paradigm of ethics and clinical judgment and, again, we must answer the call to push forward, but do so responsibly. Lively debate about these controversies is healthy and should continue. It keeps us all honest as we forge ahead to break new ground in this very dynamic and evolving field.

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RESOLVE of New England

Advocacy Update

By Davina Fankhauser, Advocacy Director

Department of Public Health

On June 2, 2010, several representatives of RESOLVE of New England, Dr. Steven Bayer of Boston IVF, and Dr. Mark Hornstein of Brigham and Women's Hospital met with officials at the Massachusetts Department of Public Health. Our goal was to determine how to stop insurance companies from denying patients coverage who are medically eligible for treatment, as insurers are refusing coverage based on the company's arbitrary guidelines. We were told that the way to make change is for patients to go through the insurance appeal process within their company and then move on to filing an appeal for external review with the Department of Public Health's Office of Patient Protection if necessary. *We are encouraging everyone who has been denied to take these measures.* You will have a chance to help yourself and will be making a difference for others in the future. (Check our website under "Insurance Advice" in the near future for resources to help you through this process.)

Senate Bill 485

RESOLVE of New England is actively supporting this bill, and we are happy to report it is now within the Senate Committee on Ways and Means. We have several steps we need to accomplish prior to the end of the legislation session, July 31st: *1. Senate Committee on Ways and Means must favorably report the bill out of committee; 2. Pass the Senate; 3. Pass the House of Representatives; 4. Convince Gov. Patrick to sign the bill into law.* S. 485 has several people on the Senate Ways and Means Committee who are supportive of this bill and will do what they can to help get this through.

Feedback—Your Voice Counts

The feedback we have received from legislators within the Health Care Financing Committee is that they received letters, emails, and phone calls from our members. We asked you to use your voice, you did, and it made all the difference. S. 485 now sits in a new committee and we need your strength in numbers once again. **Please join us in contacting the committee members within the Senate Ways and Means and let them know S. 485 is important and needs to be passed now.** We are asking anyone who lives in the districts of Senate President Murray or Senators Panagiotakos, Brewer, or Chandler to please make an appointment to meet with your legislator and allow RESOLVE of New England to join you. You can find contact information at: http://www.mass.gov/legis/comm/s30.htm or contact advocacy@resolveofthebaystate.org.

Therese.Murray@state.ma.us, Pres. of Senate
Steven.panagiotakos@state.ma.us, Chairman
Stephen.Brewer@state.ma.us, Vice-Chair
Harriette.Chandler@state.ma.us, Asst. Vice-Chair

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Brian.A.Joyce@state.ma.us
Susan.Tucker@state.ma.us
Michael.Knapik@state.ma.us
Richard.Ross@state.ma.us

A Mandate for Maine

On Friday, June 11th a discussion was held among volunteers, physicians, and a professional legislative representative to better learn what it will take for all Maine residents to receive infertility treatment coverage. If you would like to become involved in this effort, or for more information, please contact advocacy@resolveofthebaystate.org.

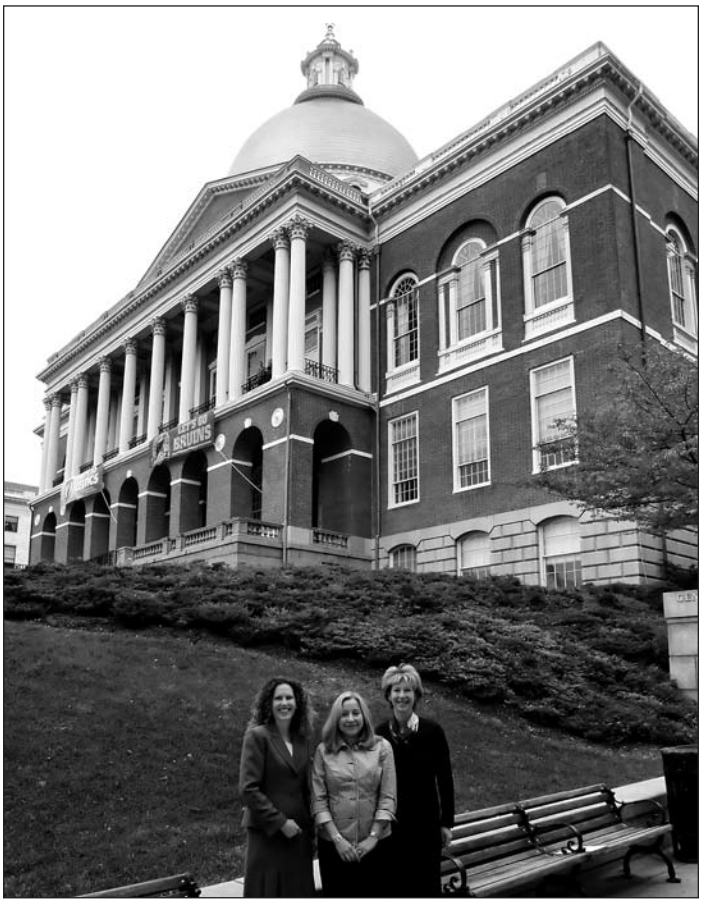
Teaming Up

RESOLVE of New England helped spread the word that MassBio was sponsoring Patient Day on Wednesday, June 16th at the State House. During this event, patients and providers were encouraged to join MassBio and its member companies in advocating for patient access to co-pay assistance as proposed in H 4689. MassBio provided an overview of the legislation and a quick lesson on how to ask for a legislator's support, before hitting the State House for meetings with key legislators.

Contact Us

For additional information, or to get involved with our advocacy efforts, please contact Davina Fankhauser at advocacy@resolveofthebaystate.org.

Sandy O'Keefe, Rep. Byron Rushing (an original signer of the Mass. Mandate law), and Davina Fankhauser receiving a Certificate for Excellence in Advocacy awarded to RESOLVE of the Bay State at the annual Nonprofit Awareness Day at the State House.



Davina Fankhauser, Rebecca Lubens, and Lee Collins at the State House after the Joint Committee on Health Care Financing agreed to release Senate Bill 485 for further consideration.

NON-RESOLVE PROGRAMS

The following programs may be of interest to RESOLVE members. A listing does not constitute an endorsement by RESOLVE. See page 15 for advertising and editorial policies. Deadline for Fall 2010: August 25, 2010.

DOMAR CENTER FOR MIND/BODY HEALTH

MIND/BODY PROGRAMS FOR FERTILITY

Developed by Dr. Alice Domar

(Bestselling Author & International Authority in Mind/Body Medicine)

ENHANCE YOUR CHANCE!

Studies show that those who participate in mind/body programs more than DOUBLE their chance of having a baby (Domar et all, Fertility and Sterility, 2000). This program is designed to reduce stress surrounding fertility treatment and to help you to feel happier and more in control.

NEXT EVENING PROGRAMS:
Tuesdays, July 13 – September 7, 2010
6:00 – 8:30 p.m.

For more information or to register, call **(781) 434-6578**, email **domarinfo@domarcenter.com**, or visit us online at **www.domarcenter.com**.

Financial assistance is available for those who qualify. Assessment visit covered by Blue Cross/Blue Shield, Harvard Pilgrim, and Tufts health insurances.

MAPS WORLDWIDE ADOPTION

Whether you are ready to start the adoption process or simply gathering information to decide if adoption may be right for you, we can help. At **MAPS Worldwide**, a non-profit New England agency, we have helped over 4,000 families realize their parenting dreams since 1977.

Our experienced, compassionate staff would be happy to talk with you about our domestic or international programs. Please call, or visit www.maps-worldwide.org to learn more or to sign up for a free informational webinar or meeting.

MAPS WORLDWIDE
400 Commonwealth Ave., Boston MA 02215
617-267-2222
info@maps-worldwide.org

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ADVERTISING POLICY

This quarterly 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 NEW ENGLAND.

Standard ad sizes:
- Full page - 7.5" wide x 9.5" high
- 1/2 page - 7.5" wide x 4.625" high
- 1/4 page - 3.625" wide x 4.625" high
- Business card - 3.625" wide x 2.125" high*

We reserve the right to resize ads to fit our specifications.

**Please do not include borders on business card ads.*

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.

SUBMISSION DEADLINES

Fall 2010	August 25, 2010
Winter 2010	November 22, 2010

BOARD AND STAFF

We welcome and value volunteers.
Please contact us by email or phone if you are interested in becoming a volunteer.
Many opportunities are available.

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