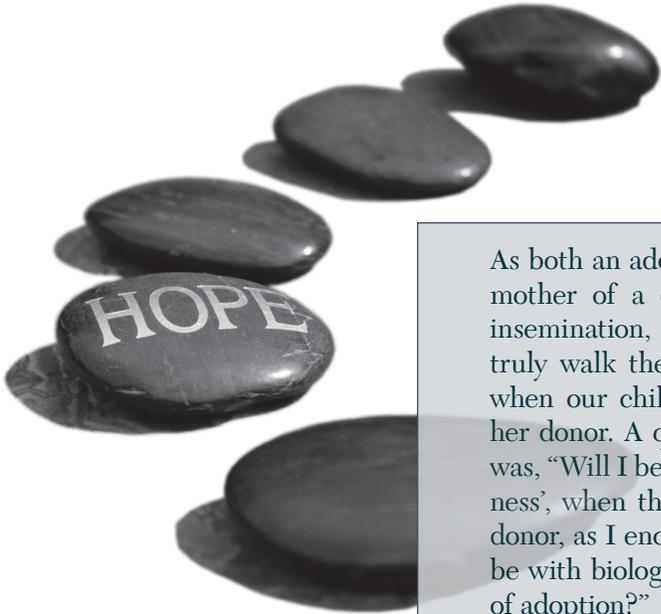


## The Kid is Alright But the Donor Passed Away

By Marla Ruth Allisan JD, LICSW, Director, Full Circle Adoptions



As both an adoption professional and the mother of a child conceived by donor insemination, I have often said that I'll truly walk the walk of "open adoption" when our child turns 18 and can know her donor. A question, left to the future, was, "Will I be as comfortable with 'openness', when the time comes to meet her donor, as I encourage adoptive parents to be with biological families in the context of adoption?"

I have always imagined welcoming "Donor 575" into our family, to the extent that he might be interested, and respecting his boundaries if he was not. I'd hoped he'd respond warmly towards our daughter, but for 18 years, we haven't known how the connection would unfold. He would have many children with whom to connect – what might this be like for him and for our family?

Some sperm banks only work with completely anonymous donors; this is equivalent to a closed adoption. Some sperm banks work with both -- donors who will agree to be known when the child is an adult (a "yes" donor) and those who wish to remain anonymous beyond the age of majority. A 'yes' donor agrees to provide identifying information and agrees to be contacted by the child when they turn age 18. We chose a "yes" donor because we felt sure that any child of ours would be curious about their biological father. Over the 18 years, our daughter has had moments of sadness about not knowing

her biological father, but she's always nurtured the dream of getting to know him once she turned 18. We looked forward to this day too and often mused about what it would be like.

At the time we made this choice, I had been in the adoption field for four years. I was grateful to know, through that work, how important it could be for her to have a 'yes' donor. In the adoption realm, I truly believe that children benefit from knowing everyone who loves them. In donor insemination, there is a parallel uncertainty regarding what kind of connection both families will want and the question of whether or not it will be of a positive nature. A big question was whether and 'how' her biological father, who had children he was parenting, would choose to acknowledge his children conceived by DI when the time came. We wondered whether he'd limit contact to letters/email or whether he'd agree to meet. How welcoming would he be to her interest in knowing him?

In the intervening years, a number of the children of Donor 575 have had a chance to know each other through an information sharing program that families can opt for through the Sperm Bank of California. Thus, our daughter has had a chance to know many of her half-siblings over the years; they have a private Facebook group by which they communicate as well.

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- What I Wish You Would Say (pg 6)
- The Adoption Decision (pg 8)
- Membership Form (pg 9)
- Medical Article: Antral Follicle Counts (pg 10)
- \*\*Conference Save the Date (pg 11)



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## CONTACT

RESOLVE OF NEW ENGLAND  
395 Totten Pond Rd, Ste 403  
Waltham, MA 02451

**E-mail:** [admin@resolveofthebaystate.org](mailto:admin@resolveofthebaystate.org)  
**HelpLine:** 781-890-2225  
**Fax:** 781-890-2249

**Website:** [www.resolveofnewengland.org](http://www.resolveofnewengland.org)  
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We reserve the right to resize ads to fit our specifications.

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

*This newsletter is published quarterly (winter, spring, summer, fall) with a circulation of approximately 1,200.*

## EDITORIAL POLICY

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

## SUBMISSION DEADLINES

Fall 2011	August 15, 2011
Winter 2012	November 15, 2011



*We welcome newsletter article submissions, especially personal experience articles, via email. Articles should be no longer than 750 words and must be approved by the editor. [admin@resolveofthebaystate.org](mailto:admin@resolveofthebaystate.org)*

We reach 1,200 members and professionals quarterly.

Please call or go online for more information about becoming a RESOLVE of New England member, or to request information to advertise in upcoming issues.

781-890-2225      [www.resolveofnewengland.org](http://www.resolveofnewengland.org)      @ResolveNewEng

# NEWSLETTER UPDATE - SUMMER 2011



RESOLVE of New England was saddened to see Rebecca Lubens leave after 10 years of leadership of our organization. The Board of Directors is currently searching for an Executive Director to lead us forward in our vital mission of infertility education, support and advocacy in New England. In the meantime, I have taken on the Interim Executive Director position and I am proud to do so. I have been a member, volunteer and employee of RESOLVE for over 4 years. I am a firm believer in the work that RESOLVE of New England does on a daily basis and have experienced the services and support that we offer.

All of us on the infertility journey know that life takes unexpected turns. I began volunteering for RESOLVE last Fall, as I had some downtime and wanted to give back to an organization that had given me so much. While my plan was to help out for a few weeks, it turned into a part-time office position and now Interim Executive Director. I want to give back to the infertility community and my only regret is not having found or gone to a Resolve meeting sooner in my infertility journey. RESOLVE was a blessing for me and I hope it has been for you as well.

Let me know how we at RESOLVE of New England can help you, our household and professional members. We welcome new ideas and need your perspectives. Consider volunteering for RESOLVE. It is a wonderful community of people going through infertility, those who have resolved in some form or fashion, as well as caring professionals. I look forward to hearing from you.

Fondly,

Erin Lasker  
Interim Executive Director  
RESOLVE of New England

## SAVE THE DATE:

*The Annual RESOLVE of New England*  
**FERTILITY TREATMENT, DONOR CHOICES AND ADOPTION CONFERENCE**

**Saturday, November 5, 2011**

*(See page 11 for more information.)*

We are very excited to announce our  
2011 CONFERENCE KEYNOTE SPEAKER

**Alice D. Domar, PhD**

Tracts include our entire  
**Adoption Decision Making\*** and  
**Donor Egg Decision Making\***  
Seminars

*\*Last presentation of these seminars for 2011*

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# PEER DISCUSSION GROUPS

**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).

**Boston, MA:** Morville House, 100 Norway St. (near Symphony Hall)  
Times: Wednesdays, 6:00-8:00 p.m. Dates: July 20, August 17, and September 21, 2011

**Longmeadow, MA:** First Church of Christ, 763 Longmeadow St. (Buxton Room)  
Times: Mondays, 7:00 p.m. Dates: July 11, August 1, and September 12, 2011

**Plymouth, MA:** Plymouth Professional Center Bldg. 116 Court St, 3rd floor of Plymouth Village  
Times: Wednesdays, 6:30 p.m. Dates: July 6 and September 7, 2011

**Waltham, MA:** RESOLVE of the Bay State Office, 395 Totten Pond Rd., Suite 403  
Times: Tuesdays, 7:00-9:00 p.m. Dates: July 5, August 2, and September 13, 2011

**Westborough, MA:** St. Luke's Parish, 1 Ruggles Street (Parish Center, Classroom #28, 1st Flr)  
Times: Tuesdays, 7:00 p.m. Dates: July 12 and August 9, 2011

**Farmington, CT:** UConn Health Center/Dowling South Bldg., 2nd floor Education Rm., 263 Farmington Ave  
Times: Thursdays, 7:00 p.m. Dates: July 21, August 18, and September 15, 2011

**Portland, ME:** \*NEW LOCATION\* Maine Medical Center, 22 Bramhall St., Dana Education Center  
Times: Tuesdays, 6:30 – 8:00 p.m. Dates: September 13, 2011 (no July/August groups)

**Londonderry, NH:** Healing Hands Chiropractic Family Wellness, 156 Harvey Rd  
Times: TBD Dates: \*Looking for new volunteer group leader.\*

**East Providence, RI:** Church of the Epiphany, 1336 Pawtucket Avenue, living room (basement)  
Times: Thursday, 6:00-7:30 p.m. Dates: July 7, August 4, and September 1, 2011

**Burlington, VT:** Christ Church, Presbyterian, 400 South Prospect St.  
Times: Mondays, 7:00 – 9:00 p.m. Dates: On hold until Fall. Please check website for future dates.

**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 20 and August 24, 2011

**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/Tuesdays, 7:00-8:30 p.m. Dates: July 11, August 8, and September 12, 2011

**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: Thursdays, 7:00-9:00 p.m. Dates: July 7, August 18, and September 22, 2011

**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 11, August 29, and October 3, 2011

**Pregnancy After Infertility:** For those currently pregnant, an informal discussion about issues and concerns.  
Times: Mondays, 7:00-8:30 p.m. Dates: July 25, August 22, September 26, 2011

**Donor Egg Parents Group:** For those currently parenting children through egg donation. Children are welcome. Contact us for address. These groups meet on a rotating basis in the homes of parent volunteers.  
Times: 6:30-8:00 p.m. Dates: Thursday, July 21, 2011 - Belmont, MA  
Thursday, August 18, 2011 - Arlington, MA

## The Top 15 Reasons Why You Should Join a RESOLVE Support Group

by Phyllis Lowinger, ACSW

*“A sorrow shared is a half sorrow. A joy shared is a double joy.” - Swedish Proverb*

I believe strongly in the power of support groups to help women, men and couples cope with the emotional havoc that infertility wreaks on one's life. It is understandable that someone would have fears about joining a support group, and it is not unusual for new members to state how hard it was to make the decision to come to a group. Making this decision means admitting that one is having problems with conceiving and/or carrying a pregnancy to birth.

Resolution of infertility involves coming to terms with the experience and the emotions that this major life crisis brings to the foreground of one's daily life. One can reach a solution, but that does not necessarily lead to the resolution of one's feelings. Being with others who are living with this experience can be both empowering and liberating: empowering in that one gets to meet others who are going through this and appreciate first hand that he or she is not crazy.

Infertility is a major life crisis. Isolating oneself exacerbates the emotional pain; sharing it with others who can understand it, lessens the pain. Be proactive. There is a RESOLVE Support Group for you. Join a support group because:

1. You believe you have a fertility problem.
2. You believe that talking with others who are dealing and coping with infertility will help you feel less alone.
3. You feel that others going through this medical/emotional crisis have something to offer you.
4. Going to family events with children present, pregnant friends, relatives and co-workers poses many emotional issues for you.
5. You do not know how to respond when people ask you, “How many children do you have?”
6. You have questions about who to tell, when to tell and what to tell different people.
7. You have reactions when you tell someone that you are having a problem getting pregnant and he/she responds by saying, “Just relax.”
8. Your marital relationship is stressful.
9. Lovemaking with your partner has become baby making.
10. You and your partner do not agree on many aspects of your treatment.
11. You do not enjoy the roller coaster experience of an IVF cycle and feel that there may be value in talking to others who have taken the ride already.
12. You have questions and concerns about when “enough is enough” with regards to medical treatment.
13. If you do not meet with success regarding medical treatment, you know that the alternatives of adoption, egg/sperm donation, surrogacy and child-free living are all complex solutions and come with many emotional issues attached.
14. You believe that the emotional issues of loss of control, feelings of helplessness, anger, jealousy, guilt, blame and sense of betrayal of your body will not go away as soon as you achieve pregnancy.
15. You know that ignorance is not bliss.

What is a RESOLVE of New England Peer Discussion Group? These groups meet monthly and are led by a “peer” who is currently, or has experienced infertility. These informal 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; provides strategies for coping, and information about RESOLVE resources. Free to RESOLVE of New England members, \$5 per person for non-members. See below for registration details.

*Please check our website [www.resolveofnewengland.org](http://www.resolveofnewengland.org) for additional peer group schedules and locations. To register: Please e-mail [admin@resolveofthebaystate.org](mailto:admin@resolveofthebaystate.org) with the number of people attending. We appreciate advance notice, however walk-ins are welcome. Free to RESOLVE members, and \$5 per person for non-members. Cash (correct change please), or check made out to RESOLVE of New England is appreciated.*

## What I Wish You Would Say:

*Voices From the Journey of IF*

Anyone who has traveled the infertility journey knows that it often brings feelings of loneliness, betrayal, anger, and isolation. It is hard at times to maintain relationships with fertile friends and family. We still love them, yes, but the difficult truth is that they do not understand. What I have found to be comforting along my own journey is the gift of friendship with women who have also walked this path. Although our stories are not identical, we can all identify with the intense longing, loss, jealousy, and difficulty in maintaining hope for pregnancy.

We sometimes talk about what we wish people would say—what we *hope* they would say—if they knew how to support us on this difficult journey. We share stories, laugh, and cry about the blatantly insensitive (younger sister who, aware that you have been battling infertility for three years, brings her ultrasound picture to the family Thanksgiving dinner) and the unintentionally hurtful (woman in line at the grocery store who immediately asks you how many children you have). I write this article with their collective voices, and wishes, in mind.

### WHAT I WISH

You became pregnant easily and have never experienced a body that betrays you and that you cannot control, no matter how hard you try. Please do not tell me to just relax. My husband and I relaxed for the first six months of trying. Then, the next six. It became harder to relax when a year passed and we were not pregnant. After three years, pregnancy loss, and failed treatments, relaxing became quite difficult. Impossible, really. So although I know that you mean well, telling me to relax hurts. What I wish you would say is: *I am here for you if you want to talk, cry, take a walk, or go to a movie to take your mind off of things.*

You are one of my closest friends and delighted with your first pregnancy. You can't wait to share your joy with others. Please do not be offended if I choose not to attend your baby shower. Perhaps you can't understand how difficult it is to be around pregnant women, to feel their joy and hear stories about morning sickness, fatigue, and bloating. It might seem selfish to you that I can't get over my own feelings and share equally in your excitement. But to see you is to remind me that I am no closer to pregnancy than I was when I started this journey three years ago. I will be thrilled for you when your baby is born, but I may need to send you those happy wishes with a bit of distance. I understand that you might not agree with my decision, but I ask that you please respect it. What I wish you would say

is: *I respect your decision and know that our friendship is important to you, whether you attend my baby shower or not.*

You are my co-worker. You know that I have come late to work several days to do early morning blood tests and ultrasounds, and you have seen stress taking its toll on me as weeks drag into months into years. You are quick to offer advice on how I should handle my infertility. I appreciate your suggestions about nutrition (“Eat eggs!”), your recommendations to try meditation and yoga, and your opinions on exercise during infertility treatments (“Don’t do it!”). I have tried all of these things and more. I have stopped drinking caffeine and wine, taken to blending wheatgrass into my morning smoothie, and have eaten pineapple when I thought it might be time for implantation. Unfortunately, I am still not pregnant. What I wish you would say is: *Let me know what I can do to take some things off of your plate at work when you need to take a walk or just need five minutes to yourself.*

You are anxious for us to become pregnant and to bring a new baby to the next family holiday gathering. When years go by, and it becomes clear that we are struggling to become pregnant, you want to offer us your support. Please do not ask us, “Why don’t you just adopt?” Although you see this as an easy solution to our situation, it hurts to hear this. Adoption is not a compromise, nor is it an easy decision. Because you so easily conceived your biological children, you cannot understand how it feels to mourn that connection, to let go of the dream of children who are genetically related to you. We may choose adoption as the right way for us to build our family, but we will do that in our own time. What I wish you would say is: *I am here to support you, whatever decisions you make.*

### WHY WE ARE GRATEFUL

One thing that my infertility friends and I appreciate is the simple acknowledgement that our pain—our grief—is real. Even when others can't understand the journey, when they are willing to say, “I can only imagine how painful this must be,” it at least lets us know that what we feel is legitimate. Some liken the feelings of depression experienced during infertility to those dealing with a terminal illness. We are battling the darkness of depression, pushing mightily through the journey of infertility, and trying very much to keep hope at the center of our paths.

What we wish you would say, you *CAN* say. Just listen to us and we will tell you how.

## LISA FENN GORDENSTEIN ACCESS SCHOLARSHIPS



RESOLVE of New England is very pleased to announce that we have received a \$10,000 grant renewal from the TJX Foundation. This grant funds our **Lisa Fenn Gordenstein Access Scholarships** and allows us to assist anyone in financial need who wishes to attend our full- or half-day educational programs and/or to become a member of RESOLVE of New England.

We are committed to ensuring that your financial circumstances are not an obstacle to accessing the comprehensive programs and services offered by RESOLVE of New England.

### **Applying for a Scholarship**

Financial assistance from our Lisa Fenn Gordenstein scholarship program is available to cover the cost of household membership AND/OR the cost to attend our full-day programs (Adoption or Donor Egg Seminars, or our Annual Conference) or our half-day program (Beyond Infertility Treatment: What's Next).

To find out more about applying for the scholarship for our upcoming **ANNUAL CONFERENCE** (Saturday, November 5, 2011), please visit <http://www.resolveofthebaystate.org/scholarshipapplication.html>.

Email us at [admin@resolveofthebaystate.org](mailto:admin@resolveofthebaystate.org) or call our HelpLine at 781-890-2225 with any questions.

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## The Adoption Decision: *Could the word resolve ever have meaning for me?*

by Michele Blake

Driving away from the hospital, the rental car held our newly formed adoptive family, our two-day-old son strapped securely in the rear. Bouncing down a gravel road, we heard a small sigh emerging from the car seat, and my husband pulled over so I could check on the baby. His head was slumped forward onto his chest--he looked so tiny, so fragile. "Do you think there's been any brain damage?" I asked anxiously. "Yes," teased my husband, "in the adoptive mother."

Starting out on a rocky road was symbolic of our journey to adoption, although the years since that day have been smooth. That I made it to any kind of motherhood at all was something of a miracle. At 39, I was an "older" bride. Knowing my chances for pregnancy were somewhat diminished, at the first hint of trouble I pushed for an infertility workup. Told it wasn't likely I could conceive without help, I was pronounced a "great IVF candidate" and off we went into treatment. Unfortunately, to put it mildly, my two cycles didn't work; in fact, both I was hospitalized with complications so rare, as one doctor put it, "There isn't even any research literature about this." No further medical options were available. There would be no baby for us.

As Emily Dickinson wrote, "after great pain, a formal feeling comes." The despair of my thwarted longing for parenthood was so overwhelming I still can barely touch the memories. Friends and family, loving, well meaning, urged adoption whenever they had the chance. I tried to be polite; I knew they wanted only to help. I wanted only to scream. My husband's fear of fatherhood, rooted in family illness and tragedy, made him reluctant to encourage adoption, but he was willing to do anything to ease my sadness. Surrogacy was out of the question for a variety of medical and emotional reasons. I couldn't move forward, yet there was nothing left behind to return to. Adopt or be forever childless. How could the word "resolve" ever have meaning for me?

Unable to imagine a family constellation that did not include a child who physically represented the love we had for each other, my husband and I tried hard to come to terms with it one way or another. We signed up for the Resolving Without Children workshop at Symposium. I faithfully attended a RESOLVE drop-in group for 2 1/2 years where I went over the same frustrating ground each month--adoption just didn't feel right, but not having chil-

dren didn't either. We called couples that had adopted, but their uniformly positive stories did little to convince us that we could be as fortunate. Reluctantly, joylessly, we went to the Open Door Society conference, and to some agency open houses. The costs of adoption were shocking, and besides, we didn't want to do this anyway, did we?

After awhile, still unable to lay the whole thing to rest and get on with our lives as a duo, we figured we might as well do a home study, hoping that would make things clearer for us. It didn't, although we enjoyed the life review aspects of the exercise. We hadn't found a placement agency we felt comfortable with, and listened skeptically as our social worker told us about one in the Southwest that some of her clients had used. We sent for their materials and went out for an orientation. We liked the staff, but remained highly ambivalent. The very randomness of the whole process frightened us deeply--we'd mail photos and letters halfway across the country and somehow we'd end up with a child who'd be ours till the end of our days? This was crazy. It couldn't possibly work. Still, we sent off an album to be shown to prospective birthparents. It was not with high hopes; instead we felt little but dread.

Nine months and one day later, the call from the agency came. We flew out to meet our son's birthparents and he was born five weeks later. The biggest surprise was that nothing felt random about it at all.

So the truth is not so much that we decided to pursue adoption, as that we didn't decide not to. We left just enough doors open for our baby to enter when he was ready. Amazingly, joyfully, we were too. As he was offered to our outstretched arms ten minutes after his birth, our hearts no longer held the hesitation, the ambivalence, or the sorrow they had carried ever since we had learned we were never to become biological parents. Many months later, my husband saw a quote that was attributed to the Dalai Lama. It read: "Remember that not getting what you want is sometimes a wonderful stroke of luck."

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# \* \* MEMBERSHIP/PACKET REQUEST FORM \* \*

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## MEMBERSHIP

- New  \$55 / Household Membership  
 Renewal  \$150 / Professional Membership

## PACKETS

- Adoption Information Packet - Members \$10 / Non-Members \$12  
*Beginning the adoption process can be overwhelming. This packet is intended to help you get started.*
- Donor Egg Information Packet - Members \$20 / Non-Members \$25  
*This packet is designed for anyone considering donor egg as a family-building option.*
- Insurance Information Packet - Members \$ 5 / Non-Members \$ 7  
*This packet is for anyone having difficulty with or confused about insurance coverage.*

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## TOTAL

\$ \_\_\_\_\_

## Payment Options:

- Check Enclosed  Credit Card  Visa  MasterCard  American Express  Discover

CARD NO.

EXP. DATE

SIGNATURE

Mail completed form w/ payment to: RESOLVE • 395 Totten Pond Road, Ste 403 • Waltham, MA 02451 or fax to: 781-890-2249  
**You can also join online at: [www.resolveofthebaystate.org/membershipapplication.html](http://www.resolveofthebaystate.org/membershipapplication.html)**

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### **Antral Follicle Counts**

*By Daniel R Grow, MD, Baystate Medical Center, Professor and Deputy Chair, Department of Obstetrics and Gynecology, Tufts University School of Medicine and Albert L Hsu, MD, National Institute of Health, Bethesda, MD*

Can we predict the number of eggs retrieved at IVF? Antral Follicle Counts help set the dose of FSH for ovarian stimulation.

Stimulating the ovaries with Follicle Stimulating Hormone (FSH) is very common before IVF or intrauterine insemination to make more eggs and maximize pregnancy rates. With IVF, this allows multiple eggs to mature, and then be retrieved, fertilized, and grown in an incubator. Embryos that grow symmetrically, with minimal fragmentation, and good cell shapes and cell number, have a relatively high pregnancy rate. Lesser grade embryos have lower chances of normal development and ongoing pregnancy. The discriminating embryologist can choose the very best of several growing embryos, to transfer just one or two to the uterus, and obtain a high pregnancy rate. Having multiple embryos to choose from, helps; the better the embryo chosen, the better the chance of a baby.

For most IVF programs, the ideal ovarian stimulation would yield 10 to 20 eggs. Fewer eggs than this can limit the ability to select for the best embryo. Too many eggs increase the risk of painful ovarian enlargement, or Ovarian Hyperstimulation Syndrome, a potentially dangerous complication. Thus, the IVF physician must set the FSH dose to achieve ovarian stimulation within this range. This can be very tricky because every patient responds differently. Some patients will make too many eggs with a very low dose of FSH. Others will only make a few eggs with maximal doses. With the large differences in ovarian response between patients, setting the right dose is challenging, and patients are counting on it being right. Knowing the number of resting follicles waiting to develop with FSH stimulation would be very helpful.

FSH stimulates resting ovarian follicles to develop into mature eggs, and we can see these resting follicles by ultrasound. We call them antral follicles, and they measure between 2 mm (the size of an ice cream cone sprinkle) and 10 mm (the size of a healthy green pea). These follicles contain an oocyte and the supporting granulosa cells, which envelop the egg and some fluid. The fluid makes these antral follicles easy to see by ultrasound. Ultrasound examination of the ovaries reveals that most ovaries have several antral follicles, and some ovaries have many. These

little follicles are waiting to be stimulated by FSH, allowing them to mature and grow. They can reach the size of 20 mm (a grape) before the egg inside is mature and is either released through ovulation, or removed with a needle for IVF.

We have long known that some patients have many antral follicles (polycystic ovaries- PCO) and that PCO patients make many mature eggs when given FSH. We also know that older patients (in their mid-40's and beyond) typically have very few antral follicles and make very few eggs when given FSH. Recently however, we have started to carefully count the number of antral follicles in an ovary, and use this number to help determine the optimal dose of FSH, to help predict how many eggs a patient will make with a specified FSH dose.

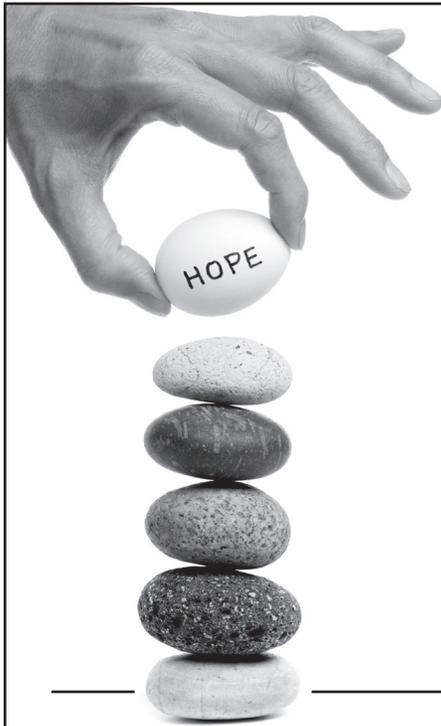
The antral follicle count is typically determined between days 2 and 4 of the menstrual cycle with examination by transvaginal ultrasound. A skilled ultrasonographer simply counts the small follicles measuring between 2 and 10 mm on each ovary and reports the total. This is the antral follicle count (AFC). In a recent study, we determined that there is a 3-fold difference in the number of eggs retrieved per unit of FSH given, between patients with a low AFC and a high AFC. Therefore in young patients with a high AFC, we should use a low dose of FSH; and in young patients with a medium number of antral follicles, we should use a medium dose of FSH; and in those with a low AFC, we should use a high dose of FSH.

There are many markers of ovarian response. Among these are patient age, BMI, day 3 FSH level, inhibin, and AMH. Most authors believe that the AFC is the best. It is easy to obtain, reproducible, and becoming much more widely used. Several authors have recently determined that even though the Antral Follicle Count is pretty good at predicting the number of eggs produced, it is not very good at predicting pregnancy rate amongst women of the same age. Women with high AFC need lower FSH doses, while those with low AFC need higher FSH doses. However when appropriately treated to optimize egg numbers, both groups of patients have similar pregnancy rates, assuming similar age.



Are you 'friends' with RESOLVE of New England on Facebook and Twitter? If not, consider 'liking' our Facebook page and following our Twitter page. We post updates on all our peer groups, events and the latest information in the infertility world!

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# **SAVE THE DATE**

## **SATURDAY, NOVEMBER 5, 2011**

### *RESOLVE of New England*

# **Fertility Treatment, Donor Choices, and Adoption Conference**

8:30 AM to 5 PM • Best Western Royal Plaza • Marlborough, 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.



#### **2011 CONFERENCE KEYNOTE SPEAKER**

***Alice D. Domar, PhD***

Alice D. Domar, Ph.D is the executive director of the Domar Center for Mind/Body Health, the director of mind/body services at Boston IVF, and an assistant professor of obstetrics, gynecology, and reproductive biology at Harvard Medical School. She is the author of six books, including "Conquering Infertility". She is the founder of the Mind/Body Program for Infertility, is a practicing psychologist, conducts research on the relationship between stress and fertility, and lectures throughout the US and internationally.

**Conference 2011 - Helpful Hints** (*\*If you attend as a couple, consider attending different sessions separately, for a total of 8 sessions.*)

#### **EARLY TREATMENT TRACT** (*If you are in the beginning stages of infertility treatment.*)

**SESSION POSSIBILITIES:** Infertility 101; Understanding your Infertility Diagnosis; Journey Through the IVF Lab; Why Infertility Shouldn't be Unexplained; Navigating a Cycle: What to Expect; Infertility and Age: Medical and Emotional Issues.

#### **MID/END TREATMENT TRACT** (*Nearing the middle/end of infertility treatment.*)

**SESSION POSSIBILITIES:** Low Ovarian Reserve and Treatment of Poor Responders; Understanding your Infertility Diagnosis; Pregnancy Loss: Medical and Emotional Issues; Why Infertility Shouldn't be Unexplained; Deciding Between Adoption and Egg Donation; Infertility and Age: Medical and Emotional Issues; My IVF Cycle Didn't work, What's Next?; Embryo Donation: Is This an Option for Me?

#### **DONOR EGG TRACT** (*For those considering Egg Donation.*)

**SEMINAR TRACT:** Preparing the Way for Egg Donation; Finding a Donor and the Legal Issues; Psychosocial Issues in Donor Egg; Donor Egg Parents Speak

**ADDITIONAL SESSION OPTIONS:** Donor Sperm and Donor Egg: Answering the Tough Questions; Financing Adoption and Egg Donation; Egg Donation or Adoption: Which is Right for Me?

#### **ADOPTION TRACT** (*For those considering Adoption.*)

**SEMINAR TRACT:** Moving From Infertility to Adoption; Domestic Adoption: A How-To Overview; International Adoption; Paths to Successful Adoption: Adoptive Parents Speak

**ADDITIONAL SESSION OPTIONS:** Adoption: Getting Started; Will this Child Be Mine: Family Bonding and Attachment; Financing Adoption and Egg Donation; Effects of Drug and Alcohol Exposure on Development; Working with Birthparents; Egg Donation or Adoption: Which is Right for You?

#### **COMPLIMENTARY TREATMENT/STRESS REDUCTION/RELATIONSHIP STRATEGIES** (*For all stages of your journey.*)

**STRATEGIES:** Intimacy and Sex During Infertility; Balancing Infertility, Marriage and Life; Tools and Techniques for Regaining Control and Enhancing Fertility; Adding Complementary Therapies to Your Treatment; Improving Wellness During Infertility

**ALSO:** There will be a **Q&A Forum** from 4:20-5:00 pm for more information on a wide variety of topics.

This past January, a few days before her birthday, our daughter completed a notarized statement requesting her donor's identifying information. The day after she turned 18, we received a FedEx from the Sperm Bank of California. Her biological father's name was Henry. He included several photographs and the message he wrote was a child's and family's dream:

"I believe that any man who agrees to be a 'yes' donor should be available for the needs and desires of his offspring," was just the beginning. When one chooses a "yes donor", the donor is asked to update his file at some point prior to the time when the children can request identifying information. Several years ago, Henry had provided the sperm bank with updated information about his career along with his full name, home and work phone numbers, his email address and his street address. He stated that he was welcoming of communication though he would never know when one of the children had the packet – sometimes offspring hold onto the knowledge for years before reaching out.

Our daughter reached out right away. And Henry responded. Over a three month period, our daughter had the opportunity to have warm and lovely phone conversations, email and text communications with her biological father. Henry was lovely to her. She had the chance to tell him some of the colleges to which she'd been admitted. As Henry was a physicist, they got to talk "science-talk" and she had a chance to hear how he thought. Another sentence that will ring forever in our daughter's ears, "I'm proud to be your father." He talked about getting together with her and her parents and even offered to contribute towards the costs of college as best he could as a resident in medical school.

This is where the story veers far away from, "The Kids are All Right," the recent movie, starring Annette Benning and Julianne Moore, about two children conceived by DI who find their donor on their own. In the movie, the families connect and the donor has an affair with one of the parents. This is not our story.

Henry had apparently learned about a year ago, that he had a serious illness. It was an occupational health-related illness—he had been exposed to asbestos in his work as a physicist and had developed mesothelioma. He hadn't mentioned this to many members of his immediate family or to our daughter. He told her he was about to have a surgery, but he was so low-key about this that no one guessed the seriousness. He was having a lung removed. Sadly, his other lung was not strong enough to support his

heart. He was on life-support when we got the news. We literally boarded a train for New York within several hours of hearing this information.

Meeting Henry's extended family under these circumstances could also be the subject of a movie. We had two trips to New York. During the second trip, our daughter's half-brother, "Josh", from California came to see Henry as well. The "kids" are five months apart and have had a chance to know each other; the Sperm Bank allows families who've used the same donor to know each other as the children are growing up.

At the time that Henry was in the hospital, we were also joined by "Sam," one of the children Henry parented. Sam was within a year of their age. I sat outside the ICU room, letting our daughter, Sam, and Josh get to know each other as family while the machine that kept their biological father alive made sounds reminding them that he was still with us.

At one point, we invited Sam to spend an evening with us and later we all went back to our hotel room to relax. The three kids lied down, like sardines, on one of the beds, gorged on "fried Oreos" and ice cream and watched funny SNL clips on our daughter's computer. Like kids. Like siblings. Siblings whose father was dying in a hospital nearby.

#### **SEVERAL IDEAS AROSE FROM THIS OVER-ALL EXPERIENCE:**

- It would be nice if children conceived by DI could be updated with non-identifying information during their childhood. We learned only recently that Henry had changed professions, becoming an MD, and that his mother had been a prominent MD and Dean of a Medical School as well. This was significant because our daughter, not knowing this information, has for the past five years, expressed a wish to become a doctor and we've noticed her reading neurology books for fun.



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An Egg Donation Facilitation Agency

***Tiny Treasures New England***  
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Burlington, MA 01803

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Fax: 781-279-1326

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Egg Donation*

- It would be nice if Sperm Banks might take a more thorough family medical history and update this every five years. It would be an added bonus if they could provide a genealogy, which is not hard to do these days. While our daughter received enough scholarship for college not to need this, she is, by virtue of heritage on Henry's side eligible to apply for significant scholarships. Also after Henry's passing, we learned there was some significant health history in his extended family, that arose after our daughter was conceived, that would have been an appropriate subject of an update.
- It could be helpful for children of donor insemination to have a way to communicate with their donor during their growing up years. This would, of course, solely be with everyone's permission and blessing. Any clinical/legal concerns could be addressed in a fashion similar to post-adoption communication agreements.

Sadly, in mid-April of this year, just as our daughter was attending a preview weekend at the college she'll attend in the fall, Henry died. He left behind seven children whom he'd parented and children in ten families who were able to become parents thanks to his gift through donor insemination. Four of the ten families had two children. There were, thus, twenty one children, in all. He came from a family of ten adult children and we had a chance to meet a number of them who had gathered at the hospital from as far away as Seattle, Washington and Australia. We exchanged email addresses and have stayed in touch.

As for testing myself as to my actual degree of openness to openness, I can say I was eager for our daughter to have answers to the spoken and unspoken questions she has about herself and her biological father's side of the family. If we'd known we would have had such a short time, we would have moved heaven and earth to meet him earlier.

The first time I saw Henry, sadly, he was connected to life support and unable to communicate. A matter of weeks before, our daughter had said, "Henry said to tell you that he'd be happy to talk with my parents if you would like to talk to him." We would have loved to have talked with Henry, but we wanted to give our daughter the space and time to develop her own relationship with him, unaffected by her parents. I told her that she should let me know when she was ready to have me call him and I would. She said ok. A month later, it was too late.

I do wish I had had a chance to say thank you to the man who gave us the best gift we've ever received. Our thanks

have been expressed, in part, by raising her with love and care. In the days ahead, we hope to give her as much connection with her biological father's side of her family as possible. In this experience, we learned that even before a child has actual contact with birth family, they have an inner relationship with them, full of hopes, dreams, scenarios, wishes, yearnings and even love. It makes sense not to lose time in reaching out to biological family; this maximizes the chance that, as parents, we can give our child as much of their full history and future warm family connections as possible.

*Marla Ruth Allisan JD, LICSW is the founder and director of Full Circle Adoptions (Brookline and Northampton, MA). Full Circle Adoptions provides full service domestic adoption services and is a Hague accredited agency providing international adoption services as well. Marla's daughter, who will be attending Harvard in the fall, gave her blessing for the publication of this essay. When not helping families grow through adoption, Marla enjoys writing, biking and spending time with her family.*



## RESOLVE OF NEW ENGLAND Circle of Support

### GOLD

Boston IVF

Brigham and Women's Center for  
Infertility and Reproductive Surgery

Reproductive Science Center of New England

### SILVER

Massachusetts General Hospital Fertility Center

### BRONZE

Cardone Reproductive Medicine & Infertility

Women & Infants'

Center for Reproduction and Infertility

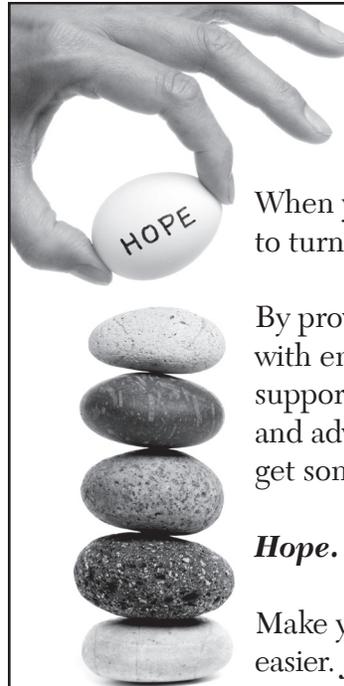
## One Person's Perspective on Peer Support Groups

Anonymous

I can remember being so nervous walking through the door of my first peer group meeting. What was this going to be like? Would I be the only one there? Was I going to break down and cry in front of other people? Was this going to be helpful or just make me feel worse?

All these fears and more were present, but I walked through the door of a general infertility peer discussion group and sat down. What I found was amazing. I found a group of people who were supportive, compassionate, caring and sincere and I had only known them for 2 hours. Why did I wait so long to come to a meeting? Why did I question myself? I thought of all the time that I had been missing out on this support. I felt relief, and couldn't wait until the next meeting.

I went to that support group for over 2 years and till keep in touch with a few of the 'regulars'. I can't believe I waited as long as I did to attend a peer group, but I am so glad that I finally did!



When you don't know where to turn, we're here to help.

By providing our members with emotional and practical support, as well as education and advocacy, our members get something else:

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## MAINE MANDATE UPDATE

At the time of our last newsletter, we were very excited and encouraged by possible legislation led by Rep. Gary Knight that would mandate insurance coverage for infertility treatment in Maine. Despite the best efforts of many volunteers and advocates, the bill did not move forward beyond committee. We would like to thank the more than 40 people who came out in support to the Maine State House on March 23rd, testifying publicly and sharing their truly heartfelt requests for mandated coverage. RESOLVE of New England would also like to personally thank Maine resident and volunteer Anne Beldon, whose compelling Letter to the Editor was published in the Bangor Daily News in support of the proposed legislation. While this particular legislation may not have succeeded, we still encourage our Maine members to become involved in state advocacy efforts; please contact us for more information on how you can help.

## RESOLVE OF NEW ENGLAND ADVOCACY CHAIR TAKES ON PETA

In March, People for the Ethical Treatment of Animals launched an outrageous campaign to offer a free vasectomy to a man who has his pet spayed or neutered during the month of April; the most insulting part of this campaign was that it was done “in honor of” National Infertility Awareness Week. Keiko Zoll, our Advocacy Committee Chair, went head to head with PETA by publishing an open letter condemning their campaign on her blog. She rallied 63 other bloggers in openly condemning PETA as well as gathering over 2,200 signatures in just three days in an online petition calling for PETA to remove all references to National Infertility Awareness Week. After leading this aggressive grassroots advocacy effort, PETA finally removed all links to National Infertility Awareness Week from their website, just one week after they had launched their nonsensical publicity stunt.

## ADVOCACY DAY 2011: VOLUNTEERS ADVOCATE FOR INFERTILITY AWARENESS ON CAPITOL HILL

On May 5, 2011, nearly 100 volunteers from 18 states headed to our nation’s capitol to advocate for infertility awareness. RESOLVE of New England Advocacy Committee Chair Keiko Zoll was joined by former RESOLVE of New England Board Member Lee Rubin Collins in a small delegation that met with Massachusetts legislators in their DC offices. Advocacy Day was focused on three major issues: 1) that infertility is a disease; 2) to push for an infertility tax credit bill; and 3) to encourage legislators to call the CDC to resume work on their National Action Plan for infertility mandated two years ago by Congress. We are happy to report that the CDC received so many calls from legislators that work has resumed immediately

on their National Action Plan for infertility and that an infertility tax credit bill has indeed been introduced! RESOLVE of New England would also like to encourage members to take advantage of their right to meet with their elected officials about issues that matter to them. For more information on scheduling home office visits and talking points about infertility awareness, research, and legislation, please contact our Advocacy Committee Chair, Keiko Zoll at keiko.zoll@gmail.com or our administrative email account at admin@resolveofthebaystate.org.

## THE FAMILY ACT OF 2011: INFERTILITY TAX CREDIT BILL INTRODUCED INTO SENATE

On May 12, 2011, Sen. Kirsten Gillibrand from New York introduced legislation into the Senate that would provide a tax credit for out-of-pocket costs associated with IVF treatment. S. 965, titled the Family Act, is modeled closely after the Adoption Tax Credit; it would provide a tax credit of a lifetime maximum of \$13,360 renewable for up to five years and at a 50/50 cost share between taxpayer and government. So for example, if your IVF cycle in this tax year cost \$10,000, you would be eligible for a credit of \$5000. If that cycle didn’t work and you paid out-of-pocket another \$10,000 next year, you would be eligible for another \$5000 credit the next year. This would continue until the \$13,360 cap has been reached within the five-year renewability limit. So far there have been no Senate co-sponsors to the Family Act and it is vital that this bill receive co-sponsorship in order to gain traction on Capitol Hill. We encourage all of our members to write to each of their senators expressing support for the family act bill and to ask for their co-sponsorship of the Family Act. You can find out more information on our website here <http://www.resolveofthebaystate.org/advocacy.html>.

## MA Insurance Advocacy Update

In May and June, 2011, RESOLVE of New England (RNE) attended important meetings held by officials at the Massachusetts Division of Insurance, to provide the patients’ perspectives on regulatory implementation of the new, updated infertility insurance mandate law; which RNE wrote in coordination with doctors and was able to get passed last year (the “Infertility Coverage Law”).

RESOLVE of New England has gone on record after both meetings affirming our position that the insurance regulations need to mirror the Infertility Coverage Law and RNE has been outspoken about challenging the way insurers interpret ovarian reserve tests to deny coverage.

RNE will continue to follow this process to ensure the regulations are being revised as intended by the Infertility Coverage Law and to make sure we always represent the interests of infertility patients in the Commonwealth.

## CALLING ALL VOLUNTEERS!

Have you thought about volunteering for Resolve - do you want to give back for all that you have received through Resolve? We have a great group of hard-working, part-time staff to help provide services, but it is the talented group of passionate and selfless volunteers who really make the difference in our ability to fulfill our mission. We have opportunities throughout the year for the following skills:

- Fundraising
- Grant writing
- Website redesign
- Office support
- Annual Conference
- Program host
- Writing for our newsletter
- And many more opportunities

Volunteers are the heart of RESOLVE of New England. We are able to exist on a very small budget because we have committed volunteers who really care about helping others through infertility, and who do much of the work behind the scenes. All of our staff is part time, so we could not provide the many programs and services we do without your help!

We always have a variety of volunteer opportunities available. Once you let us know you are interested in helping, we can work together to find a role that matches your interests and available time. Here are just a few of the many current opportunities:

### **ASSIST IN OUR OFFICE**

We always need volunteer help in our office in Waltham. There are many tasks that need doing during daytime hours Tuesday through Thursday. Help us with mailings, filing, data entry, and other hands-on office tasks. Learn more about RESOLVE, meet our dedicated staff, and learn about available resources for you while you're helping us get vital work accomplished.

### **USE YOUR WRITING SKILLS**

Do you like to research and write? We need help with researching potential sources of grant funding and completing and submitting grant applications, with assistance from our staff. Also we are always seeking submissions for our quarterly newsletter. Write a personal experience article, a poem, or a book review. Email us for article length and deadline details.

### **HOST AN EVENING OR SATURDAY PROGRAM, OR VOLUNTEER THE DAY OF OUR ANNUAL CONFERENCE**

We generally offer one evening or Saturday program each month on a subject related to infertility, adoption, donor egg, or other family building options. The programs are usually offered in public locations in Waltham or Newton. Our hosts bring RESOLVE materials to the location, sign in attendees and collect fees, greet the group briefly before the meeting starts, stay through the program, distribute evaluation forms at the end, and collect materials to be returned to the office. The day of our annual conference (held in Marlborough, MA on Saturday, November 5, 2011), we need volunteers to help sign people in, monitor sessions, setup and breakdown signage, and more. These are great ways to meet people experiencing infertility and help by offering your friendly, welcoming presence at what can be a lonely time.

### **JOIN A COMMITTEE**

We have a variety of committees that work to support all of our activities and programs. The committees include Program Planning, Marketing and Membership, Adoption, Advocacy, and Fundraising. It is not a requirement that you have prior experience in any of these areas (though prior work or volunteer experience can be helpful). Your interest is most important. A lot of committee work is done via email. In-person meetings are kept to a minimum.

If you are interested in volunteering, please contact RESOLVE of New England by calling 781-890-2225, emailing us at [admin@resolveofthebaystate.org](mailto:admin@resolveofthebaystate.org) or you can go to <http://www.resolveofthebaystate.org/volunteering.html> and fill out the online form.

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 David Schmidt, MD  
 Lawrence Engmann, MD  
 Andrea DiLuigi, MD

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\*Paulus and colleagues, Fertility and Sterility, 2002 \*\*Domar and colleagues, Fertility and Sterility, 2000

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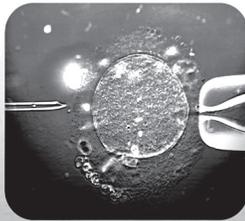
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[www.massgeneral.org/fertility](http://www.massgeneral.org/fertility)

#### Collaborative programming:

- Mind-Body Connection workshops with the Benson-Henry Institute
- Environmental Agents and Reproductive Health Study with The Harvard School of Public Health

#### Locations

Massachusetts General Hospital

Fertility Center

55 Fruit Street, Yawkey 10

Boston, MA 02114

617-726-8668

Mass General/North Shore Center for Outpatient Care

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## RESOLVE PROGRAMS

### Resolving Without Parenting: One Couple's Story

with Anna and Joe Koon

Come to this informal program and meet a couple who, after pursuing infertility treatment and facing a major health issue, embraced living as a family of two. Learn how they came to this decision and how they are successfully living out their choice. This will be an informal discussion and Q&A forum.

**When:** Tuesday, July 26, 2011, 7:00 - 8:30 pm

**Where:** RESOLVE of New England office  
395 Totten Pond Road, Ste. 403  
Waltham, MA 02451

**Fees:** \$10/person - RESOLVE members  
\$20/person - Non-members\*

To pre-register for this program, please email us at [admin@resolveofthebaystate.org](mailto:admin@resolveofthebaystate.org) with the number attending. You may pay at the door with cash (correct change, please), credit card or check.

\*If you are not a member, you may join that day for \$55 and pay the member price for the program.

### RESOLVE OF NEW ENGLAND Massachusetts Insurance Call-In Hours

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

*Insurance Call-in*  
Tuesday, August 16, 2011 7:30-8:30

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.

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**Fees:** FREE\* to RESOLVE of New England members, or join over the phone with your credit card.

\*You must be a member to participate in this live call.

## NON-RESOLVE PROGRAMS

The following programs may be of interest to RESOLVE of New England members.\* See page 2 for advertising and editorial policies. Deadline for Fall 2011 is August 15, 2011.

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*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 al, 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 10-WEEK EVENING PROGRAM:  
Wednesdays, beginning August 3, 2011

For more information or to register, call (781) 434-6578, email [domarinfo@domarcenter.com](mailto:domarinfo@domarcenter.com), or visit us online at [www.domarcenter.com](http://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.

### ADOPTIONS WITH LOVE

Adoptions With Love, Inc. is a licensed, non-profit, independent, FULL SERVICE adoption agency placing domestic newborn infants for 25 years.

With our extensive experience, we are committed to helping inquiring individuals become successful adoptive parents in less than one year. **We offer free consultations with a staff social worker.**



#### ADOPTIONS WITH LOVE, INC.

To learn more about our programs, please call

617-964-4357

[www.adoptionswithlove.org](http://www.adoptionswithlove.org)

\*A listing does not constitute an endorsement by RESOLVE of New England.

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

## Household Member Benefits

Household Membership: \$55/year

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.

## Professional Member Benefits

Professional Membership: \$150/year

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.
- Basic alphabetical listing in our online professional directory.
- A badge for you to place on your website, indicating your RESOLVE Professional Membership.

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*Share your experience, support and most of all, HOPE.*

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

*admin@resolveofthebaystate.org  
781.890.2225*

*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!*

TIME SENSITIVE MATERIAL



395 Totten Pond Rd, Ste 403  
Waltham, MA 02451  
E-mail: [admin@resolveofthebaystate.org](mailto:admin@resolveofthebaystate.org)  
[www.resolveofnewengland.org](http://www.resolveofnewengland.org)

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