

## Coping with Symptoms of Depression

By Alice D. Domar, Ph.D.

Recently I was leading a workshop at the annual RESOLVE New England conference on maintaining emotional health and someone asked me what I recommended for the treatment of depressive symptoms. It was good timing, since three days previously I was the lead author of a study published on the risk of antidepressants prior to and during pregnancy.<sup>1</sup> So I was happy to share the latest research, which I will summarize here.

Depressive symptoms are very frequently reported by women going through infertility. In fact, some research indicates that the majority of infertility patients are going to report symptoms of depression at some point during their journey. Several studies

have shown that women with infertility have similar levels of distress as women with cancer, HIV+, or heart disease. Infertility can have an impact on every aspect of your life, including your relationship with your partner, your sex life, your relationship with your families and friends, your job, your financial status, and even your relationship with God. Since people tend to get depressed when they face an unpleasant situation which they can't control, it seems obvious that so many women going through infertility report feeling depressed. Thus, if you have noticed that you are feeling sad more often than you used to, or that you don't enjoy things as much, that you don't look forward to things, it likely means that the infertility is taking an emotional toll.

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### WINTER 2013 ISSUE

*In the midst of winter, I found there was, within me, an invincible summer...*

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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

Spring 2013  
Summer 2013

February 15, 2013  
May 15, 2013

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. Please submit to: [admin@resolvenewengland.org](mailto:admin@resolvenewengland.org)



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## RINGING IN THE NEW

As we close out 2012 and look forward to 2013, I would like to extend my thanks to each of you for the role you play at RESOLVE New England (RNE). You may think that you don't play a role, but you do – all of you do. Whether you are a member, volunteer, professional, sponsor or legislator, you all play a valuable role in RNE's existence and continued success. We are here for you, and I thank you for helping us to succeed. I look forward to the year ahead.

The year 2013 will mark our 39th year as an organization helping men and women navigate their infertility journey. We value some of the same philosophies that were imparted by our founders 39 years ago and we continue to use them today: serving as an unbiased source of support and education, advocating for infertility insurance coverage and legislation, and most importantly (especially during this age of internet chat rooms, blogs, etc.), providing the value of in-person contact. If you haven't attended one of our support groups or educational programs, I encourage you to step out of your comfort zone and try it. You never know what will happen – you may make a wonderful new friend or feel supported in a way you didn't before! I have met very few people that attend our in-person support and education programs that come away and say: I would have rather been home in front of my computer. Connecting face-to-face with people who are dealing with a similar struggle is inspiring, encouraging and most importantly, meaningful. I challenge you to step out of our comfort zone – because while it may be scary, it is also a very brave thing to do.

We are working hard at RNE to plan a year that will encourage, educate and above all support you during your infertility journey. Please do not hesitate to reach out to us – all of the staff members have their own infertility journey and we 'get it.' We want to support you and while we may not always have the answers, we will do our best to provide you with resources to finding your path to parenthood.

One of our new outreach programs is possible because of generous support from Seattle Sperm Bank: we have recently launched an outreach program designed to enhance and expand our services for the LGBT community. This program will include a new web page, printed resources, educational programs, and information dedicated to addressing the unique family-building needs of the LGBT community. Seattle Sperm Bank has been serving the LGBT and greater infertility community for many years and is committed to providing kind, open and personal service to New Englanders building families through donor sperm. We are grateful for Seattle Sperm Bank's support of RNE and this new and exciting program.

I wish you all a wonderful 2013 and I will do my best to be here for you when you need me.

Fondly,

Erin Lasker  
Executive Director, RESOLVE New England

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## ENDOMETRIOSIS: AN OVERVIEW

By Kerri Luzzo, M.D., Reproductive Endocrinology and Infertility Specialist at RSC New England

Endometriosis, the presence of endometrial glands and stroma at sites outside of the uterus, occurs in approximately 6-10% of reproductive age women, 20-50% of women with infertility, and 71-87% of women who suffer from chronic pelvic pain. Because of the numerous clinical presentations, the fact that many women are asymptomatic, and the various reported rates in the literature, the exact prevalence of endometriosis is difficult to discern. Endometriosis is a chronic, benign, estrogen-dependent disorder that tends to be most active during the reproductive years. Risk factors for endometriosis include family history of endometriosis, nulliparity, early menarche (before age 11 years) or late menopause, short menstrual cycle (<27 days) or heavy/prolonged menstrual cycles, uterine anomalies, low body mass index, smoking and alcohol use. Caucasian women are more likely than African American women to have endometriosis.

Symptoms of endometriosis are variable and include dysmenorrhea, pelvic pain, pain with intercourse, infertility, bowel or urinary symptoms, or an ovarian mass. Some women are asymptomatic and endometriosis implants are seen during surgery. Endometrial implants are most commonly found in the pelvis including the ovaries, peritoneum, fallopian tubes, and exterior uterus; implants can also be found in the gastrointestinal and genitourinary tract. The diagnosis of endometriosis is made by visualizing these implants at surgery, though many clinicians will treat based on symptoms alone. Endometrial implants may appear as white, yellow, translucent, red, or black (powder burn) patches; some women have pelvic adhesions or ovarian endometriomas (cysts with thick dark fluid). In the situation of adnexal mass, imaging studies (US, MRI) may further clarify the presence of an ovarian endometrioma. A staging system for endometriosis set forth by the American Society for Reproductive Medicine (ASRM) is based on the extent of disease including size, depth, and location, and presence of adhesions or ovarian mass. Minimal to mild disease is classified as stage I and stage II respectively, stage III is defined as moderate disease, and stage IV is defined as severe disease. The stage does not necessarily correlate with pain or the chance of conceiving after treatment. The exact pathogenesis is unclear, however theories include endometrial cells gaining access to the pelvis via the fallopian tubes, lymphatics or blood vessels, or that the pelvic cavity contains cells that are capable of becoming endometrial cells.

Treatment of endometriosis is either medical or surgical, and depends on the presenting symptoms and whether

the woman desires a pregnancy. Women with chronic pelvic pain are often first treated medically. Medical therapy might include NSAIDs, oral contraception (estrogen/progestin) pills, progestins (injection, IUD, oral), GnRH agonist, aromatase inhibitor, or danazol. Diagnostic laparoscopy is usually performed if medical treatment fails, and is useful for both confirming diagnosis and for ablating/removing endometriosis implants. The response to surgical treatment is variable, and recurrence of symptoms tends to be progressive with time; often medical treatment is started postoperatively to prevent recurrence. Symptoms tend to recur quickly after cessation of medical therapy.

**Though an association exists between endometriosis and infertility, a causal relationship is not as clear.** Fecundity rates in women with endometriosis range from 2-10% per month, compared to 15-20% in normal couples. Overall, whether or not IVF outcomes are similar in patients with endometriosis compared to those without endometriosis is controversial. One factor that potentially affects fertility in cases of endometriosis is the presence of adhesions and altered pelvic anatomy. Pelvic adhesions may impact the release of the oocyte from the ovary, the ability of the fallopian tube to pick up the oocyte, or oocyte transport within the fallopian tube. Another theory is that the inflammatory environment caused by endometriosis negatively impacts the oocyte, sperm, fallopian tubes, and embryo. There is also evidence that endometriosis may alter endometrial implantation.

Medical therapy to suppress ovarian function has not been shown to improve fertility, since many of the medications used to treat endometriosis also inhibit ovulation. However there is evidence that 3-6 months of GnRH agonist suppression prior to an IVF cycle improves pregnancy outcomes in patients with stage II-IV disease. Some data shows slightly improved fertility with IVF when stage I-II endometriosis is treated by surgical ablation, however proper counseling is important and the more appropriate surgical candidate may be one also suffering from pelvic pain. The removal of ovarian endometriomas is also controversial. Removal of ovarian endometriomas may improve spontaneous pregnancy rates, however thus far data does not support removing endometriomas prior to IVF. Indications for removal prior to IVF include cyst size (>4cm), pain, to improve access to ovarian follicles, or to exclude malignancy. It is important to consider the possible loss of normal ovarian cortex with removal of the endometrioma, which may affect the oocyte pool and thus ovarian reserve. With regards to infertility treatment, whether to proceed with super ovulation/insemination versus IVF depends on the woman's age, the duration of infertility and the severity of endometriosis.



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*By Antonio Rosario Gargiulo, M.D., Director of Reproductive Robotic Surgery, Brigham and Women's Hospital*

Attendees at RESOLVE New England's 2012 "Paths to Parenthood" conference couldn't help but notice a new presence at the Brigham and Women's Hospital booth: an enormous robot connected to a computer tower and two operator consoles. Despite its imposing size, a closer look revealed that the tiny tips of the four robotic arms were concentrating the power of this innovative surgical equipment on an area the size of a Petri dish (about 3-4 inches in diameter).

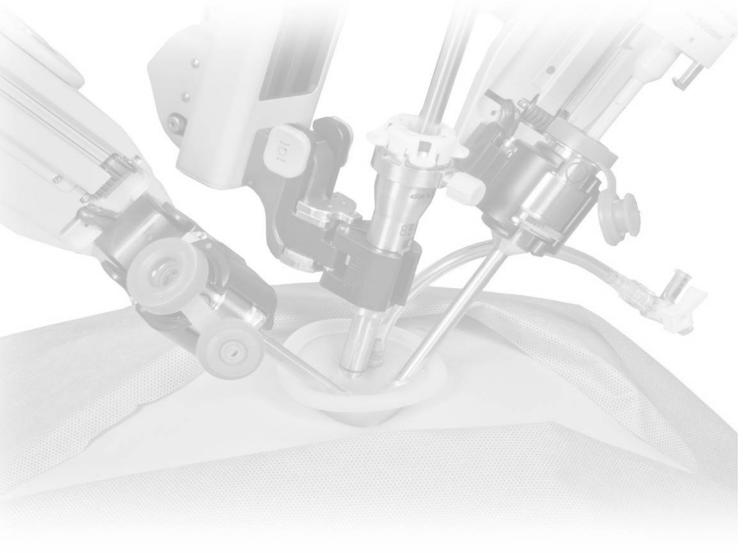
You may be wondering how this equipment is used by doctors from the Center for Infertility and Reproductive Surgery at Brigham and Women's Hospital. The reality is that computer-assisted surgery (commonly referred to as robotic surgery) has been a driving force in gynecologic surgery for the past five years, changing the face of minimally invasive surgery in medical centers across the country.

### A Revolution in Gynecology

Surgical robots represent a novel interface between surgeons and patients: the miniature instruments at the end of this machine enter the body through incisions that are just a quarter of an inch wide, yet these instruments offer surgeons the power of the entire surgical hand. These instruments also include a set of eyes, allowing the surgeon to gain a fully three-dimensional view inside the body. By placing three or four of these miniaturized instruments through a patient's intact abdominal wall, surgeons can now reach and operate in tiny spaces to perform surgeries that, just a few years ago, would have required large open incisions.

Robotic surgery is similar to laparoscopic surgery, but differs in several ways: 1) robotic surgeons work in a completely natural environment, with three-dimensional vision and unrestricted movements that make full use of their dexterity; 2) robotic surgeons enjoy the ability to use as many as four instruments at a time, scale wrist movements at will, rotate the wrist 360 degrees, eliminate natural tremors and even switch to infra-red vision where needed; 3) most importantly, robotic surgeons, like commercial pilots, make use of computer simulation to hone their sur-

gical skills. Attendees at the RNE conference got a chance to sit at one of our surgical consoles connected to a simulator, allowing them to get a glimpse of this robotic surgery from the surgeon's perspective.



### Robotics: Essential in Preserving Fertility

Robotic technology is especially important when it comes to conservative surgical operations aimed at fertility enhancement and fertility preservation. Avoidance of open surgery, by itself, promotes future fertility by reducing tissue trauma and scar formation. Open gynecologic surgery now has a limited role in reproductive-aged women (with a few justifiable exceptions). Therefore advanced laparoscopic surgery is an indispensable tool for specialists caring for women seeking fertility preservation. Indeed, assisted reproductive technologies (ART) and advanced laparoscopic techniques have transformed the practice of reproductive medicine. Indications for surgical intervention are different than in the pre-ART era. Reproductive surgery is now, more than ever, conceptually intertwined with ART and with the overall long-term strategy for the reproductive success of our patients. A deep understanding of the potential and limitations of ART and of the priorities, advantages, and disadvantages of every patient's reproductive surgery are the basis for a highly effective approach to reproductive care. That is why robotic surgery, in the hands of board-certified reproductive specialists, represents the epitome of advanced laparoscopy for these patients.

*Continued on page 14 >*

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By Vivian Samson, RNE staff

When making the decision to embark upon fertility treatment, there are so many immediate concerns. What clinic should I choose? How will this affect my body / relationship /pocketbook /sanity? But as the reality of starting treatment sets in, your focus turns towards more pragmatic issues. Aside from the disbelief that you'd ever prick yourself in the belly with a needle on a daily basis, you also never realized you'd have to be available with less than 24 hours notice for blood work and ultrasound testing, not to mention be incommunicado for the egg retrieval and transfer.

And bed rest? That big client presentation in Chicago next week runs through your head, causing even more stress that you are 'supposed to' avoid. In my former career, I was supposed to be on a business trip to Bangalore, India, during the week of my first scheduled procedure, an IUI. I wondered whether not going would potentially place my job at risk. When it comes to career and baby, do we really have to choose one over the other? Is there a balance?

While the emotional, physical and financial aspects of infertility treatment are regular discussion topics in online chat boards, surviving and thriving in your career during treatment tends to be an afterthought. Perhaps we are expected to have made space in our work lives for a baby already, so it's a foregone conclusion that we will make time for treatment. The reality for many if not most, however, is that we take pride in doing a good job at work. At the very minimum, we want to keep our jobs and need the insurance. At our best, we want to keep moving upward on the career track we worked so hard to build. So it's important to consider a few aspects of balancing work and infertility treatment before embarking on assisted reproduction.

### **To Tell or Not To Tell**

Infertility treatment can be such an isolating experience, primarily because few couples let anyone know that they're going through it. Others find it cathartic to tell anyone who will listen. When it comes to work, should you tell your boss and coworkers?

Regardless of how flexible or rigid your work schedule, you may be considering telling your boss and/or coworkers out of professional courtesy. You may also consider them as friends and want their support. As with any major decision, you want to weigh the pros and cons for your individual situation, assuming you have a choice given your circumstances. Consider these factors:

- How supportive is your boss? Colleagues?
- What is your workplace culture? Is it family-friendly?
- Will you still be able to fulfill your job requirements?

- How much control do you have with your work schedule?
- Does your workplace have flex-work options, such as working from home, 4-day workweeks or part-time roles?
- If you don't tell, will your absence be suspicious to your supervisor or colleagues?
- How much time off can you realistically take?
- How do you feel about telling "white lies" in order to preserve your privacy?

If you are considering disclosing your treatment to work colleagues, think about the ways your news could be received and the questions you may be asked. Plan your responses accordingly. A positive attitude, even if you are faking it, will help coworkers believe that you will not let treatment negatively affect your performance at work. The best way to ensure this happens is to plan ahead as much as possible for any deadlines or missed work.

### **You Have Another Doctor's Appointment?**

Whether or not you disclose your situation, you have to make arrangements for your sudden workplace absence. The first factor to consider is your schedule and flexibility. If your type of job requires you to be physically present, you will need to consider how you will get the time off that you need. Most clinics today are set up for working patients, with flexible lab hours before and after 9am-5pm. However, you must still prepare for the actual procedures (egg retrieval, embryo transfer, etc.). If you can take a sick/personal day or rearrange your meetings, you are in luck. If you can't, you may need to let your boss know and work to make alternative arrangements. If you do not want to disclose, plan your story ahead of time if you do intend to use one. Consider these preparations as equally important as administering your trigger shot on time, and you will have one less thing to worry about.

### **This Just Isn't Working...**

If all else fails and you feel you cannot balance your treatment with work, perhaps it's time for a change. It might feel like an impossible task to look for a new job while undergoing IVF, but it could pay off big in the long run with a more flexible schedule and a fresh start. Or, consider taking an unpaid sabbatical or furlough if your company offers it. This will allow you to take the time you need while keeping your resume intact. If none of these options appeal to you, remember this: you can always quit your job. You'd be surprised how many people actually make this choice. There is an obvious financial impact, but it might not be as bad as you think — just crunch the numbers first. Consider it your own personal leave of absence. And who know, if your job was creating that much stress in your life, this break may lead you to a more satisfying career that has room for a new baby!

## Fertility Treatment, Donor Choices, & Adoption Conference: 2012 Wrap-Up and Thank You

By Erin Lasker, Executive Director, RNE

On November 3, 2012, hundreds of attendees turned out in Marlborough, MA for RESOLVE New England's 19th annual "Paths to Parenthood" conference. Throughout a day offering over forty workshops with professionals and specialists in the infertility field, attendees asked questions, shared stories, and took solace in knowing they were not alone on their family-building journeys.

It was also a day to recognize two individuals who are true champions for the infertility community. Our 2012 Legislator of the Year, Senator Matthew Houde, was instrumental in making sure New Hampshire House Bill 217 bill did not pass - a bill which would have made infertility treatment in the state of NH illegal. Senator Houde worked tirelessly to give voice to the needs of the infertility community; it was a privilege to honor his commitment and his public service with this award.

Each year RNE also recognizes a volunteer who dedicates their time to help RNE and our members. Over the past five years, Carrie Redi has served on the RNE Board, volunteered as a peer group leader, and provided her time, compassion, and support to RNE's mission of advocacy and education. It was a pleasure to present Carrie with our 2012 Volunteer of the Year award.



I want to extend my profound thanks to everyone who made this event possible: our conference sponsors, EMD Serono, Inc. and Ferring Pharmaceuticals; all of our presenters, whose names are listed on the next page, for generously sharing their time and expertise; Dr. Camille Hammond, for her uplifting and inspiring keynote address and her continued work in supporting families nationwide with the Cade Foundation; our 28 exhibitors, for providing information and products with our attendees and financial support for this event; and finally, the many volunteers and staff members for their dedication and generosity of time - we could not do it without you!

Don't forget to save the date for next year's conference: **Saturday, November 2, 2013.** See you there!

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A Special Thank You  
to presenters

**Dr. Robert Kiltz**

and

**Kristen Magnacca**

For their superb  
Five Star Patient Experience  
program offered to RNE professional  
members at the 2012 RNE Conference.

Well done!

## CONNECT & LEARN SEMINARS

### Seminar Fees and Registration Information:

RESOLVE New England members: \$100 per person, \$175 per couple. Non-members: \$125 per person, \$250 per couple. To register, please visit [www.resolvenewengland.org/connect-and-learn/register](http://www.resolvenewengland.org/connect-and-learn/register).

**Participants are welcome to attend any session in either track.**

*Financial assistance is available for those in need. For more information visit us at [www.resolvenewengland.org/scholarship](http://www.resolvenewengland.org/scholarship) or contact us at [admin@resolvenewengland.org](mailto:admin@resolvenewengland.org).*

### ADOPTION

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

**Saturday, February 2, 2013 – 9:00 a.m. - 5:00 p.m.**  
**9 Hope Avenue, Waltham, MA 02451**

- 9:00-11:00 Session 1 - Domestic Adoption:** An overview of the adoption process, and insights on how people make the many decisions along the way. A panel of New England domestic adoption professionals will cover how to choose an agency, the home study, costs, and the range of openness in adoptions today. There will be an overview of the different players in the field including traditional in-state agency adoptions, out-of-state agencies, attorneys, facilitators, and state departments of social services that help identify children and their birth parents looking to make an adoption plan. The panel will conclude with Q&A.
- 11:15-12:30 Session 2 - Adoption from Foster Care:** An overview of the foster care system and the adoption process.
- 12:30-1:30 Lunch:** You are welcome to bring your own lunch. A list of local restaurants will be provided. Informal brown-bag luncheon discussion on adoption.
- 1:30-2:45 Session 3 - International Adoption:** An overview of the differences between domestic and international adoption. A panel of international adoption specialists will provide an in-depth discussion about the process of international adoption and the latest information on the international adoption reforms. Q&A will follow.
- 3:00-5:00 Session 4 - Adoptive and Recipient Parents Speak:** This session will be a panel discussion with parents who have recently adopted and or become parents through donor egg and surrogacy. The panel will share their stories and lessons learned along the way, followed by Q&A. Wrap-up will include discussion of next steps and how to find continued support.

### DONOR EGG/SPERM AND SURROGACY

This one-day program is for those who are considering donor egg/sperm and/or surrogacy as a family building option. The program will provide “how-tos” and cover the medical, ethical, emotional, legal, and parenting issues of these family building choices. Meet others who are considering these options and speak with those who are parents through donor egg or surrogacy.

**Saturday, February 2, 2013 – 9:00 a.m. - 5:00 p.m.**  
**9 Hope Avenue, Waltham, MA 02451**

- 9:00-11:00 Session 1 - Preparing the Way for Egg/Sperm Donation and/or Surrogacy:** This session covers the medical overview of the egg donor and surrogacy process, and information about screening and the coordination with the recipient. Known and anonymous donors will be discussed.
- 11:15-12:30 Session 2 - Finding a Donor and Gestational Carrier and Legal Issues/Contracts:** Finding a donor / surrogate using an agency, how the process works, and the costs involved. Legal issues will be covered.
- 12:30-1:30 Lunch:** You are welcome to bring your own lunch. A list of local restaurants will be provided. Informal brown-bag luncheon discussion on family building through donor egg and surrogacy will be offered.
- 1:30-2:45 Session 3 - Psychosocial Issues:** A therapist discusses the emotional issues for men and women, and the ethical issues to consider. Secrecy vs. privacy will be discussed and deciding how/when to talk with your child and others about donor egg/sperm and surrogacy.
- 3:00-5:00 Session 4 - Recipient and Adoptive Parents Speak:** This session will be a panel discussion with parents who have recently adopted and or become parents through donor egg and surrogacy. The panel will share their stories and lessons learned along the way, followed by Q&A. Wrap-up will include discussion of next steps and how to find continued support.

By Ellen S. Glazer, LICSW

I can easily remember a time when people described infertility as a roller coaster ride. It was the nearly universal description of the infertility experience — until it wasn't. Somewhere around a decade ago, the word “journey” replaced “roller coaster” and with it, the picture of infertility changed. Gone were the sudden highs and lows of a roller coaster, the buckling oneself in and holding on tight for a brief though jolting ride. Instead the image became one of an often long, unexpected journey, with few road maps and several forks in the road. Perhaps you find yourself approaching one of those forks, unsure which path to take.

Egg donation and adoption. First, the good news: they are both great options. I often say that I love my work because I live in a world of happy endings. Over the past 30 years I have known several hundred families built through adoption and over the past fifteen years or so, over a hundred built or expanded through egg donation. Happy travelers all, but still, there were — and are — many challenges in the journey. Here is a brief introduction to how people come to make decisions about egg donation and adoption (Note: there are different forms of adoption and egg donation; because I have limited space, I will focus here on the most common: domestic infant adoption and egg donation through agency-recruited donors).

### **As with many important decisions in life, choices in family building are informed by both mind and heart.**

From the mind comes a “calculus of pursuit,” a look at the costs involved in each option. These costs are not only financial in nature; they also include time and stamina. For although egg donation and adoption are both likely to lead to a successful resolution of infertility, they are each costly, take time and energy.

As you approach this fork in the road, you will probably begin by assessing the costs. Although costs vary, it is likely that an adoption and a pregnancy through egg donation will each cost somewhere between \$35,000-\$40,000 (there are variations due to different donor fees, medical insurance coverage, adoption tax credits and employer adoption benefits). If all goes well, either path can lead to the arrival of a baby in about a year's

time. However, not everyone has smooth sailing. An adoption can fall through; an egg donor cycle may not work or may result in miscarriage. A big difference is that with adoption, you are almost always paying for the arrival of a baby: with egg donation, you are paying for a chance. Your calculus of pursuit needs to factor this in and to accommodate disappointments. Can you afford to lose close to \$40,000 if egg donation doesn't work and still move on to adoption? Do you have the stamina to endure yet another “failure” in your path to parenthood? Do you have the time to spare? You can't turn back the clock but if you hoped to complete your family by 35 and are now 42 and just beginning, can you risk pursuing a path that is not guaranteed?

Health concerns also look for guidance from the mind. Nearly everyone seeks to have or adopt a healthy baby, with mental health being of paramount importance. As you look at egg donation and adoption, which option seems more likely to ensure a healthy child? Some will easily conclude that adoption is safer. After all, with adoption, you walk out of the hospital with a healthy baby. Crass as it sounds, no one forces you to adopt a baby that is not healthy at — or soon after — birth. With egg donation, as with any pregnancy, you “get what you get.” Another advantage to adoption is that birthfathers are usually under age 40, the age at which autism in children is thought to increase. However, there are many reasons why egg donation seems a safer bet health wise: you know what you will eat and not eat, drink and not drink during pregnancy. In addition, the evolving field of Epigenetics affirms the significant role that the woman who carries the baby has on shaping who that baby is.

A convergence of mind and heart comes as people think about the relative importance of pregnancy, genetics and gestational ties. There are some women who have waited their entire lives to be pregnant. It is an experience that they have so looked forward to and for them, egg donation is a “slam dunk” over adoption. For others, it is not so much the feeling of being pregnant that they seek, but rather, the benefits it brings — early bonding with their baby, providing the baby's care from moment one, sharing the pregnancy with one's partner.

Feelings and thoughts about genetics also play a significant role in decision making. All of us have feelings about our genes and when we think of having children, we tend to focus on the favored genes — the ones we

*Continued on page 14 >*

look forward to passing on. Unless the dad has substantial reasons to avoid passing on his genes, many couples welcome the opportunity to have a child that is connected to one side of the family genetically. However, others choose adoption, welcoming the sense of discovery that comes from having no preconceived ideas (no pun intended) about who their children will be.

And then there are generational ties. For some couples, these are incredibly powerful. The only son of an only son of Holocaust survivors may feel very strongly about having a child born into the family. Or that same only son may feel it is an honor and privilege to graft a new branch onto the family tree through adoption.

As you sort through thoughts about costs, health, pregnancy, genetics and generational ties, a story begins to emerge and with it, guidance from the heart. This involves your family story. Although it is not the story you originally envisioned when you set out to build or expand your family, it can and should be a story you feel proud of. Build it well because you will be telling it to your child in many ways over many years.

With adoption, the story begins before you. It is a story of loss but you have the opportunity to build upon that story and transform it to one that acknowledges and ultimately celebrates the good that can come from loss. With egg donation, you begin the story. You are there from moment one. **You have the opportunity to tell your child a story that is filled with important life lessons about giving and receiving help. Both adoption and egg donation mean grafting a new branch onto one's family tree, connecting with a stranger who, in one way or another, becomes part of your family.**

The journey that takes you through infertility and to egg donation or adoption often involves enormous challenges. It can be long. It is often arduous with twists and turns for which you feel little preparation. Still, I stand firmly by what I said earlier: I live in a world of happy endings. As you approach a fork in the road, I hope you can believe in a happy ending and in your ability to build and sustain a proud family story.

## ROBOT MAKES GUEST APPEARANCE AT RNE CONFERENCE, CON'T

Myomectomy, the removal of uterine fibroid tumors to reconstruct a normally functioning uterus, is a prime example of a fertility-sparing surgery that illustrates the potential of robotic surgery to convert highly complex open abdominal cases to safe laparoscopic day-surgery cases. Robotic assistance is also essential for laparoscopic tubal reanastomosis, a procedure that requires ultra-fine suturing to restore fertility in women with sterilization regret, and for tubal surgery in general. Highly skilled robotic surgeons also treat the most advanced stages of pelvic and ovarian endometriosis, with a keen eye to the end result of reproductive success. Finally, robotic surgery will further advance experimental operations such as ovarian transposition and ovarian tissue harvesting and transplantation, for women facing gonadotoxic cancer treatment.

### Leading Innovation in Robotic Surgery

The physicians at the Center for Infertility and Reproductive Surgery, Brigham and Women's Hospital are internationally recognized pioneers in robot-assisted

reproductive surgery. Dr. Antonio Gargiulo, Medical Director of Robotic Surgery at Brigham and Women's Health Care, and Dr. Serene Srouji, Co-Director of Robot-assisted Reproductive Surgery, have performed over 600 major gynecologic robotic operations since the end of 2006: none of these has ended up requiring open surgery. Dr. Gargiulo and Dr. Srouji performed New England's first robotic tubal reanastomosis and first robotic myomectomy on large myomata (hybrid myomectomy) in early 2007. They also pioneered single incision robotic surgery (with the publication of the first myomectomy earlier this year), use of laser energy in gynecologic robotics, and highly cosmetic versions of conventional robotic operations that leave no visible scars above the bikini line. Finally, Drs. Gargiulo and Srouji are founding members of the Society of Robotic Surgery, the only medical association in the world specifically devoted to the advancement of robotic surgery in gynecology and beyond.

To learn more about robotic surgery visit: [www.brighamandwomens.org/roboticsurgery](http://www.brighamandwomens.org/roboticsurgery).

The question is, what can you do to feel better? A year ago, I would have recommended that you speak to your physician about going on an antidepressant if your depressive symptoms were bothering you enough to interfere with your quality of life. Since we know that feeling depressed is unpleasant, and since some research indicates that women with depression are less likely to get pregnant, relieving the symptoms was a top concern. However, the recent research on antidepressants is somewhat concerning. There is an indication that women who take the most common class of antidepressants, SSRI's, may be less likely to conceive on an IVF cycle and may have higher cycle cancellation rates than women who aren't taking medication for depression. Further, there is evidence that women on SSRI's are more likely to miscarry and to have more complications of pregnancy, such as preterm birth. Thus, unless you are having symptoms of severe depression, medication may well not be the best form of treatment.

**There have been many studies on other ways to treat depression, and by far the most effective form of treatment is a form of counseling called cognitive behavior therapy (CBT). Research shows that CBT is as good as, and in some cases more effective than, SSRI's.** CBT involves challenging automatic negative thoughts, such as "I will never have a baby," or "the infertility is all my fault," or "God is punishing me." With the support of a therapist who is trained in CBT, you learn to challenge and restructure these thoughts. A study was done on the impact of CBT with depressed infertile women; women were randomized to either receive CBT, to take an antidepressant, or to be in a control group. The women who did CBT had a 79% reduction in their depressive symptoms. In comparison, the antidepressant patients had a 50% reduction and the control patients had a 10% reduction. So we know that CBT is effective for women experiencing infertility, there are no risks, and it is less expensive than medication.

There are two good ways to learn CBT. The first is to work with a CBT-trained counselor one-on-one. It is important to find one who is familiar with infertility, however. You can ask your infertility doctor for a recommendation. The second way to learn CBT is to participate in an infertility mind/body group. The Mind/Body Program for Infertility is a 10 session evening program which focuses on CBT, but also includes

relaxation training and group support. There have been several studies which have examined the impact of the mind/body program on depressive symptoms; women who start the program typically have moderate symptoms of depression but by the end of the ten week program, patients usually score in the normal range. **Research also indicates that pregnancy rates are higher in women who participate in a mind/body program when compared to women who do not participate.**

If you are noticing that you are feeling sad more often than you used to, or notice other symptoms of depression, it is important that you acknowledge how challenging infertility is for everyone. In fact, feeling overwhelmed is a pretty normal way of responding to infertility. The key is to do something about it: CBT in an individual or group form can help you feel better within a few weeks. The goal for your mental health, which is reasonable and obtainable, is to help you become the person you were before you started trying.

For more information on group mind/body programs, go to [www.domarcenter.com](http://www.domarcenter.com).

*Alice D. Domar, Ph.D., is the Executive Director of the Domar Center for Mind/Body Health at Boston IVF and an assistant professor of obstetrics, gynecology and reproductive biology, Harvard Medical School. She is the author or co-author of six books, including Conquering Infertility.*

<sup>1</sup>Domar AD, Moragianni V, Ryley D, Urato A. "The risks of selective serotonin reuptake inhibitor use in infertile women: a review of the impact on fertility, pregnancy, neonatal health and beyond." *Human Reproduction*, epub ahead of print, Oct 31, 2012.

## ADOPTION CHOICES

Adoption Choices is a progressive, non-profit, licensed adoption program  
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The year 2012 was a very active year from an infertility advocacy perspective, and we foresee that 2013 will be just as active. Here are some highlights from the past year:

## Two Important Tax Credits

The Family Act S965 / HR 3522 and the Making Adoption Affordable Act S 3616 / HR 4373 are two bills that we have urged people to contact their legislators about. **The Family Act will create a tax credit to help thousands of middle-class families with the out-of-pocket medical costs for infertility treatment.** And the Making Adoption Affordable Act will make the Adoption Tax Credit permanent which is set to expire at the end of the year.<sup>1</sup>

## Essential Health Benefits

On November 26, 2012, the Federal Government issued a series of proposed rules implementing many of The Affordable Care Act (ACA) of 2010's most important insurance reforms, in addition to issuing added guidance for states regarding the proposed rules. As of this writing, we are awaiting final comments which can be submitted up through December 26, 2012.

As a refresher, the Essential Health Benefits (EHB) included in health insurance plans covered by the ACA will be determined by a benchmark plan selected by each state. The selected benchmark plan will serve as a reference plan, reflecting both the scope of services and any limits offered by a "typical employer plan" in that state.

RESOLVE New England (RNE) has attended meetings with major insurance companies who were urging the states to choose a benchmark plan that would include all of the mandated benefits, which is exactly what RNE would recommend. From what we have learned at these meetings along with what we have read, the insurance companies are looking to make the least disruption to existing health care, including all mandates, in each state. This is excellent news, but RNE will not sit idle and watch the New England states choose a benchmark plan without having our voices heard.

RNE will be actively advocating for the infertility community in partnership with our professional and consumer members. Our job is to make sure that CT, MA and RI choose benchmark plans that include the existing infertility mandates. In states without mandated coverage, inclusion of a plan with infertility coverage could be possible, if large employers in the state currently include infertility benefits.

Additionally, RNE is looking at the years following the implementation of the Affordable Care Act to make sure that insurance companies and the government are not looking to remove mandates after the initial trial period has passed.

RNE and the infertility community will need your support to safeguard this vital insurance coverage for men and women experiencing infertility now and in the future. Please join us by becoming an advocate through RESOLVE New England. To join, please contact us at [admin@resolvenewengland.org](mailto:admin@resolvenewengland.org).

<sup>1</sup>Source: [RESOLVE.org](http://RESOLVE.org)



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## RESOLVE NEW ENGLAND INSURANCE CALL-IN HOURS

Having trouble getting insurance coverage for your doctor's recommended infertility treatment plan?

Want to understand what the Massachusetts, Connecticut, and Rhode Island infertility mandates cover? Need advice on framing an appeal letter?

If so, you are not alone. To assist people with their often-complicated insurance issues, RESOLVE New England offers an Insurance Advocate Call-in Hour service.

**Insurance Call-in:**  
**January 21 & March 4 | 7:30-8:30pm**

Call 781-890-2225 and speak directly with our Insurance Advocate, Marymichele Delaney. She will help answer your insurance questions live and one-on-one during this special call-in hour.

**Fees:** FREE to RESOLVE New England members, or join over the phone with your credit card:  
**781-890-2225**

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**Women & Infants Hospital**

Providence, RI  
401-453-7500  
[www.womenandinfants.org/infertility](http://www.womenandinfants.org/infertility)

Norwich, CT  
860-885-1202

**Tufts Medical Center**, Boston, MA  
617-636-0053  
[www.tuftsmedicalcenter.org/ivf](http://www.tuftsmedicalcenter.org/ivf)



Center for Reproduction and Infertility

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## 18 PEER GROUPS - GENERAL INFERTILITY & TOPICS

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Please pre-register for a peer group by emailing us at [admin@resolvenewengland.org](mailto:admin@resolvenewengland.org) with your name, the group you're planning to attend, your phone number, email, text number or alternate way you want to receive notifications about the group. While walk-ins are welcome, anyone who pre-registers will be notified of any last-minute location changes or cancellations. In addition, changes to groups are always on our Facebook page, [www.facebook.com/ResolveNewEngland](http://www.facebook.com/ResolveNewEngland). "Like" us on FB & you won't miss out!

**Fees:** FREE for members; \$5/person for non-members, cash or check only (non-members joining RNE that evening attend for free).

### **GENERAL INFERTILITY DISCUSSION GROUPS:**

General infertility discussion groups are open to women, men, couples & individuals who have primary infertility (no children).

<b><u>Beverly, MA</u></b>	The Beverly Healing Center, 234 Cabot Street #2 Thursdays, 6:30 – 8:30pm	Dates: ON HOLD - LEADER NEEDED
<b><u>Brookline, MA</u></b>	Kehillath Israel, 384 Harvard Street Wednesdays, 7:00 – 9:00pm	Dates: January 16, February 20, March 20, 2013
<b><u>Cambridge, MA</u></b>	Congregational United Church of Christ, 11 Garden Street, 2nd floor Choir Room Thursdays, 7:00 – 9:00pm	Dates: January 10, February 7, March 7, 2013
<b><u>Concord, NH</u></b>	160 Dover Road, Suite 5, Chichester, NH Mondays, 7:00pm	Dates: ON HOLD - LEADER NEEDED
<b><u>East Providence, RI</u></b>	Church of the Epiphany, 1336 Pawtucket Avenue, basement living room Thursdays, 6:00 – 7:30pm	Dates: ON HOLD - LEADER NEEDED
<b><u>Farmington, CT</u></b>	UConn Health Center/Dowling South Bldg., 263 Farmington Ave, 2nd floor Education Room Thursdays, 7:00pm	Dates: January 17, February 21, March 21, 2013
<b><u>Longmeadow, MA</u></b>	First Church of Christ, 763 Longmeadow St. (Buxton Room) Mondays, 7:00pm	Dates: January 7, February 4, March 4, 2013
<b><u>Plymouth, MA</u></b>	Nolan Insurance Agency, 79 Samoset St Tuesdays, 6:30pm	Dates: No group meetings in January; February 5, March 5, 2013
<b><u>Portland, ME</u></b>	The Dana Center, Maine Medical Center Tuesdays, 6:00 – 7:30pm	Dates: January 22, February 26, March 26, 2013
<b><u>Waltham, MA</u></b>	RESOLVE New England Office, 395 Totten Pond Rd., Suite 403 Tuesdays, 7:00 – 9:00pm	Dates: January 8, February 5, March 5, 2013
<b><u>Westborough, MA</u></b>	*PLEASE NOTE LOCATION HAS CHANGED: 4 Valente Drive, 1st floor conference room Tuesdays, 7:00 – 8:00pm	Dates: January 8, February 12, March 12, 2013

**TOPIC DISCUSSION GROUPS:** These informal discussion groups focus on a particular topic, led by a volunteer with experience in that subject. These groups provide opportunities to meet others who share a similar struggle and to learn about helpful resources. Groups are held approximately every six weeks in the RESOLVE New England office in Waltham, MA, except as noted. For detailed descriptions of each Topic Group, check our website at [www.resolvenewengland.org/topicgroups](http://www.resolvenewengland.org/topicgroups).

<b><u>Pregnancy Loss</u></b>	Wednesdays, 7:00 – 9:00 pm	Dates: Jan. 23, Feb. 27, March 27
<b><u>Secondary Infertility</u></b>	Wednesdays, 7:00 – 9:00 pm	Dates: Jan. 16, Feb. 20, March 20
<b><u>Adoption</u></b>	Thursdays, 7:00 – 9:00 pm	Dates: Jan. 10, Feb. 14, March 14
<b><u>Donor Egg</u></b>	Mondays, 7:00 – 9:00 pm	Dates: Jan. 14, Feb. 11, March 11
<b><u>Pregnancy After Infertility</u></b>	Mondays, 7:00 – 8:30 pm	Dates: Jan. 28, Feb. 25, March 25
<b><u>Donor Egg Parents &amp; Children (offsite)</u></b>	Call 781-890-2250 for address, dates, and times.	

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

## Household Member Benefits

Household Membership: \$55/year

RESOLVE 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.

**Telephone** — Call us at 781-890-2250 for information and support from our Member Services Coordinator.

**Quarterly Newsletter** — This publication includes information about our programs & services plus articles of interest.

**Insurance Call-in Hours** — Call us at 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** — Members enjoy reduced fees for various presentations by experts in the fields of infertility, donor conception, or adoption. Day-long seminars providing an in-depth look at one topic are also offered.

**Monthly Peer Discussion Groups** — Open forums providing information and support to people interested in learning more about infertility and RESOLVE New England. 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 all of our programs and literature.

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

**Annual Directory of Services** — A resource book of infertility, mental health, donor conception and adoption services.

**Advocacy** — RESOLVE New England advocates for protection of the Massachusetts insurance mandate, implementation of mandates in New England states without a mandate, and continued legislative and insurance reform.

**Member-to-Member Connection** — Members are matched with member volunteers who share similar experiences or who have a specific area of expertise.

**Website & Blog** — RESOLVENewEngland.org is the premier source of information for the New England Infertility Community on the internet. Our extremely popular blog, directory and calendar of events attract hundreds of visitors each day. It also offers information on our insurance and advocacy efforts and our online Directory of Professional Services.

**Social Media** — RNE provides up-to-the-minute information on all our services. We also offer a safe space for you and the greater community to communicate with each other and the national infertility community. Our Facebook (Resolve of New England), Twitter (ResolveNewEng), YouTube (RESOLVE-NewEngland) and Blog (resolvenewengland.org/blog) community is active and engaged on a daily basis.

## 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 New England, the only organization providing direct services to people experiencing infertility in New England. RESOLVE New England offers its professional members a number of benefits in addition to those available to our household consumer members, including:

- Option to advertise/list in our annual printed directory
- Option to exhibit/advertise at our annual conference
- Option to write articles / advertise in 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

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.

## DIRECTORY OF ADVERTISERS

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**admin@resolvenewengland.org**

**781-890-2250**

*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 NEW ENGLAND!*



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*Address Service Requested*

**RESOLVE**  
*New England*  
Since 1974