



RESOLVE

New England  Since 1974

1974-2014

Memories, Memories, Memories

*By Diane Clapp
BSN, RN, Prior Medical Information
Director at RESOLVE: The National
Infertility Association*

It is hard to believe that REOLVE is turning 40 years old. From a tiny kitchen in Belmont, Massachusetts, RESOLVE became the nationally recognized organization that it is today.

Forty years ago infertility was a hidden life crisis, laden in words like sterility and habitual aborters. It was always a “woman’s problem” and was not even recognized as a disease. The field of reproductive endocrinology was in its infancy.

The assisted reproductive technologies, IVF, were not available until 1978.

RESOLVE started with Barbara Eck Menning in her kitchen in Belmont.

Like me, she also felt that the medical information available to patients was minimal and that emotional support for couples or individuals going through infertility was totally absent. We were both nurses and had both struggled with infertility and pregnancy loss.

Barbara wrote the first book on the emotional aspects of infertility called, “Infertility—A Guide for Childless Couples.”

Continued on page 15

SPRING/SUMMER 2014 ISSUE

They who sing through the summer must dance through the winter. -Italian proverb

- *Defining Success Against Infertility (p. 4)*
- *Save the Date: Annual Conference (p. 6)*
- *Adoption, Donor Conception & Surrogacy Seminars (p. 8)*
- *MA State Advocacy Day (p. 10)*
- *Understanding Male Infertility (p. 11)*

REGISTER NOW!

ADOPTION, DONOR CONCEPTION & SURROGACY CONNECT & LEARN SEMINAR

SATURDAY, MAY 31, 2014

www.resolvenewengland.org/connect-and-learn
FOR DETAILS, SEE PAGE 8



ADVERTISING POLICY

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

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1/4 page - 3.625" wide x 4.625" high

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*Please do not include borders on business card ads.

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

This newsletter is published triannually (winter, spring, autumn) 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

Autumn 2014
Winter 2015

August 1, 2014
November 1, 2014

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



We reach 1,200 members and professionals triannually.

Please call or visit us online for more information about becoming a RESOLVE New England member, or to request information about advertising in upcoming issues.

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Continuing Support, Education and Advocacy

RESOLVE New England is celebrating our 40th year as an organization and it has been an exciting year to date, including the celebration of the 25th anniversary of National Infertility Awareness Week (NIAW) from April 20 – 26, 2014. We kicked off NIAW with an amazing benefit concert with renowned pianist, Priya Mayadas. The performance took place at Jordan Hall in Boston with 100% of tickets sold through RESOLVE New England going to RNE, all in thanks to OvaScience, the sponsor for the event.

We have also been working hard to plan for a Massachusetts State Advocacy Day on Wednesday, June 11, 2014. The state advocacy day is an important time to let your legislators know infertility is a key issue that demands their attention. We are planning advocacy days in the other New England states for later this year. To RSVP for the MA State Advocacy Day, please email us at admin@resolvenewengland.org and to ensure you learn about the dates for the other New England states please join our email list here: <http://bit.ly/QVCtjc>.

Right around the corner is our next Connect & Learn seminar on May 31, 2014, which will have sessions on donor conception, surrogacy and adoption. It is being held at the Wellesley College Club. If you are considering any of these family building options, this full day seminar is for you. Scholarships are available and it is a great way to learn about these family building options from top professionals in the field. Learn more on page 8.

There's new staff onboard too, with Susan Manning joining RNE as its director of communications and social media, Kirsten DeSorbo joining as its director of operations and Marni Goodale as its executive assistant.

We're trying to give you the news and information you need in the form you need it. We continue to have an active presence on Facebook, Twitter, Pinterest and LinkedIn. With so many options, it's hard to avoid being a part of our community. Whether it's a quiet, private journey you want to take, or you want to shout it from the rooftops, RESOLVE New England has a place for you to become better educated, to find the right type of support and to have your voices heard!

We hope you enjoy learning more about how RESOLVE started (cover article) and that you will continue to look to RESOLVE New England as your go to source for support, education and advocacy information!

Fondly,

Erin Lasker

Executive Director, RESOLVE New England

IN THIS ISSUE

ARTICLES

Memories, Memories, Memories	1
Continuing Support, Education & Advocacy	3
Defining Success Against Infertility	4
Save the Date: Annual Conference	6
Understanding Male Infertility	11
Pondering Egg Donors & What Went Wrong	15

RESOLVE New England INFO/EVENTS

Adoption, Donor Conception & Surrogacy Seminars	8
MA State Advocacy Day 2014	10
Insurance Help	13
Peer Support and Topic Discussion Groups	14
Lisa Fenn Gordenstein Access Scholarships	17

ADDITIONAL INFO

Newsletter Policies	2
Executive Committee, Board of Directors, Staff	2
RESOLVE New England Circle of Support	17
Membership Information / List of Advertisers	18



Connect with RNE online & get the support you need!

We post updates to peer groups, events and the latest information in the infertility world. Visit us. You are not alone.

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www.pinterest.com/resolvenc/

By Elizabeth Comeau, first IVF baby in the U.S.

Either I am getting old, or IVF is suddenly, somehow back in the spotlight. Somebody must have seen that I was a Jeopardy answer a few months ago...

In the span of a few weeks, I've had four students contact me, wanting to interview me for their National History Day projects.

What has struck me about these students is not that they picked my birth as the first IVF baby in the United States as their moment in history to explore, but rather their personal connection to the event.

I am nearly 15 years older than these children, but I can hear so much of myself in their questions.

One student's mother works at a fertility clinic, some of the others were born via sperm donation; one was an IVF baby herself.

These children seem to inherently understand something that I often have a hard time explaining to most adults: Success against infertility is not simply won once you have a child.

Of course, the goal of any infertility treatment is a healthy, happy, child at the end of the treatment cycle.

But to me, that's just part of the battle. The other part of the battle is answering these children's questions in the first place.

When people find out I was the first IVF baby in the U.S., I am always met with one of two reactions:

1: I didn't know THAT was YOU!

2: Oh, my aunt, mother, brother, father, friend, is struggling with infertility.

Nine times out of ten, that second statement seems to be uttered in a hushed tone.

My parents were very open with me about how I was conceived and born. In a way, they didn't have a choice really, given the media frenzy surrounding my birth, but even without all of that, my parents are the

type who laid everything out in honest, simple terms as best they could with nothing to hide.



Parents of children of Assisted Reproductive Technologies do a good job explaining the procedures and medical technology behind what they went through. But the pattern I'm seeing with these students (and many other people I've encountered over the years) has less to do with that and more to do with wanting to continue the discussion long after the technical explanation is finished.

At the core of these children's queries lie the same questions I grew up asking: "Am I normal? Will people dislike me simply because of the way I was born? Was I worth my parents' efforts?"

The kicker, of course, is that simply asking these questions IS inherently normal – and human.

Three questions from a student prompted me to write this piece:

Did people treat you as a monster and/or freak of nature?

Did you have many friends throughout your childhood?

What would you say to people who said the process of IVF was going against what God wanted?

My personal answers don't really matter in the larger context of this discussion, which is to say that sure, some people have been not so nice about how I was born, but what I've gone through, to me, is no different from being called fat or ugly as any other pre-teen. Is it acceptable? Absolutely not. But it is also the nature of human beings: We are scared of things we do not understand, and hate is bred from misunderstanding and fear.

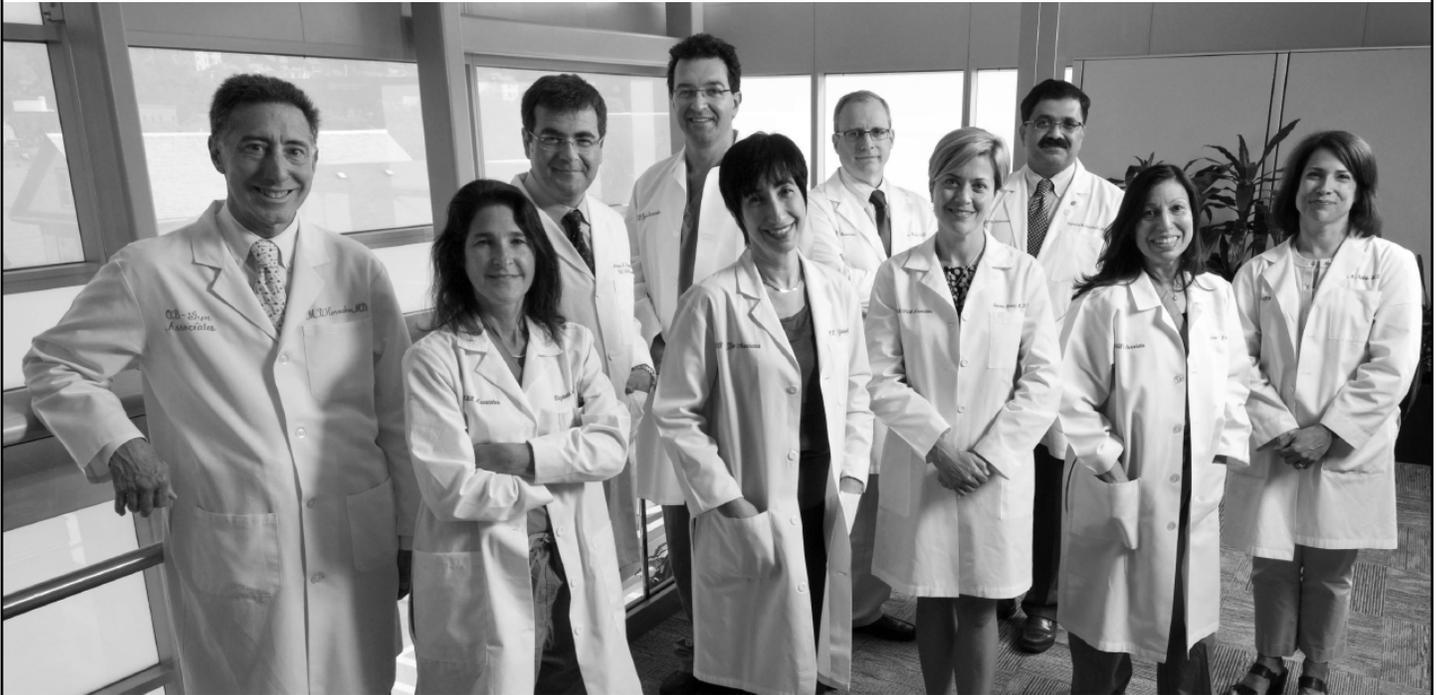
We cannot battle the stigma infertility still carries in silence. We need to answer these children's questions; they will be the voices who fight the whispers.

We need to show them how to speak loud enough to be heard.

That is when I will declare success.

Building Healthy Families

At the Brigham and Women's Hospital Center for Infertility and Reproductive Surgery our highly experienced staff will be there for you every step of the way.



If you're having difficulty conceiving, the fertility specialists at the Brigham and Women's Hospital Center for Infertility and Reproductive Surgery (CIRS) can offer you expert and reassuring care. Our physicians, faculty of Harvard Medical School and certified by the American Board of Obstetrics and Gynecology in reproductive endocrinology and fertility, will work with you to provide patient-centered care that is tailored to your individual needs.

CIRS offers all available procedures and services to treat infertility, including in vitro fertilization, pre-implantation genetic diagnosis, IVF with donor eggs, and ICSI (intracytoplasmic sperm injection) with assisted hatching.

We also have expertise in robotic surgery to address fertility issues caused by reproductive disorders such as endometriosis or fibroids.

Brigham and Women's Hospital is a leader in women's health, ranked second by *U.S. News and World Report*. CIRS is part of this leading, comprehensive OB/GYN program. Our physicians see patients at five locations throughout the greater Boston metropolitan area.

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SAVE THE DATE!

Saturday, November 8, 2014

RESOLVE New England's



Fertility Treatment, Donor Choices and Adoption Conference

8:30 AM to 5 PM - Best Western Royal Plaza - Marlborough, MA

Why should you join us?

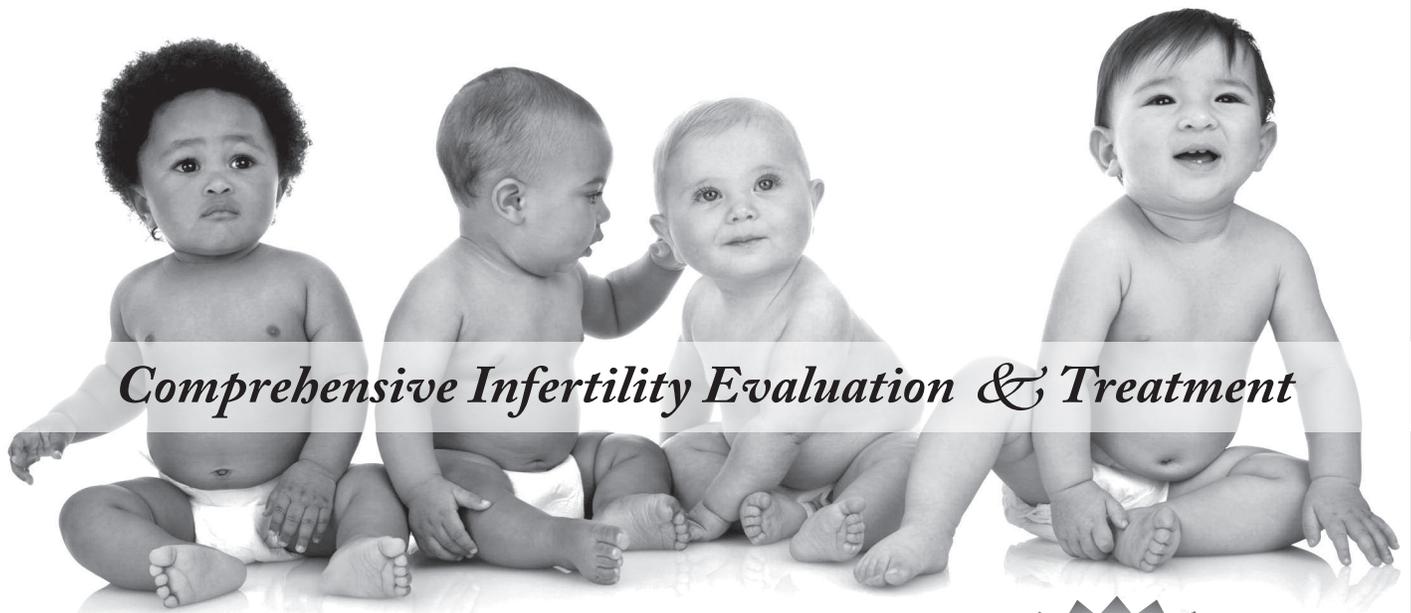
- It's the largest educational consumer and professional conference in the country
- Offers in-depth exploration of the medical, emotional, and legal aspects of infertility, donor options, adoption, and other family-building choices.
 - Over 40 sessions of content given by top professionals in the field
- Learn from the beginning of infertility treatment through donor use, surrogacy and adoption

Registration begins **September 1, 2014**

To inquire about sponsorship or exhibition opportunities, please contact
admin@resolvenewengland.org or 781-890-2250

"Funny how life takes you places you never thought you would or could go. We attended the RESOLVE New England conference last year; we listened, cried, talked and found our way. It's not easy but I am really thankful to have gone and even more thankful for RESOLVE New England and the people who give their time to make the conference happen—a must attend event!"

Past Conference Attendee



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Connect & Learn Seminars—Adoption, Donor Conception & Surrogacy

Saturday, May 31, 2014 | 8:30am - 5pm
727 Washington St., Wellesley, MA

This one-day program consists of seminars for those considering donor egg or sperm, surrogacy and/or adoption as family building options. You will be able to gather information from top professionals in one place, 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 egg/sperm donation, surrogacy and adoption.

Participants are welcome to attend any session in either track. Couples may split and attend different sessions. The tracks are listed below.

ADOPTION

9-11: Domestic Adoption

11:15-12:30: Adoption from Foster Care

12:30-1:30: Lunch

1:30-2:45: International Adoption

3-5: Parent Panel

DONOR CONCEPTION/SURROGACY

9-11: Preparing the Way for Egg/Sperm Donation

**11:15-12:30: Finding a Donor & Gestational Carrier
and Legal Issues/Contracts**

12:30-1:30: Lunch

1:30-2:45: Psychosocial Issues

3-5: Parent Panel

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MA STATE ADVOCACY DAY JUNE 11, 2014



Please plan to join RESOLVE New England for a Massachusetts state advocacy day on June 11, 2014 at the State House in Boston.

You should attend RESOLVE New England’s MA State Advocacy Day if...

- You want to educate your elected officials about the disease of infertility and the importance of the MA Infertility Insurance Mandate.
- You are dealing with infertility and want to feel a sense of control.
- You want to support a loved one touched by infertility.
- You want more public understanding about the disease of infertility.

To RSVP, please email admin@resolvenewengland.org or call 781-890-2250.

State advocacy days will be held in the other New England states later this year. To stay informed, join our email list.

Have your voice heard today!

By Dr. Charles Obasiolu and Dr. Stephen Lazarou

Although having a problem conceiving can feel very isolating, fertility issues are common.

About one in six couples are unable to conceive after one year of trying.

About 30% of the time, a problem with the male partner's fertility is the single contributing factor to the couple's inability to conceive.

The good news is that many of these conditions are potentially reversible or respond well to treatment options.

If the problem is not reversible, assisted reproductive techniques such as sperm retrieval in combination with in vitro fertilization (IVF), sperm injection (ICSI), or intra-uterine inseminations (IUI) are possible options.

A couple attempting to conceive should have an evaluation if they are unable to get pregnant within one year of regular unprotected intercourse or if there is suspected history of reduced fertility in either partner.

The male partner should be evaluated by a urologist with expertise in male infertility, and the evaluation should include a complete reproductive/medical history, physical examination, and at least two semen analyses.

Based on the results of the evaluation, the urologist may recommend other tests followed by treatment(s).

A good understanding of these tests and treatments can reduce a couple's anxiety: let us take a look at what they entail.

§ *Physical examination: This is important to assess for general sex characteristics and scrotal contents. Important parts of the exam include looking for abnormal hair patterns, enlargement of the breasts, and palpation for abnormal size, shape, and location of testicles along with surrounding structures.*

§ *Semen Analysis: A semen analysis helps to provide information on semen volume as well as sperm concentration, motility and shape. Men should abstain from ejaculation for at least two days before the semen collection.*

§ *Hormone Evaluation: Hormonal imbalances are well known causes of male infertility.*

When there is an abnormal semen analysis, impaired sexual function, or other clinical findings suggestive of a specific hormone imbalance, these tests are the next step.

A blood test can measure the amounts of serum follicle-stimulating-hormone (FSH), luteinizing hormone (LH),



testosterone and prolactin. The relationship between these hormone levels help to identify the source of the imbalance, either within the testicles or the pituitary gland.

§ *Post-ejaculatory urinalysis: Little or no fluid during ejaculation may suggest semen going back into the bladder instead of out the urethra, also called "retrograde ejaculation." Diabetic men are often affected. An analysis of a urine sample after ejaculation can determine if there is sperm in the urine.*

§ *Imaging: Scrotal ultrasonography can help identify varicoceles (dilated veins in the scrotum), tumors, and other abnormalities. Ultrasound is also used to detect other potential problems such as blockages or cysts of the structures that produce or transport semen.*

§ *Genetic screening: Genetic abnormalities may alter fertility by affecting sperm production or transport, such as cystic fibrosis, Y chromosome deletions, and other chromosomal abnormalities. Couples should consider genetic counseling whenever a genetic abnormality is found.*

TREATMENTS

There are several effective treatment options for men with infertility. Hormonal abnormalities can often be treated with medications for prolactin-producing tumors of the pituitary gland, thyroid imbalances, or low testosterone conditions.

§ *Removal of Toxic Agents: A wide range of chemical substances can affect sperm quality and/or quantity, including various medications and steroid supplements. The male partner should be carefully screened for these.*

§ *Treatment of Infection: Some men may have infections of the urogenital tract found by the presence of white*

blood cells in the semen. A course of antibiotics generally can address this problem.

§ *Retrograde ejaculation: Intrauterine insemination (IUI) can be performed using semen collected after alkalization of the urine and washing of the sperm.*

The washed sperm can also be used for in vitro fertilization or ICSI procedures.

§ *Varicoceles: These enlarged veins in the scrotum can be treated surgically or embolized (broken up) radiologically.*

§ *Obstructed ducts/Vasectomy reversal: Men who have a blockage, such as after a vasectomy, may have it surgically reversed. Another option is to bypass the blockage and remove sperm directly from the testis or epididymis and proceed with IVF.*

§ *Testicular Microdissection: Some men with no sperm in the ejaculate may still have a small amount of sperm produced by their testes. A new surgical technique uses a microscope to find some sperm within the testicular tissue, and can provide new hope for some couples.*

§ *ART (Assisted Reproductive Technology): Results of the semen analysis can be used to categorize the severity of male infertility from mild to moderate to severe. This is typically done using the degree of deficit in count, motility and morphology.*

Mild to moderate male infertility can be treated successfully with IUI using the male partner's sperm. Occasionally, fertility medications are given to the female partner during these cycles to improve the likelihood of success. With severe male infertility, more efficacious treatments such as IVF with ICSI are warranted. Typical fertilization rates with ICSI are 60% with pregnancy rates in the range of 20% to 30% depending on the age of the female partner. Intrauterine insemination with donor sperm is a proven, time-tested treatment choice for irreversible male infertility due to azoospermia (total absence of sperm) and results in good pregnancy rates when there are no female infertility factors—50% pregnancy rate with 6 cycles of insemination.



Dr. Charles Obasiolu is a board-certified obstetrician and gynecologist and a subspecialist in reproductive endocrinology and infertility. Dr. Obasiolu received his medical degree from the University of Utah College of Medicine. He completed his residency



and internship at Hutzell Hospital – Wayne State University Affiliated Hospitals in Detroit, Michigan and completed his fellowship at the University of Illinois Hospital in Chicago.

Prior to joining Harvard Vanguard, Dr. Obasiolu was an Assistant Professor in the Department of Obstetrics and Gynecology at the University of Illinois at Chicago. His areas of clinical interest include assisted reproductive technologies, polycystic ovarian syndrome and minimally invasive pelvic surgery. He also publishes and lectures on many of these topics.

Dr. Obasiolu is an active member of the American Society of Reproductive Medicine, Society of Reproductive Endocrinology and Infertility, the Endocrine Society and New England Fertility Society. Dr. Obasiolu is the Chief of the Department of Fertility and Reproductive Health at Harvard Vanguard Medical Associates.

Dr. Stephen Lazarou is a board-certified urologist and a Clinical Instructor of Urology at Harvard Medical School. He completed his fellowship in male infertility and sexual medicine (andrology) at the Beth Israel Deaconess Medical Center in Boston. He is board certified by the American Board of Urology.

Dr. Lazarou specializes in the full range of evaluations and treatments of male reproductive issues with an emphasis on fertility preservation for cancer patients, treatment of severe male factor infertility, treatment of men with clinical hypogonadism (symptoms of low testosterone), as well as sexual dysfunction. He is trained in advanced microsurgery of the male reproductive system.

Dr. Lazarou is a member of several professional organizations, including: the American Urological Association, the American Society of Reproductive Medicine, The New England Fertility Society, The Society for the Study of Male Reproduction, and The Sexual Medicine Society. He has written numerous medical articles and recently co-authored a book chapter on the effect of advancing age on male reproduction.

RESOLVE NEW ENGLAND INSURANCE HELP

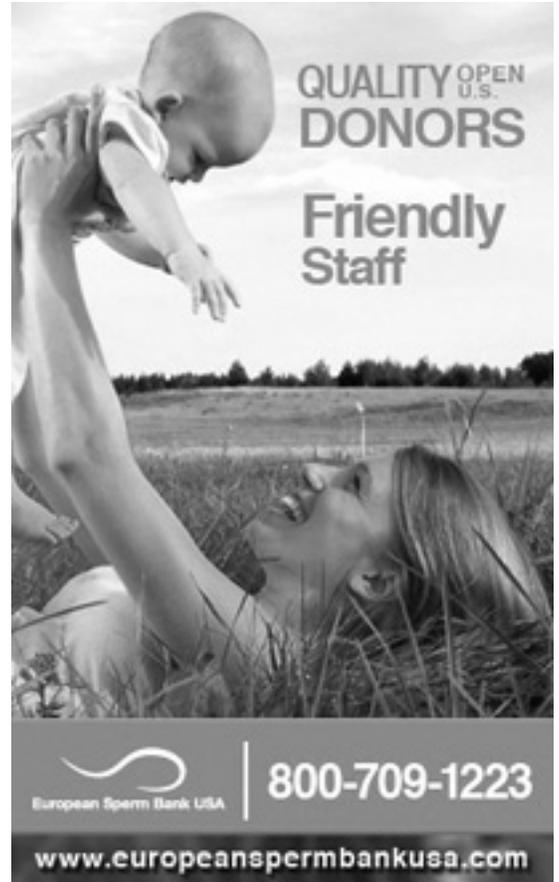
Having trouble getting insurance coverage for your doctor's recommended infertility treatment plan?
 Want to understand what the Massachusetts, Connecticut, and Rhode Island infertility mandates cover?
 Need advice on framing an appeal letter?

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

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



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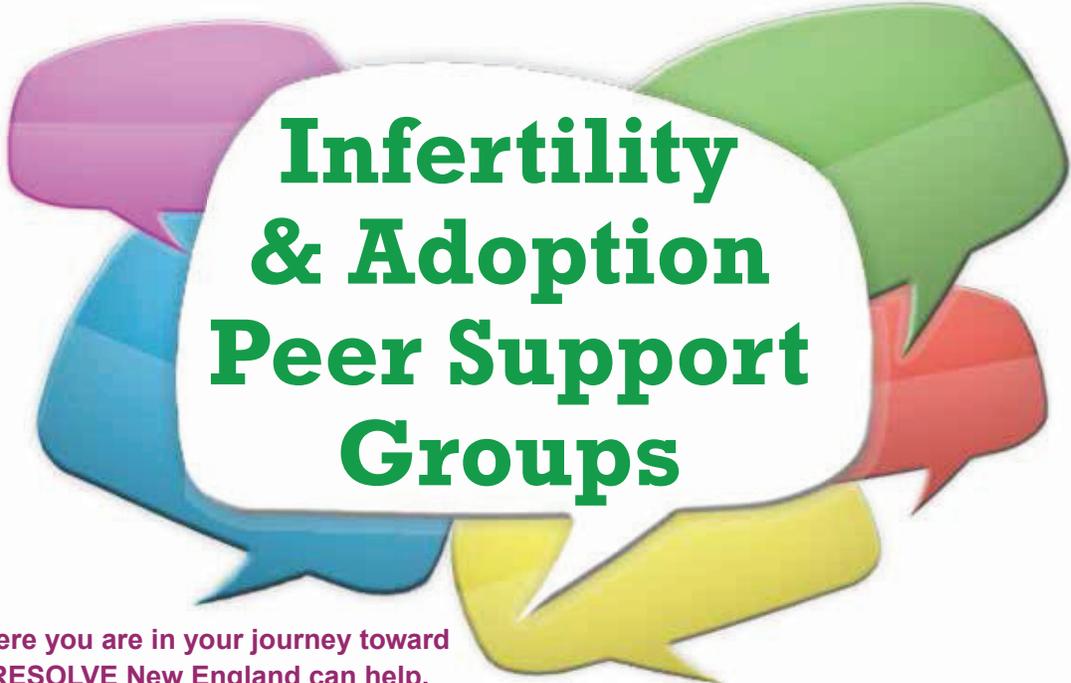
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Infertility & Adoption Peer Support Groups

No matter where you are in your journey toward parenthood, RESOLVE New England can help.

Since 1974, we have prided ourselves on our face-to-face support outlets for every stage on the journey to parenthood. We offer General Infertility Peer Support Groups as well as focused Topic Discussion Peer Support Groups.

General Infertility Peer Support Groups

Open to women and men, individuals and couples dealing with primary infertility (those with no children). Discussion may include treatment, dealing with friends & family, and coping strategies.

Beverly, MA

Fridays, 7:00pm - May 2, Jun 6, Jul 11, Aug 1

Farmington, CT

Thursdays, 7pm - May 15, Jun 19, Jul 17, Aug 21

Longmeadow, MA

Mondays, 7pm - May 5, Jun 2, July 7, Aug 4

New Britain, CT

Wednesdays, 6pm - May 21, Jun 18, Jul 23, Aug 20

Plymouth, MA

Tuesdays, 6:30pm - May 6, Jun 3, Aug 5

Portland, ME

Tuesdays, 6pm - May 27 and Jun 24

Waltham, MA

Tuesdays, 7pm - May 6, Jun 3, Jul 1, Aug 5

All groups meet on a monthly basis. Free to all RESOLVE New England members; \$5.00 per person for non-members paid via cash or check. Pre-registration for all groups is strongly encouraged, although walk-ins are welcome.

Topic Discussion Peer Support Groups

Focused on a specific topic, these groups are led by a volunteer leader with personal experience regarding that topic. All Topic Groups meet in our Waltham, MA office (except where noted).

Adoption Decision-Making

Thursdays, 7pm - May 8, Jun 12, Jul 10, Aug 14

Donor Egg Decision-Making

Mondays, 7pm - May 5, Jun 2, July 7, Aug 4

Donor Egg Parents & Children

Please email for locations and dates.

Pregnancy After Infertility

Please email for dates

Pregnancy Loss

Wednesdays, 7pm - May 21, Jun 25, Aug 6

Secondary Infertility

Wednesdays, 7pm - May 21, Jun 18, Jul 16, Aug 20

All groups meet on a monthly basis. Free to all RESOLVE New England members; \$5.00 per person for non-members paid via cash or check. Pre-registration for all groups is strongly encouraged, although walk-ins are welcome.

www.resolvenewengland.org/support

Please check our website to confirm meeting dates and times.

Special thanks to our foundation sponsor:



By Anonymous

Eggs—I should only have to worry about their grocery store shelf lives, not my internal shelf life.

Yet, here I sit, wonder what the heck I ever did to have what I refer to as my dirty dozen.

Did I drink too much in college? Not exercise enough? Should I have eaten more fruits and veggies as a kid?

The doctors all assure me it's not a cause and effect thing, but it's hard to swallow. I'm only 33. Yet for the past 3 years my husband and I have been trying to conceive, all with no success.

My problem, though, lies deeper than trying to figure out why this is my situation. Rather, my problem is in convincing my husband we—and by we, I mean “I”—need children. A child. A gaggle of kids. Always have. I told my mother before she died that I would have children to honor her memory.

Instead I have a heap of medical bills, anxiety and a large portion of guilt.

I've POAS'd (peed on a stick) more times than I can recall—every style, name brand and method.

I've had every instrument possible in the reproductive endocrinologists' tool bag inserted in my parts, trying to figure out what's wrong with me.

The problem, though, comes back to my husband. He's exhausted. Fried. Upset. Drained. Sad. Done.

For him, we've given it our best. We listened to the doctors time and again tell us they didn't have a specific diagnosis, so let's try this test or that one. In the end, they say it must be my eggs because everything else looks OK.

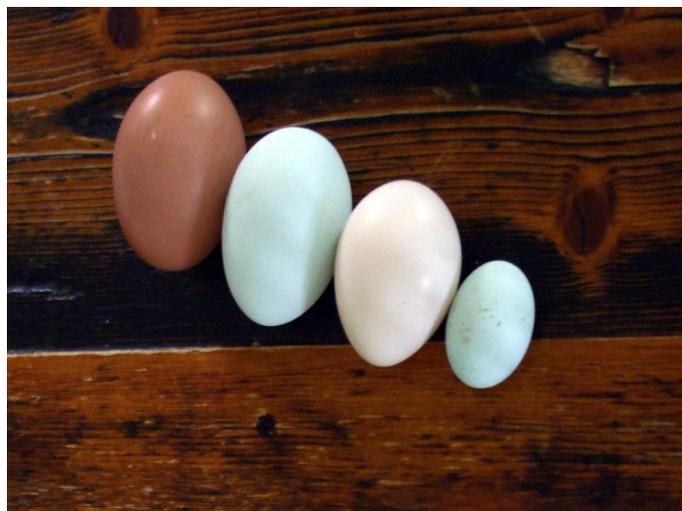
I ovulate. I respond to stimming. I fertilize.

But I fragment. Badly. And my embryos often don't make it past Day 2. A phrase I could do without for the rest of my life: “Three embryos arrested on Day 2.”

I want to scream, but can't. I'm wiped. So I go online—the dreaded online space, where no infertility-facing woman should ever go.

I make friends, all anonymously, of course, lest any of my friends find out and tell my husband I may not be done with this journey.

What I find out amazes me: There are people—women—who donate eggs. Well, they get paid, but they give their young, healthy, robust eggs to women like me.



I broached the subject with my husband a few times. The first time, he shut me down with a deep sigh. The second, he said, “really? I thought we were done with this.”

The last time we spoke, he didn't shut me down; he listened. Thoughtfully. He asked questions, but wouldn't commit. I wasn't ready to be done yet, and told him an online friend mentioned a seminar Resolve was having about donor eggs and the process and that I wanted to go.

He wouldn't attend with me, but after going to the workshop, I was able to talk with him and hit the right questions, the right points.

Why was he afraid?

His answer was so honest I cried. Not for sadness, but for the honesty and connection I felt with him.

He was afraid that if the child was not ours biologically, would he love it? That question alone—and that he even thought it—scared him to death. He told me he wasn't done, but was afraid to deal with his demons.

I wish I had a fairy tale ending to share, but I don't. While we're not done with the journey, we're still not sure how or when it will end.

We're in therapy, which has done wonders for our communication.

And we met with a couple who used donor eggs in their 3 pregnancies.

It gives me hope that he is open like this, but I am still not sure if this journey will end with us as parents, but at least I know it will end with us still as a couple who will make the decisions together.

continued, from p. 1

During those first years, she and I set up a Help Line for people in the Boston area to call in with their questions and for emotional support. During that time, the RESOLVE quarterly newsletter was launched, mimeographed and stapled all out of Barbara's kitchen.

The first professionally led support groups were started in the Boston area in the 1970s. The women's groups filled up fast but the couple's group, although they filled more slowly, became popular as well.

One of the high-points for RESOLVE and for support groups was when the Today Show came to Boston and filmed a support group I was running back in the late 1970s. That model of support, either through peer-led or professionally-led groups, began to spread and be recognized.

In 2002 the journal *Fertility and Sterility*, the official journal of the ASRM, published a study in comparing mind body groups and RESOLVE support groups. I was very involved in that two year NIH funded study and was delighted to see that the results showed that the RESOLVE groups and the mind body groups had similar rates for decreasing depression and anxiety and had similar pregnancy rates as well.

The control group which did not attend any groups did poorly on all measurements.

In the late 1970s Barbara received a small grant and was able to hire me for one day a week.

The official office moved from her kitchen to a tiny office in Belmont over a dry cleaners and next to an organ studio. The combination of dry cleaning fumes and organ music was quite something!

Over the next few years we developed a Physician Referral List and I started writing some of the over 40 RESOLVE fact sheets and Question to Ask Series.

The support group model was taking off and several other states became chapters of RESOLVE. They too offered groups, newsletters and help lines.

RESOLVE started to grow. We were asked to have a professional booth at the annual meeting of the American Fertility Society, now known as the American Society for Reproductive Medicine (ASRM). Finally, RESOLVE was being recognized by professionals in the field!

Over the years I gave several presentations to nurses and doctors at the annual ASRM meeting and served on several committees there as well.

RESOLVE's role in advocacy became key and through the efforts of a team of hard working volunteers, Massachusetts finally required medical insurance to cover some portions of infertility treatment. Fifteen states now have some type of insurance coverage for infertility.

RESOLVE's current advocacy include efforts regarding tax credits for infertility treatment where there is no insurance coverage for infertility treatments.

The new technologies and breakthroughs in treatments make it both exciting and difficult for patients and couples to navigate all the choices and, in some cases, to reach resolution. As a result RESOLVE has published fact sheets on childfree living, adoption, donor egg and issues surrounding frozen embryos.

Infertility is a life crisis and often invisible, but RESOLVE continues to provide support and information to its members. First built on a team of volunteer's hard work, RESOLVE is now recognized as the national infertility association.

The work of the professional staff and the many volunteers has propelled RESOLVE forward. Forty years seems like a long time, but when you look at the results and the impact this organization has had on family building efforts, it is truly amazing. I feel honored to be a small part of it. My work with RESOLVE over 29 years was extremely rewarding and fulfilling.

Footnote: RESOLVE New England used to be a chapter of RESOLVE: The National Infertility Association, but is now a regional organization with its own 501(c)3 designation. The two organizations work closely together and support each other's work. Visit www.resolvenewengland.org or www.resolve.org.

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Thanks to a grant from the TJX Foundation, RNE can offer scholarships allowing us to assist anyone in financial need who wishes to attend our educational programs and/or to become a member of RESOLVE New England.

Information at: www.resolvenewengland.org/scholarship.

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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.

Triannual Newsletter — This publication includes information about our programs and 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 Resource Guide — A resource book of infertility, mental health, donor conception and adoption services.

Advocacy — RESOLVE New England advocates for protection of the Massachusetts infertility 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 — www.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 page (Resolve New England), Twitter (@RESOLVENewEng), YouTube (RESOLVENewEngland) 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 RNE 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

ADVERTISER	PAGE
Adoption Choices	17
Adoption Resources	17
Brigham and Women's Hospital	5
European Sperm Bank, USA	13
FertiTech	19
Fertility Solutions	9
Harvard Vanguard Medical Associates	9
Mass. General Hospital Fertility Center	13
OvaScience	9
Reproductive Science Center of New England	7
Tufts Medical Center / Women & Infants	17



admin@resolvenewengland.org

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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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* Zaninovic, N. et al. (2013) "Impact of oxygen concentration on embryo development, embryo morphology and morphokinetics." Fertility & Sterility Vol. 100 (3): P. 5240



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