

RESOLVE

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2019 ANNUAL RESOURCE GUIDE



At **RESOLVE New England**, we understand very personally the complexities of the infertility journey. We know how lonely, isolating and stressful the infertility experience can feel. Our own connections to infertility drive our organization's commitment to provide individuals and couples with the **support, education and advocacy** they need and deserve.

HOW WE CAN HELP

PEER-LED SUPPORT: With over twenty peer-led support groups throughout New England, we provide you with the opportunity to talk openly about your infertility in a safe, supportive setting. [RESOLVENEWENGLAND.ORG/SUPPORT](https://www.resolvenewengland.org/support)

ANNUAL CONFERENCE: Our Fertility Treatment, Donor Choices and Adoption conference is the largest consumer infertility event of its kind in the United States. Join dozens of specialists, professionals and vendors from all over the region presenting over 40 different workshops related to family-building. Whether you're looking for more information about navigating adoption to hearing success stories from those parenting after infertility, our conference assembles a wide variety of resources under one roof. [RESOLVENEWENGLAND.ORG/CONFERENCE](https://www.resolvenewengland.org/conference)

CONNECT-AND-LEARN SEMINARS: Our one-day seminars are designed to help take some of the guesswork out of your family-building decision-making process. We bring in professionals and experts to present on focused topics regarding your adoption, donor conception and surrogacy options specifically, as well as parents sharing their own stories. [RESOLVENEWENGLAND.ORG/CONNECT-AND-LEARN](https://www.resolvenewengland.org/connect-and-learn)

DIRECTORY OF SERVICES: Our Annual Resource Guide serves as an excellent directory for professional referrals in New England. It is free for all RNE members. [RESOLVENEWENGLAND.ORG/DIRECTORY](https://www.resolvenewengland.org/directory)

BECOME A MEMBER TODAY: Household Memberships are only \$55 annually, and financial assistance is available. Professional memberships are \$150 per year. Join RESOLVE New England today to get and stay connected. [RESOLVENEWENGLAND.ORG/MEMBERSHIP](https://www.resolvenewengland.org/membership)

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Welcome

Dear Friends,

Welcome to Resolve New England's Annual Resource Guide for 2019!

RESOLVE New England (RNE) is dedicated to building a caring community within New England to support, inform, and advocate for all those struggling with fertility and family building. This comprehensive guide, which includes infertility, adoption, donor conception, financial planning, and mental health resources, is an important part of that mission. We are confident that you will refer to the Guide repeatedly throughout the year.

At the beginning of each section, the Resource Guide includes helpful information about evaluating and choosing services. We want you to have the resources you need to make informed decisions as you strive to build your family.

This Guide is published annually and each current RNE member household receives one copy, with our compliments. If you are not a member, or if you wish to obtain additional copies at a cost of \$5 each, email RNE at admin@resolvenewengland.org or call our office at (781) 890-2250.

Please share your comments and feedback on the Guide, especially if we've overlooked a valuable service that would benefit our RNE community. As always, feel free to contact us by phone or email with any questions or suggestions.

We would also like to take this opportunity to thank our many partners who made this publication possible. When you contact service providers featured here, please mention that you heard about them from the RNE Resource Guide.

We hope this is a valuable resource on your family building journey!

Warm regards,

Kate Weldon LeBlanc
Executive Director

PLEASE NOTE: The service providers listed in the Annual Resource Guide have not been screened or required to meet any criteria other than to be current professional members of **RESOLVE New England** and to have paid a fee to be listed in the Resource Guide. Therefore, listing of service providers should not in any way be considered an endorsement or recommendation, either expressed or implied by **RESOLVE New England**.





ADOPTION

Beginning the adoption process can be overwhelming.

RESOLVE New England offers an in-depth, day-long seminar on Adoption options. This seminar is geared to those considering adoption as a way to build their family. The sessions cover topics such as adoption process, costs and parenting issues, as well as offering opportunities for reflection and discussion. For more information on these seminars, visit our website at resolvenewengland.com/connect-and-learn/

In addition, individuals and couples are welcome to attend our monthly peer-led adoption support groups. The schedule is listed on our website at resolvenewengland.org/support.

There are many ways to go about adopting a child: agency adoption or parent-initiated; domestic or international; infant or child. Any adoption that is legalized in Massachusetts must be sponsored by a licensed Massachusetts adoption agency. When an adoption is legal-

ized outside of Massachusetts, the other state's laws apply. (An attorney or adoption agency can advise you.) Therefore, what is sometimes called a "private adoption" (done without an agency) does not exist in Massachusetts.

Many people find it helpful to consult the following adoption resources for information about the many aspects of adoption, from decision-making to parenthood through adoption.

Internet Adoption Resources
Large adoption resource index
ADOPTING.COM

Assistance, information and support
ADOPTING.ORG

National Adoption Center's list of waiting children
ADOPT.ORG

If you need other resources for making the decision to adopt, or how to go about the process, in addition to the listings that follow please see the "Attorneys" and "Mental Health" sections of this Resource Guide.

Other Adoption Resources
Adoptive Families magazine
 (646) 366-0830
ADOPTIVEFAMILIES.COM

American Academy of Adoption Attorneys
 (202) 832-2222
ADOPTIONATTORNEYS.ORG

Evan B. Donaldson Adoption Institute
 (212) 925-4089
ADOPTIONINSTITUTE.ORG

Child Welfare Information Gateway
 (800) 394-3366
CHILDWELFARE.GOV

In Massachusetts
Massachusetts Adoption Resource Exchange (MARE)
 (800) 882-1176
 (617) 964-6273
MAREINC.ORG

Massachusetts Department of Children and Families (DCF)
 Provides an online guide for foster and adoptive parents
 (617) 748-2000
MASS.GOV/EOHHS/GOV/DEPARTMENTS/DCF

ADOPTION CONSULTANTS
Merle Ann Bombardieri, LICSW
 Home Study Prep, Decisions, Easing grief
 Lexington, MA
 (781) 862-1662
MINDMED.COM

The Adoption Consultancy
 Brandon, FL
 (813) 681-6232
THEADOPTIONCONSULTANCY.COM

ADOPTION AGENCIES
AAA Full Circle Adoptions
 Arlington and Northampton, MA;
 Portland, ME
 (800) 452-3678
team@fullcircleadoptions.org
FULLCIRCLEADOPTIONS.ORG

Adoption Choices
 Framingham, MA
 (800) 872-5232
adoptionchoices@jfsmw.org
ADOPTIONCHOICES.INFO

Adoption Resources
 Waltham, MA
 (617) 332-2218
info@adoptionresources.org
ADOPTIONRESOURCES.ORG

Adoptions With Love, Inc.
 Newton, MA
 (617) 964-4357
info@awlonline.org
ADOPTIONSWITHLOVE.ORG

Adoptive Families for Children
 Concord, NH
 (888) 952-3678
info@adoptivefamiliesforchildren.com
ADOPTIVEFAMILIESFORCHILDREN.COM

Questions to Ask: Choosing an adoption resource

- Is the adoption agency registered with the Department of Social Services in your state? Check with the Department of Social Services to see if there are any formal complaints on record against the agency.
- What types of adoption does the agency offer? What is the agency's position on open adoption?
- What services does the agency offer to prospective adoptive parents, and do the services differ with the type of adoption chosen? Does the agency have pre-adoption and post-adoption support groups or post-adoption play groups?
- What are the waiting periods for an intake interview, home study/family assessment, placement with a child, post-placement services, finalization?
- What is the agency's experience with adoption disruptions and how much money is refundable?
- Does the agency (or the countries that you are considering) have restrictions for prospective adoptive parents, and if so what are the restrictions? Do they work with applicants who are single, non-traditional, unmarried, LGBTQ, married but previously divorced? Are there requirements about race, religion, chronic illness, physical challenges, etc.? Will the agency work with families that have a biological, adopted, or step-child or children at home? What is the agency's philosophy on working parents?
- What are the itemized fees for services for the adoptive parents? What type of fee scale

is used? Are there set fees with a contract?

- What are the itemized birthparent fees (where applicable) that are the responsibility of the adoptive parents? Does the agency request additional payment for "donations," legal costs or additional medical tests for the child?
- Will the agency work with other agencies out of state? What states will they work with?

International Adoption Questions

- What is the current availability of children? What countries or orphanages does the agency work with? Are the sources of children in good standing with the United States Embassy in that country? How many children has the agency placed in the last six months or year? What is the average age of the child at placement and arrival? How are parental rights severed?
- What medical information is available on the child, and from where is the information? If additional medical tests are required, who is financially responsible for the tests?
- Does the agency offer escort service to the US? If travel to a country is necessary, does the agency have representatives in that country to assist with the paperwork, courts, housing, etc.? What is the average length of stay in the country? What is the average cost to stay in the country? Is the agency Hague-compliant? At what point does the adoptive parent's financial responsibility begin?

Identified Adoption Questions

- How long has the identified/private adoption program been active? How many placements has the agency made in the last 12 months? Who locates and finds the birth parents? How long does it usually take?
- What adoption agencies and what states do they use to find birth-parents? Are search expenses billed to the client or shared by a pool of clients seeking to do an identified adoption?
- Is counseling required for birthparents? Who is the provider? Who pays for that service? How often is the office/agency in

contact with the birthparent? Is drug screening required for the birthmother/father? Are periodic unannounced drug screening tests done?

- What methods are used to locate the birthfather? What are the legal requirements for conducting a birthparent search in the state where the birthfather is believed to reside? What types of services are offered to birthfathers?
- Where is the birthmother sent for obstetrical care? Does the agency help the birthmother apply for Medicaid if she has no insurance?
- Are legal contracts used for the birthmother, birthfather and prospective adoptive couples? (Ask to see a sample.)
- If the adoption occurs in another state, what are the state adoption laws and interstate compact requirements concerning residency, and time periods for signing and revoking consents and terminating parental rights?
- What amount of contact is required between the birthparents and the prospective adoptive parents?
- What is the cost of services? Is there a payment plan? If there is a disruption of the adoption process, what portion of the fee is refundable?

Considering Adoption?

Adoptive Families for Children is a full service adoption agency, licensed in New Hampshire, which has been providing services to families since 1983.

- Nationwide Domestic Adoption Search
- Home Studies & Post Placement Visits
- Single Parent & Same Sex Couple Friendly

CONTACT US TODAY!

(603)228-6712

18 Centre Street, Concord, NH
adoptivefamiliesforchildren.com

Questions to Ask an Adoption Lawyer

- Verify that the lawyer is licensed with the Department of Social Services or the Lawyer Regulation Unit in your state. Ask the Department of Social Services and the Lawyer Regulation Unit if there are any pending or previous lawsuits against the attorney.
- How long has the lawyer been offering legal advice concerning adoption? How many adoption cases has the lawyer processed within the last twelve months? Does the lawyer have legal contacts in other states if needed?
- Are there clients who have used their legal services that would be willing to speak with prospective adoptive parents?

Be Concerned if Any of the Following Happen

- The agency, facilitator, or lawyer fee is exorbitant. (There should be an itemized bill submitted.)
- A request is made for a large amount of money, beyond the retainer, before a birthparent is located.
- Little information about the birthparents' ethnic, medical, educational, and social backgrounds is given.
- The attorney, agency, or facilitator does not stay in contact with the birthparents on an ongoing basis.

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There are a variety of ways to find an attorney experienced in the areas of adoption and reproductive technology. The American Academy of Adoption Attorneys has an online directory listing lawyers by state: adoptionattorneys.org. It should also be noted that there are many excellent attorneys with adoption experience who are not part of this organization. To research a particular attorney, check with the Board of Bar Overseers (in MA, www.mass.gov/obcbbo) to determine if the attorney is licensed and if there are any pending lawsuits against him/her. If you are working with an attorney out of Massachusetts, you should contact the Bar in that state. Talk to friends who have been through the process themselves. In this very specialized area of the law, it is important not to use an attorney who practices in other areas and has "always wanted to do an adoption"; the legal intricacies of adoption require an experienced practitioner.

In some states, adoption attorneys can facilitate adoptions, and in other states, which

are known as "agency states," attorneys cannot perform this role. Massachusetts is an agency state, which means that an adoption attorney can represent and advise adoptive parents, birth parents, or adoption agencies, but cannot find potential adoptive parents a placement or assist birth parents in locating adoptive parents. In other states, adoption attorneys may function more like adoption agencies, in that they find placements and can facilitate adoptions.

Questions to Ask

- Does the lawyer have contacts in other states if needed?
- Are there clients who have used their legal services who would be willing to speak with prospective parents?
- Does the lawyer obtain medical records/background information from the birth parents/donors?
- How does the lawyer handle birthparent/donor expenses? What additional expenses are expected?

- What are the lawyer's fees for certification, adoption through finalization, and/or failed situations?
- Will any part of the legal fee be refunded if the client withdraws? Can the attorney project the total cost, as indicated by his or her experience?

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There are several options outside the realm of “mainstream” medicine to complement medical care for infertility. Such options include, but are not limited to: acupuncture, stress reduction, coaching services, and self-help tools. Many patients find these helpful for regaining a sense of control and perhaps even improving reproductive outcomes.

If you are considering using an alternative therapy, such as acupuncture, chiropractic, herbs or naturopathic physicians to supplement your infertility treatment, choose a practitioner with the same methods you use to select a physician. Try to find someone with experience in treating your specific infertility problem and ask about success rates. Inform your infertility physician if you are using an alternative treatment to make sure that there will be no unusual drug interactions.

Questions to Ask the Practitioner:

- How many infertility patients has the practitioner treated in the past three months and what has been the success rate for individual diagnoses?
- Where and when did the practitioner receive their training or degree?
- How many visits will be needed to address your infertility issues and how much will the cost be?
- Ask for a treatment plan and explanation of what points, adjustments, and/or herbs will be used and why.
- Is the practitioner willing to work with your medical infertility specialist?
- Tell the practitioner if you are currently taking any medications. Ask if the alternative treatments will change your response to infertility drugs.
- Will treatment after ovulation jeopardize an early, undiagnosed pregnancy?
- If receiving acupuncture treatment, be certain that disposable needles are used.

- If you are considering the use of herbs, ask about proper storage and preparation and whether or not preparations should be taken on an empty stomach or after eating.
- Are references available from current or former infertility patients?

**For More Information
National Certification
Commission for Acupuncture
and Oriental Medicine**

This organization makes available an online directory of national board certified practitioners of acupuncture, Oriental medicine, Chinese herbology, and Asian bodywork therapy.
76 South Laura Street, Suite 1290
Jacksonville, FL 32202
(904) 598-1005
NCCAOM.ORG

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**American Association
of Naturopathic Physicians**

Naturopathic physicians are licensed in 15 states, including some in New England. However, naturopathic physicians practice in most parts of the U.S. Check their website for an online directory of naturopathic physicians.
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Washington, DC 20016
(866) 538-2267 NATUROPATHIC.ORG

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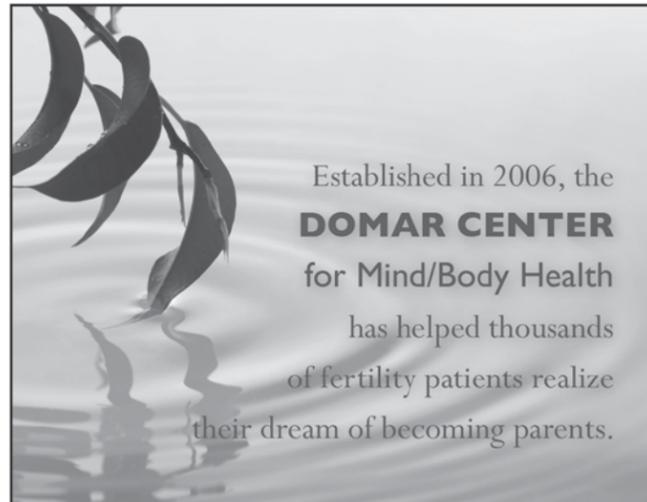
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Nutritional Counseling

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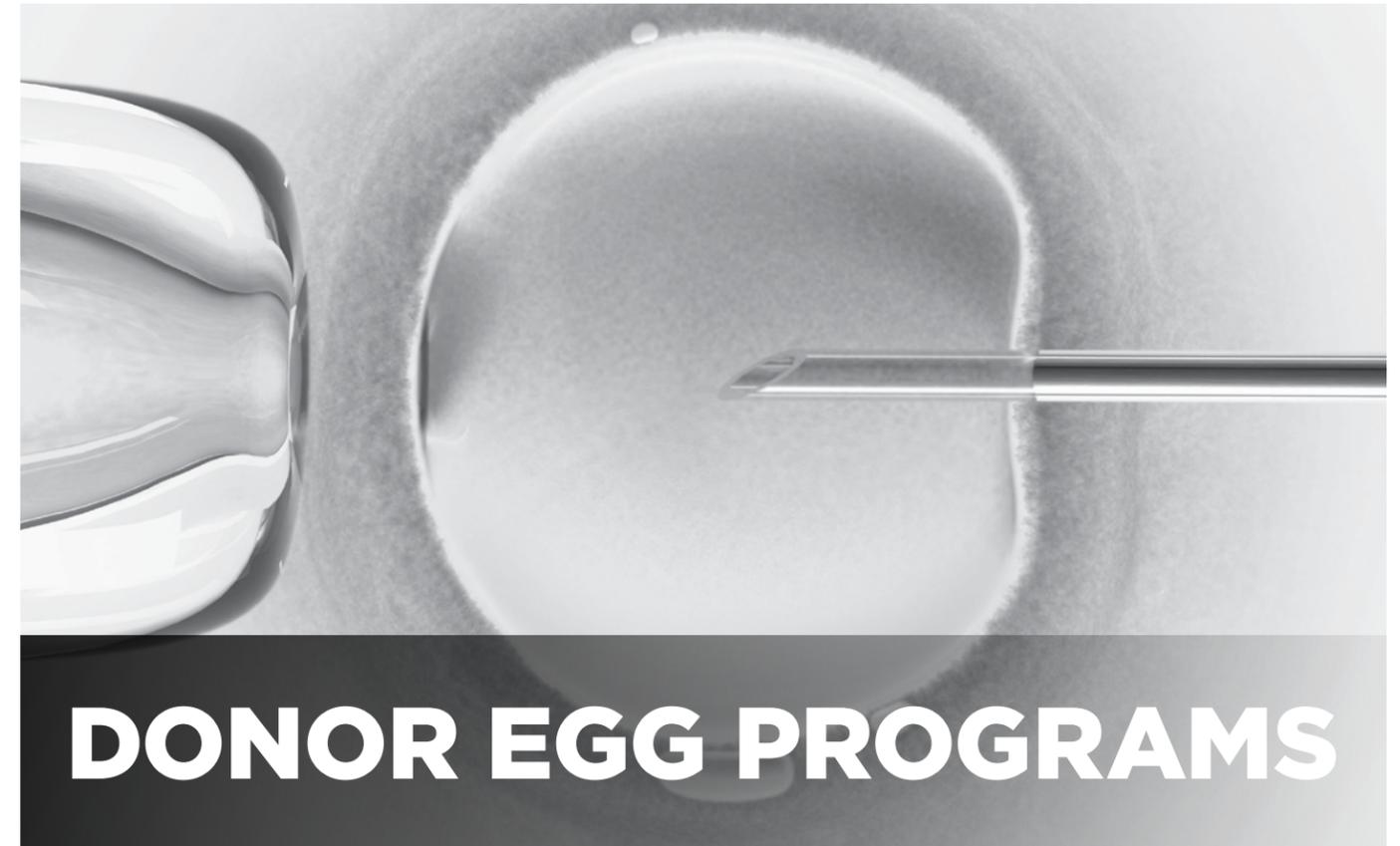
Restorative Yoga

Help the fertility process by teaching poses, breathing and meditation techniques to improve blood flow/circulation and lower stress.

Call 781-434-6578 for more information or to make an appointment.



130 Second Avenue, Waltham, MA 02451
domarcenter.com



DONOR EGG PROGRAMS

RESOLVE New England offers an in-depth day-long seminar on donor conception options. This seminar is geared towards those considering treatment with donor egg or sperm as a way to build their family. The sessions cover topics such as policies and procedures, costs, finding a donor, and parenting issues, as well as offering opportunities for reflection and discussion. For more information on this seminar, visit our website at resolvenewengland.org/connect-and-learn/

In addition, individuals and couples are welcome to attend our monthly peer-led donor conception support groups. The schedule is listed on our website at resolvenewengland.org/support.

Questions to Consider

Medical Factors for the Recipient

- All recipients, regardless of age, should have a complete blood count, blood tests for HIV, hepatitis B and C, cytomegalovirus, rubella, toxoplasmosis and RH factor before starting a donor egg cycle.
- Do you have any health problems that would be affected by a pregnancy such as cardiovascular disease? Are you on prescription medication, etc.?
- If you are over 40 and are considering the donor egg option, make sure that you have a current electrocardiogram, mammogram, glucose tolerance test and chest film.

- Have you talked to an obstetrician about the risks relating to pregnancy, labor and delivery for women in your age category?
- Have you discussed the risk of multiple births, which is high with donor egg?
- Have you asked about the miscarriage rate after embryo transfer?
- Has your husband's/partner's semen been tested lately?
- Will the clinic use estrogen and progesterone to prepare the endometrium lining of your uterus? Will the clinic require a mock cycle first? Which type of estrogen is used?

Legal Preparation

- Has a written contract been negotiated? Specifics such as what to do with "extra" embryos, freezing embryos and paternal rights should all be clearly defined.

Psychological Preparation

- Have you gone for couple counseling to discuss the donor egg option?
- Is counseling provided for the donor?
- Is counseling provided for the donor's husband?
- Does the donor have children already? Has she discussed ovum donation with her children? If not, has she considered ramifications if later when she wants her own family, infertility is an issue?



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- Is the donor aware of the need for ovulation induction and associated possible risks/complications?
- If the donor has a history of breast or ovarian cancer in her family, is she aware of the possible increased risk of developing cancer from using ovulation drugs?
- Have you decided about an amniocentesis? It may not be necessary if the donor is under 34 years old.
- Have you discussed the secrecy or openness issue relative to telling the child? Who, if anyone, will you tell that you are considering or trying this option?

Donor Selection and Egg Quality, Etc.

- What information is provided if the donor is anonymous?
- Are donors legal residents of the United States?
- What is the age of the donor?
- Are eggs taken from infertility patients?
- Does the clinic allow you to use the donor you bring into the program or do they require that you do a cross exchange (the eggs from the donor you bring in are put into the pool and you go to the top of the list to receive an anonymous egg)?
- How many times can a donor be used?
- Is the donor tested for the AIDS virus, CMV, hepatitis? A and B, chlamydia, venereal disease, syphilis, serum karotyping and blood type and day 3 FSH? Is a drug screen done on the donor?
- If you are using a donor from a donor egg matching program, and the donor has been tested by them, will the IVF clinic require additional or duplicate testing at their lab?
- Are all eggs from one donor used for one recipient or are the eggs split between recipients? If they are split, how are they divided? Are there primary and secondary recipients?
- How many eggs are guaranteed a recipient and, if there are less than guaranteed, is the fee reduced?
- How long are medical records kept on the donor? Is the donor aware that, as in adoption, laws may change that could allow the child access to information about the donor at a specific age?
- Does the agency maintain contact with the donor? This is important if you think you would want to use the donor again in the future. By maintaining contact, the agency can monitor the health status of the donor as well.

Additional Questions to Consider if You Are Using a Known or Designated Donor

- Do you and the donor have separate legal counseling?
- What kind of relationship do you and your spouse expect to have with the donor and have you discussed it with her?
- What kind of relationship do you expect the donor to have with the child & have you discussed that with her?
- Have you discussed your feelings about having an amniocentesis with the donor and have you discussed what to do if the test results indicate a problem with the fetus?

Choosing the Clinic

- Ovum donation requires using IVF. Ask if the IVF clinic you are considering is a member of the American Society for Reproductive Medicine's Special Interest Group for Assisted Reproductive Technologies.
- What are the live birth rates from the donor egg program you are interested in?
- Does the clinic have its own egg donor pool? What information is shared with the recipient about the donor?
- Clarify what type of screening and counseling is done for egg donors.
- What are the costs? Do you have to pay the full amount if the donor doesn't stimulate well, if few eggs are obtained or fertilization is poor?
- What, if anything, is covered by health insurance?
- Does the clinic freeze extra embryos?

If you are considering using a for-profit donor egg matching program that will locate an egg donor for you, ask the following questions. There have been some concerns raised about egg donor recruitment, so you may also want to call your Attorney General's Consumer division to see if any complaints have been registered against the program.

Questions to Ask Donor Egg Matching Programs

About the Business/Donor Recruiting

- How long has the service been in business?
- Are all donors legal residents of the United States? (Illegal aliens should not be used as donors.)
- Will the service provide references?
- How do they recruit donors?
- What psychological screening is done on donors and by whom?
- What medical screening is done on the donors? Ask to see a blank intake form so that you get a clear sense of the screening process.
- What is the number of donors currently available?
- How long is the average wait for a "match?"
- How much information will you be given about the donor?
- What information will be given to the donor about you?
- Will your clinic or doctor work with this particular matching service?
- If your donor has already been through medical screening, will repeat tests be required by the IVF clinic?
- Does the matching service have legal counsel? If so, whose interests are represented? The service's? The donor's? Should you consider hiring an attorney to represent you?

**SAVE
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Saturday
November 2, 2019
8:00am – 5:00pm

The Verve Crowne Plaza Hotel
Natick, MA

RESOLVENEWENGLAND.ORG/CONFERENCE

Costs

- What is the cost of using the service?
- Is payment due in full prior to being matched with a donor?
- What fee does the egg donor receive?
- If the donor lives out of state, will you need to pay for housing or transportation at the time of ovulation induction and egg retrieval?
- If the donor changes her mind, will the service provide a new “match” with no additional fee?
- What are financial arrangements if the donor has poor or no response to the stimulation protocol?

DONOR EGG PROGRAMS

Circle Egg Donation

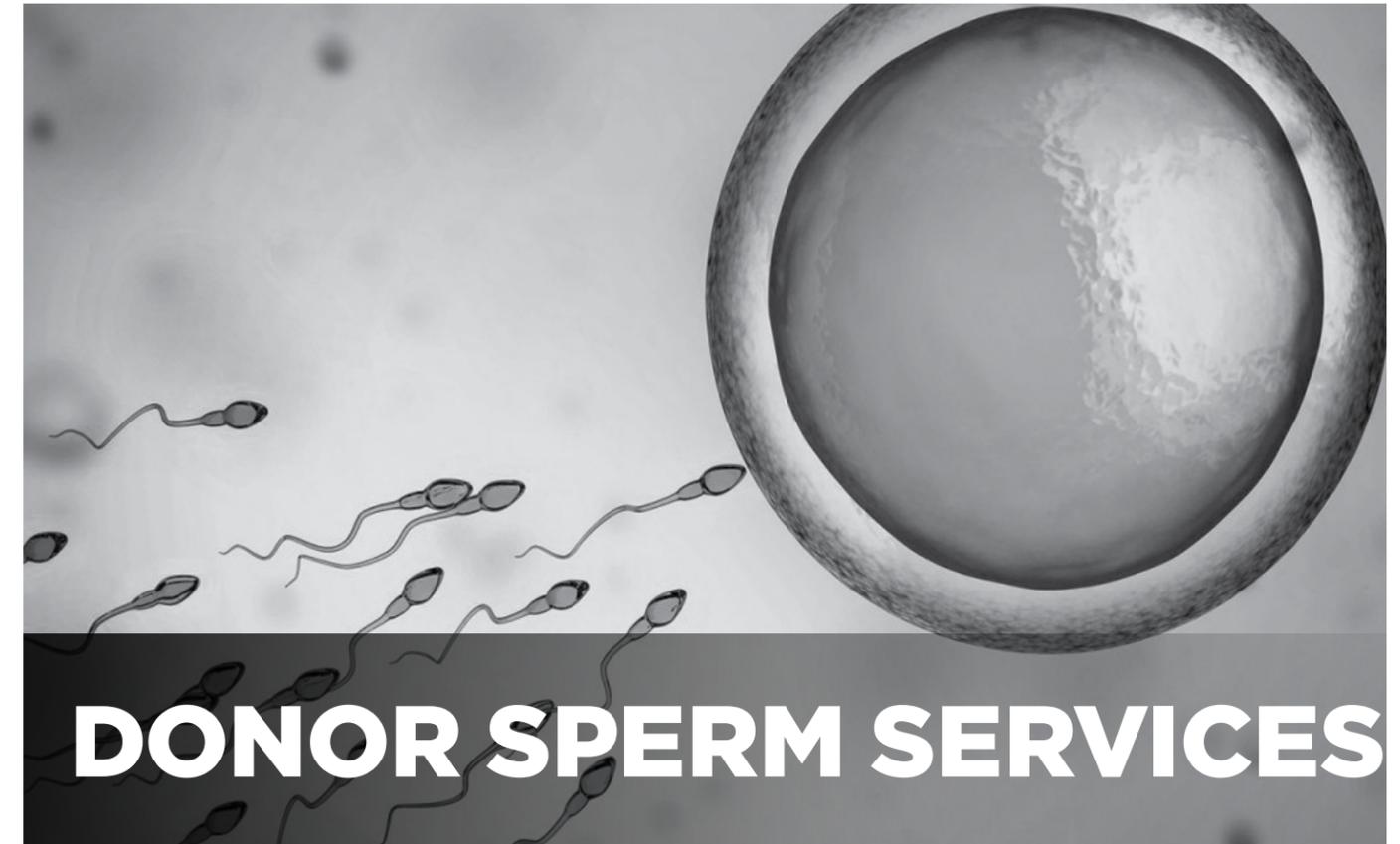
Boston, MA
(617) 439-9900
CIRCLEEGGDONATION.COM

The Center for Surrogacy and Egg Donation

Southborough, MA
(508) 460-0400 | info@CSEDinc.com
CSEDINC.COM

Tiny Treasures, LLC

Burlington, MA
(617) 597-1990 | contact@tinytreasuresagency.com
TINYTREASURESAGENCY.COM



Questions to Ask the Clinic or Physician

- Does the clinic have its own sperm bank? If not, which sperm banks does the practice or clinic use? If the patient must contact and make arrangements with the sperm bank directly:
- Does the clinic provide a list of sperm banks? Do the banks follow the donor sperm guidelines of the American Society for Reproductive Medicine?
- How many units of sperm does the clinic suggest you order from the sperm bank?
- Does the practice or clinic have a storage tank available for frozen sperm and will the clinic store your donor sperm in cryostorage until needed? Is there a storage fee?
- How long will the clinic store your donor sperm between treatment cycles?
- How many inseminations per cycle? What is the cost?
- Is intrauterine insemination (IUI) done with or without ovulation-stimulating drugs? Will hCG be used?
- Does the practice do inseminations on weekends and holidays? If not, where does the practice refer patients?
- What types of legal documents/agreements are signed by the patient and physician?

- Does the clinic refer to a particular mental health provider for counseling? Is counseling required before beginning?
- Does insurance cover all or part of the donor insemination services? Does it include the counseling appointments?

If the clinic provides the donor sperm:

- Does the clinic use samples from a commercial sperm bank or does it have its own donors?
- Does the clinic follow the donor sperm guidelines of the American Society for Reproductive Medicine?
- Does the clinic have storage available for frozen sperm? Will the clinic reserve and store additional samples of the patient's specific donor for future cycles?

Questions to Ask Sperm Banks

Regardless of whether the donor sperm comes from a commercial sperm bank or from the clinic's own donors, the infertility specialists and clinics should be following the recommendations of the American Society for Reproductive Medicine and use only frozen sperm. Consider asking:

- What is the minimum/maximum age of the donors?

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- Does the information about each anonymous donor include information on: Religious / Educational / Ethnic/cultural background, Physical characteristics, Race, Career/professional role, History of family
- How much non-identifying information about the donor does the sperm bank provide to the consumer? Does the sperm bank keep a medical history of the donor? How long are medical records kept for each donor?
- Are donors screened for these medical conditions and what is the sperm bank's policy if the donor is found positive for any of these: Sickle Cell Anemia, Syphilis, Hepatitis B and C, Tay-Sachs Disease, HIV I and II, Thalassemia, Herpes, B-Strep, Cytomegalovirus (CMV), Genital Warts, Cystic Fibrosis, Gonorrhea, Chlamydia, Multiple Sclerosis, Mycoplasma
- Does the sperm bank check the donor's blood type? (Women who are Rh negative will need a donor who is also Rh negative.)
- Does the sperm bank screen donors for drug use?
- Is HIV testing done on donors? Does the sperm bank follow the American Society for Reproductive Medicine's recommendations of holding specimens for 180 days, and only then using the specimen if the donor retests negative for the HIV virus?
- What genetic tests are done on the donor?

- Does the sperm bank screen the donors for the autosomal recessive disorder Alpha-1 antitrypsin?
- Does the sperm bank keep track of the number of pregnancies per donor?
- Does the sperm bank offer a service for adult children conceived through donor insemination to gain access to the donor's medical records if necessary?
- If the quality (motility and number of sperm/specimen) is inadequate after thawing, what steps should be taken?
- Does the sperm bank provide sperm that is ready for intrauterine insemination? Will the sperm bank work with a donor (in or out of state) who the couple provides?
- Will the sperm bank store frozen sperm so that you may use the same donor for a second child? Ask about costs.

Seattle Sperm Bank

Seattle, WA
(206) 588-1484
SEATTLESPERMBANK.COM



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For a list of all our support groups and meeting times, check our site
RESOLVENEWENGLAND.ORG/SUPPORT

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Gestational Surrogacy Agreements



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PRACTITIONERS

AGC Scholarships

Financial assistance for couples with infertility
info@agcscholarships.org
AGCSCHOLARSHIPS.ORG

Fertility Within Reach, Inc.

Increasing access to infertility benefits
admin@fertilitywithinreach.org
FERTILITYWITHINREACH.ORG

Journey to Parenthood

Providing financial assistance to those with infertility
jtp@journeytoparenthood.org
JOURNEYTOPARENTHOOD.ORG

TOP 10 INFERTILITY INSURANCE COVERAGE FAQs

By Marymichele Delaney, Insurance Advocate, **RESOLVE New England**

Q. If my procedure has been denied, how do I frame the appeal process?

A. Some key points to be aware of as you frame an appeal:

- Draft your appeal letter to target specifically the reasons listed in the denial letter from the insurance company
- Be familiar with the appeal process and timeline that your insurance company has established
- Have your RE (Reproductive Endocrinologist) write a supporting letter that will accompany your appeal letter – make it easy for your RE to participate (draft the letter you want him/her to write on your behalf)
- Do not be emotional in the appeal letter, do not discuss your difficult journey of infertility: keep the focus fact-based
- Use your Clinic's Insurance Coordinator for additional data that may be useful from your file
- Tell the insurance carrier you want to be present at the review hearing

- Remember: most infertility mandates are general; it allows the insurance companies to set reasonable guidelines for infertility benefits. If the standards the insurance company has set are not reasonable for your situation, indicate that and the reasons why
 - Whenever you have data that supports your case—use it!
 - You have nothing to lose by appealing a denied procedure
 - If the procedure is still denied after appeal, do the next level of appeal through the state: for Massachusetts, contact the Office of Patient Protection

Q. How do I know if my plan is fully insured or self-insured?

A. Ask your employer's Benefits/Human Resources Office. They may not know, in which case you should call the insurance carrier, provide them with the group number for the plan you are in, and ask them. If they are self-insured, they may still cover the infertility mandate—ask them that question specifically.

Q. In a job interview, how do I learn about the infertility benefits under their medical plan?

A. You don't want to ask specific benefit questions in an interview. You can ask for their general benefit plan information; scour the employer's website to see if there are details on the medical plan there – many times there are. Then, call the insurance carrier(s) for that employer, and ask them the specifics of the infertility benefit under that employer's group plan.

Q. Should I hire an attorney to help me write my appeal letter if I have a denied procedure?

A. Generally, you will not find many attorneys who do this type of work because it is time-consuming for them, and the rate of return is just not that profitable. A better strategy is to save your money and use the resources available at RESOLVE New England's web-site, resolve-newengland.org, as well as the consultation available for RESOLVE New England members for guidance and strategy in framing your appeal (see box below).

Q. When writing an appeal, what is the general tone the communication should take?

A. Write the appeal from the perspective that the insurance carrier made a mistake in denying the procedure, and they did not have all the facts to make the correct decision—which is to approve the procedure. It is important to approach the appeal from a perspective

of mutual cooperation. Pulling an attorney into the process will make the insurance company potentially confrontational versus cooperative.

Q. Are there employers that do not have to comply with the State mandates for infertility benefits?

A. Yes, self-insured plans, small businesses (generally with less than 26 employees), and Diocese-related entities (Parochial Schools, Churches, Hospitals) do not have to comply with the mandate.

Q. Are experimental procedures or reversal of voluntary sterilizations covered by the mandate?

A. No.

Q. What other medical practices have a similar cost to infertility expenditures?

A. The cost of infertility, based on the Journal of Reproductive Medicine, is similar to the cost of nutrition and podiatry, and much less expensive than the cost of physical therapy. This is generally due to the fact that a very small percentage of the infertile population chooses to do Assisted Reproductive Technologies (ART) even when covered by their health plan.

Q. My employer offers a Flexible Spending Account (FSA) for health care expenses; can I use this account for my infertility out-of-pocket expenses?

A. Yes, you should use the FSA for any out-of-pocket costs you will have due to your infertility care (or any other health care eligible expenses). This is a great way to save on taxes, since you pay no taxes on the money from your FSA, as long as it is used for eligible health care expenses. The maximum allowed under these plans is set by the IRS. Ask your Benefits Office for more details.

Q. If I live in Massachusetts, but my employer is out of state and has out-of-state coverage, am I covered by the mandate?

A. Technically yes, but out-of-state employers and health plans often do not comply with the requirement to include MA-mandated benefits for their employees living or working in MA. There is no active jurisdiction for compliance, and the out-of-state employers know that. The Division of Insurance has indicated that a resident of MA, regardless of his or her location of employment, is entitled to receive infertility coverage.



GENETIC TESTING

Genetic testing is an important tool for people with certain risk factors going through IVF. It screens embryos for genetic disorders and can help identify the healthiest embryos before the transfer process.

To fully understand how genetic testing can potentially increase the chances of selecting a healthy embryo that will develop into a healthy baby, the most important thing to do is speak to your reproductive endocrinologist. There is some important information to understand before having that conversation, and some questions to make sure to ask.

Frequently Asked Questions and Answers

Who should consider genetic testing?

For people with a known history of genetic diseases or for patients over 35 genetic screening can be a great way to identify the embryos that are the best candidates for implantation.

What is a genetic counselor and will I work with one?

Many patients are referred to genetic counselors as part of the standard genetic testing process. This counselor will complete a comprehensive family history on both parties involved, and take other factors into consideration, such as age, to determine if genetic testing is indicated. This counselor should discuss with you the benefits and drawbacks of genetic testing in your specific situation to aid in your final decision.

What types of genetic testing are commonly used?

There are two main types of genetic testing: preimplantation genetic screening (PGS) and preimplantation genetic diagnosis (PGD). Both are potentially valuable procedures that can help doctors select the best, healthiest embryos for transfer. The terms are often used interchangeably, but PGS and PGD are quite different, and test for different things.

What is PGS and what does it do?

Having too many or too few chromosomes, and other chromosomal abnormalities, are some of the most common reasons that embryos fail to implant, or that miscarriages occur. These abnormalities increase with the age of a woman's eggs, so for those more... mature... among us, PGS is a potentially valuable tool.

PGS stands for preimplantation genetic screening. It aims to show whether the cells in an embryo have the right number of chromosomes—23 pairs. PGS does not test for specific genetic diseases, just the presence of all 23 chromosome pairs. That being said, certain conditions, like Down syndrome and Patau syndrome, result from having too many or too few chromosomes.

Women over age 35 who are using their own eggs for IVF, or those with a history of miscarriages, may find their doctor recommending PGS. In these cases, PGS can be very useful, because it allows your

doctor to identify those embryos most likely to result in a successful cycle, i.e. those with the correct amount of chromosomes. Once identified, those, and only those, embryos can be selected for transfer.

Unfortunately, to conduct PGS, five or six embryos are required, which may take numerous retrieval cycles for some patients.

What is PGD and what does it do?

Unlike PGS, PGD, or preimplantation genetic diagnosis, does test specific genes to identify specific genetic diseases. If any of the participants in an IVF cycle have a family history of certain genetic diseases, PGD can help identify whether an embryo is healthy. Remember, even if you don't have symptoms of a genetic disease, you can still be a carrier.

Some of the things PGD can test for are:

- Marfan syndrome
- Huntington disease
- Recessive genetic diseases such as cystic fibrosis or Tay-Sachs disease
- Translocations of genes (exchange of chromosomal materials or other structural rearrangements), which can cause birth defects, miscarriage, or other issues
- Genetic diseases carried on the X chromosome, including hemophilia or Duchenne muscular dystrophy
- Abnormalities in the number of chromosomes

PGD is much more complex than PGS, and can end up being much more expensive for those whose insurance doesn't cover the procedure. (See "How much does genetic testing cost?")

How does genetic testing work?

Genetic testing may start with offering carrier screening to each biological participant to determine if they are carriers of certain genetic disorders and may be at increased risk to have an affected child. This consists of a family history and a simple blood test that is analyzed by a specialized genetics lab.

If your reproductive endocrinologist (RE) determines that preimplantation genetic testing is advised, an embryologist will take a small biopsy from each embryo being tested. The embryologists carefully remove either one or several cells from the embryo, depending on the stage of development of the embryo.

Once the cells have been removed they are sent to a specialized genetics lab which extracts the DNA for analysis. Depending on the test performed, different technologies may be used. Next Generation Sequencing may be used for PGS, as it tests for chromosome abnormalities and identifies missing or extra chromosomal material. Karyomapping is a more specific test which analyzes regions of the genome associated with known genetic disorders and may be used for PGD testing.

Can I freeze embryos after PGS/PGD?

Ask your reproductive endocrinologist, but generally embryos can be frozen after screening. Likewise, embryos that have been frozen can generally be thawed, tested, and either refrozen or transferred.

What are the risks?

As with any procedure, there are some risks associated with genetic testing. Since a small portion of an embryo has to be removed, the

main risk is damaging the embryo during this process. This is true of both PGS and PGD, and is one reason why it's important to weigh the potential benefits with these risks when talking with your RE.

What other terms should I know?

The terms PGD and PGS are slowly being replaced by new terminology. All tests are now commonly referred to as Preimplantation Genetic Testing (PGT). You will often see PGT-M instead of PGD, where the "M" stands for monogenetic—single cell—abnormalities. PGS is often referred to as PGT-A (aneuploidies, or an extra or missing chromosome) or PGT-SR (structural rearrangements).

How much does genetic testing cost?

If not covered by your insurance, PGD and PGS can add significant costs to an IVF cycle. Including the cell biopsy and the screening tests, PGS can cost upwards of \$3,500 or more. Since PGD is the more complex procedure, it can cost over \$6,000. These costs are just estimates and depend on the number of embryos tested, the testing lab used, and other factors.

10 questions to ask your reproductive endocrinologist

- What method of genetic analysis are you considering, and why?
- What training do the laboratory personnel have?
- How long have they been doing the procedure?
- When will I get the results?
- What will happen if all the embryos are genetically abnormal?
- What is the clinic's success rate for frozen embryo transfer following embryo biopsy?
- Do you do the biopsy on Day 3 or Day 5? Why?
- Will my embryo have to be frozen while we wait for the results?
- If my Day 3 embryo test comes back abnormal, but the embryo develops correctly to Day 5, will you perform another screening?
- What would positive or negative results mean for me?

Additional Resources

American Medical Association

AMA-ASSN.ORG/CONTENT/GENETIC-TESTING

American Pregnancy Association

AMERICANPREGNANCY.ORG/INFERTILITY
PREIMPLANTATION-GENETIC-DIAGNOSIS/

National Society of Genetic Counselors

NSGC.ORG/

Preimplantation Genetic Diagnosis International Society

PGDIS.ORG/

CooperGenomics

(877) 282-3112
COOPERGENOMICS.COM

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INFERTILITY/A.R.T. PROGRAMS

Deciding on which clinic to go to for an IVF cycle is a major decision. The resource for clinic-specific data and success rates is the report entitled Assisted Reproductive Technology Success Rates: National Summary and Fertility Clinic 2005-2011.

In addition to the CDC Report, the following questions may also help you choose a clinic.

Questions to Ask: Assisted Reproductive Technology (ART) Programs

Credentials

- What are the credentials and training of the IVF staff and is the clinic affiliated with an academic medical center?
- Is the clinic an active or associated member of the Society for Assisted Reproductive Technologies (SART), a special interest group of the American Society for Reproductive Medicine (ASRM)

Success Rates

- Does the clinic report data to SART?
- When did the clinic start offering ART? (Clinical staff with long experience may have a good record of success.)
- How many egg retrievals has the clinic performed in the last twelve months?

- How many patients underwent embryo transfers in the last year? In the last month?
- How many clinical pregnancies (confirmed by ultrasound and fetal heart sounds) has the clinic had relative to the number of embryos transferred?
- How many live births has the clinic had relative to the number of embryos transferred?
- How many of these were multiple pregnancies?
- What is the miscarriage rate for the program?
- If you are over 40 or if there is a male factor infertility diagnosis, ask about the number of egg retrievals, embryo transfers, and clinical pregnancy rates for this category.
- If you have a diagnosis, ask what the success rates are for that particular diagnosis.

Services and Cost

- What tests, if any, will be repeated by the clinic prior to starting an ART cycle?
- Does the clinic provide general infertility services as well? This is particularly important if you are not sure if you are an appropriate ART candidate.
- Are there specific times in the year when the clinic closes down and does not offer ART?

- Does the clinic have its own lab director? If not, how many labs does the director supervise?
- What are the clinic hours and lab hours? This is important if you work and need ultrasounds, etc., done before going to work. Is the lab open weekends and holidays?
- Does the clinic have satellite offices closer to you, where you can be monitored?
- When in the cycle does the clinic start ovulation induction protocols?
- Does the clinic use drugs to suppress your hormones before or during ovulation stimulation?
- Will the clinic consider minimal stimulation cycles to reduce the amount of drugs used?
- Does the clinic culture the embryos to blastocyst stage?
- Does the clinic offer micromanipulation techniques? If so, which ones are available (ICSI or assisted hatching)?
- Does the clinic have an embryo donation policy/program if you desire not to use your remaining frozen embryos?
- Will the clinic freeze extra embryos? At what stage in cell division is this done?
- What does each cycle cost, including drugs, etc.? How much is covered by insurance? Do you have to pay up front or can you pay in installments? If a cycle is canceled because of poor ovulation response, what is your financial responsibility? Does the clinic offer any package plans, shared risk plans, or work with any financing plans?

Support Services

- Are counseling services available?
- Does the clinic have a “contact list” of patients who have completed their program, successfully or not, with whom you can speak?
- Is there an intake appointment? Will you meet with a doctor, nurse, therapist and/or financial manager? What are the fees for these appointments?
- If there are injection and orientation classes offered, what is the fee and are they required?

ART PROGRAMS

Boston IVF

(800) 300-2483

BOSTONIVF.COM

Brigham and Women’s Hospital

Center for Infertility and Reproductive Surgery

(800) BWH-9999

BRIGHAMANDWOMENS.ORG/CIRS

Center for Advanced Reproductive Services

Branford, CT (203) 481-1707

Farmington, CT (860) 679-4580

Hartford, CT (860) 525-8283

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781-431-5359

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781-682-8000

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WWW.ATRIUSHEALTH.ORG/FERTILITY

CCRM BOSTON

(617) 449-9750

CCRMIVF.COM/BOSTON

Fertility Centers of New England

(877) FCNE-IVF

FERTILITYCENTER.COM

Harvard Vanguard Medical Associates

(617) 774-0945

HARVARDVANGUARD.ORG/FERTILITY

Massachusetts General Hospital

Fertility Center

(617) 726-8868

MASSGENERAL.ORG/FERTILITY

Northeastern Reproductive Medicine

Colchester, VT

(802) 655-8888

NRMVT.COM

Reproductive Medicine Associates of Connecticut (RMACT)

(800) 865-5431

RMACT.COM

INFERTILITY SPECIALISTS

You can use the following questions to find out a doctor’s qualifications, experience and expertise in treating infertility problems. Ask the clinic administrator or office manager these questions or ask the doctor directly when you go for your first appointment. The American Society of Reproductive Medicine has a “Find a Healthcare Professional” portal on its patient website, www.reproductivefacts.org.

Questions to Ask

Assessing a Physician’s Qualifications and Guidelines for Changing to an Infertility Specialist

For OB/GYNS

- What percentage of the practice is involved in infertility diagnosis and treatment?
- Did he/she complete a two-year fellowship in reproductive endocrinology which is a subspecialty of OB/GYN dealing with infertility? If so, where and when?
- Has he/she taken part 1 or part 2 of the board exam to be certified in reproductive endocrinology? In order to be a board certified

reproductive endocrinologist, the doctor has to complete the fellow-ship and pass both the oral and written exams. It usually takes 3–5 years to take and pass both exams after completing a fellowship.

- If the doctor is not a reproductive endocrinologist, what additional training has he/she had in infertility?
- Is the doctor a member of the American Society for Reproductive Medicine (ASRM)? Does the doctor work with other infertility specialists?
- Does the doctor refer to specialists? If so, who does he/she refer to?
- Does the doctor refer to a particular urologist to evaluate the male partner? If so, who?
- Does the doctor do micro-surgery, operative laparoscopy, operative hysteroscopy or laser surgery? If so, is the doctor a member of the American Society for Reproductive Medicine’s Society for Reproductive Surgeons?
- Does the doctor refer to a particular clinic for assisted reproductive technologies such as IVF? If so, is the clinic a member of the ASRM’s Society for Assisted Reproductive Technologies and does the clinic report success rates to the CDC?
- Does the doctor prescribe gonadotropin drugs via injection?
- Does the doctor do IUI (intrauterine insemination)?
- What are weekend and holiday office hours if you need an insemination or ultrasound or a medication injection?
- If he/she does not provide this service on weekends, who do they refer to?

For Urologists

- What percentage of his/her practice is involved with male factor infertility, diagnosis and treatment?
- What sperm function tests does the doctor use to evaluate the male factor? (For example, sperm penetration assay, strict morphology test.)
- Does he/she do sperm washing and inseminations? If not, to whom does he/she refer to for these services?
- Does the doctor do rectal ultrasound, vasography and testicular biopsies?
- Does the doctor do microsurgery and/or sperm extraction in appropriate cases?
- Is the doctor a member of the American Society for Reproductive Medicine and/or the American Society of Andrology?

General Considerations

- Does the practice have several offices or satellite clinics where you can also be monitored?
- Which hospitals does he/she have admitting privileges to?
- Has the doctor been disciplined by a professional organization or a hospital? (Contact the state’s licensing board.)
- Check the doctor’s credentials by looking at the American Medical Directory or the Directory of Medical Specialists (at your local library).

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Guidelines for Making the Change to an Infertility Specialist

Following are some guidelines that can be used to determine if you should consider making the transition from a gynecologist to a infertility specialist (reproductive endocrinologist).

- You are 35 years of age or older.
- You have been attempting pregnancy for more than 1 year if under age 35, or more than 6 months if over age 35.
- You have been undergoing medical treatment for one year and have not conceived.
- You have a history of irregular cycles, pelvic infections, hormonal problems, endometriosis, fibroids, DES exposure, excessive facial or body hair or a male factor that has been identified.
- You have had several pregnancy losses.
- You are considering having a laparoscopy and/or are about to start gonadotropin hormone injections.
- The practice does not offer holiday or weekend coverage for ultrasounds and blood levels.
- The practice is using only abdominal ultrasound and not vaginal ultrasound.
- You do not get ovarian checks while on clomiphene to monitor the size of your ovaries in response to the drug.
- You have been on clomiphene for over 6 months with no success and there is no proposed change for your treatment in the months to come.
- You have a poor post-coital test but nothing is done to treat it or by-pass it, such as intrauterine insemination.

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- You report pelvic pain, heavy periods and/or bowel or bladder symptoms around the time of menstruation and the doctor does not suggest having a hysterosalpingogram or laparoscopy to determine the cause of the symptoms.
- A fibroid or tubal damage has been noted on a hysterosalpingogram.

Additional Resources

American Society for Reproductive Medicine

(205) 978-5000
ASRM.ORG REPRODUCTIVEFACTS.ORG

American Medical Association

(800) 621-8335
AMA-ASSN.ORG

American Society of Andrology

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ANDROLOGYSOCIETY.ORG

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RMACT.COM

Please note: The lists of specialists noted here were current as of June 2019. Please check with each clinic for the most up-to-date information, as staff can change. Also note that many of the clinics have facilities in multiple locations. The locations listed here indicate main offices only.



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MENTAL HEALTH

Many of us, when going through the stress of infertility, have found it helpful to talk with a well-trained, empathetic professional for even a short time to air feelings and gain some strategies for coping with this difficult time. But how do you choose a mental health practitioner?

First, think through what it is you'd like to accomplish. For example:

- Do you need some short-term work to obtain more structure for a life that may seem out of control? Help with sorting out what your needs are now, organizing your medical work-up, or dealing with friends, work & family?
- Do you want to explore options such as donor insemination, adoption, or resolving without children?
- Do you want more in-depth, long-term work on issues such as marital stress, depression or unresolved early childhood issues which infertility is triggering?

When you have an idea which direction you want to take, you can then begin looking for the right therapist for you. Clinical orientation and personal styles vary greatly among therapists. We feel the most important thing in successful therapy is a good personality match between patient and therapist. For example, some people are more comfortable with a direct, structured interaction in which the therapist is very active, asks questions and gives direction and advice. Others are more comfortable with a more “laid back” approach, in which the

therapist listens, reflects back what the client is saying and is generally less directive. We suggest a short (10 to 15 minute) interview over the telephone with two or three therapists to get a feel for their clinical orientation, style, and to see how well you “click.”

There are many qualified therapists trained in a variety of clinical fields—such as psychiatry, psychology, social work, nursing, counseling and pastoral counseling. You can ask about the person's degree, professional experience and years in practice, length of experience in infertility and what the person specializes in within the infertility field, e.g., donor insemination, assisted reproductive technologies, secondary infertility, adoption, resolving without children. If you are interested in particular approaches such as cognitive behavioral therapy, mind-body techniques, couples counseling or sex therapy, you should ask about the therapist's experience in these specialties. If you aren't entirely comfortable with your first conversation or meeting with a therapist, you needn't go on exploring. It is okay to say that this doesn't feel like the right match for you. What we hope you will gain from this approach is the feeling that you have chosen the best person for you, not just settled for someone “good enough.” References from friends and doctors can also be helpful in making a selection. Finally, remember to trust your instincts.

Questions to Ask

Sometimes individuals or couples experiencing infertility need to seek professional assistance to help cope with infertility. Infertility may be the first life crisis that you have experienced or it may be one of many difficult times in your life. A mental health professional can help with coping, decision-making, and communication skills. Depending on the individual's or couple's unique situation or problems, infertility counseling may be limited in duration or may be more long-term therapy. It is always important to be an educated consumer about infertility and counseling. It is no different than medical treatment: become an educated consumer. It is important to choose a mental health professional who is experienced and knowledgeable about infertility and to check credentials. Ask for a recommendation or referral to an infertility counselor from RNE, your infertility physician or clinic, or from the American Society of Reproductive Medicine, Mental Health Professionals Group.

Even with such a recommendation, it is important to interview (by telephone or in person) at least two professionals before deciding who is right for you. The following questions are provided to assist consumers in their evaluation and selection of a mental health professional.

- Does the professional have experience in infertility counseling including assisted reproductive technologies, pregnancy loss, adoption, donor gametes, gestational carrier, child-free issues?
- What is the professional's degree, training and licensure status? Did the professional earn a graduate degree from an accredited graduate school? What is the professional's clinical specialty and training?
- What professional organizations does the professional belong to, such as the American Society of Reproductive Medicine, Mental Health Professionals Group, or American Psychological Association?
- Has the professional ever been censured by the state licensing organization or been expelled from a professional organization?
- What is the professional's fee scale? What insurance is accepted? Does the professional belong to any HMOs? Does the professional have a sliding fee scale or a payment plan? Are hourly rates different for individual therapy versus couple counseling? Length of sessions?
- Does the professional have any special training or credentials such as cognitive behavioral therapy, mind-body techniques (mindfulness, relaxation strategies), couples therapy, sex therapy, pastoral counseling, hypnotherapy, or genetic counseling?

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Jennifer Conley, Co-Founder
Colleen Brierley, Co-Founder
jtp@journeytoparenthood.org



Why Choose a Specialty Pharmacy?

Your local pharmacy may be a good choice for you when purchasing over-the-counter supplies, but when the time comes to add a pharmacist to your family-building team, there are important reasons to consider a specialty pharmacy.

As you seek to build a family, it is important to select a pharmacy that meets your special needs, stocks the medications your doctor has prescribed, and provides all the support and specialized services you will need throughout your journey—a pharmacy that offers peace of mind during a stressful time.

Many patients have told their pharmacists they had never considered the need for a specialty pharmacy or even realized they existed. Of course, doctors are seen who are specialists, but it simply hadn't occurred to many to choose a pharmacy with the same degree of expertise.

The reality is that some conditions require very specialized medications which not all pharmacies stock. Some medications, such as injectable medications, require extensive patient counseling. If a pharmacist doesn't dispense these medications every day, they may not be prepared to offer the necessary information. Also, some medications require complex documentation before an insurer will cover their costs. A good specialty pharmacy will help you meet these requirements and will have strong experience working with insurers.

When undergoing fertility treatment, many individuals require all this support and more. A good fertility pharmacy can help you make your medication cycle successful by providing you with the right medication, supplies and information, right on time each cycle. Choosing the wrong pharmacy, on the other hand, could mean missing doses, improperly administering medications, or other unexpected complications or errors that could impact your chances to conceive.

You'll find it less stressful and much easier to follow your treatment regimen if you choose a pharmacy that is designed to make your care as simple and worry-free as possible.

Pharmacy Checklist

- Does your pharmacy clearly specialize in fertility care management?
- Does your pharmacy provide individualized customer care?
- Does your pharmacy offer access to a dispensing pharmacist 24 hours a day, 7 days a week?
- Does your pharmacy carry the largest stock of fertility medications in New England, including compounded ones?
- Can you speak to an expert pharmacist or nurse 24 hours a day to answer your medication questions?
- Does your pharmacy offer timely delivery to your home or office, at no extra charge?

- Does your pharmacy provide ancillary supplies for free, including waste disposal container, needles, and syringes?
- Does your pharmacy provide free patient education materials?
- Does your pharmacy have insurance verification specialists who specialize in fertility medication coverage and can you expect them to help you maximize the benefits of your prescription insurance plan?
- Does your pharmacy offer competitive prices on all fertility medications, so you get the best price on every medication in your order?

PHARMACIES

Freedom Fertility Pharmacy

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Questions to Ask

- How long has the surrogacy program been in operation? Does the program maintain a referral listing of previous client couples? How many babies have been born?
- Does the program recruit its own surrogates? How?
- Will they work with a surrogate recruited by the couple?
- How are surrogate's expenses handled? Is there a cap?
- Does the program offer medical screening of the surrogate? To what extent? Who does the screening?
- Does medical screening include an AIDS test of the surrogate and her partner?
- Is gestational and/or traditional surrogacy available?
- What are the costs of surrogacy? Payment schedule?
- How long are medical records kept on the surrogate?
- Describe the psychological screening of the surrogate.
- Does the program offer on-site medical services (insemination/IVF) or do they work with local physicians & hospitals?
- To what extent is contact between the surrogate and the couple encouraged? (Letter, meeting face-to-face, on-going?)
- Can the couple be present at the birth?
- What type of legal counsel is offered to the surrogate and the couple? Does this include drawing up contracts?
- Are there fees for informational meetings or interviews?

- If the surrogate does not get pregnant over a certain number of cycles, what is the clinic's paid fee refund policy?
- In the event that the contract is not honored by the surrogate, or the surrogate has a pregnancy loss, what are the financial obligations for the couple?
- Does the program have a medical registry for updating the medical history of the surrogates or the children?
- Does the program have a registry for the donor & children to exchange information when the child reaches maturity?

SURROGACY SERVICES

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UROLOGY

Infertility is often believed to be a woman's problem. However, studies indicate that at least 35% of infertility is related to male factor problems such as structural abnormalities, sperm production disorders, ejaculatory disturbances, and immunologic disorders. The basic medical work-up for men begins with a doctor's appointment to discuss medical history and current medical status, and to conduct a physical exam. The doctor will also request a semen analysis, the most important test of male infertility.

Questions to Ask

Any of the following factors might affect the outcome of the semen analysis.

- Does the laboratory you are using do at least 50–100 analyses a month?
- Does the laboratory use the computer assisted method or the microscope to assess the sample?
- Are you taking any medications, either prescription or non-prescription? If so, have you told your doctor?
- Have you had a fever in the last three months? If so, have you reported it to your doctor?
- Did you abstain from ejaculating for at least two days prior to the analysis?
- Did you collect the whole ejaculate?
- Did you keep the specimen at body temperature if you had to take it to a lab?
- Did you get the specimen to the lab within 1–2 hours of collection?

NOTE: During an infertility evaluation or infertility treatment, it is a good idea to have a repeat semen analysis done periodically even if the initial one was normal.

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OVERVIEW OF SERVICES AND ACTIVITIES

Advocacy

RNE acts as an advocate for protection of the Connecticut, Massachusetts, and Rhode Island insurance mandates, implementation of mandates in New England states without a mandate, and continued legislative and insurance reform. In 1987, RNE was responsible for getting legislation passed for infertility coverage in MA and continues to monitor threats to that law.

Annual Conference

The Fertility Treatment, Donor Choices, and Adoption Conference is held each November. Join us for our annual conference offering in-depth exploration of the medical, emotional, and legal aspects of infertility, donor conception, adoption, as well as stress reduction and complementary therapies with renowned speakers.

Blog

We regularly post articles on our blog covering topics such as personal stories, medical information, insurance coverage, advocacy, and mental health.

Connect & Learn Adoption Seminars

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

Connect & Learn Donor Conception/ Surrogacy Seminars

This full-day Saturday program is for those who are considering donor conception and/or surrogacy as family-building options. The program covers the medical, ethical, emotional, and legal issues of these two family-building choices. Meet others who are considering these options and also speak with those who are currently parenting children through donor conception and/or surrogacy.

Insurance Information

Our Insurance Advocate can help you sort through the insurance maze and develop a plan of self-advocacy. All members may receive a one-hour consultation free of charge.

Member Discounts

RNE members may attend all peer support groups free of charge and receive substantial discounts to our events, including our annual conference.

Peer Support Groups

Our peer support groups meet monthly in various locations and are led by a "peer" who is currently experiencing or has experienced infertility and/or the topic of the group. These groups cover general infertility, secondary infertility, pregnancy loss, pregnancy/parenting after infertility, donor egg, adoption, and more. Our groups offer a safe and unbiased setting in which to share feelings, stories, and coping strategies with others who are facing similar challenges.

Resource Guides

Published annually, our Resource Guide provides a directory of infertility professionals and contains paid advertising for a variety of infertility services - from pharmacies to physicians to attorneys.

Newsletter (Tri-annual)

Published in the spring, fall and winter, our newsletter includes inspirational and educational articles, advocacy updates, information about RNE-sponsored events, and other news relating to infertility.

Volunteer Opportunities

RNE offers volunteer positions in advocacy, fundraising, grant writing, graphic design, IT, peer group leadership, event planning/hosting, office support and more.

HOW CAN THEY WORRY LESS?

One in 8 women has difficulty getting pregnant or carrying a pregnancy to term.* Can you imagine couples worrying less about their fertility options and more about their baby name options? **We can.**

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Curiosity Drives Our Innovation

*<https://resolve.org/infertility-101/what-is-infertility/fastfacts/>
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SAVE THE DATE

26th FERTILITY TREATMENT, DONOR CHOICES AND ADOPTION CONFERENCE

Saturday November 2, 2019

8:00am - 5:00pm

The Verve Crowne Plaza Hotel

Natick, MA



RESOLVENEWENGLAND.ORG/CONFERENCE