The Impact of Male Infertility
By Jana Frances-Fischer, Ph.D.

When men and their female partners are trying to conceive a child, most probably never expect to encounter fertility challenges. And if reproductive issues become apparent, males often embrace the common myth that infertility exists primarily for women. When people think about a couple struggling with infertility, commonly, most imagine it ultimately boils down to a “woman’s issue.” Something “wrong” with the female partner is the prevailing view as to the root cause of a couple’s inability to successfully have a child. After all, women are the ones who conceive, experience pregnancy, and eventually give birth.

Research shows us otherwise. In our current understanding of reproduction, data indicate that “male factors” account for or contribute to about 50% of all medically diagnosed infertility concerns. Therefore, it is particularly important to medically assess men as well as women early on in an infertile couple’s workup. A number of diagnostic tests are available, but generally male evaluation begins with a semen analysis and possibly a post-coital test and/or other lab work. Further examination and testing by a urologist may also be indicated in certain circumstances. Male infertility can be thought of as the inability to produce adequate healthy sperm leading to successful impregnation of the female partner. Although a man might be hesitant or even embarrassed to admit to a potential fertility problem, it is equally important that he undergo medical testing as well as his female partner, preferably at the same time, to uncover any male, female, and/or joint infertility factors.

Continued on page 6
It’s easy to become a member of RESOLVE. Simply fill out the form on page 16 and mail / fax it today.
Household membership: $55    Professional membership: $150

RESOLVE of the Bay State Member Benefits
RESOLVE of the Bay State provides compassionate and informed support and education to people experiencing infertility and seeking to build a family.

Chapter HelpLine — 781-890-2225, for information and support from a trained callback volunteer.
Quarterly Newsletter — co-published with RESOLVE of Greater Hartford
Insurance Call-in Hours — 781-890-2225, for assistance with your insurance problems. Check our website or this newsletter for scheduled hours.
Educational Programs — varied monthly presentations by experts in the fields of infertility, donor egg, or adoption. Also multi-week seminar series providing an in-depth look at one topic.
Professionally-Led Support Groups — a variety of time-limited groups that meet on a weekly basis, for women and couples, led by a licensed therapist. Many members state that their support group participation was the best thing they did for themselves during their infertility.
Monthly Peer Discussion Groups — open forums held at various locations providing information and support to people interested in learning more about their infertility and RESOLVE. Groups focusing on specific areas of interest are held in our Waltham office.
Discounts — members can attend all Peer Discussion Groups free of charge and receive substantial discounts on programs and literature.
Annual Conference — a day-long educational event with over 40 workshops focusing on infertility treatment, emotional issues, donor egg and adoption.
Directory of Services — a resource book of infertility and adoption services published annually.
Advocacy — for protection of the Massachusetts insurance 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.
Chapter Library — located in the Waltham office. Call for hours.
Volunteer Opportunities — we depend on volunteers for many of our services. Feel good helping others facing similar challenges.

RESOLVE of Greater Hartford Member Benefits
RESOLVE of Greater Hartford is the Connecticut Chapter of RESOLVE, Inc. Join the Greater Hartford Chapter and you automatically become a member of National RESOLVE.

In addition to the quarterly newsletter co-published with the Bay State chapter, and the Annual Conference held in Massachusetts, benefits include:
Chapter HelpLine — 860-523-8337 for information and support from a trained callback volunteer.
Educational Programs — varied presentations by experts in the fields of infertility, insurance or adoption
Monthly Peer Support Groups — groups are open to individuals or couples experiencing primary or secondary infertility. Meetings are free for members.
Lending Library — free of charge for all members. Please e-mail info@resolveofgreaterhartford.org for a list of current books.
Advocacy — for protection of the Connecticut insurance mandate and continued legislative and insurance reform. Please contact resolvectadvocacy@yahoo.com or 860-523-8337 for any CT insurance or advocacy questions.
Member-to-Member Contact/Friendships — finding people who have traveled or are currently traveling this same journey, to share your emotions and situations with, can make you a stronger person/couple in dealing with your fertility.
Volunteer Opportunities — please contact 860-523-8337 or info@resolveofgreaterhartford.org if you are interested in becoming a volunteer.

National Benefits
Discounts on RESOLVE literature — a variety of written materials on every aspect of infertility.
Also — National RESOLVE’s comprehensive website: www.resolve.org
RESOLVE of the Bay State is pleased to announce our SUMMER Programs, designed to provide information and support to people experiencing infertility. Meetings combine formal presentations with ample opportunities for discussion with presenters and members of the audience.

**FEES:** (unless indicated otherwise) RESOLVE members, $10 per person; non-members, $20 per person

**Register** in advance for these programs by calling 781-890-2225 or emailing the office at admin@resolveofthebaystate.org

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**Acupuncture and Chinese Herbs for Infertility**  
With William Mueller, Lic. Ac., Cambridge Health Associates

This program will cover how acupuncture and Chinese herbs can be used in conjunction with Western medicine for infertility. The seminar will include how each person is evaluated and treated, and the theory behind these modalities.

*When:* Tuesday, July 8, 2008, 7:00–9:00 p.m.  
*Where:* Boylston Place, 2nd Floor Cinema Room, 615 Heath St., Chestnut Hill, MA

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**Family Building Through Adoption and Donor Egg: Which Option is Right For You?**  
With Ellen Glazer, LICSW, Private Practice and author of Having Your Baby Through Egg Donation & parent panelists

Perhaps standard infertility treatments have been unsuccessful so far, and you want to explore other family building options. Some people “know” immediately which option feels right to them, but many examine their options from several perspectives before making this decision.

Our presenter will compare and contrast both family building choices to help you decide which one is right for you. Also, parent panelists who have created their families through egg donation and adoption will discuss their experiences and the issues presented by each choice.

*When:* Saturday, September 20, 2008, 11:00 am–1:00 p.m.  
*Where:* Lasell College, Rosen Auditorium, 80A Maple St., Newton, MA 02466

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**Massachusetts Insurance Call-in Hours**

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

Insurance Call-in on Tuesdays, July 22 and September 9

Having difficulty getting insurance coverage for your doctor’s recommended treatment plan? Need help framing an appeal letter to your insurance company? Want to know what the Massachusetts mandate covers? Call for consultation with our Insurance Advocate, Marymichele Delaney.

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

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**Professionally-Led Support Groups**

♦ Women’s Primary Infertility Group  
♦ Women’s Secondary Infertility Group  
♦ Donor Egg Group  
♦ Couples’ Decision Making Group

RESOLVE membership required. You can print out, complete, and mail or fax us the support group application on our website.

CT members interested in a future professionally led support group should call 860-523-8337 or email info@resolveofgreaterhartford.org
## Bay State — Peer Discussion Groups — General Infertility

<table>
<thead>
<tr>
<th>Location</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Waltham</strong></td>
<td>RESOLVE office, 395 Totten Pond Road, Ste 403</td>
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<tr>
<td></td>
<td>Tuesdays, 7:00–9:00 p.m.</td>
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<td></td>
<td>July 8, August 12, and September 9</td>
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<tr>
<td><strong>Stoughton</strong></td>
<td>Whole Person Health, 294 Pleasant St (Rte 139)</td>
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<td></td>
<td>Thursdays, 7:00–9:00 p.m.</td>
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<td></td>
<td>July 24, August 21, and September 18</td>
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<tr>
<td><strong>Amherst</strong></td>
<td>The Arbors at Amherst, 100 University Drive</td>
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<td>Wednesdays, 7:00–9:00 p.m.</td>
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<td>July 2 and September 3</td>
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<td><strong>Worcester</strong></td>
<td>Tatnuck Park at Worcester, 340 May St.</td>
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<td></td>
<td>Wednesdays, 7:00–8:30 p.m.</td>
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<td></td>
<td>July 23 and August 20</td>
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<tr>
<td><strong>Warwick, RI</strong></td>
<td>Diversified Resources, 70 Jefferson Blvd., 2nd floor</td>
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<td></td>
<td>Wednesdays, 6:00–8:00 p.m.</td>
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<td></td>
<td>July 30, August 27 and September 24</td>
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<tr>
<td><strong>Boston</strong></td>
<td>Morville House, 100 Norway Street – near Symphony Hall</td>
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<td></td>
<td>Wednesdays, 6:00–8:00 p.m.</td>
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<td>July 16, August 20, and September 17</td>
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## Massachusetts — Peer Discussion Groups — Topic-Oriented

### Pregnancy Loss Discussion Group
This group will focus on support and acceptance for individuals who have experienced miscarriage/stillbirth/ectopic pregnancy/recurrent pregnancy loss. Come and talk with others about the impact of loss on all aspects of life, the emotional and psychological experiences of grief and loss, coping strategies, decision making, and how to move forward.

**Wednesdays**
- July 9 and September 3
- 7:00–9:00 p.m.

### Donor Egg Discussion Group
Are you considering donor egg as a way to build a family? Join us for an open discussion of the issues, decisions, and emotions surrounding this family building option. This group will be led by Cara Birrittieri, a mom through donor egg who has just authored a book that discusses donor egg.

**Mondays**
- June 30 and September 15
- 7:00–9:00 p.m.

### Adoption Discussion Group
Join us for an open discussion led by an adoptive mom. Bring your questions, concerns, and ideas to be shared with others who are exploring adoption or are in the process of adopting. Find some answers and strategies and connect with others.

**Thursdays**
- July 17 and August 21
- 7:00–9:00 p.m.

### Secondary Infertility Discussion Group
Coping with infertility while parenting? The struggles and frustrations of secondary infertility are unique. Join others who understand the challenges.

**Tuesdays**
- July 29 and September 16
- 7:00–9:00 p.m.

### Donor Egg Parents’ Discussion Group
Are you parenting a child(ren) through egg donation or are you pregnant through egg donation? Join a peer-led donor egg parenting group that will meet at the group leaders’ homes. Meet other donor egg parents in a supportive environment for socializing and discussion of relevant issues. Please bring your children. Light snack provided.

**Tuesday, July 15, 2008**
- 7 pm, Arlington, MA

*Please email or call our office if you plan to attend, and we will send you the meeting address.*

## Connecticut — Peer Discussion Group — General Infertility
### Farmington Area
**held on the 3rd Thursday of every month**
University of Connecticut Health Center / Dowling South Building, 2nd Floor ‘Education’ Room
263 Farmington Avenue, Farmington, CT

**Thursdays, 7:00 p.m.**
- July 17, August 21, and September 18
Save the Date!
The RESOLVE Fertility Treatment, Donor Choices, and Adoption Conference
Saturday, October 25, 2008
8:30 AM–5:00 PM
Best Western Royal Plaza Hotel, Marlborough, MA

Join us for this daylong educational event for people experiencing infertility and their healthcare providers, covering medical treatment, emotional issues, donor options, adoption, and other family building choices.

Keynote address:
“Tools and Techniques for Regaining Control and Enhancing Fertility”
with Alice D. Domar, PhD

Alice D. Domar, PhD is a pioneer in the application of mind/body medicine to women’s health issues. She not only established the first Mind/Body Center for Women’s Health, but also conducts ongoing groundbreaking research in the field. Her research focuses on the relationship between stress and different women’s health conditions, and creating innovative programs to help women decrease physical and psychological symptoms. She is currently the Executive Director of the Domar Center for Mind/Body Health. Her newest book is Be Happy Without Being Perfect (Crown, March, 2008) and she is currently working on a new book, co-authored with Dr. Susan Love, called Pretty Healthy (Crown, May, 2009).

Featuring presentations by the region’s leading infertility, donor egg, and adoption specialists, on topics such as:
• Everything You Want to Know about IVF
• Managing Your Health Insurance
• Making the Leap to Adoption
• Adoption Choices – Domestic and International
• Evaluation of Ovarian Reserve
• Medical, Emotional, Ethical Aspects of Donor Egg
• AND MORE

Also on site:
• 30+ Exhibitors — infertility clinics, pharmacies, adoption agencies, donor organizations, and more.
• Book sale — open all day.
• Book signings — by our presenter/authors.
• Lunch included in the registration fee.
The notion that male factors can contribute to, or are equally responsible for, a couple’s infertility issues may appear very surprising. Yet, besides medical concerns inherent in male factor infertility, it is clear that men also suffer emotionally while in the throes of any stage of infertility: acknowledgement, diagnosis, treatment, and resolution. Because men are typically socialized differently than women, many might “shut down” and not permit themselves to grieve, or openly show the broad range of emotions that woman might feel more comfortable expressing while experiencing infertility. If a man is eventually tested and found to have contributing or even the sole infertility factor, hindering the couple from becoming pregnant, then partner/spouse relationships can become taxed and greatly strained.

Generally, men assume fertility and believe they can easily have their own biological children when and with whom they want them. Often men appear to be in denial and disbelief if and when they are given a medical diagnosis of infertility. Some men might feel like failures, emasculated, or sexually impotent upon learning that their fertility might be a significant factor in preventing a healthy pregnancy. Common emotions experienced by men dealing with their own fertility issues include a sense of loss of control, powerlessness, frustration, inadequacy, and not feeling like a “real man.”

Typically, men are socialized to solve and fix problems with workable solutions. Infertility can frustrate and thwart that logical problem solving process that might work for many other issues in a man’s or couple’s life. Other men might experience a spiritual crisis upon learning of their diagnosis or if medical treatment fails to correct a problem created by male factor infertility. Some might feel angry at God or their higher power, while others might feel guilty or shameful, and may attribute their infertility to punishment over a past transgression.

If treatment is successful, many men might be able to move on, whether their child is biologically related to them or not. If parenthood is eventually achieved, some men might feel closer to their wives and more in touch with their feelings having endured and survived infertility’s many challenges together as a team.

So, although male factor infertility is a “medical” condition, men as well as women can experience a range of strong psychological reactions to it such as anger, denial, guilt, grief, and sadness. The stigmatizing nature of male infertility and its perceived threat to masculinity may compel men to keep their fertility problems a secret, thus removing them from potential support sources that might help lessen their understandable anxiety and strengthen their ability to cope during diagnosis, treatment, and resolution phases. In some cases, individual or couples therapy or support groups might help men come to trust and empathize with others in the same situation; they can learn to separate issues such as self-worth and virility from the medical condition that is male infertility. Strengthening relationships, reducing a sense of shame and helplessness, and promoting psychological healing and well-being can help many men and couples move beyond their experiences of male infertility.

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Note: RESOLVE of the Bay State is organizing an informal Donor Sperm Contact Group for couples with male factor infertility that are considering donor sperm to build a family. Email our office at admin@resolveofthebaystate.org if you are interested in learning more about this group.

About the Author: Jana Frances-Fischer, Ph.D. is currently completing her postdoctoral psychology residency at University Counseling Services-Virginia Commonwealth University in Richmond, VA. She has written numerous articles, a book chapter in The 2007 Complete Women’s Psychotherapy Treatment Planner, and has presented papers at both national and international conferences on the psychology of the reproductive process.
Beauty’s Only Cell-Deep: How the embryologist selects the best embryo for transfer and the new technology that will enhance this process.

By Kathryn J. Go, Ph.D., HCLD, Scientific and Laboratory Director, The Reproductive Science Center of New England

It has been three decades since the first generation of courageous and visionary patients used the revolutionary technique of In Vitro Fertilization (IVF) to achieve pregnancy. Virtually everything in assisted reproductive technology has evolved significantly and dramatically since the birth of Louise Brown in 1978, and every change has been sought with two objectives in mind: to maximize the chances that a patient will get pregnant, and to make the process easier and more accessible for patients.

For instance, in the earliest days, egg retrieval required a trip to the operating room for a laparoscopy under general anesthesia. And, many cycles had to be cancelled when patients experienced an endogenous LH surge, causing them to ovulate ahead of the scheduled egg retrieval. Finally, without ICSI, there was no solution to infertility for many men with low sperm concentrations or low motility, and the concept of using testicular sperm was still years away from consideration.

One of the earliest innovations to IVF was the introduction of controlled ovarian hyperstimulation. The administration of gonadotropins made the collection of multiple eggs possible, and consequently, there were often multiple embryos from which to choose for transfer to the uterus. Indeed, there was a time when transferring three or four cleavage stage (2 to 8 cells) embryos was routine even in young patients.

Now, with the development and integration into practice of so many innovations in both the clinical and laboratory aspects of IVF, the transfer of a single embryo can often be prescribed for the patient, with the promise of the same high pregnancy rate once sought by transferring twice or more as many embryos.

Selection of the “best” embryo, that is, the embryo that is most likely to implant and establish the pregnancy, is built on a time-honored foundation, but is being improved and honed using some emerging and very interesting tools. For example, The Reproductive Science Center of New England is involved in the appraisal of such a new tool. As a background, it may be helpful to understand what has been the traditional paradigm for selecting embryos for intra-uterine transfer.

Many embryologists evaluate the quality of an embryo using three basic parameters: the stage of development of the embryo, or number of cells it contains; the symmetry in size and shape among the cells, and the amount of fragments within the embryo. On day 2 of development (two days after retrieval and one day after fertilization of the egg has been confirmed), an embryo should be at the 2- to 4-cell stage and on day 3, at the 6- to 8-cell stage. The constituent cells, or blastomeres, should be evenly shaped and sized, and there should be a minimum of fragments within the embryo. Fragments are pieces or bits of cytoplasm that may be generated during cell division and high degrees of fragmentation may reflect poor developmental potential. Despite the array of embryo morphology grading systems among IVF laboratories, it is likely that these factors are always considered.

To further refine the process of embryo selection, embryologists considered other developmental factors in addition to these. For instance, the time of first cell division and arrangement of intra-nuclear structures called nucleoli during confirmation of fertilization (called the Z-score) have been proposed as indicators of embryo quality.

With the design of media for the culture of eggs and embryos at specific stages of their development, the nurturing of embryos beyond day 3 became possible for many laboratories, and with this, the opportunity to implement another technique for selecting the embryo with highest implantation potential. If maintained in culture beyond day 3, some embryos will acquire the morula stage at day 4, and then a distinctive stage at day 5, when the embryo becomes a blastocyst. Not all embryos are capable of reaching this stage, undergoing arrest owing to genetic or other cellular deficiencies within the egg or embryo, or arising from the sperm cell that fertilized the egg.

By allowing the entire group or cohort of a patient’s embryos to continue development through day 5, one or two blastocysts, depending on the patient’s age or other indications for treatment, can be selected for transfer, offering the assurance offered by the sustained advancement and growth. Some IVF clinics use the day 5 approach exclusively, while others use a flexible approach to day 3 or day 5 transfer.

Whether day 3 or day 5 embryos are chosen for transfer, the selection process is still largely made on the basis of morphology, or how each embryo looks under microscopic inspection. Exciting innovations in how embryos are selected are in development and emerging into clinical application. Embryologists will soon be able to harness some of the technological advancements made in other areas of cell biology.

One of these is called metabolomics. “Oomics” refers to a field or area of knowledge, and metabolomics refers to knowledge of a cell’s metabolic activity. The theory, and hope, is that by measuring an embryo’s metabolic activity, and comparing it to that of embryos known to have implanted and created a pregnancy, the embryologist will be able to identify with a higher probability than using morphology alone, the embryo with the maximal implantation potential. This ability should lead to higher pregnancy rates and the increased transfer of...
Continued from page 7

only a single embryo during IVF treatment to help the patient avoid a multiple gestation.

One of the advantages of metabolic assessment is that is not invasive, meaning, it does require the embryo itself to be assessed through biopsy, for instance. Instead, the culture medium in which the embryo was grown is sampled and evaluated using scientific instrumentation to detect changes in the levels of multiple metabolites. It is hypothesized that embryos with high implantation potential can be distinguished from embryos with low implantation potential on the basis of comparing their metabolomic profiles.

Another example of “omics” applied to clinical embryology is genomics and proteomics. In these cases, the expression of genes, as measured by molecules that are coded for by those genes, is evaluated.

The future promises to be bright with the addition of these tools to the IVF laboratory once the techniques are customized to single cells (eggs and sperm) and embryos, validated, and ultimately introduced to the embryology laboratory. With the application of these bio-informatic methods, we hope that our patients will glean the ultimate benefit of maximally high pregnancy rates through their IVF therapy.

Our Results Speak for Themselves.

Just Not Right Away, of Course.
The fertility experts at RSC have been turning patients into parents for over 15 years and have been nationally recognized for our success!

Why RSC?:
- Board Certified Specialists
- Preimplantation Genetic Diagnosis (PGD)
- Full Range of treatments
- Male Factor Infertility
- Unique IVF Refund Guarantee
- Convenient locations
- Most insurance plans accepted
- New England's newest state of the art laboratory

Centralized Scheduling
1 800 858-4832 www.rscnewengland.com

Braintree, Cambridge, Gardner, Lexington, Milford, Peabody, Westboro, Bedford, NH, Providence, RI
Monitoring Throughout New England

Advocacy Update

On April 10, 2008, RESOLVE: The National Infertility Association held its National Advocacy Day in Washington, DC. The object of the daylong event was to meet with federal lawmakers and their aides to encourage them to support three measures: 1) Legislating national insurance coverage for infertility diagnosis and treatment; 2) Making the adoption tax credit permanent; and 3) Supporting funding for NICHD (the branch of NIH that funds research on infertility).

Lee Rubin Collins, who met together with Senator Kerry’s and Senator Kennedy’s offices to speak with them about these issues. Then separately Sandy met with her House Representative, Barney Frank, and Lee met with hers, Ed Markey.

Specifically, they asked the Senators to introduce legislation similar to the House bill, The Family Building Act of 2007, into the Senate. This would require nationwide fertility coverage and is very similar to the MA state mandate. It has a significant number of sponsors in the House, but none in the Senate. They individually asked their House Representatives to co-sponsor this bill, and Representative Frank agreed to do so.

Lee, who is also co-chair of National RESOLVE’s Advocacy Committee, noted that everyone who attended Advocacy Day affirmed how gratifying it was to be part of the democratic process in service of better policies for infertility and adoption. The legislators and aides who met with RESOLVE representatives were receptive, respectful, and encouraging. All agreed that the more our voices and interests are heard, the greater the chance we can make things better for infertile people across the nation.

Board members Sandy O’Keefe (l) and Lee Collins (r) with Senator John Kerry.

Over 90 people pre-registered for Congressional appointments, including two members of our board, Sandy O’Keefe and

Carol A. Anania, MD
Isaac Z. Glatstein, MD
Kathryn Go, PhD
Pei-Li Huang, MD
Ania Kowalik, MD
Samuel C. Pang, MD
Anne Devi Wold, MD
"Do We Have To Meet The Birthparents?"

Thoughts on a Frequently Asked Question
By Marla Ruth Allisan JD, LICSW, Founder/Director of Full Circle Adoptions (Brookline and Northampton)

The idea that expectant and adoptive parents might talk with each other can be a source of anxiety for families contemplating domestic adoption. Prospective adoptive parents sometimes express variations on these statements: We don’t want to be reminded of our infertility or of the adoption process. We just want to live our lives. We’re afraid the birthparents will come and snatch the child from our yard. I want to feel like the child is “ours.” Maybe the child will want to go live with them when they’re in the rebellious teen years. The reasons “not” to meet the birthparents often have to do with a fear of not having the chance to endurably enjoy the parenting role.

Why are adoptive parents reluctant to know birthparents? Adoptive parents have already had a lot of pain and loss during infertility. It can, at times, be easier not to meet, and to perhaps hold an image of a birthmother who doesn’t care, than it is to acknowledge the tender reality that she may have two children and simply can’t afford a third. If one never meets the birthparents, one need not be as aware of their poignant circumstances, and given the pain most adoptive parents have been through, this may feel like warranted self-preservation.

Why do prospective adoptive parents sometimes believe (despite overwhelming evidence to the contrary) that birthparents might snatch the child from the yard? One possible reason has to do with the principle of “projection.” Prospective adoptive parents want a child they haven’t even met yet. So, on some level, they may assume that the birthmothers, who have carried the child in their body, might want the child even more. Thus, adoptive parents might project their own longings onto the birthparents. In fact, birthparents are grateful to you and don’t want to do anything to unsettle you or the child. They’ve seen the reality TV shows and know of your anxieties; they often bend over backward to make you more comfortable.

Why might prospective adoptive parents want to meet birthparents? One reason is to feel the birthparents’ genuine gratitude toward YOU for loving and parenting their child. Another reason is to have a warm connection that will inform the story you tell your child about their beginnings. A third reason might be to say thank you and meet each other eye to eye. Building a foundation for possible future contact may be a huge gift to your child, both emotionally and in terms of availability of on-going family medical history.

From where I sit, as an adoption professional, there is irony in what I see. “Do we have to meet the birthparents?” is a common question asked at the beginning of the adoption process. Then, some years down the road, it is the adoptive parents who often call the agency asking for assistance reconnecting with the birthparents. Not uncommonly, the birthparents have moved on and haven’t left a way to reach them. (And, at other times, they have a relaxed on-going connection.) It is the adoptive parents who want to give their child a connection that will enrich their sense of self.

During a recent adoption workshop, an adoptive mother who knew both the sting of infertility and the heartbreak of a prior adoption plan that did not proceed to placement, nodded in the direction of the woman who had blessed her with a son. “When we started on this path, it was all about me, about what I wanted, what we needed as a couple to feel whole. And then, at some point, I realized it was about her too.” As she spoke, it was clear that her appreciation for the birthmother didn’t diminish her sense of entitlement to think of herself as a mother. The adoptive mother did not start there. Few prospective adoptive parents do.

It might sound as though I’m biased in favor of openness or that I presume that this is the sole path for healthy adoptive parent development. Not necessarily. I truly believe in client-centered social work; by focusing on the clients’ needs, I think they are best served. I have helped families with closed adoptions (usually at the birthparents’ request), semi-open adoptions, and more fully open adoptions. There are many adoption scenarios. It makes sense to listen with an open heart and to honor whatever is true for you in that moment.

When asked, “Do we have to meet the birthparents?” the answer will depend, as a practical matter, on whether the birthparents want to meet. Most do. But it is probably more important to sit with all the reasons why that is a bit of a scary prospect for some. Don’t rush your feelings, is my advice. Don’t be surprised if they change along the way, as birthparents become “real” people to you. Feel free to consider whether communicating with birthparents might be a positive experience for not only the child but the adoptive family as well.

Women’s Health Specialist
Quangli Xu, Lic. Ac.
Acupuncture Clinic of Brookline

Infertility: Hormone Imbalance, Miscarriage, Supportive to IVF
Menstruation: Irregular Cycles, PMS, Endometriosis

44 Washington Street, #104A, Brookline, MA
(617) 731-0504
Practical Advice for Friends and Family
By Valerie, A Member of RESOLVE of the Bay State

Perhaps you are wondering why your daughter, sister, or friend has been married a few years now and still has no children. Maybe you’ve wondered, “Why is she waiting so long?” Perhaps you wonder when your sister or daughter will add to her family. After all, she always wanted more children, right? If you have asked these questions aloud, maybe your friend has sidestepped the question, changed the topic, or physically stiffened. If you are reading this, it is because someone you know is suffering from infertility.

I have been suffering from infertility for nearly three years. My situation is even more painful because it isn’t private. In June 2005, my husband and I lost our first child, Dylan, to a stillbirth only five weeks before his due date. Since that time, we suffered an early second trimester loss followed by a late first trimester loss. I have endured countless invasive medical procedures and surgeries. Topping it all off was the necessity of recounting our loss history time and time again to various medical professionals and therapists. Unfortunately, so few people in our large circle of friends, family, and associates were truly comforting after Dylan died that I kept the communication of subsequent losses to a tiny group of friends. Yes, I have limited our friends’ ability to comfort me, but I have also limited the painful awkwardness that comes from a person who responds with complete silence or worse, an insensitive or unintentionally painful remark.

I speak for all infertile couples when I say that you cannot know the depths of the pain, soul searching, and tragedy that infertility brings to our lives. I could never have understood it if I had not experienced it first-hand and suffered multiple losses. As a woman who is still waiting for a resolution to her own infertility, I don’t know if a baby erases the years of pain or if those emotions find a peaceful co-existence with the joy that we all assume a child brings.

Infertility is a situation that requires extreme amounts of patience and fortitude. It never ceases to surprise me when we see friends after a four- or five-month gap and the first thing they want to know is, “Are you making progress on the infertility?” I don’t appreciate answering to the rest of the world about a very private health issue. If our friends are impatient for us to have a baby, imagine how we must feel. Clearly, after such a public loss, everyone wants us to have a baby. Asking about it doesn’t solve anything or advance the ball; it just reminds me that everyone is monitoring me. Meanwhile, it is nearly three years now since we lost our child and every year makes the questions more unbearable and more insensitive. We know you are concerned, but in my fragile and emotionally sensitive state, the inquiries feel more like pressure and judgment.

I wrote this article as a resource for those experiencing infertility as an easier way to express what is commonly felt by many of us waiting to start or add to a family. Handing out this article is probably easier than a direct response to the well-meaning inquiries and will hopefully result in some honest, supportive interactions.

In the Spirit of Education, Here Are Actions to Avoid

I offer these observations of what not to do in order to help you make things easier, less painful, and more supportive for your friend, your sister, or your daughter.

1. First and foremost, infertility is a sensitive topic and should be treated as one at all times. Treating infertility as a casual topic is incredibly painful for the person who has to respond to the inquiries.

2. Asking a person or a couple when or if they are going to have children is normal conversation, but only the first time you ask. Ask once, but don’t ask again. Mom, that means you. If we want you to know something, we will tell you.

3. Stop asking us about our infertility. I’m serious. The longer we bear this burden, the more it stings to be questioned about it. When we call to say “Hi,” do not respond with, “Do you have any news for me?” If we have news, we will tell you. If you keep asking, we are going to stop showing up and reaching out and will feel even more isolated than we do already.

4. If you are at a party or out to dinner or some event that qualifies as fun, it is a completely inappropriate time to bring up your friend’s recent loss, or lack of pregnancy, or ask “if she is trying.” Of course she is trying; she wants to have a baby. Infertile couples are always trying. It is a chronic roller coaster of hope and disappointment.

5. Do not monitor your friend’s drinking, especially not out loud. Your friend is already under enough stress from not being pregnant that she doesn’t need you pointing out that she isn’t drinking. It seems like harmless fun, until you find out that for the second time this year, she just started three injections a day for the next 12 days supplemented by every-other-day vaginal ultrasounds and near-daily blood draws. We barely feel good enough to socialize, so please don’t call attention to us when we are trying to enjoy ourselves and feel normal for a rare moment.

6. There is no need to point out that we are childless, even accidentally such as, “You childless couples have so much freedom.” You may assume that we have less rigid schedules than most parents, but that is simply untrue. Our schedules are filled with doctor visits, lab appointments, pharmacy visits, mental health support, reading, and educational seminars. Our marriages have been assaulted by loss and that takes additional attention, too. We desperately want to be parents, so please stop pointing out that we aren’t.

7. Don’t suggest that someone consider adoption, especially if you have your own biological children. I have yet to meet a person who is not aware of adoption as a solution to creating a family. If you aren’t an adoptive parent, you don’t know what it might feel like to consider that path. Considering adoption typically means a woman is going to emotionally grieve that she will probably never have a
Continued from page 10

have been truly comforting in this area. When we lost Dylan, they expressed their sympathy in a genuine way for an appropriate amount of time. Since then, they have never asked us once about our plans for further children. I know I can enjoy spending time with them and just be myself, without being labeled as “infertile” or having to defend my situation or re-live the losses.

2. If you would like to know how your sister is doing, just ask her, in a sincere and gentle way, “So, how are you?” It is also helpful if you ask in a private setting. That provides her the opportunity to share what she’d like you to know and it will be immediately apparent whether she wants to talk about things or not. If she doesn’t expand on her situation, don’t press for more information. It is our sensitive topic; let us bring it up.

3. When your friend shares something with you, treat it delicately. It is her information to share and she is expecting you to keep it confidential. Don’t bring it up again at a later time, unless she brings it up. Resist the temptation to pass along the information to family members or other friends. It is not the least bit comforting to be “the topic” of family gatherings or friends’ grapevines.

4. If your daughter offers information that she just got bad news from a failed procedure or suffered a pregnancy loss, tell her that you are very sorry for her loss, sad for her and her partner, and ask her if she’d like to tell you about it. It’s best not to offer solutions or look to the future because right now, she just needs to grieve this bad news or this particular loss. Let her be in the moment with her pain and her frustration. She probably needs a hug and a shoulder to cry on.

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What Can You Do to Help Us?

What can you do to support your sister, daughter, or friend? While I know everyone means well and that people are genuinely concerned about our well being, it doesn’t always translate well. Here is a list of practical ways that you can support us and help us feel better through this strenuous process.

1. Respect our privacy and don’t bring up our infertility. We live it every day; we don’t need friends and family reminding us of our situation. Our friends, Jeff and Lisa,
Continued from page 11

5. If you inadvertently say something painful or insensitive, say you’re sorry.

6. You may wish to suggest that your friend see a loss counselor, but that, too, is a sensitive subject unless you yourself have done therapy or counseling. Dealing with infertility is so physically and emotionally consuming that most women don’t have any capacity left to find an effective counselor and miss even more time from work to keep those appointments. Through my own journey, I have met women who have taken an entire year off from work in order to deal with the stress and disappointment of infertility. Seeing a counselor has been quite helpful to me, but it is a personal choice.

7. If you hear that someone you know has suffered a significant loss, such as a stillbirth, write a condolence letter. If you have social plans to see the friend and still want to acknowledge the loss in person, follow the lead of my friend, Jackie. Jackie waited until the end of the evening, right before we said our goodbyes for the night, to speak up about my loss. It was incredibly sensitive and comforting and didn’t derail the entire night.

8. Include your friend in activities. She may be sad or distant and may not feel like she would be good company while dealing with her private pain. Let her know that you still want to spend time with her even if she is sad.

9. Invite your sister or friend to baby showers, but if she sends her regrets, don’t question her, judge her, or hold it against her. It can be astonishingly painful to be forced to celebrate a friend’s upcoming bundle of joy when it is such a sharp and painful reminder of what is missing in our own life.

10. Know that if we are lucky enough to have good news, we may not be willing to share it until we are sure we are completely in the clear, which may not be until well into the second trimester. Your sister is probably very scared that things could still go wrong because she has been there before when things didn’t work out.

11. It may be that you need a few sessions with a loss counselor if your daughter’s or sister’s situation is really upsetting you. Have the self-awareness to know that it may make you feel better to talk about your sister’s situation, but it may not make her feel better to talk about it.

How to Handle Recurrent Losses

It is highly likely that your friend is dealing with recurrent losses. Some people are fortunate to resolve their infertility issues after one or two treatments, but I’ve met people who have done up to eight IVF treatments, suffered multiple miscarriages, and some who have had all medical treatments fail, all at a big cost both emotionally and financially.

Every loss, every failed procedure, and every negative test put your friend back at square one. You may be feeling very uncomfortable because you used your short, but entire chest of sympathetic words on her first loss. Now what do you say? Say that you are sorry for her loss. Acknowledge how painful this must be for her and her partner. Tell her that you are here for her when she wants to talk or cry or be silent, but doesn’t want to be alone.

You can take care of her so that she can emotionally recover. You can bring food, so that she will eat. You can listen to help her process her feelings. You can call, write, and show up to tell her that you care. You can tell her that you love her and that she is a person full of special gifts. She probably doesn’t feel too good about herself right now and that type of encouragement truly is comforting.

Conclusion

In conclusion, remember that your friend, sister, or daughter is relying on you as a friend or family member to be supportive and helpful, not to cause additional grief. If someone hands you a copy of this article, consider it carefully and please pass it on to others.
Why I Turned to Traditional Chinese Medicine & Books That Were Helpful Along the Way
By Valerie Hays

I turned to Traditional Chinese Medicine (TCM) during the most emotionally difficult time of my infertility journey. My infertility was largely unexplained, and not knowing exactly what was wrong and how to fix it left me feeling rather helpless and out of control. My doctors went down one path after another trying to figure out what was wrong, and although they discovered and treated several small problems along the way, my husband and I had still never seen a positive pregnancy test after two surgeries, six treatment cycles, and almost three years of trying.

After so much disappointment, we knew we were at a turning point that many couples reach after several failed cycles: deciding whether or not to continue treatment. I decided I was ready for a much-needed break from Western treatments, so I decided to give this form of alternative medicine a try.

Learning about Western treatments was an old hobby, and learning about TCM and infertility quickly became a new one. I learned that TCM seeks to improve fertility through three elements: diet and lifestyle, acupuncture, and herbal medicine. Several books were very helpful to me as I began to study each of these areas.

*The Infertility Cure* by Randine Lewis, Ph.D., is the bible on Chinese medicine as it relates to infertility. It is by far the most comprehensive book that I found, and the case histories of Dr. Lewis’ patients make for fascinating reading if nothing else. She begins by sharing her own personal experience with infertility, and explains how she used her training in Western medicine along with clinical work in China to eventually open a clinic that specializes in treating fertility problems with Chinese medicine. A broad overview of TCM and how it works provides the reader with good background information.

The book includes questionnaires and charts of symptoms that can help women understand their diagnoses and possible treatment plans according to the laws of Chinese medicine. The sections on acupuncture, acupressure, herbal medicine, and dietary changes are very detailed and occasionally confusing, but they can be especially useful for a deep understanding or for discussions with a practitioner of TCM. Dr. Lewis addresses specific female and male reproductive issues and disorders and explains how they can be treated with Eastern medicine. She also provides plenty of information on using TCM in conjunction with Western treatments. Her open-minded, confident tone is especially reassuring.

*The Way of the Fertile Soul: Ten Ancient Chinese Secrets to Tap into a Woman’s Creative Potential*, also by Randine Lewis, is an excellent companion to *The Infertility Cure*. Written three years after *The Infertility Cure*, this book focuses less on the specifics of TCM and infertility and more on healthful living as a possible path to conception. Dr. Lewis writes: “At first, I taught my technique only to help women become pregnant, and my program resulted in an astonishing increase in participants’ pregnancy rate. But I also found that it resulted in helping women move forward and feel increased vitality and contentment in all areas of their lives, from their work to their home life to their sense of self.”

Dr. Lewis outlines the ten secrets of healthful living that she discovered while studying the Tao and Eastern medicine. Things like balancing energies, living “vertically” instead of “horizontally,” and “allowing life to live through you” may sound difficult to actually put into practice, but Dr. Lewis explains how. Several types of meditation, relaxation, breathing exercises, and even art projects are suggested, and they give the reader plenty of ideas about ways to put the secrets into action. I recommend this book not only as a resource for those working with infertility, but for any woman who seeks increased health of mind and body. “Being fertile and fruitful doesn’t apply only to giving birth to a child. It also applies to giving birth to the self you want to be and to a life filled with passion, strength, joy, and adventure.”

*Fertility Wisdom: How Traditional Chinese Medicine Can Help Overcome Infertility*, by Angela C. Wu, LAC, OMD, covers many aspects of Chinese medicine and its applications to infertility, pregnancy, labor, and postpartum issues. Charts, questionnaires, and diagrams help with self-diagnosis and suggestions for remedies. There is some overlap with the kinds of information provided in *The Infertility Cure*, but there is also enough different material to make this book worth buying as well. Wu includes sections on Qi Gong exercises, the Six Healing Sounds, moxibustion, Feng Shui, and Taoist meditations that are not found in Dr. Lewis’ book, for example.

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Wu does not discuss herbal remedies or using basal body temperature (BBT) charting as a barometer for fertility and general health, however. (Dr. Lewis refers to BBT quite often in *Infertility Cure*, and she offers a basic explanation of how it works. For more information on temperature charting, *Taking Charge of Your Fertility* by Toni Weschler is an excellent reference.) The section on using Western and Eastern treatments together in Wu’s book is also less comprehensive, but she does give some good suggestions about combining the two. Recipes and menus in an appendix at the back of the book are an added bonus.

With these books in hand and the help of a practitioner of Chinese medicine, I changed several aspects of my life. I went for weekly acupuncture treatments, experimented with a few herbal remedies, and I made some important changes to my diet. Within three months of starting treatment I became pregnant with my daughter. So when my husband and I started to think about adding to our family, we again turned to Chinese medicine after many unsuccessful months of trying to conceive our second child. I am happy to say that as I write this, I am pregnant again after six weeks of TCM treatments.

Chinese medicine is a complex discipline, but with the right resources it is possible to get the tools that may possibly lead to pregnancy. TCM will certainly lead to a greater awareness of one’s body and its potential for health and well-being, pregnant or not.

Valerie Hays can be reached at v_hays@yahoo.com.

Join us for RESOLVE of the Bay State’s July 8th program on acupuncture and TCM — see details on page 3.
Why Does RESOLVE of the Bay State Ask for Charitable Donations?
As a membership organization, we are often asked why we solicit (some would say bother) individuals for charitable donations each year. There are some compelling reasons:

- As a 501(c)(3) nonprofit, we must rely on philanthropy as a critical source of revenue to meet our budget each year. In this way, we are exactly like all of the other disease-oriented organizations, such as the American Cancer Society, the American Diabetes Association, etc. that conduct annual fundraising campaigns throughout the year.

- We only receive a small portion of our revenues from membership dues, leaving us to find the majority of our funding from other sources, including member fundraising.

But perhaps most important, consider this:

- The dollars you pay for membership benefit you – providing you with free or reduced-cost access to all of our programs, services, and publications.

- The dollars you give to our Campaign 2008 benefit the entire community of couples and individuals who are struggling with infertility.

So the next time you receive a fundraising letter, or a phone call, asking you for a charitable donation to RESOLVE of the Bay State, please remember that your donation – and we think of it as a gift – helps us grow and succeed together, as a community. Help us share the message: You are not alone.

Thank you for donations through May 31, 2008

Supporter - $250+
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Other gifts from:
Ann Fleischer
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Questions about your fertility?
We have answers.

Call 888-300-BIVF for more information
Volunteers Needed: Program Hosts

Volunteers are the heart of RESOLVE of the Bay State. We could not provide all of our comprehensive programs and services without your help! Here is a current opportunity for volunteering and making a difference:

**Host an evening or Saturday educational program.** We generally offer one evening or Saturday program each month on a subject related to infertility, adoption, donor egg, or other family building options. The programs are usually offered in public locations in Waltham or Newton. Our hosts bring RESOLVE materials to the location, sign in attendees and collect fees, greet the group briefly before the meeting starts, stay through the program, distribute evaluation forms at the end, and collect materials to be returned to the office. This is a great way to meet people experiencing infertility and help by offering your friendly, welcoming presence at what can be a lonely time. Added bonus: You can attend the program for free.

To volunteer for this opportunity, and learn about others, please contact us at admin@resolveofthebaystate.org or call our HelpLine and leave a message, 781-890-2225.

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**Tiny Treasures New England**
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Fertility specialists who are leaders in their field. Care that’s personalized to meet your specific needs. The latest research, techniques and technologies. Our goal is to provide you with the greatest chance of success, while giving you the emotional support you need.

Visit us at [www.uconnfertility.com](http://www.uconnfertility.com) or call us at one of the numbers listed below for more details and to register for one of our IVF information sessions.

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263 Farmington Avenue
Farmington, CT 06030-6224
(860) 679-4380

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Hartford, CT 06106
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*Please Note: RESOLVE of Greater Hartford does not accept credit card payments.
Non-RESOLVE Programs

The following programs may be of interest to RESOLVE members. A listing does not constitute an endorsement by RESOLVE. See page 19 for advertising and editorial policies. DEADLINE for Fall 2008: August 27, 2008.

MIND/BODY PROGRAMS FOR FERTILITY
Created by Dr. Alice Domar
Best Selling Author and International
Authority in Mind/Body Medicine
Enhance your chance! This program for everyone will help you reduce stress and anxiety related to infertility and teach you new lifestyle habits that will enhance your fertility. Studies show that participants in mind/body programs double their chance of having a baby.

Two Programs to Choose From
- Ten Week starting April 23, 2008
- Weekend Retreat – April 12 & 13, 2008

To register, contact (781) 434-6578 or domarinfo@domarcenter.com, or online at www.domarcenter.com

ADOPTIONS WITH LOVE, INC.
188 Needham Street, Newton, MA
Adoptions With Love, Inc. is a non-profit, independent, Full Service domestic adoption agency placing newborn infants for over 20 years into loving homes. With our extensive experience, we are committed to helping inquiring couples become successful adoptive parents in 6–18 months.
We offer FREE consultations with a staff social worker. Please call 617-964-4357 to learn more about Adoptions With Love’s program or visit www.adoptionswithlove.org.

ADOPTION RESOURCES INFORMATION MEETING
Adoption Resources, a non-profit agency for more than 130 years, invites prospective adoptive parents to our Informational meetings. We offer a range of placement programs, including parent identified, and international. Meetings are free and held in our office at 1430 Main Street, Waltham.
For more information or to register, please call 617-332-2218 or 800-533-4346

FREE ADOPTION CONSULTATION
Adoption Choices offers individual adoption consultations free of charge to people who are exploring adoption as a way to build their family.

Topics:
♦ Current adoption options
♦ Specific steps toward a successful placement
♦ Emotional, legal, and financial issues inherent in adoption

Appointments are scheduled at your convenience at our Framingham office.

Please call or send e-mail to:
Dale Eldridge, Coordinator of Adoptive Parent Services
508-875-3100 or 1-800-872-5232
deldridge@jfsmw.org

ADOPITION COMMUNITY OF NEW ENGLAND, INC.
If you think adoption might be in your future, learn all you can about it from the experts. ACONE has been providing information and support about adoption since 1967. It is one of the oldest non-profit adoption support organizations in the country. ACONE sponsors the Annual New England Adoption Conference, recognized nationally for its comprehensive coverage of all adoption issues. ACONE offers half-day seminars throughout the year, which give the complete overview of all the adoption options. There are also baby-care classes for soon-to-be adoptive parents, with life-like dolls for hands-on practice.

To learn details of program offerings, as well as dates and registration information, contact ACONE at 1-508-366-6812 or www.adoptioncommunityofne.org

MIND/BODY PROGRAMS FOR FERTILITY
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Enhance your chance! This program for everyone will help you reduce stress and anxiety related to infertility and teach you new lifestyle habits that will enhance your fertility. Studies show that participants in mind/body programs double their chance of having a baby.

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Fax: 781-890-2249
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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 of the Bay State or RESOLVE of Greater Hartford.

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