RESOLVE of the Bay State presents

the New England Infertility and Family Building Conference

Building Your Family: Challenges and Choices
Saturday, November 5, 2005
Best Western Royal Plaza Hotel, Marlborough, MA

Join us for this daylong program including over 40 workshops on all aspects of infertility, from medical treatment options, to coping strategies and alternative treatment options. Also included are numerous workshops on other family building options such as adoption and donor egg. The conference will provide you with the information and support necessary to help you meet the challenges of infertility, and to make the choices that are best for you and your family.

Registration: 7:30 - 8:30 a.m.

Keynote Speaker: 8:30 - 9:00 a.m.
Janet Jaffe, PhD, author of Unsung Lullabies: Understanding and Coping with Infertility

Conference sessions: 9:00 a.m.- 5:00 p.m.

For more information, detailed descriptions of all conference workshops, and a registration form, please see pp. 11 - 14 inside this issue. Pre-registration is strongly recommended.

Also visit our website at www.resolveofthebaystate.org or call our HelpLine at 781-890-2225.
RESOLVE INFORMATION

RESOLVE BOARD & STAFF

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Member Benefits
RESOLVE of the Bay State is the Massachusetts Chapter of RESOLVE, Inc. Join the Bay State Chapter and you automatically become a member of National RESOLVE.

Bay State Membership Benefits Include:

Chapter Helpline – 781-647-1614, for information and support from a trained callback volunteer.

Bay State Newsletter — published quarterly.

Insurance Call-In Hours — 781-647-1614, for assistance with your insurance problems or insurance coverage denials. Check our website for scheduled hours.

Educational Programs — varied monthly presentations by experts in the fields of infertility 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.

National Benefits Include:

Family Building Magazine — published quarterly.

Medical Telephone Helpline — 888-623-0744, on Wednesdays from 1–4 p.m. to speak with the Medical Counselor.

Discounts on RESOLVE literature — a variety of written materials on every aspect of infertility.

Also — Physician Referral Service, Advocacy for Legislative and Insurance Reforms, and National RESOLVE’s comprehensive website: www.resolve.org

It’s easy to become a member of RESOLVE. Simply fill out the form on the back and mail / fax it today.

Household membership: $55
Professional membership: $150

Directions to the Chapter Office — 395 Totten Pond Rd., Suite 403, Waltham
From points North - 128/95S to exit 27A - Totten Pond Rd. Exit right onto Totten Pond Rd. Go through 2 sets of lights (close together.) Go 0.3 miles (pass Best Western & Naked Fish Restaurant.) On the left look for sign “Totten Pond Office Park 375, 391, 393, 395.” Enter into bldg #395.

From points South - 128/95N to exit 27A - Totten Pond Rd. Exit left fork (Totten Pond Rd, Waltham Ctr) onto Totten Pond Rd. Go 0.3 miles (pass Best Western & Naked Fish Restaurant.) On the left look for sign “Totten Pond Office Park 375, 391, 393, 395.” Enter into bldg #395.

www.resolveofthebaystate.org  FALL 2005
RESOLVE of the Bay State is pleased to announce our Fall 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 781-647-1614 or emailing the office at admin@resolveofthebaystate.org

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### The Use of Mind/Body Techniques During Infertility: An Update on the Research and Introduction to Clinical Techniques

*with Dr. Alice Domar of Boston IVF*

The term “mind/body” gets a lot of media attention, especially when used in conjunction with infertility. The purpose of this workshop will be to demystify the topic. Participants will receive an update on the research in the field (i.e., does distress really decrease pregnancy rates during IVF and do women who participate in a mind/body program actually have higher pregnancy rates?). In addition, the different mind/body techniques will be presented and experiential exercises will be introduced.

**Where:** The Wellesley Community Center, Henderson Rm, 219 Washington Street, Wellesley

**When:** Thursday, October 6, 2005, 7:00 - 9:00 p.m.

### Releasing the Hold Button: Strategies for Living Your Life with Infertility

*with Susan Mikesell, PhD, LICSW*

Waiting is frustrating for most of us. Less so if you know how long you will have to wait. Now that infertility diagnosis and treatment are part of your life, you are being asked to become an expert at waiting every month. While you wait you are inundated with medical terms and information. You endure physically and emotionally difficult treatments while keeping track of multiple medications and dosing regimens. The emotional roller coaster ride that accompanies treatments increases the stress of waiting. The longer the wait the harder it is for many couples to find ways to feel happy and have fun together in their relationship. Dr. Susan Mikesell, will discuss the emotional issues and concerns of infertility treatment and having your life on hold. She will describe strategies couples can learn to resolve daily frustrations and increase the happiness experienced in their relationship while in treatment.

Dr. Susan Mikesell is a certified Imago Relationship Therapist in Beverly, MA, with 20 years of experience helping infertile couples maintain and create positive, safe, and loving relationships as a foundation for the families they are building.

**Where:** Calvary Episcopal Church, 46 Cherry Street, Danvers, MA 01923

**When:** Thursday, August 18, 2005, 7:00 - 9:00 p.m.

### Taking Care of Yourself During the Holidays

*with Jane Feinberg Cohen, PhD*

Facing another round of holidays, family dinners and parties? The well-meaning questions and the sometimes difficult presence of children at these gatherings can be challenging for those going through infertility. Learn how to protect and take care of yourself during the holidays.

**Where:** Boylston Place at Chestnut Hill, 615 Heath St. Chestnut Hill, MA 02467 (Enter the red stone/brick building on Rte 9 across from The Container Store. Please park in the Container Store Lot or nearby shopping plaza. Use crosswalk directly in front of The Container Store to cross Rte 9)

**When:** Tuesday, December 6, 2005, 7:00 - 9:00 p.m.
By Sarah Summers

As I trained for my first “the bike” part of a triathlon at the grand age of 48, I kept wondering how I got talked into doing this! Then I remembered back six years ago, walking around like a zombie (of course at the time I thought I was fully functioning), in tears at times, and totally consumed with having a child. Of course going through fertility treatments demanded that that was my #1 focus. As all of us know, you wake up in the morning wondering what time you have to take that shot, which one, and/or is it blood test day or ultrasound day? Can you go on a business trip, or a sailing trip, or will you be doing a transfer? Six years ago, I went to a professionally led support group to help me through infertility. Angry, crushed, but “fully in control” (or so I thought), that’s when I met my friends. We would talk daily and be supportive of all the failures; there were no successes for us. Our small group (out of the large group) ended up staying in touch. We’d find out what each one was doing, how the treatments were going, be supportive, and provide encouragement. Of course, those who were successful left our “depressed” group.

So as I bike to the song, “Bless the Broken Road” by Rascal Flats, I actually start crying about how rotten the broken road was and now how grateful I am, in a strange sense, that the road was so broken. I wouldn’t have my wonderful son and the friends who are now part of my “family.”

Four of us from this support group are still friends. We get together as adults and as mothers with our kids. None of us have “biological” children: three are adopted and three are donor egg babies. All of the kids get along together and us four moms have a connection that will always be there. We have a relationship that is unconditional – we went through too much with each other for it to be anything else.

I have formed a great friendship with one of the women I met through the group and our sons (both adopted internationally, from different countries) are best friends. We actually trade off having the boys over for the weekend. Our families get together frequently even though we live a good distance from each other.

I never thought six years ago that I could be this contented and happy in my life (even with its ups and downs). It’s strange how going through infertility forced me to get a positive perspective on life. I thought that broken road would never mend, but I was wrong. Not only has the road been mended, it has been repaved with a much greater appreciation of life, the people in my life, and a total acceptance of the good and bad in life.

Next Thursday I will get together with my friends for “girls’” night out to celebrate the newest addition to the group – a beautiful baby girl from the Philippines will be arriving soon. We’ll laugh and tease each other that we should have had another drink before taking on all these children (raising kids is not easy – to my surprise), yet we’ll smile and think about our children, our friendships, and families. And my heart will sing the line from the Broken Road: This much I know is true, that God blessed the broken road that led me straight to you.

Chorus from Bless the Broken Road:
Every long lost dream led me to where you are
Others who broke my heart they were like northern stars
Pointing me on my way into your loving arms
This much I know is true
That God blessed the broken road
That led me straight to you
If you or your partner have concerns about infertility, turn to Boston IVF for the best fertility experience:

- Individual treatment plans
- Compassionate, patient-centered care
- Advanced reproductive technologies
- Convenient locations throughout New England
- Mind/body care and emotional support
- Affiliated with Harvard Medical School

888-300-BIVF
www.BostonIVF.com

Introducing Dr. David Ryley
Boston IVF is pleased to announce the arrival of its newest reproductive endocrinologist, David Ryley, MD.

Dr. Ryley practiced general obstetrics and gynecology at Newton-Wellesley Hospital for 13 years. He has extensive experience in infertility, ovulatory dysfunction, recurrent miscarriage, and reproductive genetics, and is a clinical instructor at Harvard Medical School.

Dr. Ryley sees patients at Boston IVF – The Boston Center. For appointments, call (617) 735-9000.

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### EVENTS CALENDAR

**KEY:**
- **EP:** Educational Programs
- **SS:** Seminar Series
- **GiD:** General Infertility Discussion Group
- **TDG:** Topic-Oriented Discussion Group
RESOLVE Professionally-Led Support Groups

Traditional Support Groups are led by an experienced mental health professional and usually meet for 10 - 12 weeks. Groups include:

- **Women’s Primary Infertility Group** — This group focuses on the overall experience of infertility; coping with friends, family, the couple relationship, treatment options and decision making. For women who have primary infertility (no children).
- **Couples’ Primary Infertility Group** — This group focuses on the overall experience of infertility; coping with friends, family, treatment options and decision making. Special attention is paid to effects on the couple.
- **Women’s Secondary Infertility Group** — This group focuses on the special issues of combining parenthood and infertility treatment. For women who have at least one child and are experiencing secondary infertility.
- **Donor Egg Group** — This group focuses on the issues and challenges for those considering, or who have decided to, use donor egg to build a family.
- **Pregnancy After Infertility Group** — This short-term group is for women who are experiencing anxiety and concern about being pregnant after infertility treatment.

Groups form as soon as there are enough interested group participants. Some groups form quickly (1-2 months) and others take longer to form. You should apply as soon as you think you may be interested to ensure your involvement in a group when you really need it. Fees: $25 per person, $40 per couple, per meeting. RESOLVE membership is required. You can print out, complete, and mail or fax us the support group application on our website.

**PEER DISCUSSION GROUPS - GENERAL INFERTILITY**

**Waltham**
RESOLVE office, 395 Totten Pond Rd., Suite 403
Wednesday, 7:00 – 9:00 p.m.,
October 5, November 9, December 14

**Worcester**
Tatnuck Bookseller, The Foundry Room
335 Chandler Street
Mondays, 7:00 - 8:30 p.m.,
October 17, November 7, & December 5

**Stoughton**
Whole Person Health, 294 Pleasant St (Rte 139)
Wednesday, 7:00 – 9:00 p.m.,
October 20, November 17, & December 15

**PEER DISCUSSION GROUPS - TOPIC-ORIENTED**

These meetings are all held in our Waltham Chapter Office, 395 Totten Pond Rd., Suite 403, Waltham

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Meeting Details</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>Pregnancy Loss Discussion Group</strong></td>
<td>Wednesdays October 19, November 16, &amp; December 21 7:00 - 9:00 p.m.</td>
<td>Waltham RESOLVE office, 395 Totten Pond Rd., Suite 403</td>
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<tr>
<td><strong>Donor Egg Discussion Group</strong></td>
<td>Thursdays September 26, November 21 &amp; December 15 7:00 - 9:00 p.m.</td>
<td>Stoughton Whole Person Health, 294 Pleasant St (Rte 139)</td>
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<tr>
<td><strong>Adoption Discussion Group</strong></td>
<td>Thursdays, September 29, October 27 &amp; December 1 7:00 - 9:00 p.m.</td>
<td>Waltham RESOLVE office, 395 Totten Pond Rd., Suite 403</td>
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- **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.

- **Donor Egg Discussion Group**
  Are you considering donor egg as a way to build a family? Are you in the process of donor egg or parenting children through egg donation? 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.

  at Scandinavian Living Ctr
  Thursdays September 28, November 21 & December 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, September 29, October 27 & December 1 7:00 - 9:00 p.m.

- **Secondary Infertility**
  Tuesdays, October 25, November 15 & December 20 7:00 - 9:00 p.m.
Review of Your Heart Knows the Answer

By Valerie Hays

RESOLVE member Gail Harris, who knows the challenges of infertility first hand, has written a beautiful, supportive guide for women, encouraging us to listen to and trust our inner voices in order to arrive at our innermost desires. But Harris does more than just philosophize about listening to one’s inner voice—she teaches how to recognize the voices of the heart (and how to distinguish them from the voices in our heads). She also teaches us how to learn the lessons of the heart, with creative ceremonies, prayers, meditations, and affirmations that celebrate femininity and intuition.

Harris’s book is a guide for the path of self-discovery; in it she explains what is needed for each step of the journey, and how to get to the final destination of self-acceptance and self-awareness. In her Rose Petal Ceremony for Living the Full Life, Harris details a simple six-step ceremony that challenges readers to search for their hearts’ desires. Her opening words speak to the heart with a powerful grace:

“Petals of desire,
Petals of Truth
Let your life blossom,
Let your life bloom
Your bed of roses
Lies just outside your window.
Open it wide.
See how sweet you can stand it.
See how sweet you can truly stand it.”

Gail Harris has offered up a remarkable gift to all women with Your Heart Knows. She reminds us all that it is worth searching for what truly matters.

Your Heart Knows the Answer: How to Trust Yourself and Make the Choices That Are Right for You: Ceremonies, Prayers, and Affirmations by Gail Harris, Inner Ocean Publishing, 2005.
Tacit reminders of infertility have many facets. Am just off the phone with my friend who I know only because of our mutual infertility. I call her my compatriot because she understands the serendipity of infertility reminders. Today brought two unexpected ones: my friend’s phone call and an innocuous trip to my mailbox.

My friend was upset because her mother dismissed her as selfish when she did not feel up to visiting her sister-in-law, who complains about how hard it is to care for her baby.

Sigh; isn’t it painful when our moms miss the mark with their mothering?

We count on them to nurture us; to feel our ache; to be our greatest refuge in the world, to provide the unconditional love that predates the love of our spouses.

I told her I was sorry her mother was so drippy today and that her sister-in-law wears her baby as a badge. “Oh look at me, I’m so overworked; I have a baby to take care of…”

The infertile woman is told to suck it up, that infertility is nature’s way or God’s will; that we’re not the first infertile women and we won’t be the last; that it’s not a life and death issue. The subtext of all these things is, “Worry about something more important.”

It is, in a way, a life and death matter; it is the death of knowing a piece of us will remain in the world after we’re gone; it’s the death of the dream, established deep in our childhood, that our children will inherit our genes and display them as we watch them grow. My golly, we’ve all heard countless times, “Wait til you grow up and have your own kids”; but the comment is always, “When you have your own kids.” Not once did my parents say to me, “When you grow up and adopt your kids, then you’ll understand…”

No offense was intended by my parents when they’d say, “have” instead of “adopt.” It’s the subtlety that gets me; that having my own children was taught to me as my birthright (ambiguity and pun intended on using birthright...).

It’s the death of discovering surprises in your offspring; if an artist is born to you and you are not, you trace the family tree for the latent talent.

It’s the death of taking out the family photo album, of digging up the old Brownie and Kodak photos of generations gone by and saying, “This is your grandmother” or “This is where your great-grandfather was born…”

It is the death of many things.

And yes, life goes on and yes, it’s still beautiful. But I am allowed to have my sad days. I have earned them.
**Campaign 2005: 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) you for charitable donations each year. There are a number of compelling reasons:

- As a 501(c)(3) nonprofit, we must rely on philanthropy as a critical source of revenue to fulfill our mission. In this way, we are exactly like all the other disease-centered organizations, such as the American Cancer Society, the March of Dimes, AIDS Action organizations, etc.

- We only receive 13% of our revenues from membership dues, leaving us to find the majority of our funding from other sources. (And we spend only 56% on salaries, a relatively low percentage in the nonprofit world.)

- Of the $55 you pay for membership each year, we retain only half to support the direct services we offer in our region. The remaining $27.50 supports RESOLVE headquarters in Bethesda, Maryland.

But perhaps most important, consider this:

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

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

So the next time you receive a fundraising letter, or phone call, asking for your 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.

Also, to make giving as easy as possible, remember our online “Give” button. Simply go to our home page, [www.resolveofthebaystate.org](http://www.resolveofthebaystate.org), and click on “Give.” We thank you.

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**Do you know...?**

When you make purchases through the Amazon.com link at [www.resolveofthebaystate.org](http://www.resolveofthebaystate.org), you are supporting RESOLVE of the Bay State!

A percentage of purchases you make via the Amazon.com link on our “Bookstore” page will be donated back to RESOLVE of the Bay State. Once you click on our Amazon.com link, you will be taken to Amazon.com’s web page where you can place an order. It’s a wonderful and easy way to support RESOLVE of the Bay State!

For every individually linked book on our website, we earn 15%. For every customer electronics product and software, we earn $10. For every computer, we earn $50. For all other products, we earn between 2.5% and 8%.
About the Conference

RESOLVE of the Bay State, a chapter of RESOLVE, Inc.: The National Infertility Association, is sponsoring this day-long educational event for the New England region, with over 40 workshops covering all aspects of medical treatment, emotional issues and adoption options.

If you are new to infertility or in the midst of the process and are facing difficult decisions, the volume of information and the range of feelings you must sort through can be overwhelming. This annual conference will provide the information you need in a compassionate context, with people who know what it is like to face this crisis. The conference will help you become an informed consumer of infertility treatment and services, help you meet the challenge of your infertility, and help you make the best possible choices.

The conference also provides family members and friends with a unique opportunity to learn about the infertility crisis faced by their loved ones.

What the Conference Provides

✰ Information on state-of-the-art infertility treatments
✰ Tools for managing the emotional experience of infertility
✰ Resources and information on adoption, donor egg, and other family building options
✰ Insight into how others have faced the challenges of infertility
✰ Resources for family, friends, and professionals

ABOUT THE KEYNOTE SPEAKER

Janet Jaffe, Ph.D.

Janet Jaffe, Ph.D., is a co-founder and director of the Center for Reproductive Psychology in San Diego, CA, and is co-author of Unsung Lullabies: Understanding and Coping with Infertility (St Martin’s Press, Spring, 2005).

She has presented at conferences across the country on the psychology of the reproductive process and is an adjunct faculty member of the California School of Professional Psychology at Alliant International University. Dr Jaffe has a private practice in San Diego and is interested in issues of loss and bereavement related to miscarriage, infertility, and other reproductive trauma and its impact on individuals and couples.

Sponsor Acknowledgements

This event is made possible through the generous support of:

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Conference Sponsor

with additional support from
Ferring Pharmaceuticals
TREATMENT OPTIONS

A-1 Is IVF a Good Option for You? What You Need to Know
Michael Alper, MD, Medical Director, Boston IVF - Learn how standard infertility testing (FSH, estradiol, ultrasound, etc.) may help predict your likelihood of success with IVF. Understand the value and limits of such testing, and about other factors, such as age, that also affect IVF outcome.

A-2 Medical Aspects of Donor Egg
Samuel Pang, MD, Associate Medical Director, and Ann Moegle, RN, Donor Egg Coordinator, Reproductive Science Center - An overview of the medical aspects of egg donation, including indications for using donor egg, donor selection and screening, recipient preparation, and medical protocols.

A-3 PCOS: Management and Treatment
Corrine Kolka Welt, MD, Reproductive Endocrine Associates, Massachusetts General Hospital and Shayne Plosker, MD, Division of Reproductive Medicine and Infertility, Women & Infants’ Hospital and Tufts-New England Medical Center - A review of the causes and treatment of infertility in polycystic ovarian syndrome (PCOS).

A-4 Male Infertility – Is ICSI the Only Answer?
Robert Oates, MD, Dept. of Urology, Boston Medical Center, and Rachel Ashby, MD, Brigham and Women’s Hospital - This discussion addresses the importance of completing an infertility workup and evaluation for men before intracytoplasmic sperm injection (ICSI) is considered, and the cases in which ICSI is the indicated treatment.

INSIGHTS AND INFORMATION

A-5 Treating Infertility Distress: What Works and What Doesn’t?
Alice D. Domar, PhD, Director, Mind/Body Center for Women’s Health at Boston IVF, Author: “Conquering Infertility” - This session covers benefits and delivery of various psychological interventions, including individual therapy, couples therapy, support groups, and mind/body groups, along with guidelines for choosing the one most likely to benefit women receiving infertility treatment.

A-6 Managing Your Health Insurance: What You Should Know about Your Infertility Coverage and the Massachusetts Mandate
Maymichele Delaney, Senior Benefits Consultant, Harvard University and Principal, Delaney Consulting - Understand insurance products, accessing your benefits, managing an appeal, the Massachusetts mandate, and advocating for yourself.

A-7 Strategies for Survival: Balancing Infertility, Marriage, and Life
Kristen and Mark Magnacca, Insight Development Group, Inc. - Learn proven strategies to help you overcome the emotional challenges of infertility, communicate effectively with your spouse or partner, and maintain a sense of control over your lives.

A-8 Naturopathy and Nutritional Approaches to Infertility
Sara Thyrr, ND, Naturopathic Doctor and Midwife, Nashua Natural Medicine - Understand the principles of naturopathic medicine, and how nutrition, herbal treatments, and nutritional supplements can address infertility.

ADOPTION

A-9 Making the Leap to Adoption
Peg Beck, LICSW, Private Practice - This moving talk discusses the process of transitioning from medical treatment to the emotional landscape of the adoption world.

A-10 Domestic Adoption: An Overview
Marla Allisan, JD, LICSW, Full Circle Adoptions; Dale Eldridge, LICSW, Adoption Choices, and Nancy Rosenhaus, LICSW, Associate Director, Adoptions with Love - This session covers getting started, selecting an agency or attorney, the home study, emotional and legal risks, costs, timeframes, issues of agency, and more.

A-11 Blended Families – The Issues and Rewards
Amy Cohen, LICSW, Executive Director, Adoptions with Love, and Panel of Parents - Learn how birth and adopted children can happily and successfully mingle in one family, and how the concerns and challenges can be overcome.

SESSION A
9:00 - 10:30 a.m.

SESSION B
11:00 - 12:30 p.m.

TREATMENT OPTIONS

B-1 From Egg to Embryo: What Happens in the Lab
Catherine Racowsky, PhD, HCLD, Director, IVF Lab, Brigham and Women’s Hospital, and Lynnette Scott, PhD, HCLD, Fertility Centers of New England - A discussion of the lab’s role in infertility treatment, including techniques that can enhance IVF outcomes such as blastocyst culture, assisted hatching, and more.

B-2 Implantation Failure and Recurrent Miscarriage
Brian Berger, MD, Boston IVF, and Harvey J. Kliman, MD, PhD, Yale University School of Medicine - A review of the clinical causes, diagnostic tools and treatment associated with recurrent loss and implantation failure.

B-3 Infertility Medications: What Are They and Are They Safe?
Claudio Benadiva, MD, Director, IVF Laboratory, The Center for Advanced Reproductive Services, Univ. of Connecticut Health Center - Learn about medicines used during controlled ovarian stimulation cycles, how they work, monitoring logistics, risks of multiple gestation, and success rates. Discussion includes drug interactions and side effects.

B-4 Evaluation of Ovarian Reserve & Treatment of Poor Responders
Marcus Jarema, MD, Women & Infants’ Hospital, RI - This session covers ovarian reserve, the tests (FSH levels, etc.) that are available to evaluate it, and implications for treatment outcome. Also learn about treatment options and labs findings of the “poor responder.”

INSIGHTS AND INFORMATION

B-5 Adoption and Donor Egg: Which Is Right for You?
Ellen Glazer, LICSW, Private Practice - Discuss issues couples consider when choosing donor egg and/or adoption as a path to parenthood including existing family composition, and influence of ethnicity, culture, and other factors that affect this decision-making process.

B-6 When the Reproductive Story Goes Awry
Janet Jaffe, PhD, Co-Director, Center for Reproductive Psychology, San Diego, CA - Learn why infertility is an emotionally devastating experience and gain tools to help you cope more effectively when your “reproductive story,” developed from childhood, has been disrupted.

B-7 Legal Aspects of Third Party Reproduction
Melissa Brisman, Esq., LLC - Understand legal aspects of building a family through donor egg or donor sperm, donor embryo, or gestational surrogacy, and how the laws differ among New England states.

B-8 Sex and Intimacy during Infertility
Aline Zoldbrod, PhD, SexSmart.com, Author, “Sex Smart” - This session discusses how to maintain emotional and sexual intimacy despite the stresses of infertility.

ADOPTION

B-9 Domestic Independent Adoption: A Growing Trend
Laura Weingast, Director, Angel Adoptions, and Panel of Parents - Understand domestic independent adoption and whether you should you explore this option. Also, building your team—the attorney, facilitator, and marketer—is key. Hear from parents who have used this option.

B-10 International Adoption: An Overview
Joan Clark, Executive Director, ODS Adoption Community of New England, and Panel of Parents - This discussion provides tools to assist in making the decision and selecting the country/agency. It covers the home study, health, emotional, and legal risks, costs, timeframes, and more.

B-11 The Experience of the Adopted Child
Tara S. Fischer, LICSW, Clinical Director, Center for Family Connections – Learn about the greatest fears and issues of adoptive parents and their children, and how parents and children process the adoption experience.
SESSION C
1:45 - 3:15 p.m.

TREATMENT OPTIONS

C-1 Endometriosis, Fibroids, and Infertility
John Petrozza, MD, Chief, Vincent Reproductive Medicine and IVF, Massachusetts General Hospital - Understand medical, surgical, and ART treatments to enhance the chance of conceiving for women with endometriosis and uterine fibroids.

C-2 Failed IVF: Is It the Embryo or Is It the Uterus?
R. Ian Hardy, MD, PhD, Associate Medical Director, Fertility Centers of New England - This session addresses methods used to carefully evaluate both embryo and uterus to discern the cause of prior failed IVF.

C-3 Acupuncture and IVF: Ancient Answers to Modern Dilemmas
Belinda Anderson, PhD, Lic. Ac., and David Sollars, Lic. Ac., FirstHealth of Andover - Explore the Chinese medicine approach to treating infertility, as well as the scientific evidence of acupuncture efficacy for IVF.

C-4 New Medications and Treatment Protocols
Sehyun Oskowitz, MD, Boston IVF - This session covers the most current medications and the latest treatment protocols for enhancing IVF outcomes.

INSIGHTS AND INFORMATION

C-5 Practical and Emotional Issues of Donor Egg
Ellen Glazer, LICSW, Private Practice, and Amy Demma, JD, Director, Donor Program, Tiny Treasures, LLC - Explore issues to consider when making the decision to pursue donor egg, including what to think about when you're trying to find the right donor for you.

C-6 Using Creative Expression to Move Past the Pain
Leslee Kagan, NP, Co-Director, Mind/Body Program for Infertility, Mind/Body Medical Institute - Learn how journaling, writing poetry, anger release, and other forms of creative expression can help women heal from the pain of infertility. Includes exercises to help you get started on these activities.

C-7 For Men Only – A Discussion Group
Andrew Geller, PhD, Clinical Consultant, RESOLVE of the Bay State; Private Practice - Meet with other men to discuss experiences, ideas, and strategies for tackling infertility.

C-8 How to Regain Control and Make Good Decisions
Mary Donnelly, LICSW, Director of Social Work, and Lynn Finocchiaro, LICSW, Clinical Social Worker, Women and Infants' Hospital, RI - Learn how to recapture a sense of control, improve communication, and partner with your medical team to assess your options and make decisions.

ADOPTION

C-9 If I Knew Then What I Know Now
Ava Sarafan, LICSW, Social Work Supervisor, MAPS International, and Panel of Parents - Learn how to successfully move from the infertility world to parenting through adoption and gain strategies for the journey.

C-10 Medical and Developmental Concerns in International Adoption
Laurie Miller, MD, Pediatrician, Floating Hospital for Children - This session addresses the health and developmental factors to be aware of when exploring the options of international adoption.

C-11 I'm Adopted: Adoptees Share their Views
Deborah Cohen Peckham, MED, MSW, LICSW, Assistant Director, Angel Adoptions, and Panel of Adoptees - Hear from a panel of adults who were adopted in this moving and informative workshop.

SESSION D
3:30 - 5:00 p.m.

TREATMENT OPTIONS

D-1 Knowing When to Stop Treatment: A Medical and Psychological Perspective
Patricia McShane, MD, Medical Director, Reproductive Science Center, and Merle Bombandieri, LICSW, Wellspring Counseling Center - A consideration of the medical and emotional factors that help in deciding when to end infertility treatment and move on to other family building options.

D-2 The ABCs of PGD
Joseph A. Hill, MD, Medical Director, and Alison Finn, MS, TS, Fertility Centers of New England - Understand preimplantation genetic diagnosis (PGD), the genetic testing of embryos produced through IVF, which helps doctors identify abnormalities in the embryo. Covers the techniques, indications, and uses for PGD in the diagnosis of inherited genetic disorders.

D-3 Adding Complementary Therapies to Your Treatment
Sue Harris, Lic. Ac., LMT, Whole Person Health, and Monica Morell, PhD, Certified Yoga Teacher, Private Practice - This session covers techniques and lifestyle approaches — including yoga, acupuncture, nutrition, Chinese herbs, and self-massage — that enhance your well-being and possibly affect infertility treatment outcomes.

D-4 Environmental Factors in Infertility
David Brown, Research Investigator, Repromeds, and Russ Hauser, MD, MPH, ScD, Assoc. Prof., Dept. of Environmental Health, Harvard School of Public Health - Learn what is known, and what is under investigation, about the effects of environmental toxins on male and female fertility. Diagnosis and possible treatment options will be discussed.

INSIGHTS AND INFORMATION

D-5 Donor Conception: A Frank Discussion
Cara Birrittieri, Author and Donor Egg Parent, and Nancy Doctorn, RN, CS, Fertility Centers of New England - A discussion of issues and concerns about conceiving through donor egg, donor sperm, donor embryo, or surrogacy. Issues about talking to family, friends, and your child will be included.

D-6 Outcomes: The Story from the Other Side
Carol Frost, LICSW, Private Practice, and Panelists - Hear from those who have resolved their infertility through a variety of family building choices, including IVF, donor egg, adoption, and surrogacy.

D-7 Listening to Your Inner Voice – When to Trust Your Instincts
Gail Harris, author of "Your Heart Knows the Answer" - Learn how to trust yourself and the choices you make as you move through the challenges of infertility.

D-8 Roundtable Discussion for Professionals
Andrew Geller, PhD, Clinical Consultant, RESOLVE of the Bay State; Private Practice, and Carol Lesser, NP, Boston IVF - A facilitated discussion for infertility professionals about what your patients/clients need from you, how to improve communication, and how to better meet their needs.

ADOPTION

D-9 Paths to a Successful Adoption: Adoptive Parents Speak
Deb Olshaver, LICSW, LMHC, MED, Adoption Associates, and Panel of Parents - Adoptive parents share their stories about the country of origin and agency they used to bring their children home.

D-10 Legal Strategies in Domestic Adoption
Karen Greenberg, Attorney at Law, Konowitz & Greenberg, and Paula Mackin, Attorney at Law - This session covers the legal issues involved in domestic infant adoption including potential pitfalls. Learn strategies for dealing with in-state and out-of-state agencies and independent adoptions.

D-11 How to Decide: Which Country Is For You?
Elizabeth Bartholet, Attorney at Law; Professor of Law, Harvard Law School, and Pat Hoopes, LICSW, Wide Horizons for Children - A discussion about how one decides which country to choose when adopting internationally, including the specific criteria (such as age, marital status, etc.) for adoption specified by various countries.
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Session A  Session B  Session C  Session D

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*Registration fees can be refunded with a written cancellation request received by October 31, 2005. No refunds will be given after that date. Scholarships are available.

Call 781-890-2225 for details.

**Lunch is not guaranteed with walk-in registration.*
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**Donations as of June 15, 2005**
Q: Our reproductive endocrinologist suggested a gestational carrier in order for us to maximize the chances of having a healthy baby. How do we know if this is a good choice for us and, if it is, how will we talk about our choice with our child, and with our family and friends?

A: Discovering that carrying a baby is not possible or overly risky comes as a shock to most prospective parents, unless a woman has known about this for years. Aside from adopting, using a gestational carrier (also referred to as a gestational surrogate) can open up the door to parenthood when it may have appeared to be firmly shut. Surrogacy can be successful whether the eggs and sperm used are genetically related to the intended parent(s) or not. Gestational surrogacy is different from traditional surrogacy. A traditional surrogate uses her own egg, so she is genetically related to the offspring while also carrying the pregnancy. With a gestational carrier, the carrier is genetically unrelated to the resulting child but carries the pregnancy to help a couple that is unable to do so.

The biggest concern reported by those considering gestational surrogacy is that the surrogate will feel attached to and have a sense of ownership toward the child, which will result in failing to relinquish the baby at birth. It is tremendously difficult for some to feel a sense of ownership toward the child, which will result in failing to relinquish the baby at birth. It is tremendously difficult for some- one struggling with infertility to imagine not feeling extremely attached and possessive toward a baby, so the intended parents can have a hard time understanding on a very basic level how a carrier would be willing to relinquish their infant. While this is a reasonable concern, I have met with hundreds of prospective carriers, and they invariably see themselves as an incubator, baby-sitter, or a “baby oven.” It is usually required that surrogates have children of their own and ideally that they have completed their family.

Most carriers I have met are motivated by various degrees of altruism, some tremendously so. They see being pregnant and delivering a baby as something they are quite competent at, enabling them to feel productive while staying home with their children. Most carriers see this as an extremely giving act. Many carriers and their husbands have mentioned wanting their children to see what it means to help someone and give them a life-altering gift. In my experience, the financial motivation for carrying ranges from being central to minimal. Also, despite a handful of legal challenges, awarding custody of a child to the gestational carrier is unheard of. The law is fairly black and white as far as the legal status of the embryo when a carrier is involved. Uncertainty around custody is more likely to take place with adoption (although this is still quite rare) than with surrogacy.

Another factor to reflect on when considering surrogacy is how you might feel about having a relationship with someone who is carrying your child. Feelings of sadness and jealousy can be intense and can make working with a carrier seem inconceivable. With sufficient mourning for the lost opportunity to carry one’s own child, it can be possible to truly accompany the carrier through her pregnancy. Many carriers are open to sharing the pregnancy experience with intended parents and are sensitive to the difficulties intended parents have with this arrangement. The need for some couples to manage and control their baby’s prenatal environment can be overbearing and may need to be tempered. Other couples prefer a hands-off approach. Neither way is right or wrong. It is the fit between the carrier’s and intended parent’s wishes that is crucial. Meeting a prospective carrier, and realizing that you can select whom you work with, can allow your worries to transform into the beginnings of a bond among the parties as the relationship forms. Sometimes these relationships become quite strong and lasting. In other cases, the relationship is more cordial and businesslike. The bottom line is that all participants should feel comfortable before moving ahead.

Using a gestational carrier is no longer the oddity that it was 10 or 15 years ago. However, one continuing misconception about the process is that, in a heterosexual couple, the male actually has sex with the carrier. Family and friends may have this inaccurate notion, as well as the other concerns that are discussed above. Talking about the facts of their conception and gestation can be done straightforwardly with a child, as well as with family and friends. If the parents feel positive about the experience, they will communicate this story in a way that imparts a sense of normalcy. Talking to children about being the offspring of donor gametes can actually be trickier.
Medical, psychological, and legal preparations are all necessary when choosing gestational carrier to build your family. Your fertility center should explain the medical steps and logistics to all parties. A legal contract is important to protect participants, and the contract should be a product of much discussion concerning both financial considerations as well as how participants intend to handle certain eventualities. For example, everyone needs to be in agreement with respect to decisions to terminate a pregnancy or reduce a multiple pregnancy. Some examples of what psychological services should provide include helping to clear up misconceptions, assessing whether recipient parents are emotionally ready to work with a carrier, screening the carrier to rule out significant psychological distress and pathology, helping the carrier anticipate issues that could arise, assessing the strength of her support system, and facilitating discussions to ensure that all parties are on the same page. With serious consideration and thorough preparation, both intended parents as well as the surrogate and her family can all come out winners when surrogacy is indicated.
What Factors Influence Successful Embryo Implantation?

R. Ian Hardy MD, PhD
Lynette Scott, PhD, HCLD (AAB)
Fertility Centers of New England

“So why am I not pregnant? I was told my embryos were beautiful and the embryo transfer went perfectly. How can I not be pregnant?”

In the United States in 2002, the Centers for Disease Control reported over 33,000 pregnancies resulting from approximately 115,000 IVF cycles nationwide. Stated otherwise, over 70% of the initiated cycles failed to result in a pregnancy. What accounts for success only 30% of the time; what factors influence successful embryo implantation?

The answer to such a question is difficult due to the many variables involved in a successful pregnancy. This review will focus on one important factor: the assessment of embryo quality.

A “good” embryo will likely implant in a “good” uterus. If embryo transfers with “good” embryos are unsuccessful 70% of the time, perhaps our definition of good needs re-thinking. Since the onset of IVF in 1977, much effort has gone into the assessment of embryo quality. Much of this assessment has been based on morphologic observations, that is what the embryo looks like under the microscope. Numerous descriptors have been used including the rate of cell division, fragmentation, multi-nucleation, granularity, vacuoles, nuclear membrane breakdown, symmetry, and many others.

In some cases, these observations may be better at defining what might be a “bad” embryo as opposed to truly defining what might be a good embryo. For example, an embryo that ceases to divide or grow over a 24-hour period is not likely to be a good embryo and would not be selected over a symmetric 8-cell embryo on day 3 after retrieval. The difficulty lies in distinguishing which of the morphologically good embryos are in fact good embryos capable of implantation. Increasingly, it has become evident that methods other than descriptors of an embryo’s microscopic appearance are required for the assessment of embryo quality.

One such method is the use of preimplantation genetic diagnosis or PGD. As the name implies, PGD provides a genetic diagnosis of the embryo before it implants or is transferred to the uterus. We know that genetically abnormal embryos will typically not result in pregnancy or will result in miscarriage. In PGD, the goal is to select a good or normal embryo based on its chromosomal make-up. Normality may be defined as an embryo that is carrying the appropriate number of chromosomes. Humans have 23 chromosome pairs, which are arranged arm-like, connected, identical sets, with 22 autosomes and one sex determining pair. All cells in the body have all 23 pairs, resulting in a final count of 46 chromosomes per nucleus. If one of the pairs of chromosomes loses an arm (monosomy = 1) or gains an arm/chromosome (trisomy = 3) the cell cannot function correctly. This is also the case in embryos. A well known example of this is trisomy 21 or Down syndrome, in which an extra arm of the chromosome 21 is gained, resulting in abnormal development. Most other trisomies and monosomies are lethal, resulting in developmental arrest, implantation failure and miscarriage. Aneuploidy is the term used to describe an uneven number or incomplete set of chromosomes. A euploid embryo is normal and contains a complete set of chromosomes.

In PGD, it is routine to analyze 9 of the 23 chromosome pairs. These include chromosome 13, 15, 16, 17, 18, 21, 22 and the sex chromosomes X and Y. These nine chromosomes were specifically selected as they account for approximately 70% of the chromosomally abnormal pregnancies. PGD begins as would a standard in vitro fertilization (IVF) cycle. Oocytes (eggs) are retrieved and inseminated with sperm. The fertilized oocytes are allowed to develop in a culture dish. On the third day after retrieval, the multicelled embryos are biopsied. Typically one cell is removed from a 6 to 8-cell embryo. At this early stage, the cells of the embryo have not differentiated into specific body parts. They are stem cells and the embryo is therefore tolerant of one of the cells being removed. The remaining non-biopsied stem cells in the embryo continue to divide following the biopsy or removal of one of the blastomere stem cells. The inner nucleus is then examined from the biopsied cell. It is the nucleus which contains the chromosomes to be analyzed. For aneuploidy screening, the nucleus is studied utilizing a technique known as fluorescent in situ hybridization (FISH). In simple terms, FISH labels the nine chromosomes with a fluorescent marker, each of the nine chromosomes being labeled with a different fluorescent color. These fluorescent probes or markers can then be visualized to count the number of chromosomes contained within the nucleus (Figure 1).
What Factors Influence Successful Embryo Implantation?, Cont.

Continued from Page 18

- Figure 1 -
Fluorescent probes labeling chromosomes within an embryo. The labeled nucleus on the right is from a male (XY) embryo and is abnormal with the presence of three (instead of the expected two) chromosome # 13 (trisomy 13).

For patients experiencing repeat pregnancy loss, PGD and aneuploidy screening is a very effective means of achieving a live birth (>60%). For women older than 38 years of age, where it is known that genetic or chromosomal abnormalities are a major cause of implantation failure/miscarriage, PGD and aneuploidy screening is also very effective.

One of the most important things to remember when entering infertility treatment is that the doctors and the laboratory cannot change the eggs or sperm received in the lab. Chromosomes cannot be added or deleted. What can be done is to identify problems with either egg and/or sperm that will result in implantation failure. PGD has become an important tool to identify one of the factors that define successful embryo implantation.

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The following programs may be of interest to RESOLVE members. A listing does not constitute an endorsement by RESOLVE. See page 23 for advertising and editorial policies. DEADLINE for Fall: August 8, 2005

**NON-RESOLVE PROGRAMS**

**ADOPITION 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

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Developed and directed by Dr. Alice Domar, author of “Conquering Infertility,” the Mind/Body Program for Infertility is designed to provide you with a toolbox of coping skills to help you increase your sense of control and enhance your sense of well being.

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- examine lifestyle behaviors such as the efficacy of alternative medicine approaches, diet and exercise
- perfect the art of self nurturance, effective communication and coping with negative emotions
- introduce a variety of relaxation methods and cognitive behavioral strategies

A new Ten Week Program begins every month and is held in the evenings. Weekend retreats are offered every other month. All programs are offered in Waltham, MA and parking is free.

Please contact Liz Rodriguez at (781)434-6578 or by email at liz.rodriguez@bostonivf.com for program schedule, cost and more information.

**ADOPTION INFORMATION GROUP**

**FIRST MONDAY OF EACH MONTH**

7:30PM - FRAMINGHAM, MA

Adoption Choices of JFS/Metrowest is offering free monthly information meetings for people who are exploring adoption as a way to build a family. Topics to be covered are: current adoption options, including domestic and international; specific steps toward successful placement; psychological, legal, and financial issues inherent in adoption; and birth parent and adoptee issues. The Adoption Information meetings are held monthly on the first Monday of the month in the agency’s Framingham office. Adoption Choices of JFS/Metrowest is a progressive, licensed, non-sectarian agency serving couples and

For more information and to register, call 508-875-3100 or 1-800-872-5232 or e-mail: deldridge@jfsmw.org

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FALL 2005

www.resolveofthebaystate.org
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188 Needham Street, Newton, MA

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Please call to learn more about Adoptions with Love’s program. 617-964-4357 - www.adoptionswithlove.org

ODS ADOPTION COMMUNITY OF NEW ENGLAND, INC.

If you think adoption might be in your future, learn all you can about it from the experts. ODS 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. ODS ACONE sponsors the Annual New England Adoption Conference, recognized nationally for its comprehensive coverage of all adoption issues. ODS 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 ODS ACONE at 1-508-429-4260 or www.odsacone.org

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Please call 781-647-3840 for rate and size information. We limit our paid advertisements and will accept them on a first-come, first-served basis. We also accept announcements of upcoming events for inclusion in the Non-RESOLVE Programs section, and Requests for Contact ads from those conducting research studies.

All Program ads: $40 per listing
Request for Contact ads: $25
Maximum size: one column by 3 1/4 inches

NEW! Opportunity to list business card size advertisements.
Guidelines: The number of ads of this size, per issue, is limited to four. First come, first served. Must be a small nonprofit or in private practice, with budget of $75K or less. To advertise a specific program, a regular program ad must be purchased.
Rate: $100 per ad / issue
Size: 3 1/2”W x 2”H

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

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