The Internet and Infertility . . . Friend or Foe?
By Diane Clapp, BSN, RN

All of us look for resources and information when we are confronted by a difficult medical situation, particularly if there are many options for treatment and many specialists working in the field. One of the best, and sometimes the worst, resources is the internet.

The internet can give you current information, which can help you develop a list of questions to explore with your doctor and can make you feel less isolated and alone. By empowering you with knowledge, it can help you make decisions about your treatment or other family building options.

However, there are numerous pitfalls to using information obtained from the internet. First, the information may not be factual. It may be based on someone’s belief, opinion, or agenda and thus may contain misinformation. Second, it is important to know the source of the information and whether the source has a vested interest in providing it. A drug company website may contain accurate medical information, but because it is also trying to promote a specific product, that information might be biased. Third, websites may not contain current information. What is presented may be outdated or even wrong in light of more recent developments.

Keep in mind the following points when using the internet as a resource:

- Be aware of who the site is funded by, who the sponsors are, and if there is any advertising, because this may make the information on the site less objective. Sites sponsored by non-profit organizations (often with .org addresses) frequently have unbiased, more factual information, but be sure to check the mission statement of the non-profit to get a sense of the values of the organization. Government websites (ending in .gov) are more likely to be unbiased. Finally, hospital and university websites (often ending in .edu) frequently contain unbiased information. The information on these sites is often the most current available, but still, some of this information may not have been subjected to rigorous peer review (the error checking system of science and medicine) and thus may be incorrect or misleading.

- Clinic statistics regarding IVF can be verified at the CDC site www.cdc.gov/reproductivehealth/index.htm. For clinic success

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Educational Programs

- Resolving Without Parenting
- Talking to Your Child about Their Origins
- Donor Egg Decision Making Series
- Adoption Decision Making Series

Massachusetts: First for Families
Tuesday, April 20, 2007, noon
Great Hall, Massachusetts State House

Join us and help celebrate the 20th anniversary of the historic Massachusetts Infertility Insurance Mandate!
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

RESOLVE of the Bay State 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.

Chapter Helpline — 781-890-2225, for information and support from a trained callback volunteer.
Quarterly Newsletter — co-published with RESOLVE of Greater Hartford
Insurance and Donor Egg Call-in Hours — 781-890-2225, for assistance with your insurance problems or donor egg issues. Check our website or this newsletter 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.

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

Family Building Magazine — published quarterly.
Medical Telephone HelpLine — 888-623-0744 to speak with the Medical Counselor.
Discounts on RESOLVE literature — a variety of written materials on every aspect of infertility.
Also — Advocacy for legislative and insurance reforms, and National RESOLVE’s comprehensive website: www.resolve.org
RESOLVE of the Bay State is pleased to announce our SPRING 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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### Resolving Without Parenting

With Carol Frost, LICSW, and panelist

Are you at a turning point in your infertility journey? One choice that couples often are hesitant to look at is the decision to “resolve without parenting.” Carol Frost, therapist and author, will lead a discussion that explores this option, the decision-making process, and things to think about. You will also learn from the experiences of a woman who has made this choice with her partner (husband).

Come explore the positive aspects of this option, and dispel the myth that living child-free means not having children in your life. Learn how you can lead a happy, fulfilling life as a family of two.

**Where:** RESOLVE of the Bay State office, 395 Totten Pond Rd., Suite 403, Waltham, MA 02451

**When:** Monday, April 30, 2007, 7:00–9:00 p.m.

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### Talking to Your Child about Their Origins

With Sharon Weinstein, MD; Audrey Rubin, MD, MPH, and Miriam Ornstein, MD

How should I tell my child about his or her origins? With so many ways to build a family, the questions of “if,” “how,” “what,” and “when” to talk with children about their family’s and their own creation are challenging and thought-provoking. If you are considering, in the process of, or have already become parents through the use of donor conception (donor egg, donor insemination, or surrogacy), it is important to contemplate how to talk about this choice with your children and others who are close to you.

This discussion will be facilitated by three child and adolescent psychiatrists with special interests in this topic, and with specialties in working with children, parents, and families. The workshop will guide you through this emotionally laden decision-making process, and help you examine the impact of your choices. The presenters will explore the risks and benefits of speaking openly with children at various developmental stages, as well as the issues involved in maintaining privacy and confidentiality. Hear about the challenges of facing questions and responses from others, as well as strategies for addressing concerns. Your insights, questions, experiences, and participation are encouraged.

**About the presenters:** Dr. Sharon Weinstein is an assistant professor of psychiatry, Harvard Medical School; associate child psychiatrist, McLean Hospital, and has a private practice in child, adolescent, and adult psychiatry. Dr. Audrey Rubin is a child, adolescent, and adult psychiatrist in private practice; a faculty member of Harvard Medical School, and staff member at the Mind/Body Medical Institute. Dr. Miriam Ornstein is a clinical instructor in psychiatry, Harvard Medical School; child psychiatrist, Southeastern Area of the Dept. of Mental Health, and has a private practice in adult, adolescent, and child psychiatry.

**Where:** Boylston Place, 615 Heath St., Newton, MA 02467 in the 2nd floor Cinema Room

**When:** Tuesday, June 12, 2007, 7:00–9:00 p.m.
**Donor Egg Decision Making Series**

This series is for those who are considering egg donation as a way to build a family and is designed to:
* Guide you through the maze of donor egg issues and options.
* Help you gather information about the donor egg process and parenting through donor egg.
* Offer opportunities for dialogue with others who have made the same kinds of decisions to form their families.

**Two Saturdays, May 5 and 12, 2007 — 1:00–5:30 p.m.**

Yamawaki Center Auditorium at Lasell College, Grove Street, Newton, MA 02466

**Saturday, May 5, 2007**

**Session 1, 1:00–3:00 p.m.: Preparing the Way for Egg Donation**

This session covers the medical overview of the egg donor process, and information about donor screening and the coordination of the donor with the recipient. Known and anonymous donors will be discussed. *With* Elena Yanushpolsky, MD, and Holly Hughes, RN, Donor Egg Coordinator, Brigham and Women’s Center for Reproductive Medicine

**Session 2, 3:30–5:30 p.m.: Psychosocial Issues**

A therapist discusses the emotional issues for men and women, and the ethical issues to consider. *With* Lynn Nichols, LICSW, BCD, Boston IVF

**Saturday, May 12, 2007**

**Session 3, 1:00–3:00 p.m.: Finding a Donor and the Legal Issues**

This session covers finding a donor using an egg donation agency. Legal issues and contracts will be discussed. *With* Maryann O’Connor, Executive Director, Dream Donations, Inc. and Robert Nichols, Esq., P.C., Egg Donation and Surrogacy

**Session 4, 3:30–5:30 p.m.: A Group Discussion About the Issues — Donor and Recipient Parents Speak**

A panel consisting of parents through donor egg will talk about their experiences and answer questions. Included will be a discussion of how parents talk with children about their origins. *Moderated* by Adele Kauffman, LICSW, Reproductive Science Center

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**Adoption Decision Making Series**

This series of classes is designed to:
* Guide you through the maze of adoption issues and options.
* Help you gather information from top adoption professionals in one place.
* Offer opportunities for dialogue with others making the same kinds of decisions to form their families.

**Monday Evenings, June 4, 11, 18, 25, 2007 — 7:00–9:00 p.m.**

Flashner Conference Room A, Children’s Hospital at Waltham, 9 Hope Ave., Waltham, MA*

*Children’s Hospital at Waltham is a daytime outpatient facility. No children are present at this facility in the evenings or on weekends.

**June 4, Session 1: Adoption Decision Making** — Discussion of how you make the emotional leap to adoption. Includes strategies for couple decision-making throughout the adoption process; discussion of the many decisions along the way; overview of the adoption process from application through placement.

**June 11, Session 2: International Adoption** — In-depth overview of the experience of international adoption, with a panel of international adoption specialists including adoption agencies and social workers. Panel will cover factors in picking an agency, a country (i.e., parent age, travel and time, age and experience of pre-adoptive children, and medical issues) and issues surrounding trans-racial and trans-cultural adoptions.

**June 18, Session 3: Domestic Adoption** — In-depth overview of the experience of domestic adoption, with a panel of domestic agencies and social workers. The panel will cover traditional in-state agency adoptions as well as the use of out-of-state agencies, attorneys, and facilitators to identify birth parents looking to make an adoption plan.

**June 25, Session 4: Adoptive Parents and Birth Parents Talk about Adoption** — Panel discussion with parents that have experienced adoption from each side. The panel will cover real life stories, lessons learned, and allow time for plenty of questions. Wrap-up will include discussion of next steps and where participants can find continued support.

Pre-registration is strongly recommended. Registration forms for these series are available on our website at www.resolveofthebaystate.org. RESOLVE member fees: $100 individual, $175 couple; non-member fees: $125 individual, $250 couple. Full payment is required regardless of the number of sessions attended.
### Massachusetts – Peer Discussion Groups – General Infertility

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<tr>
<th>Location</th>
<th>Address</th>
<th>Dates</th>
<th>Times</th>
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<tbody>
<tr>
<td><strong>Waltham</strong></td>
<td>RESOLVE office, 395 Totten Pond Road, Ste 403&lt;br&gt;Tuesdays, 7:00–9:00 p.m.&lt;br&gt;April 10, May 8, June 12</td>
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<td><strong>Stoughton</strong></td>
<td>Whole Person Health, 294 Pleasant St (Rte 139)&lt;br&gt;Thursdays, 7:00 – 9:00 p.m.,&lt;br&gt;April 19, May 17, June 21</td>
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<td><strong>Amherst</strong></td>
<td>The Arbors at Amherst, 130 University Drive&lt;br&gt;Wednesdays, 7:00–9:00 p.m.,&lt;br&gt;April 4, May 2, June 6</td>
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<td><strong>Worcester</strong></td>
<td>Tatnuck Park at Worcester, 340 May St.&lt;br&gt;7:00–8:00 p.m.&lt;br&gt;Tuesday April 24, Wednesday May 23, Tuesday June 26</td>
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**NEW! Warwick, RI: Wednesdays**<br>Diversified Resources, 70 Jefferson Blvd., 2nd floor<br>Wednesdays, 6:00–8:00 p.m.<br>April 11 & May 9, 2007

### Connecticut – Peer Discussion Groups – General Infertility

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<th>Location</th>
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<tr>
<td><strong>Farmington Area</strong></td>
<td>held on the 3rd Thursday of every month&lt;br&gt;University of Connecticut Health Center / Dowling South Building, 2nd Floor ‘Education’ Room&lt;br&gt;263 Farmington Avenue&lt;br&gt;Thursdays, 7:00 p.m.&lt;br&gt;April 19, May 17 &amp; June 21</td>
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<tr>
<td><strong>Hamden/New Haven Area</strong>&lt;br&gt;held on the 2nd Tuesday of every month</td>
<td>Hamden Surgical Building, 2080 Whitney Ave.,&lt;br&gt;Hamden Suite 250&lt;br&gt;Hamden, CT&lt;br&gt;Tuesdays, 7:00 p.m.&lt;br&gt;April 10 &amp; May 8</td>
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### Massachusetts – Peer Discussion Groups – Topic-Oriented

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

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<thead>
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<th>Group</th>
<th>Description</th>
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<tr>
<td><strong>Pregnancy Loss Discussion Group</strong></td>
<td>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.</td>
<td>Wednesdays&lt;br&gt;May 2 and June 13&lt;br&gt;7:00–9:00 p.m.</td>
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<td><strong>Donor Egg Discussion Group</strong></td>
<td>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.</td>
<td>Mondays&lt;br&gt;April 2, May 14, and July 2&lt;br&gt;7:00–9:00 p.m.</td>
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<td><strong>Adoption Discussion Group</strong></td>
<td>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.</td>
<td>Thursdays&lt;br&gt;April 00 and May 00&lt;br&gt;7:00–9:00 p.m.</td>
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<td><strong>Secondary Infertility Discussion Group</strong></td>
<td>Coping with infertility while parenting? The struggles and frustrations of secondary infertility are unique. Join others who understand the challenges.</td>
<td>Tuesdays&lt;br&gt;May 1 and June 12&lt;br&gt;7:00–9:00 p.m.</td>
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## Events Calendar

**KEY:**
- EP: Educational Programs
- GID: General Infertility Discussion Group
- SS: Seminar Series
- TDG: Topic-Oriented Discussion Group
- TDG: Adoption Discussion Group

### April 2007

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<td>2 April TDG – Donor Egg</td>
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<td>4 Apr</td>
<td>4 April GID – Amherst, MA</td>
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<td>10 Apr</td>
<td>10 April Massachusetts: First for Families Celebration</td>
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<td>10 Apr</td>
<td>10 April GID – Waltham, MA</td>
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<td>10 Apr</td>
<td>10 April GID – Hamden, CT</td>
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<td>11 Apr</td>
<td>11 April GID – Warwick, RI</td>
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<td>19 Apr</td>
<td>19 April TDG – Adoption Discussion Group</td>
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<td>19 Apr</td>
<td>19 April GID – Stoughton, MA</td>
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<td>19 Apr</td>
<td>19 April GID – Farmington, CT</td>
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<td>24 Apr</td>
<td>24 April GID – Worcester, MA</td>
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<td>30 Apr</td>
<td>30 April EP – Resolving Without Children</td>
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<td>1 May</td>
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<td>2 May</td>
<td>2 May GID – Amherst, MA</td>
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<td>2 May</td>
<td>2 May TDG – Pregnancy Loss</td>
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<td>5 May</td>
<td>5 May SS – Donor Egg Decision Making</td>
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<td>8 May</td>
<td>8 May GID – Waltham, MA</td>
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<td>9 May</td>
<td>9 May GID – Warwick, RI</td>
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<td>12 May</td>
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<td>17 May</td>
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<td>17 May</td>
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<td>23 May</td>
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<td>4 June</td>
<td>4 June SS – Adoption Decision Making</td>
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<td>6 June</td>
<td>6 June GID – Amherst, MA</td>
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<td>7 June</td>
<td>7 June TDG – Adoption Discussion Group</td>
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<td>25 June</td>
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<td>26 June</td>
<td>26 June GID – Worcester, MA</td>
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### July 2007

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<td>2 July</td>
<td>2 July TDG – Donor Egg</td>
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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, January 23 & March 6 7:30 p.m.–8:30 p.m.**

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.

### Professionally Led Support Groups

- **Women’s Primary Infertility Group**
- **Women’s Secondary Infertility Group**
- **Donor Egg Group**

Fees: $25 per person, $40 per couple, per meeting. 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 603-523-8337 or email info@resolveofgreaterhartford.org
Supplements and Antioxidants to Improve Fertility . . . Do They Really Work?
By John C. Petrozza, M.D.
Chief, Vincent Reproductive Medicine & IVF
Chief, MGH Fertility Center
Massachusetts General Hospital

Over the last decade or so, there has been a slowly evolving list of studies demonstrating the role of oxidative stress and its effect on sperm, egg, and embryo development and function. Oxidative stress is defined as the development of certain chemical reactions in the body that produce what is termed “reactive oxygen species (ROS)”. These compounds can result in structural and functional changes in molecules and have been associated with infertility, endometriosis, hypertension, cancers, and other diseases. Under normal situations in our body, our natural and consumed antioxidants maintain ROS at a low, stable level. In certain situations, our body needs some ROS around to perform certain good functions. Thus, there is a fine balance between ROS and antioxidants.

With this newfound knowledge has been an explosion of advertising for antioxidants. You cannot go into the supermarket or read a magazine without reading something advancing the benefits of red wine, beer, coffee, green tea, blueberry and pomegranate juice, tomatoes, ginseng, and others. But is there enough evidence to support these claims when it comes to infertility? Can these new formulations such as FertiAid, Proxeed, BabyBlend, or Fertility Blend really be the magic pill that helps with conception?

Eggs and sperm have natural antioxidant defenses. The egg resides in the follicle until ovulation, where it is surrounded by a host of antioxidants such as vitamin C, glutathione, hypotaurine, and taurine to name a few. Some in vitro fertilization studies have shown that when levels of these antioxidants are high in the follicular fluid, the eggs fertilize better. However, other studies suggest that when the levels are low, embryo quality is better. Unfortunately, sperm appear to have limited antioxidant defenses and are more vulnerable to oxidation than eggs due to its outer structure. Also, a small amount of oxidation is needed for the sperm to become mature and penetrate the egg.

L-arginine has been shown to be important in the maturation of sperm and improving its motility and ability to fertilize an egg. L-carnitine has been shown to improve sperm production and quality, increase libido, and improve overall circulation. It also has been shown to reduce insulin resistance, which has been implicated in polycystic ovarian syndrome. Other antioxidants studied include vitamins A, C, E, folic acid, ginseng, beta carotene, grapeseed, and chasteberry. A recent randomized, controlled study looking at Fertility Blend (a combination of vitamins C and E, PABA, chasteberry, ginkgo biloba, ginseng, and red clover) showed improved pregnancy rates, but the study had several flaws. If these results are real, it is impossible to tell which component was beneficial or if you need to combine antioxidants to obtain maximal benefit.

The typical, healthy American diet of fiber, fruits, and vegetables supplies most needed antioxidants. Most women trying to conceive are also taking multivitamins, so additional antioxidants are already being consumed. Thus, do you need to supplement even more? The answer is probably no, at least until we get more evidence to support that these supplements truly have a direct benefit by tilting the balance toward antioxidants. Too much of an antioxidant may be harmful, such as vitamin A from a retinol source, which has been associated with birth defects. Too much vitamin C has been shown to actually decrease sperm motility. Some may interact with medications that you are taking. It is conceivable that too much antioxidation may be detrimental to sperm function. If studies clearly show a true cause and effect, just like any medication, it will be important to determine what the right dose is. We do not expect anything less for other medications and should not lower our standards for these compounds.

In the area of in vitro fertilization (IVF) there is intense interest in determining the benefit of adding antioxidants to culture systems, sperm washing media, and embryo cryopreservation protocols. Initial studies appear to be promising but until a system is developed that can actually measure oxidative stress before and after the addition of these compounds, all the information that is gathered will be purely speculative.

There is no doubt that this area of interest will explode over the next few years and rightfully so. It is also not surprising that commercial companies are eager to jump in and start making claims about the benefits of their fertility supplements. For the time being, I am reluctant to have my patients invest in these supplements until more convincing studies are presented.
rates, look for live birth rates. Clinics often report pregnancy rates that do not reflect the miscarriage rates. It is also important to evaluate clinic statistics for your age group. After age 37 the stats are quite different than those for women who are under age 30.

• If a doctor says on his/her website that they are an infertility specialist, remember that any ob/gyn can call him- or herself that. The highest qualification for an infertility specialist is being Board Certified in Reproductive Medicine. These doctors have completed the required fellowship and have passed both the written and oral exams in this specialty. If a doctor has completed a fellowship, and has passed the written part of the board exam but has not completed the oral exam, he or she is Board Eligible in Reproductive Endocrinology. You can go to www.asrm.org for referrals to an infertility specialist.


• For current information on infertility in the press and new advances try www.medlineplus.org.

• When visiting chat rooms and bulletin boards, keep in mind that your situation may not be the same as the writer. Also, you don’t know if the writer is a patient or a professional promoting a specific clinic, or if the information being posted is even accurate.

• Going through infertility is a very emotional experience. It can be filled with ups and downs, hopes and despairs. Sometimes people’s sadness can get displaced as anger at the medical profession or a clinic, and often that is when “bad mouthing” about a clinic or doctor happens in chat rooms.

• Go to http://www.vuw.ac.nz/staff/alastair_smith/evaln/evaln.htm for a series of articles that detail how to evaluate the accuracy and reliability of medical information on the internet.

• Above all: Verify the accuracy of the information you have gotten from the internet by asking your doctor questions, before making any decisions about your treatment based on that information.

The infertility journey is a process. The internet can help you at the stages along the way — from the medical to the emotional — and can provide important information on the variety of family building options. Used correctly, and with proper caution, the internet can be a “friend” as you navigate the infertility challenge.

Diane Clapp, BSN, RN, was the Medical Information Director of RESOLVE, Inc. for 28 years. She currently has a private counseling practice in Sudbury, MA, helping individuals and couples in all phases of treatment, from getting started to resolution.
Q. We have been in infertility treatment for a while, without having any success. Now my spouse and I can’t agree on which path to take next. One of us wants to continue in treatment through one last IVF cycle. The other wants to stop and explore what other choices are possible for us. How do we stop feeling so “stuck?”

A. You’ve clearly come to a decision point. There may still be a number of options left such as using a donor, adoption, a gestational carrier, or some further adjustment to your last IVF effort. The challenge is finding ways to move past your disagreement.

You and your partner face each other as veterans of a prolonged siege and, needless to say, despite “holding the fort,” there has been some fraying around the perimeter. You come to realize that, while the two of you are still in the same battle, you may have different ideas about tactics and direction. One of you seems to want one last attempt with IVF, even if the chances are slight. The other single-mindedly asserts that third party reproduction, or adoption--with guaranteed success--is the only way to go.

A first crucial step is to have a frank talk with your R.E. who can present his or her thoughts about the next best steps to take. Be aware, though, that typically physicians don’t see their role as helping couples work out their differences and understand what’s behind their impasse. You very well may have some strong reactions to the options suggested, and you may be asked to go home and give them your full consideration. Candid, heart-to-heart discussion may help you and your partner find your way to a mutually agreeable plan.

I also strongly encourage you to gather information about whatever options are available to you. There can be many misconceptions about them, and attending a RESOLVE of the Bay State program is an excellent way to educate yourselves and try things on for size.

If it appears that you and your partner still cannot agree on how to proceed, I can’t stress enough the usefulness of taking your situation to a psychotherapist who is knowledgeable about fertility and third party issues. Here are some of the important issues that will likely be discussed in sessions with a mental health professional:

Following either multiple failed cycles with only single digit success rates, or following multiple miscarriages, a woman may not be able to bear going through all that another cycle entails. It may then be the most humane option to explore as a couple why her partner cannot accept a third party conception or a non-genetically related child. Sometimes additional information and careful inner exploration can identify misconceptions or fears that can be addressed. Not infrequently, the husband may not truly appreciate the impact of age on fertility.

One or both partners may have concerns about their ability to bond with a child or feel like a legitimate parent to a child not genetically related to them. A man agreeing to use an egg donor may feel like he’s betraying his wife by having a child with another woman; likewise, a woman may feel she’s betraying her husband if she wants to use donor sperm. Looking through some actual profiles of donors may provide a reality check and highlight distortions or misconceptions. Similarly, fears about using a gestational carrier may be put to rest after you speak with someone knowledgeable about this option.

With all of these choices, many of which are second choices, there are losses to be grieved. A skilled therapist can provide the setting for people to gather information, clear up erroneous ideas, and reflect on the meanings that different choices hold for them. A skilled clinician can help the couple grieve their losses and decide to either be childfree or arrive at a way to fulfill their desires to parent.

RESOLVE of the Bay State maintains a list of psychotherapists who are knowledgeable about these matters, and it can be a good form of insurance to bring your specific situation to the attention of an informed psychotherapist. Many clinics also have their own in-house mental health staff with whom you can discuss your concerns.
Christopher’s Mom
By Nancy Ferrari

It’s a typical Saturday of running errands, and we decide to have lunch out. I slide into the booth after a visit to the ladies room.

“This place is loaded with babies.” I chirp my public service announcement. They’re EV-rywhere.”

“Oh yeah?” my husband Greg answers.

“Oh yeah, everywhere?”

“Yup. You wanna know what’s really great?”

“You wanna know what’s really great?”

“It doesn’t make me sad!”

Greg smiles and takes the bottle out of our son Christopher’s mouth. “That’s good!” he states affirmatively.

After 7 years of infertility treatment—back in the days of Pergonal and GIFT procedures and before the age of Follistim and PGD—and after 7 years of ignoring the problem while dealing with a live-in mother-in-law with Alzheimer’s disease, I was pretty sure that I would remain forever emotionally hobbled by infertility. The one thing I was sure I was meant to do, be a mom, I simply couldn’t.

I know. What about adoption? We thought about it. It can be scary and complicated. And worse, it lacks the illusion of control that infertility treatment offers. I was good, no, superb, at planning treatment cycles and figuring out the next step. I could show up at appointments and egg retrievals. I could regroup from a miscarriage. But how do you create a family through the grace of a stranger? I didn’t know. After 14 years of desperately wanting a baby, I was still pretty sure that adoption wasn’t for us.

I was wrong on both counts. I’m happy and feel whole for the first time in a very long time. I’m a glowing advocate of adoption. I am a mom.

The seed of Christopher’s adoption was actually a pregnancy. My own. At 45 I decided to make one final check in with a reproductive endocrinologist. To what end, I wasn’t completely sure, maybe some kind of closure. She told me what I already knew. At my age, IVF with my own eggs was as good as trying on our own. In two words: Not very. Maybe 1%. Egg donation was an option, so was adoption, she told me. Greg, who suspected that this doctor’s visit would only rip the scab off a wound that was struggling to heal, was not pleased. We were past all of that, and it wasn’t something he was keen to revisit. We were too old. He wasn’t comfortable with egg donation or adoption. He was resolved about remaining childless. I just wasn’t.

This was a hard time for us. He didn’t want to hurt me. I understood his view, but had a terrible time accepting it. I had been taking my temperature just to “keep track of my cycles” and I noticed, two weeks after that very doctor’s appointment, they hadn’t dropped as I expected. Just for “fun” I took a home pregnancy test. Two lines. Dark ones. Shockingly, our first betas were better than...
any previous pregnancy. Not so shockingly, they stalled and at 7 weeks, I miscarried for the 5th time.

I was furious, this was so cruel. Especially cruel because my last chance had been stolen and Greg wasn’t willing to try egg donation. I roiled at him until he cracked. In all the years we’d struggled with infertility, he never showed me his own grief directly. Now it was right in front of me. The loss was profound for him too. We both truly did want to be a family of more than two. After a week of spending my spare time sobbing uncontrollably, we decided to talk with the counselor who had seen me through my long years of infertility treatment.

Somehow in that conversation, the seed of adoption sprouted just a little. The idea of international adoption, particularly from China, resonated with Greg. Two weeks later we started a home study and in record time submitted a dossier to adopt from China. Several months later, we could see that the wait for a referral was slowing to a crawl. I was beside myself. Every time I got close to a baby something went wrong. Certainly, the timeframe made our plans to adopt twice from China questionable. Greg suggested that we consider biracial domestic adoption for our second child. And adopt our second child first, while waiting for China.

The story of Christopher’s adoption would take a book. It was more fraught than most, including his birth parents changing their minds at his birth. And changing their minds back 3 weeks later. When things fell through the first time, several adoption professionals—and adoptive parents—told me, when you get “your” baby all the pain and aggravation goes away. It just goes away. I didn’t believe them. Not until Christopher was placed in our arms.

Holding my baby for the first time was a moment I had imagined for years. It didn’t involve me lying in a hospital bed or at a birthing center. In fact, I was standing in a small office surrounded by file cabinets and some of the wonderful people who worked on Christopher’s placement. And it was better than anything I had pictured. I felt an overwhelming sense of peace. This was meant to be. My heart was restored. I was normal, I was who I was meant to be. They were right all along.

I was a mom.

I’ve tried hard to figure out what held us, me, back for so long. Surely, adoption is not an easy thing to do. There is paperwork and intrusion and hoops to jump through. You feel like you have to “qualify” for what is a simple biological certainty for others. But for me, I think it was something that I could put words to only now. Adoption requires that you embrace loss. The birth parents’ loss, your child’s loss, and your own. I think that was the hardest for me. Truly acknowledging that I would never give birth.

Greg instantly bloomed into a wonderful, natural father. He is amazing. That didn’t surprise me at all. I was a little taken aback at the ferocious love we feel for this child. How I couldn’t love him one iota more if he came from my body. That I wouldn’t want him to have come from my body because he wouldn’t be him. I didn’t expect to feel fully prepared to help him deal with whatever losses he may feel as he grows up. But I did expect to wonder if, because I didn’t carry him for 9 months or give birth to him, I would truly be his mother. And that did happen a little bit, but with each passing day, I realize just how much we belong to each other. I am his mother. I cannot imagine being anyone else’s mother. We can’t imagine being anyone else’s parents. It’s the best thing ever. We were meant to be.

In the future, I might feel my infertility scar flare up at the announcement of a pregnancy or birth. But I’ve survived infertility. And, I can’t believe I’m saying this, but actually thrived as a result. Because it made me Christopher’s mom.

Nancy Ferrari is a medical writer who lives in Newton, Mass. with her husband Greg, son Christopher, and two Labrador retrievers, Jenny and Eliot. They are looking forward to expanding their family again through adoption sometime soon.

Women’s Health Specialist

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Sadness to Success
By Jaime Rotatori

Hopelessness, frustration, jealousy, anger, and sadness! These were my feelings for the majority of the last four years. However, I now have been able to experience joy, elation, excitement, and happiness. After countless blood draws and procedures, three surgeries, two miscarriages, and four IVF cycles, my husband and I were successful and now have our miracle baby.

My husband talked about having a family, long before we got married. I shrugged it off and thought, “Yeah someday.” I always figured we would wait to start a family. Getting pregnant would be easy, or so I thought.

I finally agreed to begin trying, and after four months without success, I had my yearly gyn appointment. My doctor told me, “You are young (I was twenty six), don’t worry, but if you don’t get pregnant in one year, we will begin testing.”

Over the next eight months, I tried taking my basal body temperature, ovulation predictor kits, fertility monitors, and any old wives’ tales I had heard of. I even made my husband switch to boxer shorts. Nothing worked. The twelfth month, being prepared for a negative test, I got pregnant. We were so excited! A blood test confirmed it and we could not wait to tell people. However, two weeks later I began spotting. Blood tests confirmed a miscarriage was inevitable. We were devastated.

Because I was so “young,” the doctor was going to make us wait another whole year. Reluctantly, we agreed. Eight months later, my husband really wanted to see a specialist. I was not thrilled with this idea, but agreed to go if he made the appointment.

In February of 2004, we had our first appointment with a reproductive endocrinologist. I was still hesitant, but went along. My blood work was great, but my fallopian tubes were an issue. One tube was blocked and the other was spasmed shut for some unknown reason. I assumed this was why we have not been able to get pregnant. If only this was the simple reason. Surgery was scheduled to remove the scar tissue and check everything else out.

Surgery was successful, the scar tissue was removed, and everything else looked normal. Discussions began about further treatment. The doctor said we would probably need assistance. I thought we would have no trouble and our insurance at the time had horrible coverage. But as luck would have it, my insurance had phenomenal fertility coverage and we were able to switch. Now the emotional roller coaster ride really took off.

My husband and I decided that since IVF was 100% covered, we would be as aggressive as possible. Nervous and excited, we prepared for the first protocol. I figured that since I was young, I would make a lot of eggs. I did not even produce enough to have retrieval. Devastated, we converted to insemination. Once again, we faced a negative pregnancy test. “Where do we go from here?” I thought.

The reproductive endocrinologist suggested a different protocol. This time, I made just enough to retrieve. We ended up with one embryo and were surprised to find out we were pregnant. At the six-week ultrasound, the measurement was small and we had to return a week later to check the progress. Seven days before Christmas, we found out we were miscarrying once again.

At this point, my husband and I were at a very low point. We did not know where to go from here. I began mind-body work and counseling to help in dealing with this process. I also found RESOLVE through the internet. I was able to find other people going through similar situations. I felt I was able to ask questions and vent whenever I needed to. RESOLVE has been and still is a “comfort zone” for me. I have made new friends and acquaintances through the bulletin boards. (I also currently volunteer in the Greater Hartford RESOLVE chapter.) My husband also began counseling and was put on an antidepressant.

After the second miscarriage, my husband and I decided to have testing done, to rule out why we had yet to have a baby. As we suspected, everything was normal. What should we do then? Give up or keep going? We decided to go ahead with IVF # 3 and a third protocol. This protocol was supposed to produce the most eggs. I had the worst response yet. Increasing frustration was building up. I could not look at a pregnant woman without feeling jealous or wanting to cry. Friendships were changing because pregnancy and children now became a factor. I just wanted to hide under a rock. I was tired of hearing, “Just relax,” “You are so young,” and “Don’t worry.” The doctor then told me that my ovaries had aged about ten years.

My doctor wanted to recheck my fallopian tubes before going ahead with any further cycles. Since the previous surgery, my tube in spasm was opened and the other was blocked again and full of fluid (which could leak into the uterus and cause miscarriages or problems with implantation). So it was back to surgery to remove the tube.

Finally, in August 2005, I was able to go through with IVF # 4. I decided that this was probably our last IVF cycle, so I began going to acupuncture. Due to poor response, I was able to retrieve eggs at a low amount, which I barely made. We ended up with two good-looking embryos, which we transferred back. Optimistic, but not too hopeful, we waited to find out if I was pregnant.

A week after our fifth wedding anniversary, we found out we were pregnant. However, the most agonizing part was waiting to see if there was a heartbeat or another heartbeat. To our surprise, we saw a heartbeat fluttering on the screen. We were in shock, but still extremely cautious. Week after week the baby continued to grow strong, and I was released to my regular OB/GYN at eleven weeks.
Even at nine months pregnant, I still worried and felt no relief until I held my precious miracle baby for the first time.

What have I learned in this four-year journey? First, you and your partner need to be in this as a team. You need to laugh and cry together. I feel that my marriage has definitely been strengthened. Second, don’t take anything for granted. Most things came easy to me in my life; I thought getting pregnant would too. I treasured and cherished every moment of the pregnancy. Third, I have learned to be an advocate. If I did not advocate for myself, certain procedures would not have been done. I have educated myself and am willing to educate and advocate for others who need me. RESOLVE has helped me take on education and advocacy roles. I was recently able to help a friend begin fertility treatment.

Although my infertility was classified as unexplained, I feel anyone with infertility issues has a special bond. We are trying to achieve something that comes naturally to many. Physically we may be going through different obstacles, but mentally we experience many of the same emotions.

On May 21, 2006, my beautiful baby boy, Aaron, was born. He lights up my life, as well as my husband’s, and that of everyone who comes into contact with him.
Evaluating Male Fertility Potential through Testing

By David Schmidt, MD
The Center for Advanced Reproductive Services
Lead Physician, CARS/Hamden

Embryo quality is the result of many factors. Certainly, the quality of a couple's embryos is partly related to a woman's oocyte or egg quality. We know that egg quality and quantity decline with age, but there are also important considerations of the male when predicting a couple's chance of conception.

Traditionally the male has always been assessed for infertility with a standard semen analysis. Male factor infertility is however multifactorial, and there is really no one single test that can completely predict the fertilization of oocytes in vitro. With male factors accounting for 35-50% of the cases of infertility, the male should always be evaluated with a comprehensive history and physical examination that could uncover a problem that is reversible.

The semen analysis is an essential part of this evaluation. Semen parameters can vary over time in a single patient, making a single semen exam a poor predictor of fertilization. A more detailed analysis of sperm appearance is the strict morphology as described by Kruger (Kruger strict morphology). Beyond semen concentration, percentage of motile sperm, and volume, this test stains the sperm and analyzes them at a higher magnification to aid in the detection of abnormal sperm heads, mid-pieces, and/or tails. The percent normal sperm does correlate with the fertilization potential. Abnormal sperm may not have adequate motility or may not be able to bind to and penetrate the outer “shell” of the egg (zona pellucida). The Kruger strict method has been shown by several studies to be a more consistent predictor of fertilization in vitro over the standard semen exam.

There have been many advances in the evaluation of sperm and sperm function over the standard semen analysis. Computers have been integrated to actually characterize sperm movement objectively in addition to assessing concentration, motility, and morphology (computer assisted semen analysis, CASA). The test however is not standard because of criticisms of its validity and reproducibility. Sperm antibody testing with the Immunobead Binding Test can be used to detect antibodies in men or women against sperm. This is a superior test to the Mixed Agglutination Reaction test because of its ability to determine the number of sperm bound, type of antigen bound, and the location of the binding. A clinically significant test result is 50% or greater sperm binding. If 80% or greater binding is noted, then IVF with ICSI may be necessary. Tests such as the Hamster Egg Penetration Assay in which sperm are incubated with hamster eggs to determine penetration ability have been criticized. It cannot predict the sperm's ability to bind and penetrate through the outer “shell” (zona pellucida) of the human egg. This test has been modified, but still lacks precision in predicting the ability of a man's sperm to fertilize a woman's egg. Other tests have been developed such as the Hemizona Assay. This is a highly specific test for predicting fertilization with IVF treatment, but it is expensive and difficult to perform.

These later tests attempt to predict the ability of sperm to bind and penetrate the egg. IVF treatment techniques that bypass sperm binding and penetration such as ICSI (where the sperm can be injected into the egg) have lessened the practicality of some of these tests; therefore, they have not been studied thoroughly and are rarely performed.

More recent tests have attempted to go beyond the semen analysis and sperm binding/penetration potential to measure subtle sperm defects at the level of its genetic material. The Sperm Chromatin Structure Assay may be able to detect sperm DNA damage in sperm from infertile men even with a normal semen analysis. This newer form of testing may be important in determining IVF outcomes. For couples that are undergoing IVF with sperm injection (ICSI), there is a greater emphasis on assessing the sperm’s DNA as a predictor of fertilization and embryo development after sperm penetration has occurred. The percent of DNA fragmentation (DNA fragmentation index, DFI) has been reported to be significantly higher in infertile men who have not been able to achieve a pregnancy with IVF treatment. The SCSA accurately estimates the percentage of DNA-damaged sperm and shows more consistent results over time compared with the standard semen analysis. It does however require expensive instruments and skilled technicians, and usually needs to be performed at a specialty lab.

Finally, genetic studies have become increasingly important in assessing some men with infertility. Our understanding of certain types of severe male factor infertility and their causes has expanded. A karyotype can be helpful to rule out an extra X chromosome in men (Klinefelter’s syndrome) if there is little to no sperm in the ejaculate that is not due to an obstruction. Translocations of chromosomes can be detected in some men with low sperm counts. Molecular polymerase chain reaction (PCR) tests can be used to find microdeletions of the Y chromosome that may lead to abnormal semen production. The AZFa, AZFb, and AZFc regions of the Y chromosome have been identified as crucial areas for sperm production. These tests however are usually reserved for men with severely low sperm counts.

The standard semen analysis is the most commonly used test for predicting male fertility. It is a basic assessment of sperm concentration, percent motility, and sperm appearance (morphology). It does not reveal subtle sperm defects that may be important in predicting outcomes in couples undergoing IVF treatment. New techniques have allowed us to analyze the genetic material of sperm to determine the degree of DNA damage as an independent measure of sperm quality. Although embryo quality is affected by many variables, these tests may help in uncovering a possible contributing male component. They also provide better diagnostic and prognostic information for male fertility potential with assisted reproduction such as IVF. There are certain indications for performing these tests, so discuss this further with your doctor to see if they may be helpful in directing your treatment.
Ask the Greater Hartford RE

How long can you be on stimulation medications without affecting quality?
By Lawrence Engmann, MD
The Center for Advanced Reproductive Services
Lead Physician, CARS/HFTD

Protocols used for ovarian stimulation are highly individualized and each individual is very different in the way they respond to stimulation as well as how long the process takes. The length of stimulation that may be ideal for one patient may not be the case for another patient.

The length of ovarian stimulation is dependent on several factors including the choice of stimulation protocol, the starting dose of stimulation medication, as well the criteria used for trigger of egg maturation prior to egg retrieval. The choice of stimulation protocol as well as the starting dose of medication are highly individualized and depend on several factors such as age of the patient, ovarian reserve, history of polycystic ovarian syndrome, previous response to medication, among many others. Hence, the type of protocol used as well as the characteristics of the cycle varies from patient to patient.

The length of ovarian stimulation may vary between individuals because of differences in how long it takes to meet the criteria used to trigger egg maturation prior to egg retrieval. The size and number of the leading follicles usually determine when to trigger egg maturation with hCG. Ensuring that the criteria for trigger of egg maturation have been met helps to prevent immature or post-mature eggs, and is therefore more important than the length of ovarian stimulation.

Ovarian stimulation is a complex art and a science that requires the expertise of a reproductive endocrinologist who has been specially trained to manage infertility.

During my first IVF cycle all of my embryos appeared normal, but during my second cycle over 90% of them were multinucleated. What does this mean and what can cause this to happen?
By Nora Miller, MD
Board Certified, Reproductive Endocrinology and Infertility
Connecticut Fertility Associates

Normally, during an in vitro fertilization cycle (IVF), oocytes (eggs) are fertilized with sperm on the day of the retrieval. There are two methods to fertilize eggs. The traditional method, insemination, involves dropping a concentrated sample of sperm (usually about 700,000) around each egg and letting the sperm fertilize the egg on its own (only one sperm normally will fertilize an egg).

The other way to fertilize eggs is with intracytoplasmic sperm injection (ICSI). This involves the embryologist selecting normally shaped, moving sperm and injecting a single sperm through the shell of the egg to fertilize it. Eighteen to 24 hours later, the embryologist will assess the eggs to see if they have fertilized normally.

Seeing two pronuclei is considered a normal fertilization. In other words, one nucleus is composed of the genetic material from the egg and the other nucleus consists of genetic material from the sperm. Otherwise, the egg has either not fertilized (only one nucleus is seen) or the egg has fertilized abnormally (more than two nuclei are present).

When multinucleated eggs are seen it suggests that these eggs are abnormal. This may occur because more than one sperm has fertilized the egg (which is abnormal) or because there is an abnormal replication of chromosomes from either the egg or the sperm. In other words, the chromosomes are inappropriately dividing.

Whichever is the cause, the eggs have fertilized abnormally and would not be recommended for transfer. Only those eggs that fertilize normally (with two pronuclei) will be monitored for additional growth and development over the next two to four days and then offered for transfer.
RESOLVE of the Bay State wishes to acknowledge and thank all those who have generously made donations during the last quarter. RESOLVE of the Bay State and RESOLVE of Greater Hartford are licensed 501(c)(3) non-profit organizations and eligible for matching funds from employers.

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Premature ovarian failure represents a dual diagnosis of infertility and menopause, a very difficult combination for many patients. If you are interested in meeting others with this diagnosis to discuss coping strategies and mutual concerns related to body image, relationships, self-esteem, sexuality, and exploring options of building a family, please contact:

Alma R. Berson, PhD, LICSW
at 617-876-1355

**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

**In Vitro Fertilization Informational Sessions for Patients in Connecticut**

The Center for Advanced Reproductive Services at the University of Connecticut presents informative programs on infertility, and specifically, in vitro fertilization (IVF). The programs are led by experts in the field of reproductive endocrinology, Dr. John Nulsen, Dr. Donald Maier, Dr. Claudio Benadiva or Dr. David Schmidt. They include an in-depth explanation of the IVF process including a discussion on emotional issues, as well as options for financial planning.

Pre-registration is required. For more information, dates and times, directions, and to register, please call 860.679.4580 or go to our website at www.uconnfertility.com.

**Adoptions with Love, Inc.**

188 Needham Street, Newton, MA

Adoptions with Love, Inc., is a non-profit, independent, FULL SERVICE adoption agency placing domestic newborn infants for over 18 years. With our extensive experience, we are committed to helping inquiring couples become successful adoptive parents in less than one year. **We offer free consultations with a staff social worker.**

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

**Adoption 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 1-508-429-4260 or www.odsacone.org
Contact Information

This Newsletter is published quarterly with a circulation of approximately 1,400.

Send all Correspondence to:
RESOLVE of the Bay State
395 Totten Pond Rd, Ste 403
Waltham, MA 02451

E-mail: Admin@resolveofthebaystate.org
Phone: 781-890-2225
Fax: 781-890-2249
Website: www.resolveofthebaystate.org

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All others who wish to reprint articles from this newsletter must first obtain written permission. Please send your request to:
Attn: Editor, RESOLVE of the Bay State, 395 Totten Pond Rd, Ste 403, Waltham, MA 02451

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This Newsletter accepts paid advertisements. Advertisements submitted must be size and camera ready and must be approved by the Editor. Please call 781-890-2225 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.

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Please contact your local chapter if you are interested in becoming a volunteer.

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Editorial Policy

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.

Newsletter Submission Deadlines

Spring 2007 February 22, 2007
Summer 2007 May 21, 2007
NEW/RENEWAL MEMBERSHIP APPLICATION

Name(s)________________________________________________________________________________________________
Address _____________________________________ City __________________________ State _____ Zip _______
Phone ___________________________________ Email ________________________________

☐ New ☐ Bay State Member
☐ Renewal – Membership # ________________ ☐ Greater Hartford Member
☐ $ 55 – Basic Membership
☐ $150 – Professional Membership
☐ $ 20 – Donor Egg Information Packet
☐ $ 10 – Adoption Information Packet
☐ $ 5 – Insurance Information Packet

☐ I would like to make a contribution to RESOLVE of the Bay State, Inc. in the amount of $________
☐ I would like to make a contribution to RESOLVE of the Greater Hartford in the amount of $________

Contributions over the Basic membership fee are tax deductible to the extent of the law.

I am enclosing: $________  ☐ Check  ☐ Discover  ☐ Visa  ☐ Mastercard  ☐ American Express

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Signature _______________________________________________________________________

Send form with payment to: RESOLVE of the Bay State, 395 Totten Pond Rd, Ste 403, Waltham, MA 02451
RESOLVE of Greater Hartford, P.O. Box 290964, Wethersfield, CT 06129-0964*”

*Please Note: RESOLVE of Greater Hartford does not accept credit card payments.

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E-mail: admin@resolveofthebaystate.org
www.resolveofthebaystate.org

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