Advocacy Update

Support Senate Bill No. 599: Adding Miscarriage to the Definition of Infertility

There is some important news about the Infertility Insurance Mandate in Massachusetts. State Senator Thomas McGee has proposed a bill, Senate Bill No. 599, that would amend the definition of infertility in the state’s insurance mandate to include “the inability to carry a pregnancy to term.” (Note that the mandate currently defines infertility as: “The condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one year.”) He introduced this bill because, currently, couples that experience pregnancy loss are being denied infertility coverage by their insurance companies simply because they can conceive.

Clearly this interpretation completely contradicts the original spirit and intent of the mandate, which was: to provide insurance coverage so that infertile people can have babies. Those who experience miscarriage without question are infertile; they cannot have a baby. This is “infertility” both by logic and by medical definition.

RESOLVE of the Bay State needs your help. Senate Bill No. 599 is under consideration by the members of the Joint Committee on Financial Services. Let our legislators know that you wholeheartedly support this bill and that you want to see the definition of infertility in the mandate made

Continued on page 8

Governor Michael Dukakis receiving RESOLVE of the Bay State Advocacy Award from Board members Davina Fankhauser (l) and Lee Rubin Collins (r).
RESOLVE Information

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 provides compassionate and informed support and education to people experiencing infertility and seeking to build a family.

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

Educational Programs — varied monthly presentations by experts in the fields of infertility, donor egg, or adoption. Also multi-week seminar series providing an in-depth look at one topic.

Professionally-Led Support Groups — a variety of time-limited groups that meet on a weekly basis, for women and couples, led by a licensed therapist. Many members state that their support group participation was the best thing they did for themselves during their infertility.

Monthly Peer Discussion Groups — open forums held at various locations providing information and support to people interested in learning more about their infertility and RESOLVE. Groups focusing on specific areas of interest are held in our Waltham office.

Discounts — members can attend all Peer Discussion Groups free of charge and receive substantial discounts on programs and literature.
Annual Conference — a day-long educational event with over 40 workshops focusing on infertility treatment, emotional issues, donor egg and adoption.

Directory of Services — a resource book of infertility and adoption services published annually.
Advocacy — for protection of the Massachusetts insurance mandate and continued legislative and insurance reform.
Member-to-Member Connection — members are matched with member volunteers who share similar experiences or who have a specific area of expertise.

Chapter Library — located in the Waltham office. Call for hours.
Volunteer Opportunities — we depend on volunteers for many of our services. Feel good helping others facing similar challenges.

RESOLVE of Greater Hartford Member Benefits

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

In addition to the quarterly newsletter co-published with the Bay State chapter, and the Annual Conference held in Massachusetts, benefits include:

Chapter Helpline — 860-523-8337 for information and support from a trained callback volunteer.

Educational Programs — varied presentations by experts in the fields of infertility, insurance or adoption

Monthly Peer Support Groups — groups are open to individuals or couples experiencing primary or secondary infertility. Meetings are free for members.
Lending Library — free of charge for all members. Please e-mail info@resolveofgreaterhartford.org for a list of current books.
Advocacy — for protection of the Connecticut insurance mandate and continued legislative and insurance reform. Please contact resolvectadvocacy@yahoo.com or 860-523-8337 for any CT insurance or advocacy questions.

Member-to-Member Contact/Friendships — finding people who have traveled or are currently traveling this same journey, to share your emotions and situations with, can make you a stronger person/couple in dealing with your fertility.
Volunteer Opportunities — please contact 860-523-8337 or info@resolveofgreaterhartford.org if you are interested in becoming a volunteer.

National Benefits

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

Also — National RESOLVE’s comprehensive website: www.resolve.org
This one-day program will guide you through the maze of adoption issues and options. You will be able to gather information from top adoption professionals in one place, and you will have the opportunity to speak with others making the same kinds of decisions to form their families.

Saturday, February 2, 2008 • 9:30 a.m. to 5:30 p.m.
Flashner Conference Room A, Children’s Hospital at Waltham, 9 Hope Ave., Waltham, MA

Session 1, Adoption Decision Making: Making the emotional leap to adoption; 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.

Session 2, International Adoption: In-depth discussion about the experience of international adoption with a panel of international adoption specialists including agencies, adoption advisors and social workers. Discussion of factors in choosing a country (including age of parents, travel and time requirements, age and experience of pre-adoptive children, and medical issues) and of issues surrounding trans-racial and trans-cultural adoptions.

Session 3, Domestic Adoption: A discussion about the experience of domestic adoption with a panel of domestic agencies, adoption attorneys, and social workers. Will cover traditional in-state agency adoptions as well as the growing trend toward the use of out-of-state agencies, attorneys and facilitators, the Internet and advertising to identify birth parents looking to make an adoption plan.

Session 4, Adoptive Parents and Birth Parents Talk about Adoption: Panel discussion with parents that have experienced adoption from each side. Panelists will include recent adoptive parents as well as birth parents. Will cover real life stories and allow time for questions. Wrap up will include discussion of next steps and where participants can find continued support.

This one-day program is for those who are considering donor egg as a family building option. The program will provide you with “how-tos” and cover the medical, ethical, emotional, legal, and parenting issues of this family building choice. Meet others who are considering this choice and also speak with those who are currently parenting children through donor egg.

Saturday, February 9, 2008 • 9:30 a.m. to 5:30 p.m.
Lasell College, Yamawaki Art and Cultural Center Auditorium, Grove St., Newton, MA

Session 1, 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 Dr. Steven Bayer and Karen Katz, RN, Donor Egg Coordinator, of Boston IVF.

Session 2, Finding a Donor and the Legal Issues: Finding a donor using an egg donation agency, how the process works, and the costs involved. Legal issues and contracts will be covered. With Robert Nichols, Esq., Center for Surrogacy and Egg Donation, Inc. and Kathleen DeLisle, Esq., Partner, Nichols & DeLisle, PC.

Session 3, Psychosocial Issues: A therapist discusses the emotional issues for men and women, and the ethical issues to consider. Secrecy vs. privacy and deciding how/when to talk with your child and others about donor egg will be discussed. With Nancy Docktor, RNCS, Fertility Centers of New England.

Session 4, A Group Discussion About the Issues: Recipient Parents Speak: A panel consisting of parents who achieved their families 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. With Spencer Nineberg, LICSW.

Pre-registration is required by completing and submitting the Registration Forms to be found on our website, www.resolveofthebaystate.org. Fees: RESOLVE members, $100 per person, $175 per couple. Non-members: $125 per person, $250 per couple. Boxed lunches will be available for purchase (see details on registration form) or you can bring your own lunch. Full payment is required regardless of the number of sessions attended.
RESOLVE of the Bay State is pleased to announce our WINTER 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

### Resolving Without Parenting
With Merle Bombardieri, LICSW, Wellspring Counseling Center

For some people who have worked at pregnancy with their own gametes, the idea of an adopted child, or a child through donor insemination or donor egg, may not be acceptable. Resolving without parenting might be the right solution for them, but it’s often hard to be excited about this choice. Some people come to this choice because their relationship and other life pursuits are quite fulfilling; others come reluctantly because their partner is uncomfortable with alternative ways of parenting.

This workshop will look at the pros and cons and myths about this choice, how couples can overcome disagreement, how to include children and families in your life and meet the needs that children often meet for their parents, e.g. playfulness, nurturing, meaning; how a couple can heal anger and resentment and make the most of their relationship if one person would have preferred parenting; the role that grief work plays in the decision-making process and in facilitating a rewarding childfree life. Emphasis will be on practical techniques for healing, guidelines for communicating and decision-making.

**About the presenter:** Merle Bombardieri, LICSW, is a speaker, author, therapist, and is the former Clinical Director of RESOLVE. She has spent over 30 years counseling women and couples on infertility, decision making for ending medical treatment, adoption, egg donation and resolving without parenting. Merle is the author of *The Baby Decision* and of numerous RESOLVE, Boston Globe, and national magazine articles. Merle also runs expanded workshops on helping couples to decide whether or not to live child-free.

**Where:** Flashner Conference Room A, Children’s Hospital at Waltham, 9 Hope Avenue, Waltham, MA 02451

**Note:** This facility is a weekday, outpatient clinic, therefore there are no children present on weeknights or weekends.

**When:** Saturday, March 29, 2008, 1:00–3:00 p.m.

### Upcoming Spring 2008 Programs (April, May, June)

#### Beyond Infertility Treatment, What’s Next?

Pursuing infertility treatment has many decision points. Perhaps you are in the middle of treatment and want to “look ahead” at your options. Perhaps you are thinking about ending treatment and want to explore the alternatives. This program will present the many key decision making steps and the information that will guide you in considering all of your options. Do you continue or end infertility treatment, or pursue adoption, egg donation, or child-free living? Join us to learn from experts, and to meet people who have made these choices and will share their strategies for making decisions and moving forward. Please note that this program offers information on the emotional, ethical, and decision points of each choice and does not focus on the “how-tos.” This program will be a half-day, Saturday program.

**Where:** Yamawaki Center for Arts and Culture Auditorium, Grove Street, Newton, MA 02466

**When:** Saturday, April 12, 2008, 12:00–5:30 p.m.

**Fees:** RESOLVE Members: $65 per person, $105 per couple.
Non-Members: $85 per person, $170 per couple.

*Continued on page 5*
Talking To Your Child About Donor Conception: Why, When, and How

With Miriam Ornstein, MD, Audrey Rubin, MD, MPH, and Sharon Weinstein, MD, specialists in child and adult psychiatry

How should I tell my child about his or her origins? With so many ways to build a family, the questions of “why,” “when,” and “how” 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), you have probably contemplated how to talk about this choice with your children and others who are important to you.

This workshop will guide you through this emotionally laden decision-making process, and help you examine the impact of your choices. We will explore the risks and benefits of speaking openly with children at various developmental stages, as well as of the issues involved in maintaining privacy and confidentiality. We will talk about the challenges of facing questions and responses from others, as well as strategies for addressing concerns. The film Telling and Talking About Donor Conception by Liesel Evans (2006 Donor Conception Network) will be shown to facilitate discussion.

Where: The Scandinavian Living Center, Nordic Hall, 206 Waltham Street, West Newton, MA. (Please park on Waltham Street, not in the lot around the building).
When: Saturday, May 3, 2008, 1:30–4:30 p.m.
Fees: RESOLVE members: $15 per person, $25 per couple. Non-members: $25 per person, $45 per couple.

The Secret Club Project: Understanding Pregnancy Loss Through the Arts

Laura Seftel, certified creative arts therapist, licensed mental health counselor, and author will talk about creative expression and art as a way to deal with grief associated with pregnancy loss, failed fertility treatments, and stillbirth. A slide show of her work after her miscarriage, along with that of several other artists, will be shown.

The discussion will focus on validating the “underground grief” of pregnancy loss, and the importance of rituals such as creating art to help move toward healing. The program will also focus on sensitizing medical professionals, therapists, and the community in general about how to understand this loss to help break the sense of isolation felt by those who have experienced it.

Laura Seftel will also discuss her book, Grief Unseen: Healing Pregnancy Loss through the Arts. Copies will be available for purchase. CEUs will be offered to those professionals who register for this program.

DATE, TIME, LOCATION: TBD

Financing of Adoption and Egg Donation

Learn about costs and finances associated with each of these family building options.

DATE, TIME, LOCATION: TBD

Please go to our website www.resolveofthebaystate.org for updates on our educational programs, or for registration forms for the Adoption Decision Making Series or Donor Egg Decision Making Series.

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 17 and March 4, 2008

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

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

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Time</th>
<th>Dates</th>
</tr>
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<tbody>
<tr>
<td>Waltham</td>
<td>RESOLVE office, 395 Totten Pond Rd, Ste 403</td>
<td>Tuesdays, 7:00–9:00 p.m.</td>
<td>January 8, February 12, and March 11</td>
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<td></td>
<td>Stoughton</td>
<td>Thursdays, 7:00–9:00 p.m.</td>
<td>January 17, February 21, and March 20</td>
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<td>Whole Person Health, 294 Pleasant St (Rte 139)</td>
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<td>Amherst</td>
<td>The Arbors at Amherst, 130 University Drive</td>
<td>Wednesdays, 7:00–9:00 p.m.,</td>
<td>January 8, February 6 and March 5</td>
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<tr>
<td>Warwick, RI</td>
<td>Diversified Resources, 70 Jefferson Blvd., 2nd floor</td>
<td>Wednesdays, 6:00–8:00 p.m.</td>
<td>January 30, February 27, and March 26</td>
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<td>Worcester</td>
<td>Tatnuck Park at Worcester, 340 May St.</td>
<td>Wednesdays, 7:00–8:30 p.m.</td>
<td>January 23, February 20, and March 26</td>
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<tr>
<td>Lebanon, NH</td>
<td>Women’s Health Resource Center, on the Lebanon Mall</td>
<td>Saturdays, January 19, February 16, and March 15 9:30–11:00 a.m.</td>
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## Connecticut – Peer Discussion Groups – General Infertility

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<th>Area</th>
<th>Address</th>
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<tbody>
<tr>
<td>Farmington Area</td>
<td>University of Connecticut Health Center / Dowling South Building, 2nd Floor ‘Education’ Room</td>
<td>Thursdays, 7:00 p.m.</td>
<td>January 17, February 21, and March 20</td>
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<td>263 Farmington Avenue, Farmington, CT</td>
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<td><strong>Suffield group has ended</strong></td>
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<td>Future support groups forming</td>
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<td>including an adoption support group.</td>
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<td>If interested, please call 860-523-8337 or</td>
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<td>email <a href="mailto:info@resolveofgreaterhartford.org">info@resolveofgreaterhartford.org</a></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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<th>Group</th>
<th>Address</th>
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<tr>
<td>Pregnancy Loss Discussion Group</td>
<td>This group will focus on support and acceptance for</td>
<td>Wednesdays</td>
<td>January 16 and February 27</td>
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<td>individuals who have experienced miscarriage/stillbirth/</td>
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<td>ectopic pregnancy/recurrent pregnancy loss. Come</td>
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<td>and talk with others about the impact of loss on all</td>
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<td>aspects of life, the emotional and psychological</td>
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<td>experiences of grief and loss, coping strategies,</td>
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<td>decision making, and how to move forward.</td>
<td>7:00–9:00 p.m.</td>
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<td>Donor Egg Discussion Group</td>
<td>Are you considering donor egg as a way to build a</td>
<td>Mondays,</td>
<td>January 28, February 25, and April 7</td>
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<td>family? Are you in the process of donor egg or</td>
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<td>parenting children through egg donation? Join us for</td>
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<td>an open discussion of the issues, decisions, and</td>
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<td>emotions surrounding this family building option.</td>
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<td>This group will be led by Cara Birrittieri, a mom</td>
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<td>through donor egg who has just authored a book that</td>
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<td>discusses donor egg.</td>
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<td>Adoption Discussion Group</td>
<td>Join us for an open discussion led by an adoptive</td>
<td>Thursdays</td>
<td>January 24 and March 6</td>
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<td>mom. Bring your questions, concerns, and ideas to</td>
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<td>be shared with others who are exploring adoption or</td>
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<td>are in the process of adopting. Find some answers</td>
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<td>and strategies and connect with others.</td>
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<tr>
<td>Secondary Infertility</td>
<td>Coping with infertility while parenting? The</td>
<td>Tuesdays</td>
<td>January 29 and March 18</td>
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<td>Discussion Group</td>
<td>struggles and frustrations of secondary infertility</td>
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<td>are unique. Join others who understand the</td>
<td>7:00–9:00 p.m.</td>
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Does Preimplantation Genetic Screening (PGS) Improve IVF Outcomes?
By Alison Finn, MS, TS (AAB), Embryology Supervisor, and R. Ian Hardy MD, PhD, Medical Director, Fertility Centers of New England, www.fertilitycenter.com

Preimplantation genetic diagnosis for aneuploidy screening (PGS) is a technique recently developed for use in infertile couples undergoing IVF. Aneuploidy defines an abnormal arrangement of chromosomes within a cell. These abnormal chromosome arrangements prevent normal growth of the IVF embryo, ultimately preventing a normal pregnancy. Embryos without the normal 23 pairs of chromosomes may fail to implant, may result in a miscarriage, or may result in the birth of a child with developmental abnormalities. The ability to genetically test an embryo before its transfer to the uterus should theoretically improve the chances for a normal pregnancy. This brief report reviews recent clinical data testing this theory.

There is an important distinction between preimplantation genetic diagnosis (PGD) and PGS. PGD screens embryos for specific hereditary gene disorders. A common example is cystic fibrosis. PGD is used in a specific group of patients who do not always suffer from infertility yet are attempting to prevent the conception of genetically affected offspring. PGD provides these patients with an opportunity to select genetically normal embryos before the establishment of pregnancy. This avoids the possibility of terminating a pregnancy in the second trimester after an amniocentesis shows the child to be affected with a genetic disease.

PGS has more recently been used as a method of infertility treatment in patients of advanced maternal age and those suffering from repeat IVF failure. For these patients, the chromosomal integrity of the embryos are examined. PGS involves the removal and fixation of a cell from a day 3 embryo at the 6–8 cell stage. The chromosomes of that cell, which are usually representative of the entire embryo, are analyzed for chromosomal abnormalities. The nucleus of the cell is analyzed by a technique known as FISH, or fluorescent in situ hybridization. The information gained from PGS is limited to a maximum of 12 chromosomes (humans have 23) from only one cell biopsied at an early stage of development. PGS also provides information at the cost of prolonged in-vitro culture — requiring embryo transfers on day 4 or 5 after egg retrieval. Embryos from poor prognosis patients are less likely to grow well in extended culture, especially if the patients produce few embryos.

In a recent study presented at the American Society for Reproductive Medicine (http://www.fertilitycenter.com/whatsnew/PGDPoorPrognosisPts.pdf), embryologists from the Fertility Centers of New England looked at poor prognosis infertility patients recommended for PGS. Poor prognosis was defined as either maternal age > 38 years old or three or more failed IVF cycles. All patients met the criteria for poor prognosis and were further characterized by the number of embryos they produced. Low responders had less than six embryos and good responders had six or greater. PGS was utilized for 70 of the 123 patients in the study. The remaining 53 patients had embryo transfers without PGS on either day two or day three after egg retrieval.

After comparing the results, patients having PGS were found to have significantly fewer embryo transfers. Transfers were cancelled when analysis showed all the embryos to be chromosomally abnormal. In couples with fewer than 6 embryos proceeding with PGS, 70% had no normal embryos for transfer. Although not achieving the goal of a healthy pregnancy, patients without embryo transfers avoid two weeks of progesterone supplementation, the discovery of a negative pregnancy test, or worse, a pregnancy that results in miscarriage.

Both low and good responders having PGS had lower miscarriage rates than those patients not having PGS, yet this data was not statistically significant. These patients were less likely to have a miscarriage most likely because they had chromosomally normal embryos available for transfer. However, only the good responders had higher ongoing pregnancy rates when having PGS. In fact, poor prognosis patients with few embryos were more likely to have a baby if they had an embryo transfer on day 2 or 3 and did not proceed with PGS.

Morphological scoring on days 1 through 5 of culture is used in all IVF cases to select embryos for transfer. This indirectly correlates with chromosomal normality because embryos with “good” morphological scores are more likely to make babies. PGS was designed as an additional tool to select against chromosomally abnormal embryos. In patients with few embryos, this may not be necessary since there are fewer embryos to select. For these patients, embryo selection can be made earlier in culture based on morphology and the embryos can be transferred into the uterus as early as possible, maximizing the embryos’ potential. Therefore, although there may be a slightly increased risk of pregnancy loss, the best chance for poor prognosis patients with few embryos to have a baby is through morphological scoring and transfer on day 2 or 3 — not with PGS.

The results of this study suggest that PGS, when used for the appropriate patients, is a beneficial tool, but it should not be considered as a “quick-fix” for all infertility patients. Some patients’ primary goal is to avoid having another miscarriage, while others want to maximize their chance of having a baby, despite a slightly increased risk of miscarriage. For these reasons, the decision to use PGS must be made on an individual basis, taking embryo number and quality into consideration.
**Advocacy Update — continued**

**Continued from page 1**

complete and up to date. Make sure that this bill is reported out of
the committee for consideration and vote by the entire legislature!

**Here's what you can do:**

Lawmakers need to hear from us so they know there are people who
care about passing this bill! You can find a letter to send to law-
makers in the Massachusetts House and Senate on our website at
this address: http://www.resolveofthebaystate.org/senatebill599.html. Please sign the letter, including your address, personalize it
with your own experience or thoughts, and send it by email or mail to
the Joint Membership of the Financial Services Committee, which is
now addressing this bill. Their email addresses are on our website.

Also we urge you to send letters to your local representative and
senator. Their email and mailing addresses can be found at this site:
http://www.state.ma.us/legis. We encourage you to telephone your
legislators, as well. The time when we can influence the decision
on this bill is now!

**First Annual Advocacy Award Winners**

On Saturday, October 27, 2007—after our annual conference—
RESOLVE of the Bay State indicated its appreciation for the
region’s infertility clinics that have become involved with advoca-
cy and are working to ensure patient rights. The participation and
cooperation from the fertility/family building community in this
effort is essential to continued success. Nominations were based
on outstanding advocacy efforts this past year.

The first Annual RESOLVE of the Bay State Advocacy Award
recipients were Women and Infant’s Hospital and Reproductive
Science Center. We choose to honor them for their hard work in
accomplishing the near impossible. They helped restore reasonable
insurance benefits for the patients of Rhode Island. We offered our
congratulations on achieving such a tremendous feat.

We also took this opportunity to honor the original RESOLVE of
the Bay State volunteers whose efforts ensured the passage of the

Either through writing the original bill presented to the legislature
or by lobbying at the State House, these individuals made a real
difference in making the future better for many Massachusetts
families. Their efforts resulted in the birth of almost 60,000 babies
within the past 20 years.

With deep respect and appreciation, we presented Advocacy Awards
to the volunteers pictured here, as well as to these others who could
not be present that evening: Dr. Woody Weiss, Drs. Bev Woo and
Jim Cunningham, Caitlin Donnelly, Karen and Bob Sweet, Susan
Crockin and Michael Atkins, and Meg Campbell.

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**What can we do to help build your family?**

Everything possible.

Our fertility experts offer a comprehensive
range of fertility treatments, including:

- In Vitro fertilization
- Pre-implantation genetic diagnosis
- Donor egg

Call 1-800-BWH-9999 for an
appointment, or for more information
visit, www.brighamandwomens.org

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**Circle of Support**

**GOLD**

Boston IVF
Women & Infants’ Div. of Reproductive
Medicine & Infertility

**SILVER**

Brigham and Women’s Hospital
Reproductive Science Center

**BRONZE**

Cardone Reproductive Medicine & Infertility
Fertility Centers of New England
Feeling Man Enough
By Peter Stein

It sounds like the question to a joke: How long does it take a man to figure out what’s bothering his wife? The question is on my mind as my wife and I approach the milestone of three years attempting to conceive. I suppose the joke answer would be: Check back with me in another three years. After all, she and I, being one woman and one man, are assumed to be members of two different species. If one of us seems to be operating on a different timetable from the other, no one is surprised. Certainly my wife figured out there was a problem before I did. And at the time she took it harder than I did—no surprise there either.

But at other times, the trials of infertility have highlighted what we have in common, while we both wait and wait for the same thing. My outward response might look different, but we’re still sharing the same desires and disappointments. My powerful wish to be the father of our chronically tardy, as yet unconceived child, has only grown over time. I too have felt expectation and suspense turn into bitterness, and felt the progressive shrinking of our social circle. Many of our closest friends have infants and toddlers now. They appear to live in a different sphere. Other friends, we feel, we simply can’t face after yet another failed cycle.

And we both feel our lack of power to combat the problem. I’ve come to understand—I like to think—the frustration a woman must feel at her lack of control over her own fertility. I think that the equivalent source of male frustration is, in part, the feeling of being diminished. During each treatment cycle, for example, my wife pays what seems like fifty-something visits to our clinic. She takes into her body the contents of a small pharmacy, and is subjected to countless needles, ultrasound probes and catheters. The narrative of each cycle mainly involves her follicles, skyrocketing hormones, and colorful variety of moods.

By comparison, aside from maybe poking her with a few more needles, I haven’t done all that much to drive the cycle forward. Except maybe during one visit, which feels like sort of a postscript to the process. Okay, I can hear somebody saying, “Hey, buddy, don’t you whine about not getting needle sticks and rhinoceros steroids,” or whatever they are. Point granted. It’s just that on the flip side, a guy gets this sneaking feeling he was supposed to be doing something a little more helpful. Only he can’t think of what. I offered to take some of the medications myself; I never heard back on that suggestion.

What it all comes down to is, I’m sure, a guy thing. Quasi-traditional fellow that I am, I’m used to having a hefty, table-thumping vote on what happens in our domestic life; and the lady has more or less tolerated this. Think of it as a car trip. For better or worse, I drive the car on most of our long-distance trips. Even in the event that I didn’t have much say in where we’re going, I do have a wheel to turn. Right now, to extend the analogy, I’m just sulking in the backseat of a very long, bumpy taxi ride.

If you have a male partner—assuming his experience is similar—has he not expressed all this to you? Of course not; he’s a guy, and most guys are just not prepared to discuss their own sense of emasculation. In fact, we miss out entirely on the concept of the support network. We compensate instead: think long solo motorcycle rides, the purchase of large dogs, Nine Inch Nails-induced hearing loss. Of all the life situations for which the male of the species is entirely, constitutionally unsuited, infertility has to be the big one.

In the worst of these moments, all I can feel is my resentment at not being able to help conquer what life threw at us. But in my better moments, I remember that small things do make a difference. At some point I learned it matters that, while my wife is driving me home, I listen to her tell me about her day. I found out that both of us, talking, to clean up our mess of emotions—oh, those—before bedtime. I learned that I can and must remind her that we still have happy dreams about our future family, and that we won’t be in this club—that-no-one-wanted-to-join forever; that we’re going to resolve this one way or the other, and get on with our life. And then sometimes, it’s her turn to remind me.

About the Author: Peter Stein lives in Boston with his wife and cat.

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

Infertility: Hormone Imbalance, Miscarriage, Supportive to IVF
Menstruation: Irregular Cycles, PMS, Endometriosis
44 Washington Street, #104A, Brookline, MA
(617) 731-0504
The RESOLVE Fertility Treatment, Donor Egg, and Adoption Conference: 2007 Wrap-Up

By Rebecca Lubens, Executive Director

This year’s annual conference continued our goal of reaching out to the entire New England region, and the outcome was a notable success. I am pleased that we welcomed presenters from Connecticut and Rhode Island as well as Massachusetts and drew attendees from throughout New England. We also were fortunate to present the conference in tandem with the terrific volunteers from RESOLVE of Greater Hartford, CT.

Almost 180 attendees turned out on a rainy Saturday to gather information and get their questions answered in a comfortable and compassionate environment. As in past years, we offered 40 workshops on topics of perennial interest, as well as new sessions on why infertility shouldn’t be unexplained, answering the tough questions about donor conception, and the top 10 adoption questions answered, among others. Our 30 exhibitors actively shared their services, information, and products with attendees and provided much-needed financial support for our event.

I want to express my deepest thanks to all those who helped make this important event possible: to our presenters, for their enthusiastic willingness to offer their time and share their expertise — with special thanks to Kristen and Mark Magnacca, for sharing their wisdom and compassion in an inspiring keynote address; to our exhibitors and supporters for their continued backing for the work of RESOLVE of the Bay State — with special thanks to Conference Sponsors Organon USA and EMD Serono, and Breakfast Sponsor Ferring Pharmaceuticals; to the many volunteers who offered countless hours before and during the conference to tasks large and small — with a very special thanks to Adoption Track chair Pam Odeen-LoDato — for all of their hard work, and last but never least, to our talented and dedicated staff, especially Lisa Rothstein, Erika Maggio, and Lynn Yogel. We couldn’t have done it without the commitment and enthusiasm of all of you!

And don’t forget to save the date for next year’s conference: Saturday, October 25, 2008.
Conference 2007 Presenters

Marla Allisan, JD, LICSW
A Full Circle Adoptions

Rachel Ashby, MD
Brigham and Women’s Hospital

Claudio Benadiva, MD
Center for Advanced
Reproductive Services, UConn

Merle Bombardieri, LICSW
Wellspring Counseling Center

Patricia Brady, LICSW
Act of Love/MSPCC

Sandra Carson, MD
Women & Infants’ Hospital of Rhode Island

Joan Clark
Adoption Educator & Advocate

Tara Cousineau, PhD
Domar Center for Mind/Body Health

Marymichele Delaney
Insurance Advocate, RESOLVE of the Bay State

Nancy Docktor, RN, CS
Fertility Centers of New England

Alice D. Domar, PhD
Domar Center for Mind/Body Health

Dale Eldridge, LICSW, BCD
Adoption Choices

Janet Fronk, RN, CS, Med
Benson-Henry Institute of Mind Body Medicine

Antonio R. Gargiulo, MD
Brigham and Women’s Hospital

Karen Gilpin
Dream Donations

Ellen Glazer, LICSW
Private Practice

Karen Greenberg,
Attorney at Law
Konovitz & Greenberg

Daniel Grow, MD
Baystate Reproductive Medicine

R. Ian Hardy, MD, PhD
Fertility Centers of New England

Sue Harris, Lic. Ac.
Whole Person Health

Betsy Hochberg, LICSW
Adoption Resources

Ania Kowalik, MD
Reproductive Science Center

Susan Levin, LICSW
Reproductive Science Center

Kristin MacCutcheon, RN, BSN
Boston IVF

Kristen & Mark Magnacca
Insight Development Group, Inc.

Laura Malloy, LICSW
Benson-Henry Institute of Mind Body Medicine

Susan Mikesell, PhD, LICSW
Harborside Counseling Services

Laurie Miller, MD
Floating Hospital for Children

Barbara A. Morse, PhD
The Fetal Alcohol Education Program

Mahmood Niaraki, MD
Harvard Vanguard Medical Associates

Lynn Nichols, LICSW, BCD
Boston IVF

Robert Nichols, Esq.
Center for Surrogacy & Egg Donation, Inc.

Debra Olshewer, LCSW, LMHC, Med
Adoption Associates

Selwyn Oskowitz, MD
Boston IVF

Samuel Pang, MD
Reproductive Science Center

Catherine Racowsky, PhD,
HCLD
Brigham and Women’s Hospital

Ann Rankowitz, LICSW
Wide Horizons for Children, R.I.

Conference 2007 Exhibitors

Act of Love Adoptions/MSPCC
Boston, MA

Acupuncture Associates of Framingham
Framingham, MA

Adoption Associates
Newton Highlands, MA

Adoption Community of New England, Inc.
Westborough, MA

Adoption Resources
Waltham, MA

Angel Adoptions
Waltham, MA

Boston IVF & Domar Center
for Mind/Body Health
Waltham, MA

Brigham and Women’s Hospital, Center for Reproductive Medicine
Boston, MA

Center for Advanced Reproductive Services
Farmington, CT

Center for Complementary Medicine, Inc.
Brookline, MA

Center for Surrogacy & Egg Donation, Inc.
Norwood, MA

Children’s Home Society & Family Services
St. Paul, MN

China Adoption with Love
Brookline, MA

Dream Donations, Inc.
Waltham, MA

EMD Serono, Inc.
Rockland, MA

Ferring Pharmaceuticals
Parsippany, NJ

Freedom Fertility Pharmacy
Byfield, MA

Harvard Vanguard Medical Associates
Brookline, MA

MAPS
Boston, MA

MGH Fertility Center
Boston, MA

New England Cryogenic Center, Inc.
Newton, MA

Northeast Assisted Fertility Group
Boston, MA

Organon USA, Inc.
Boston, MA

Reproductive Science Center
Lexington, MA

RESOLVE of the Bay State, Inc.
Waltham, MA

Sole Woman
Sharon, MA

Village Fertility Pharmacy
Waltham, MA

Wide Horizons for Children
Waltham, MA

Women & Infants’ Hospital
Providence, RI
Egg Donation: A Personal Story, Part 1
By Julie Givens, RESOLVE member

My husband’s and my story begins like so many others. We got married, and although we always knew we wanted children, we started careers, traveled, and waited a few years to start a family. When we did start trying to get pregnant, we were as ignorant as anyone else about infertility. After a year, we moved, and I was lucky to stumble onto a wonderful and talented Reproductive Endocrinologist’s practice near our new home.

I quickly became a “lay expert” on fertility treatment and options. Because we had recently moved, I was not working, and I had lots of time to dedicate to treatment. We did the batteries of tests, experienced the hope and disappointment of results, and paid many bills (we lived in a state with no mandated coverage). After one failed IUI, we decided to dedicate our resources of time, money, and emotional energy to IVF. Due to being identified as a “poor responder,” I was given triple the normal dose of stimulation medication. I produced 5 eggs, had 4 embryos transferred, and I got pregnant. Even though I knew the risks, I was absolutely stunned when there was no fetal heartbeat at 10 weeks. I do not recall another time in my life when I had felt such searing anguish and sorrow.

Genetic testing on the fetus identified an abnormality associated with maternal age and egg quality (I was 32 at the time). I was given quadruple the normal stimulation medication for a second IVF, produced even fewer eggs, and did not get pregnant. We were faced with a decision and had many options: Go back to IUI? Try another IVF? Adopt? Our doctor discussed egg donation with us and had a small list of donors available that had been screened through his clinic. We had the utmost confidence in our doctor and his practice and felt that he had our best interests at heart.

We went back to the beginning. One of the first RESOLVE educational programs that we attended was run by a fertility nurse who listed the reasons that people pursue fertility treatment as opposed to adoption: to have a child who is “like them,” to experience pregnancy and birth, and to have a genetic connection to their child. We were inspired by the program and talked about it on the way home that night, and many times afterward. We were fortunate to be of the same mind in terms of our goals and desires. We both felt that the need to have a child who was like us did not matter, since many biological children are nothing like their parents or siblings. Likewise, a genetic connection on the surface may be comforting, but does not guarantee what your offspring will be like as children, or more importantly, as adults. We did, however, want to have the chance to experience a pregnancy and birth together. It seemed like a beautiful and special part of being a couple and creating a family that we did not want to miss.

After about a month of thought and reflection, we made the decision to use an egg donor. In the end, the decision was a surprisingly simple one: we wanted a child. It did not matter where the child came from, what he or she looked like, or what the genetic connection was. We knew in our hearts that the next step in trying to build our family consisted of egg donation if we wanted to have the experience of pregnancy and birth.

We moved quickly through the process of choosing a donor and learning about the complications of adding a third (and unknown) person to the odyssey of IVF. We decided to choose from our doctor’s list of donors instead of entering the confusing and seemingly never-ending world of other donor sources. The list consisted of nine young women, described in the most basic terms: height, weight, eye and hair color, occupation, children, pregnancies, and other times used as a donor. We requested more information about three of them, and reviewed their handwritten responses to a variety of questions. Continued on page 13
questions posed by our doctor’s clinic. One we discounted because of her answers — we didn’t feel a connection, and oddly enough, her hobby of “butterflies” was a deal-breaker for my husband. We decided that since I am 5’ 10” tall, a donor on the tall side was important; no other physical characteristics carried as much weight. We felt that obsessing about hair or eye color was a moot point and somewhat akin to trying to design a child (or functioning under the incorrect assumption that we could). Of our two remaining donors, we disqualified one due to very early mortality of all four of her grandparents. The last, who we dubbed “Miss Chicago” because she was the only donor living in Illinois (we were in Wisconsin), was 5’ 11” and had a body type and coloring similar to mine.

Many people asked questions of us, although gently, during this time. How would we pick the genetic mother of our child? What factors were we taking into consideration? Were we worried that we didn’t know enough about her? In the end, we knew that most of her medical and all of her psychological history were self-reported, and that we were relying on the honesty of a complete stranger. But on the other hand, we began to really think about what makes a person: nature versus nurture, genes versus experience. We thought of the myriad experiences that made us who we were at that point, and the influence that our parents, family, and friends had had upon us. We chose to take a leap of faith and view the process as providing us with needed genetic material — nothing more, nothing less. Egg donation was a medical miracle that we were lucky enough to be able to take advantage of, as well as a mysterious unknown that results from two people who come together to create a new life — or in our case, three people (plus a large cast of characters in supporting roles).

Our story ends as so many do: with a beautiful boy, born on a glorious, cold April day. He changed us forever, made our lives more complete, and has become a force of nature in his own right. We will always be grateful to Miss Chicago, as well as the many others involved in making this science a reality for us and for so many more deserving parents-to-be.

Stay tuned for Part 2 of this article in the Spring newsletter, which will focus on what it is like to be the parent of a child of egg donation.

About the Author: Julie Givens resides in West Newbury, Mass. with her husband and two treasured boys, each of whom came to their family in their own way, at their own time.
**The Other Domestic Adoption Option**

By Bridget Chiaruttini, LICSW

At any given point in Massachusetts, there are over 600 children in the foster care system waiting for permanent adoptive homes. Despite the fact that these children who live right in your community, the option of adopting out of the foster care system is sometimes overlooked. The Department of Social Services (DSS) and private agencies are always in need of patient, nurturing and adaptable parents to commit to parenting these children. We welcome single parents, gay and lesbian parents, experienced parents and new parents. You don’t need to be a certain age, make a certain amount of money or own your own home to adopt from the foster care system. Children do not need perfect parents; they only need loving individuals who are willing to make an unconditional commitment to raising them through adulthood. (See p. 17 for information about the process Connecticut.)

**Who are the Waiting Children?**

Children in the foster care system with a goal of adoption, often referred to as “Waiting Children,” reflect great diversity in age, race, ethnicity, and degree of special needs. There are all types of kids in need of all types of families! While the largest percentage of waiting children is between 5 and 11 years old, there are children from infancy to late teenage years who are in need of permanent, supportive parents, including sibling groups of children with hopes of growing up together.

The majority of Waiting Children have been removed from their biological families due to neglect or abuse and are presently in the custody of DSS. Most are currently living in foster homes, while some may reside in residential facilities. Due to their histories of neglect, abuse and multiple transitions, these children may have varying degrees of emotional, physical, or educational needs. All benefit from families who take a therapeutic approach to parenting. These children have never had the support that most of us take for granted. An older child may have been placed in several foster homes since being removed from their birth family. Often they have not had the opportunity to build positive, mutually fulfilling relationships, and as a result may suffer from low self-esteem or difficulty attaching to caregivers. Adoptive parents may be tested to find out if their commitment is “for real.” This phase typically passes once the child feels more secure in their adoptive family.

Some children in the foster care system will have been “legally freed” for adoption, meaning their birthparents’ parental rights have been terminated. Others may have a goal of adoption, and despite being at “legal risk” are ready to move into a permanent, committed family. There is a small chance that a legal risk placement of a child could result in the child being returned to their birth family. Once the rights of a child’s parents have been terminated, this risk no longer exists.

Many parents are apprehensive about adopting an older child because they believe the child’s personality has already been formed, and they will not have a role in teaching the child about life experiences. While it is true that many Waiting Children have existing relationships with birth family and former foster parents that are important connections in their lives, many are socially and emotionally delayed. They will likely need to relive parts of their earlier childhood and the new parents will be able to guide them and support their growth.

**What is the process of adopting a Waiting Child?**

Adoption through the foster care system does not involve any costs paid by the adoptive family. In fact many children adopted through foster care are eligible for adoption subsidies throughout their childhood. Additionally, children adopted from the foster care system are eligible for free undergraduate tuition at any Massachusetts state university or community college.

The first step in pursuing Waiting Child adoption is to enroll in a MAPP (Massachusetts Approach to Partnership in Parenting) Training. This is a 24-hour curriculum offered by your local DSS office or private agencies across the state. Like all types of adoption, your family would go through an intensive homestudy process before being approved to be matched with a waiting child. When a potential match with a child is identified, you will have the opportunity to learn everything there is to know about a particular child before committing to the match and meeting the child. Like all adoptions, the child must reside in your home for a minimum of six months time before formally legalizing their adoption. In most cases, this period can be up to one year prior to finalization.

**About the author:** Bridget Chiaruttini, LICSW, is the Clinical Coordinator at the Home for Little Wanderers Adoption Program. The Home for Little Wanderers is a private, non-profit child and family service agency that has been doing child welfare work for over 200 years. The Home has a full-service adoption program placing infants, children identified internationally, and waiting children from foster care. For more information please visit www.thehome.org or contact the Adoption Program at 617-232-8610.
Why Volunteer for RESOLVE?
We all lead such busy lives, and it is tempting to try to simplify by eliminating outside commitments. This may be especially true for those of you undergoing fertility treatments, pursuing adoption, or adjusting to the decision to live a childfree life. You may think, “I have enough on my plate to deal with—volunteering for anything right now is just too much to ask.” Or you may be so blue about your own situation that you feel you wouldn’t be helpful to another person.

Many RESOLVE of the Bay State or RESOLVE of Greater Hartford volunteers once felt exactly the same way. But most volunteers would tell you that volunteering has been a great experience, that it helped immensely as they went through the family building process—giving them back much more than they gave—and that it can help you, too.

Help Others, Help Yourself
Infertility can be lonely and isolating. Some days you feel like the only one on the planet who can’t have a baby (especially with all the “baby bump” headlines in the tabloids). Talking to others about infertility helps you realize that you are NOT alone. And when you volunteer, you help others understand that they are not alone either. As you use your experiences to help someone else, some good comes of what you’ve learned, which somehow makes it all easier to bear.

Cheer Up
It would seem fairly intuitive that helping others would make you feel good, but what about actual health benefits? Studies have shown that volunteering can play a role in increasing your overall sense of well being, alleviating chronic pain, and even reducing depression. A study conducted by Vanderbilt University analyzed levels of happiness, life satisfaction, self-esteem, sense of control over life, physical health, and depression. The study concluded that, “Volunteer work is good for both mental and physical health. People of all ages who volunteer are happier and experience better levels of happiness, life satisfaction, self-esteem, sense of control, sense of well being, alleviating chronic pain, and even reducing stress.”

On a day when you give yourself injections, get bad news from the doctor, worry about insurance coverage, argue with your mother about how going on vacation won’t help you get pregnant, argue with your spouse/partner that you can’t go on vacation because you don’t know where you’ll be in your cycle . . . wouldn’t it be a nice diversion to help someone else? Some studies say reducing stress helps your treatment and at the very least, it certainly makes life easier to bear. Consider it therapy—for free!

Get Back Some CONTROL!
One of the most difficult aspects of infertility is the loss of control you may feel. Whether it is the endless adoption paperwork or waiting for the test results on your hormone levels, things may seem completely out of your hands. Take charge of something! Work on initiatives to increase insurance coverage for infertility treatment. Host an evening program and be the friendly, welcoming face that greets attendees at the door. Give yourself the feeling of empowerment that comes from doing a good job, and from helping someone else.

Make New and Lasting Friendships
Have you found that your friends, whom you previously could talk to about anything, “just don’t understand?” That your mom or your sister somehow manage to say exactly the wrong thing when you talk to them about your infertility? Get to know people who know what you are going through. You will find that they may become lifelong friends.

A Final Thought
A RESOLVE volunteer explained the benefits of her volunteer work this way: “Finally, in the last year, I have discovered a type of therapy [for infertility] that has really made a difference in my life. I decided to volunteer for RESOLVE of the Bay State to share my knowledge and experience with other people in my situation. I’m not exactly sure how this ‘therapy’ works, but I feel volunteering for RESOLVE has decreased my isolation, my absorption with my own problems, and my feeling of being a victim. Somehow I’m changing the terrible negative of infertility into something positive by making a difference in other people’s lives. I feel healing is finally starting to happen where I need it most, in the dark shadows of infertility.”

Some Current Opportunities
Volunteers are the heart of RESOLVE of the Bay State and RESOLVE of Greater Hartford. We could not provide the comprehensive programs and services we do without your help! Here are a few current opportunities.

- Host an evening or Saturday educational program. Welcome and check in attendees, introduce the speaker, collect evaluations. And of course, attend the program for free! First timers are paired with an experienced host.
- Help with fundraising. Organize a fun Spa Night, auction, or other fundraising event. Write fundraising letters to your friends and family. Call our members at our Spring Phonathon.
- Come into our Waltham office during the day, Monday through Thursday, and help put together the frequent mailings we send out.
- Consider starting a monthly Peer Discussion Group in your area. Guidance is provided.

For more information about these and other volunteer opportunities, contact us at admin@resolveofthebaystate.org or call our HelpLine and leave a message, 781-890-2225. For information about volunteer opportunities in Connecticut, email info@resolveofgreaterhartford.org or call 860-523-8337.

Reprinted from the Fall 2007 newsletter of RESOLVE — The Mid-Atlantic Region.
RESOLVE of the Bay State wishes to acknowledge and thank all those who have generously made donations to Campaign 2007 during the last quarter. RESOLVE of the Bay State and RESOLVE of Greater Hartford are licensed 501(c)(3) nonprofit organizations. Contributions are tax deductible and may be eligible for matching funds from employers. Please check with your Human Resources department.

**Contributors – $500+**
- Boston IVF, Inc.
- Grace Lee, MD
- Women & Infants’ Hospital

**Friends – $100+**
- Cardone Reproductive Medicine & Infertility
- Fertility Centers of New England
- John & Mary Ann Jablonski

**Other Gifts From:**
- Cindy Anderson
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**DOMAR CENTER for mind/body health**

Enhance your Chance with a Mind/Body Program for Fertility
directed by Dr. Alice Domar best-selling author and international authority in mind/body medicine

- Reduce stress related to infertility
- Learn new fertility enhancing lifestyles

Studies show that participants in mind/body programs double their chance of having a baby.

**Upcoming Evening Ten Week Programs:**
- January 7 – March 24, 2008 in Quincy, MA
- March 19 – May 14, 2008 in Waltham, MA

**Upcoming Weekend Retreat:**
- April 12 & 13, 2008, in Waltham, MA

To learn more or to enroll, contact us by phone at (781) 434-6578, by email at domarinfo@domarcenter.com, or register online at www.domarcenter.com.

**Pre-registration Required**

Alice D. Domar, Ph.D., author of the book Conquering Infertility, specializes in the relationship between stress and infertility and created innovative programs to help women manage stress and increase pregnancy rates. Please join Dr. Domar and her select group of colleagues for one of these life-changing programs.

**DOMAR CENTER for mind/body health**

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**Benefit RESOLVE of the Bay State by Shopping at Bloomingdale’s**

**The Shopping Benefit**

**Wednesday, February 27, 2008 • 10 AM–10 PM**

Shop Bloomingdale’s Fashion and Home Stores in the Chestnut Hill Mall
175 Boylston Street & 225 Boylston Street, Newton, MA 02467

**Purchase Your Tickets Today!**

$10.00 tickets to this event are available for sale directly from RESOLVE of the Bay State. The ticket entitles the bearer to a 15%–20% savings off most merchandise valid only during The Shopping Benefit on Feb. 27, 2008—along with entertainment, fashion presentations, sweepstakes, giveaways, and more.

RESOLVE of the Bay State gets to keep 100% of the proceeds from the ticket sales prior to the event! For each person who attends the event and turns in a ticket, RESOLVE of the Bay State earns an additional $5 donation from Bloomingdale’s. And revenues from day-of-event ticket sales will be equally divided among participating charities that bring 70 or more people to the store on the day of the event.

**To purchase tickets:**

- Mail us a check with your requested number of tickets ($10 each), to: RESOLVE of the Bay State, 395 Totten Pond Road, Suite 403, Waltham, MA 02451
- Email us with your ticket request and credit card information, to: admin@resolveofthebaystate.org
- Call our HelpLine with your ticket request and credit card information, to: 781-890-2225
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Foster to Adopt Programs in Connecticut
Massachusetts and Connecticut have identical foster care/foster to adopt programs. The relevant state agency in CT is called the Connecticut Department of Children & Families (DCF). The campaign to encourage fostering and adoption is named “Help A Child Shine.” For more information, check the web page at www.helpachildshine.com.

The processes for adopting in Connecticut are similar to those in Massachusetts. In addition, for all foster adoptions in CT, the state offers free college tuition, fees, and room and board equivalent to costs at the University of Connecticut, Storrs campus. For more information, check the DCF website at www.ct.gov/dcf.

Foster to Adopt Programs in Massachusetts
Massachusetts and Connecticut have identical foster care/foster to adopt programs. The relevant state agency in MA is called the Massachusetts Department of Children and Families (DCF). The campaign to encourage fostering and adoption is named “Help A Child Shine.” For more information, check the web page at www.mass.gov/dcf.

The processes for adopting in Massachusetts are similar to those in Connecticut. In addition, for all foster adoptions in MA, the state offers free college tuition, fees, and room and board equivalent to costs at the University of Massachusetts, Amherst campus. For more information, check the DCF website at www.mass.gov/dcf.

Why are so many couples so happy with us? It must be the little things.

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

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Farmington, CT 06030-6224
(860) 679-4580

Hartford office:
100 Retreat Avenue
Suite 900
Hartford, CT 06106
(860) 525-8283

Hamden office:
2080 Whitney Avenue
Suite 250
Hamden, CT 06518
(203) 230-4400

John Nulsen, MD
Donald Maier, MD
Claudio Benadiva, MD, HCLD
David Schmidt, MD
August Olivar, MD
Lawrence Engmann, MD, MRCOG

Carol A. Anania, MD
Isaac Z. Glatstein, MD
Kathryn Go, PhD
Pei-Li Huang, MD
Ania Kowalik, MD
Samuel C. Pang, MD
Anne Devi Wold, MD

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

Why RSC?
- Board Certified Specialists
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Elizabeth Swire Falker, Esq., P.C.
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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 Winter 2008: November 15, 2007.

**Non-RESOLVE Programs**

**UNDERSTANDING AND ENHANCING YOUR FERTILITY NATURALLY**

**With Dr. Julianne Stapleton**

This educational program is for men and women interested in understanding and enhancing their fertility naturally. You will gain a deeper understanding of your own reproductive processes and learn how to strengthen your reproductive power. Optimize your body’s potential with diet and lifestyle, and dramatically enhance your vitality, fertility, and chance of conception! Pre-registration is required.

**February 2, 2008**

All That Matters Wellness Center in Wakefield, RI

For more information and to register,

Contact (401) 782-2126 or info@allthatmatters.com

www.allthatmatters.com

**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 domestic adoption agency placing newborn infants for over 20 years into loving homes. With our extensive experience, we are committed to helping inquiring couples become successful adoptive parents in 6–18 months.

We offer FREE consultations with a staff social worker. Please call 617-964-4357 to learn more about Adoptions With Love’s program or visit www.adoptionswithlove.org.

**ADOPTION RESOURCES INFORMATION MEETING**

Adoption Resources, a non-profit agency for more than 130 years, invites prospective adoptive parents to our Informational meetings. We offer a range of placement programs, including parent identified, and international. Meetings are free and held in our office at 1430 Main Street, Waltham.

For more information or to register, please call 617-332-2218 or 800-533-4346

**FREE ADOPTION CONSULTATION**

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

**Topics:**

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

Appointments are scheduled at your convenience at our Framingham office.

Please call or send e-mail to:

Dale Eldridge, Coordinator of Adoptive Parent Services

508-875-3100 or 1-800-872-5232
deldridge@jfsmw.org

**MIND/BODY PROGRAMS FOR FERTILITY**

**Created by Dr. Alice Domar**

**Best Selling Author and International Authority in Mind/Body Medicine**

ENHANCE YOUR CHANCE! This program for everyone will help you reduce stress and anxiety related to infertility and teaches you new lifestyle habits that will enhance your fertility. Studies show that participants in mind/body programs double their chance of having a baby.

**Three Programs to Choose From**

- Ten Week starting January 7, 2008
- Ten Week starting March 19, 2008
- Weekend Retreat - April 12 & 13, 2008

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

**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 1-508-366-6812 or www.adoptioncommunityofne.org

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

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E-mail: Admin@resolveofthebaystate.org
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Website: www.resolveofthebaystate.org

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

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.

ADVERTISING POLICY
This Newsletter accepts paid advertisements. Advertisements submitted must be emailed as PDFs 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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Winter 2008
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- [ ] New
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- [ ] $ 55 – Basic Membership
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- [ ] $ 10 – Adoption Information Packet
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- [ ] I would like to make a contribution to RESOLVE of the Bay State, Inc. in the amount of $________
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**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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*Please Note: RESOLVE of Greater Hartford does not accept credit card payments.