In the recent news, there has been a lot of conflicting information on the role of diet, exercise, stress, and fertility treatments for patients trying to conceive. Eat ice cream, don’t eat ice cream. Exercise more, exercise less. The truth is that a cookie-cutter treatment plan effective for all patients doesn’t exist. As an acupuncturist and integrative medical professional, I stress this point to all of my fertility clients so that they can begin assembling a supportive team that will help them customize a treatment plan. It’s important to find health care practitioners that will do the same for you so that you can discover your fertility formula. In the meantime, here are my Top 10 Things You Can Do to Boost Your Fertility NOW!

1. Read a Book: It’s time to brush up on what you know about your body, sex, fertility treatments, and conception. That’s right-twenty years later you still need to take sex education. Although this time, you can do it the privacy of your home. Several wonderful books have been published about the above topics. So, get out of those crazy fertility chat rooms and educate yourself. What you learn about your body will serve you for a lifetime and on your path to becoming a parent.

2. Take Your Temperature: A basal body temperature (BBT) chart is a powerful tool. It involves taking your temperature every day at the same time and tracking the results. Your BBT chart will help you maximize conception, predict ovulation (or lack there of), and rule out various endocrine-related issues.

3. Ask for Help: As you may have discovered, it takes a lot of energy to create a baby and you literally can’t do it alone. My clients braving single parenthood will tell you that there are more people out there willing to help than one would ever imagine—even neighbors who are surprisingly good with time-sensitive injections. Your partner or friend can act as your appointment coordinator, cook (see #5), workout partner (see #6), or hand-holder. You just need to begin by asking for their help.

4. Do the Math: You may have read infertility-related pieces that you need to “aim for a healthy weight”. Research has shown that women with a normal Body Mass Index (BMI) are the least likely to have difficulty conceiving. If you’ve never been a fan of math, visit: www.nhlbisupport.com/bmi and the website will help you calculate your BMI. It is time to consider #5 if your BMI is out of range or if you are not ovulating and your BMI is at the low-end or high-end of normal.
ADVERTISING POLICY

This quarterly newsletter accepts paid advertisements. Advertisements submitted must be emailed as PDFs and must be approved by the Editor. Please email us at admin@resolveofthebaystate.org 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.

The service providers advertising in this newsletter have not been screened or required to meet any specific criteria and have paid a fee to be included. Therefore advertisements for services/persons/providers should not in any way be considered endorsements or recommendations, either express or implied, by RESOLVE OF NEW ENGLAND.

Standard ad sizes:
- Full page - 7.5” wide x 9.5” high
- 1/2 page - 7.5” wide x 4.625” high
- 1/4 page - 3.625” wide x 4.625” high
- Business card - 3.625” wide x 2.125” high*

We reserve the right to resize ads to fit our specifications.

*Please do not include borders on business card ads.

This newsletter is published quarterly (winter, spring, summer, fall) with a circulation of approximately 1,200.

EDITORIAL POLICY

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

SUBMISSION DEADLINES

Winter 2012  November 15, 2011
Spring 2012  February 15, 2012

We welcome newsletter article submissions, especially personal experience articles, via email. Articles should be no longer than 750 words and must be approved by the editor. admin@resolveofthebaystate.org

We reach 1,200 members and professionals quarterly.

Please call or go online for more information about becoming a RESOLVE of New England member, or to request information to advertise in upcoming issues.

781-890-2225  www.resolveofnewengland.org  @ResolveNewEng

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Fall 2011  
www.resolveofnewengland.org
I would like to share the exciting news of three new staff appointments to the RESOLVE of New England team:

~ **Erin Lasker** was selected as Executive Director of RESOLVE of New England. Erin did a wonderful job stepping into the interim ED role and she continues on a roll, starting some exciting changes and rethinking the office organization. Erin has a strong background in managing entrepreneurial businesses combined with a passion for our mission.

~ **Jennifer Delaney** has joined us as our Strategic Advisor. She will be running our strategic planning process with input from the rest of the staff, board, and our stakeholders. Jennifer has an outstanding background as a leader in the world of not-for-profits and has a proven record of innovative fundraising.

~ **Keiko Zoll** is our new Director of Communications & Social Media. Her results on Facebook and Twitter are already striking. Keiko is an award winning blogger in the infertility community and received RESOLVE’s Best Viral Video award in 2010. Her skills will help RNE reach a much broader audience throughout New England.

We are delighted to welcome these talented individuals to RESOLVE of New England. They each bring with them unique experiences and skills that will be indispensable as our organization continues to be the premiere provider of infertility education, support, and advocacy in the New England region.

We thank you for your continued support and welcome your efforts to help us be a resource for every person experiencing infertility and trying to build a family in New England.

Please feel free to contact the staff at the following email addresses or at our office 781-890-2250.

Erin Lasker - elasker@resolveofthebaystate.org
Jennifer Delaney - jdelaney@resolveofthebaystate.org
Keiko Zoll - kzoll@resolveofthebaystate.org

Warm Regards,
Beth Ann Panella
President, Board of Directors
RESOLVE of New England
EDUCATION PROGRAM

Registration Information:
Email us at admin@resolveofthebaystate.org.

The Changing Face of Adoption
Thursday, October 6, 2011: 7-9 PM

Adam Pertman, Author of “Adoption Nation: How the Adoption Revolution is Transforming Our Families – and America” and Executive Director of the Evan B. Donaldson Adoption Institute

Deveber Conference Room, Children’s Hospital
9 Hope Avenue, Waltham, MA 02451, in the Deveber Conference Room

Adam is a leading expert on adoption and family issues, and has appeared on “Oprah,” “Today,” “The View” and “Nightline.” He will share his knowledge, compassion and personal connection to the world of adoption. He is the Executive Director of the Evan B. Donaldson Adoption Institute, a national nonprofit that is the preeminent adoption research, policy and education organization in the US. Adam is former Pulitzer-nominated journalist for his writing about adoption when he was with the Boston Globe. His book “Adoption Nation: How the Adoption Revolution is Transforming Our Families – and America,” which has been reviewed as “the most important book ever written on the subject.” It gives insight into all of the fundamental changes that have occurred in Adoption during the last decade – from the precipitous decline in International adoptions, to the explosion in internet/social media use, to the soaring rate of adoptions from foster care, to policy and practice changes regarding gay/lesbian adoption, open adoptions, birth records, and more. Copies of “Adoption Nation” will be available at the event; Adam will sign copies and answer audience questions after the talk.

This program will be free for all to attend thanks to a generous grant to Resolve of New England for affordable educational programs. Space is limited so please RSVP to admin@resolveofthebaystate.org to reserve your seat.

Questions about your fertility? We have answers.

Call 888-300-BIVF for more information (2483)
After a long period of warning tremors, adoption is “changing” like a simmering volcano changes when it can no longer contain its explosive energy. It erupts. The hot lava flows from its core, permanently reshaping not only the mountain itself but also every inch of landscape it touches. The new earth becomes more fertile, richer in color. The sensation of watching the transformation, of being a part of it, is an awesome amalgam of anxiety and exhilaration. The metamorphosis itself is breathtaking. Before our eyes, in our homes and schools and media and workplaces, America is forever changing adoption even as adoption is forever changing America.

This is nothing less than a revolution. After decades of incremental improvements and tinkering at the margins, adoption is reshaping itself to the core. It is shedding its corrosive stigmas and rejecting its secretive past; states are revising their laws and agencies are rewriting their rules even as the Internet is rendering them obsolete, especially by making it simpler for adoptees and birth parents to find each other; single women, multiracial families, and gay men and lesbians are flowing into the parenting mainstream; middle-aged couples are bringing a rainbow of children from abroad into their predominantly white communities; and social-service agencies are making it far easier to find homes for hundreds of thousands of children whose short lives have been squandered in the foster-care system.

Every historic phenomenon begins with a specific group and then sweeps through the entire population. That’s what is happening in America today, complete with the trepidation and triumph that accompany all cultural upheavals. The emerging new realities undeniably are replete with problems and paradoxes. They are raising new issues for families and creating new dilemmas for the country. But they also are more sensible, more humane, and more focused on children’s well-being than the realities being left behind.

I remember the moment it dawned on me that we all might be in the midst of a phenomenon bigger than just a sociological blip caused by aging, infertile baby boomers seeking alternative ways of forming families. As West Coast bureau chief for the Boston Globe, I was covering the O. J. Simp-son murder trial at the time. Dozens of us reporters sat shoulder to shoulder in a small pressroom on the twelfth floor of the Los Angeles courthouse. I was typing my daily story, on deadline, when the interruption came.

“This is awful,” said Diana, a computer specialist and the only non-journalist in the room. She was standing right behind me, rustling a newspaper and pointing to a story in it. I turned around and asked what was wrong. Diana showed me the offending article. It was about the Baby Richard case, in which an Illinois man won custody of his biological son from the adoptive parents with whom the four-year-old boy had lived nearly all his life.

“Imagine how I feel,” I replied. “I have an adopted son.” (We hadn’t adopted our daughter yet.)

“Really?” said the Chicago Tribune reporter sitting at my left elbow. “I’ve got two adopted kids.”

The Time magazine correspondent to his left looked amazed. “I’ve got two adopted kids, too,” he said.

Diana, wide-eyed with disbelief, whispered: “I’m adopted.”

I was surrounded, and so are we all. Suddenly—or at least it feels sudden—adoption is being transformed from a quiet, lonely trip along America’s back roads to a bustling journey on a coast-to-coast superhighway. The infrastructure has become so extensive that it has made all of us—not just adoptees, birth parents, and adoptive parents—into fellow travelers. We should do all we can to make this a smooth ride.

The Harvard Common Press
535 Albany Street
Boston, Massachusetts 02118
www.harvardcommonpress.com

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www.resolveofnewengland.org
**GENERAL INFERTILITY DISCUSSION GROUPS:** General infertility discussion groups are open to those—women and men, couples and individuals—who have primary infertility (those with no children).

<table>
<thead>
<tr>
<th>Location</th>
<th>Address and Details</th>
<th>Times</th>
<th>Dates</th>
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</thead>
<tbody>
<tr>
<td>Boston, MA</td>
<td>Morville House, 100 Norway St. (near Symphony Hall)</td>
<td>Wednesdays, 6:00-8:00 p.m.</td>
<td>October 19, November 16, and December 21, 2011</td>
</tr>
<tr>
<td>Longmeadow, MA</td>
<td>First Church of Christ, 763 Longmeadow St. (Buxton Room)</td>
<td>Mondays, 7:00 p.m.</td>
<td>October 3, November 7, and December 5, 2011</td>
</tr>
<tr>
<td>Plymouth, MA</td>
<td>Plymouth Professional Center Bldg. 116 Court St, 3rd floor of Plymouth Village</td>
<td>Wednesdays, 6:30 p.m.</td>
<td>October 5, November 2, and December 7, 2011</td>
</tr>
<tr>
<td>Waltham, MA</td>
<td>RESOLVE of the Bay State Office, 395 Totten Pond Rd., Suite 403</td>
<td>Tuesdays, 7:00-9:00 p.m.</td>
<td>October 4, November 1, and December 6, 2011</td>
</tr>
<tr>
<td>Westborough, MA</td>
<td>St. Luke's Parish, 1 Ruggles Street (Parish Center, Classroom #28, 1st Flr)</td>
<td>Tuesdays, 7:00 p.m.</td>
<td>October 11, November 8 and December 13, 2011</td>
</tr>
<tr>
<td>East Providence, RI</td>
<td>Church of the Epiphany, 1336 Pawtucket Avenue, living room (basement)</td>
<td>Thursday, 6:00-7:30 p.m.</td>
<td>October 6, November 3, and December 1, 2011</td>
</tr>
<tr>
<td>Farmington, CT</td>
<td>UConn Health Center/Dowling South Bldg., 2nd floor Education Rm., 263 Farmington Ave</td>
<td>Thursdays, 7:00 p.m.</td>
<td>October 20, November 17, and December 15</td>
</tr>
<tr>
<td>Derry, NH</td>
<td><em>New Location</em> Derry Public Library, 64 E. Broadway</td>
<td>Wednesdays, 6:30 – 8:30 p.m.</td>
<td>October 5, November 2, and December 7, 2011</td>
</tr>
<tr>
<td>Portland, ME</td>
<td>Maine Medical Center, 22 Bramhall St., Dana Education Center</td>
<td>Tuesdays, 6:30 – 8:00 p.m.</td>
<td>October 11, November 8, and December 13, 2011</td>
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**TOPIC DISCUSSION GROUPS:** These are informal discussion groups that focus on a particular topic and are led by a volunteer with experience in that subject. Groups meet in our Waltham, MA office, 395 Totten Pond Rd., Suite 403, unless otherwise noted.

- **Pregnancy Loss Discussion Group:** For those who have experienced a miscarriage/stillbirth/ectopic pregnancy, or recurrent pregnancy loss. Discuss the impact of loss and find support for the emotional experience of grief.  
  Times: Wednesdays, 7:00-9:00 p.m.  
  Dates: October 19, and November 30, 2011

- **Adoption Discussion Group:** For those exploring adoption, informal discussion about the issues and concerns surrounding this family building option, led by an adoptive mother. Gain answers and strategies, connect with others.  
  Times: Thursdays, 7:00-9:00 p.m.  
  Dates: November 10, and December 15, 2011

- **Donor Egg Discussion Group:** For those considering donor egg as a way to build a family, a discussion of the issues, decisions, and emotions surrounding this family building option. This group is led by a donor egg mother and author.  
  Times: Mondays, 7:00-9:00 p.m.  
  Dates: October 3, and November 14, 2011

- **Pregnancy After Infertility:** For those currently pregnant, an informal discussion about issues and concerns.  
  Times: Mondays, 7:00-8:30 p.m.  
  Dates: October 24, and November 28, 2011

- **Donor Egg Parents Group:** For those currently parenting children through egg donation. Children are welcome. Contact us for address. These groups meet on a rotating basis in the homes of parent volunteers.  
  Times: 3:00-5:00 p.m.  
  Dates: Sunday, October 23, Belmont, MA  
  Sunday, November 6, Lexington, MA
Myths and Facts
You may hesitate to attend a peer-led discussion group because of some assumptions about what happens at the group. Consider these myths and facts:

Myth: Attending a RESOLVE peer group is like going to therapy.
Fact: A peer group is not designed to offer professional counseling or psychological therapy. It is, however, therapeutic to talk with others about an intense experience like infertility.

Myth: I'll have to bare my soul and talk about the most private areas of my life.
Fact: It is up to you to decide how much information and emotion to share with the group. You remain in control.

Myth: Attending a peer group of infertile women or couples will just make me feel worse.
Fact: You will receive support for your pain and disappointment and will also learn new methods of coping that can help you move forward.

Please check our website www.resolveofnewengland.org for additional peer group schedules and locations. To register: Please e-mail admin@resolveofthebaystate.org with the number of people attending. We appreciate advance notice; however, walk-ins are welcome. Free to RESOLVE members, and $5 per person for non-members. Cash (correct change please), or check made out to RESOLVE of New England is appreciated.
5. Find a Nutritionist: As you may have read, you should be eating less sugar, more foods of color, better sources of essential fatty acids, more vegetarian sources of protein, and possibly ice cream. Exhausted by this list? This is why you may need a nutritional counselor to help customize a nutrition plan and work out the real-life logistics of eating a healthier diet in a burgers- and-fries world. Additionally, if weight issues (see #4) bring any twinge of emotion, it’s time to get support and resolve the emotional underbelly of your dinner plate.

6. Move Your Body: Once you have a good nutrition program, it’s time to move your body. If your BMI is above average, experts estimate that you may need 45-60 minutes, 3-5 days per week. Don’t overdo it-too much exercise can work against conception if your BMI is low or below normal. If this is the case, choose moderate forms of activity less than the recommendation until you maintain a healthy weight.

7. Try Acupuncture: Since 2000, studies have been showing that acupuncture regulates the endocrine system, increases the rates of IVF/ICSI, reduces the rates of miscarriage and ectopic pregnancies, and increases the rates of live births. Did I mention that it’s also good for stress? To find a licensed acupuncturist in your neighborhood, visit http://www.nccaom.org and ask about their women’s health and infertility experience. When you do become pregnant, acupuncture can help you with nausea, back pain, breached presentation, and inducing labor if necessary.

8. Find an OB/GYN: This may seem like an obvious “to-do” but so often we pick a health care provider based on what our insurance plan offers, geographical convenience, or who happens to be accepting new patients. Your relationship with your OB/GYN is one of the most important long-term relationships that will affect your health. Do your homework-ask nurses, physicians, coworkers, and friends for good referrals. Ask a few interview questions and don’t be afraid to “shop around” until you find a great fit.

9. Get Counseling: Did you know that there are counselors specializing in fertility-related issues? Many fertility clinics offer individuals and couples free or reduced-cost services. Ask your circle of peers for a good referral before becoming isolated in the process and interview the therapist. Regardless of where you are in your journey, having the extra support can be crucial in helping you manage the physical and emotional demands of infertility.

10. Join a Support Group: If #9 doesn’t seem to be a good fit or if the process is too expensive, try a support group. Connecting with a group of peers with a shared experience can provide you with great insight, an occasional laugh, and a form of support that goes beyond words. Support groups exist in non-traditional formats such as Facebook pages, Meet-up groups, and Twitter handles as well as their traditional format. Visit RESOLVE of New England’s website for local listings.

Jessica L. Molleur is a licensed acupuncturist, herbalist and massage therapist in Massachusetts and California. She holds a Masters of Science in Traditional Chinese Medicine from the American College of Traditional Chinese Medicine in San Francisco, CA. Her training also includes a Bachelor of Science in Exercise Physiology from the University of California at Davis, CA. She is a National Diplomate of Acupuncture, Oriental Medicine and Chinese Herbology through the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Following her acupuncture licensure, she became a Diplomate of Acupuncture Orthopedics. She is the owner of OMBE, an integrative health center located in Copley Square in Boston, MA. For more information about acupuncture or OMBE, visit www.ombecenter.com.
WHY YOU SHOULD ATTEND OUR CONFERENCE!

We have often been told that attending our annual conference is a “life-changing event.” Sounds like an extreme claim, doesn’t it? Yet our experience has shown that this is a common response from our conference attendees, and I’d like to suggest reasons why you are likely to feel the same way when you attend:

Many attendees have never before seen – in one place, at one time – so many people who also struggle with infertility. At 8:00 a.m. on November 6th last year, attendees began to arrive at the conference center, at first in trickles and then in hordes. They all gathered in the ballroom to hear the keynote address – all 200+ strong. Dispersing to the various meeting rooms, they passed each other in the hall and met in smaller groups for each workshop. They gathered together again for lunch, chatting in the buffet line and at the lunch tables. In sessions on adoption, infertility treatment, donor egg, and more, attendees met others like themselves who were travelers on the same journey – searching for information, for hope, and for a satisfying resolution to infertility. Where else could you find such strength in numbers?

Many attendees are deeply touched, or usefully informed, by one (or more) of the presenters. With 40 workshops, and presenters including reproductive endocrinologists, embryologists, urologists, social workers, lawyers, nurses, attorneys, psychologists, complementary medicine practitioners, and of course, your peers – all expert in the variety of family building options – I can almost guarantee that one of them will make a lasting impression on you. Some presenters will offer factual information, with slides or overheads, which summarize years of practice in their field – compressed into a one-and-a-half hour session! Others will focus on the options for making new dreams of family and will touch your heart. Whatever the focus of the workshop, all the presenters share a compassionate approach and deep commitment to helping individuals and couples create a family. Be prepared to take lots of notes and ask all your questions, and at least one “gem” will certainly come your way.

Many attendees are moved by conversations with, or hearing from, other attendees or parent panelists. At last year’s conference, I sat down for lunch at a table where two couples were deeply engaged in conversation. They were discussing IVF cycles and the ups and downs of the process. The connection they made was meaningful, as they were talking with intense focus, smiling, and even laughing at times! This organization is a big believer in the importance of peer-to-peer support – especially the kind you receive in person. Who else but a peer can truly know, and share, the pains and struggles of your experience? We affirm that sharing with peers can bring deep relief and a sense of being truly understood, at last.

Whatever brings you to our conference, I believe you will come away from the experience and say of at least one of these observations – yes, that happened to me! That is our hope, and our aim, in putting on this conference for you. We want you to leave with new ideas, new insight, and new confidence about options and choices. We believe you will not be alone in finding our conference a “life-changing experience.”

Lisa Fenn Gordenstein
Access Scholarship

These scholarships are offered in caring memory of Lisa Fenn Gordenstein

We are committed to ensuring that your financial circumstances are not an obstacle to accessing the comprehensive programs and services offered by RESOLVE of New England.

To apply - please visit
www.resolveofthebaystate.org/scholarshipapplication.html
SESSION A: 9:15-10:30 AM

TREATMENT OPTIONS

A-1 Infertility 101 8:15 AM–10:45 AM (Note this is 15 minutes longer than other workshops)
Learn about the infertility workup and how to interpret results, fertility medications, when to move on to IVF, success rates, new treatments on the horizon, and how to assess whether to pursue these options. — Richard H. Reindollar, MD, New Hampshire Fertility Center, Dartmouth-Hitchcock Medical Center, and Christine C. Skaidis, MD, Fertility and Reproductive Health, Harvard Vanguard Medical Associates

A-2 Low Ovarian Reserve and Treatment of Poor Responders
This session covers ovarian reserve, the tests (FSH levels, etc.) available to evaluate it, and implications for treatment outcome. Also learn about treatment options and lab findings in the “poor responder.” — Samuel Pang, MD, Medical Director, Reproductive Science Center of New England

A-3 Tools and Techniques for Regaining Control and Enhancing Fertility
Learn concrete and specific tools to reduce stress during infertility. These will include both relaxation and stress management skills. — Alice D. Donar, PhD, Executive Director, Domar Center for Mind/Body Health, Boston IVF

INSIGHTS AND INFORMATION

A-4 Egg Donation and Adoption: What is Your Next Step?
Examine the issues people face when nearing the end of treatment to enable you to make decisions about pursuing egg donation, adoption, or both. Costs, emotional, social and ethical issues will be covered. — Ellen S. Grazier, LICSW, Private Practice and author of “Having Your Baby Through Egg Donation”, and a panel of parents through adoption and egg donation

A-5 Every Day Certainty
Learn how to create certainty and a clear vision while dealing with the emotional, physical and spiritual journey to create your family. — Kristen Magnaccia, coach, motivational speaker, and author of “Love & Infertility”, RESOLVE, Best Book 2009 award

DONOR EGG SEMINAR*

Preparing the Way for Egg Donation
A medical overview of the egg donor process, as well as information about donor screening, coordinating the donor with the recipient, and known and anonymous donors. — Rachel Ashley, MD, and Holly Hughes, RN, Center for Infertility and Reproductive Surgery, Brigham and Women’s Hospital

ADOPTION

A-7 Adoption: Getting Started
This session provides an overview and comparison of all types of adoption: domestic, international, and foster care adoption, including strategies for starting the adoption process as well as an overview of resources. — Joan Lerner Clark, MS, Adoptions Explained, LLC and Michelle Gordon, MSW, Department of Children & Families

A-8 Will This Child Be Mine? Family Bonding and Attachment in Adoption
Gain an understanding of how bonding happens in adoptive families, the similarities and differences in parenting by birth and parenting in adoption, and the common fears about loving a child not related by blood. — Carol Sheingold, LICSW, Adoption Simplified, and Deborah Silverstein, LICSW, Focus Counseling, and panel of adoptive parents

ADOPTION SEMINAR*

A-9 Moving from Infertility to Adoption
This discussion will explore the stages of moving into adoption, from stopping medical treatment through facing the emotional obstacles to considering adoption. — Anne Coleman, PhD, LMHC, Adoptions and Beyond Counseling Services

BREAK & VISIT EXHIBITS 10:30–11:00 AM

SESSION B: 11:00 AM–12:15 PM

TREATMENT OPTIONS

B-1 Why Infertility Shouldn’t Be Unexplained
Learn the importance of an early and thorough evaluation to enable diagnosis and treatment, and review the shortcomings of proceeding with treatments that are unlikely to be successful when the cause of infertility is unknown. — R. Ian Hardy, MD, PhD, Medical Director, Fertility Centers of New England

B-2 Journey Through the IVF Lab
Embryologists explain how they make critical decisions during the care and development of your embryos, explaining techniques critical to the success of a cycle including development and selection of embryos, assisted hatching, ICSI, day 3 vs. day 5, etc. — Donna Cunningham, TS, (ABRM), Reproductive Science Center of New England

B-3 Pregnancy Loss: Medical and Emotional Issues
A review of the clinical causes and treatments associated with miscarriage, followed by a discussion of the emotional issues and coping strategies. — Anne Devi Wold, MD, Founder, Fertility Solutions and Jennifer Burbridge, PhD Massachusetts General Hospital and private practice

INSIGHTS AND INFORMATION

B-4 Embryo Donation: Is This an Option for Me?
The discussion will speak to both donors and recipients about the many issues involved in embryo donation, including finding or donating embryos, social, ethical, and legal considerations. — Susan L. Crockin, JD, Principal, Crockin Law & Policy Group, and Amy Demma, JD, Law Offices of Amy Demma, a New York law practice offering services related to collaborative reproduction

B-5 Navigating a Cycle: What to Expect and How to Manage
Walk through an IVF cycle from the nurse’s and the patient’s perspective, learning how to plan your life around a cycle, including both the typical process and how to manage the unexpected. — Rachel Preiss, RN, WHNP-BC, Reproductive Science Center of New England and a panel of patients

DONOR EGG SEMINAR*

B-6 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. — Robert Nichols, Esq., President, Center for Surrogacy & Egg Donation, Inc., and Kathleen DiLeisi, Esq., Nichols & DiLeisi, PC.

ADOPTION

B-7 Paths to Successful Adoption: Adoptive Parents Speak
Adoptive parents share their stories about their domestic and international adoptions, including how they made decisions along the way and advice they feel is important to share with others. — Dale Eldridge, LICSW, BCD, Coordinator of Parent Services, Adoption Choices

B-8 Transracial Adoption: Taking Steps Toward Becoming a Multicultural Family
Race and culture are often used interchangeably, but are clearly different. Gain insight into the 5 issues that occur when adopting a child of a different race from your own. Included will be the impact on the extended family, what it means to be a multiracial family, and how to support your child’s racial identity. — Deb Shriber, LICSW, Director, Post Adoption Services, J&L Adoption Resources, and a panel of adoptive parents

ADOPTION SEMINAR*

B-9 Domestic Adoption: A “How-To” Overview
Learn about the options for domestic adoption and the process involved with each. The discussion will specifically address issues of cost, risk, and openness. — Maria Alissian, LICSW, JD, Director, A Full Circle Adoptions, and Kathy Hochberg, LICSW, Director, Adoption Resources

LUNCH & VISIT EXHIBITS 12:15–1:30 PM

SESSION C: 1:30–2:45 PM

TREATMENT OPTIONS

C-1 Environmental Factors & Infertility
Learn about new research that shows how lifestyle choices can affect fertility, and that may affect treatment outcomes. — Jill Reproductive Medicine & IVF, Director, Research & Development, Center for Reproduction of Rhode Island, and Robert D. Oates, MD, PhD, Massachusetts General Hospital and private practice

C-2 My IVF Cycle Didn’t Work: What’s After a failed IVF cycle, an examination of what to make in your next cycle, reasons why cycles may fail. — Risa Sweeney, MD, Boston IVF, Center for Advance Reproductive Services, UMass Medical School, Boston University School of Medicine

C-3 Understanding Your Infertility Diagnosis
Do you have a diagnosis for your infertility problem? Male Factor, and want to know more about your options? This Q&A session will provide a NDT cover unexplained infertility (see session Medical Director, Center for Reproduction of Rhode Island, and Robert D. Oates, MD, PhD, Massachusetts General Hospital and private practice

C-4 Infertility and Reproductive Surgery
Learn about the many surgical procedures that are available today to help couples achieve pregnancy. — Ellen S. Glazer, LICSW, Boston IVF and private practice

C-5 Improving Wellness During Infertility
Learn about the latest research on nutrition and lifestyle changes that may improve fertility. — Anne Devi Wold, MD, Founder, Fertility Solutions and Jennifer Burbridge, PhD LICSW, BCD, Coordinator of Parent Services, Adoption Choices

DONOR EGG SEMINAR*

C-6 Psychosocial Issues in Donor Egg Donation
Therapists will discuss the emotional and psychosocial aspects of donor egg donor decisions and the process of selecting others for donor egg donors. — Nancy Doctor, LICSW, Confederation of Rhode Island, and Robert D. Oates, MD, PhD, Massachusetts General Hospital and private practice

ADOPTION

C-7 Financing Adoption and Egg Donor
Compare adoption and egg donation from the costs and finances of each family build advisor, Certified Financial Planner Practitioner, Julie Richardson Tiny Treasures, LLC, and D’Gestational Carrier Program, Reproductive Surgeons

C-8 Working with Birthparents
Learn how to work with birthparents, from the time of ongoing contact after the adoption to openness which will be discussed. — Paula A. Hoo, Expectant Parent Services, White Horizons for LICSW, BCD, Adoption Choices, and a panel of adoptive parents

ADOPTION SEMINAR*

C-9 International Adoption: A “How-To” Overview
Learn the tools for making the decision to the country and the agency. This session covers Hague requirements, health, emotional, and legal restrictions, and more. — Ava Sarafian, LICSW, LICSW, BCD, Coordinator of Parent Services, Adoption Choices, and Jennifer Burbridge, LICSW, BCD, Coordinator of Parent Services, Adoption Choices

BREAK & VISIT EXHIBITS 2:45–3 PM
INSIGHTS AND INFORMATION

D-1 Infertility & Age: Medical and Emotional Issues
Learn how the aging process affects fertility and which diagnostic and treatment options are appropriate, and gain understanding of the emotional issues and challenges of trying to conceive. — Cynthia Silles, MD, Division Director, Reproductive Endocrinology and Infertility, Baystate Medical Center & Professor, Obstetrics and Gynecology, Tufts University School of Medicine, and Emily Spurrell, PhD, Women and Infants Center for Reproduction and Infertility

D-2 Knowing When to Stop Treatment: A Medical and Psychological Perspective
A consideration of the medical and emotional factors that help in deciding when to end infertility treatment and move on to other options. — Selwyn Osokowitz, MD, Boston IVF, and Merle Bombardieri, LICSW, Wellspring Counseling Center

D-3 Adding Complementary Therapies to Your Treatment
Learn about complementary treatment modalities such as acupuncture, Chinese herbs, nutrition and yoga that can play a role in fertility. — Jose Ruiz Li Ac., MAOM, Dip, OM, Family Acupuncture & Herbs of Reading, Hillary Wright, MED, RD, Director of Nutritional Counseling, and Natalie Engler, RYT, Director of Restorative Yoga Services, Domar Center for Mind/Body Health, Boston IVF

ADOPION

D-4 Dealing with the Outside World: Family, Friends, and Work
Gain ideas, support, and resources for coping with the insensitive or awkward interactions with friends, family, and co-workers during the struggle and isolation of infertility. — Deborah Issokson, PhD, Counseling for Reproductive Health and Healing

D-5 Donor Sperm and Donor Egg: Answering Tough Questions
Explore the ethical and emotional challenges of using a donor to conceive, including who, what, and when to tell, and discuss the complex feelings and issues surrounding donor conception. — Nancy Doctor, RNCS, Private Practice, and Laura Lubetsky, LICSW, Center for Infertility and Reproductive Surgery, Brigham and Women’s Hospital

DONOR EGG SEMINAR*

D-6 Donor Egg Parents Speak
A panel 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. — Lynn Nichols, LICSW, Boston IVF

ADOPTION SEMINAR*

D-9 Paths to Successful Adoption: Adoptive Parents Speak
Adoptive parents share their stories about their domestic and international adoptions, including how they made decisions along the way and advice they feel is important to share with others. — Betsy Hochberg, LICSW, Director, Adoption Resources

*These workshop tracks are identical to our stand-alone, in-depth Adoption and Donor Egg Decision Making Seminars.

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LISTENING TO ME

My Journey: Infertility to Adoption

By Cristina Abramson

Looking back now I can see that my body and soul were screaming at me! They kept saying I was making all the wrong decisions regarding trying to build a family. But I didn’t listen. I knew, deep down, that I was going to adopt a child, but society, family, self and everything else was getting in the way, preventing me from relaxing and waiting patiently for what was to come and, ultimately, what was meant to be.

In my late 30’s I found out I had premature ovarian failure and I had an emotional breakdown thinking about my clock slowing down and eventually stopping. I worried about what my family would say and how I would be viewed by society. Most importantly I felt like a failure. I was in a state of panic and thought I had to do something before whatever time my reproductive body had ran out. I always felt like I was racing inside. I started all the scary drug regiments from clomid through to IVF, several cycles all within a year and without a break. All my numbers were going in the wrong direction and I didn’t understand why I was still pursuing this path. Each time I went in for the inseminations the same thought flooded my mind, “You’re not going to get pregnant”. In the end, I think these thoughts hurt me more than the fact that I did not get pregnant. I finally managed to stop this frenetic, Sisyphean activity when my body and mind began screaming out that this wasn’t right for me and was, in fact, hurting me tremendously: I gained 30+ pounds, I was an emotional wreck, and I was more stressed now about time passing me by than ever before.

Once I made the decision to stop medical treatments, I quickly moved on to acupuncture as a fertility option. I did this for another year, wishing and hoping my body would cooperate with each needle prick I received. It never did. Yet again I remember thinking, “I’m not going to get pregnant”. Not being able to become pregnant when everyone around you is - and being raised knowing kids automatically follow marriage - is unbelievably hard to comprehend.

Finally, realizing that acupuncture was not going to help me, my husband and I moved on to starting the adoption process. This was, again, very stressful because I still did not have control over the process - just like I didn’t have control over my body. The adoption paperwork was shockingly time consuming and once we got it all prepared, we had to come to a grinding halt and sit and wait again. My clock was slowing to an almost standstill and I continued the feeling of racing against time. Months passed with only a few potential matches (including one that was really painful to say no to) followed by long stretches of silence. Even though my mind was sure it wouldn’t happen, something inside my heart knew it would. And although I wasn’t aware of it, I was preparing my life for what was to come: changing jobs to be more flexible, saving money for when I wouldn’t be working and getting myself mentally prepared to be a mother. Then after 18 months of waiting a call came in and I knew, with every fiber of my being, that this was our child. The process of getting information about the birth family was far from easy but this is an entirely different topic for a later article. This was it: deep inside of me, even with all the unknowns and frustrations, I knew this was our baby. A whirlwind followed: we went out to Kansas to wait for the birth, we met the birth mom for coffee and I was so thankful that she wanted me to be in the delivery room with her. She invited me to cut the cord and insisted that my husband and I be the first to hold our daughter. From that moment onwards, without a doubt, we knew this was our child. No different than if I had given birth to her myself. It was a magical experience and we’ve been holding our baby girl ever since! Our hearts opened and filled with love and I cannot imagine any other child in my life. Surprisingly, I cannot imagine having a child any other way! She is me; she is us and she is totally ours. If only I could have had the courage to listen to my heart all those years ago, simply enjoying life and our journey as we waited for her to arrive, knowing and trusting she was coming instead of pushing my body and my mind in every direction. I know now that there is a time to try and a time to move on. I am exactly where I always hoped and prayed to be, I just didn’t listen to me soon enough.

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Recurrent IVF Failure
By Claudio Benadiva, MD, HCLD, Center for Advanced Reproductive Services

For many couples experiencing infertility, IVF constitutes the last resort treatment, some times after other treatment options have also failed. Unfortunately, IVF is not always successful, and the cause for the implantation failure quite often remains unexplained. A very common question that patients ask is why their embryos “did not implant” and what should be the next step. The reasons why some patients fail multiple IVF cycles could be very complex, and it may be difficult to find an answer despite extensive workups. In this article, I will discuss the most common reasons why embryos may not implant, the testing that can be done in an effort to find an answer, and some of the potential treatment options available for what has been called “recurrent implantation failure”.

In general, the underlying cause for IVF failure can be attributed to problems with the embryos, the uterine environment, or the patient’s immune system.

1. The embryos:

As women get older, the quality of their eggs declines and the resulting embryos are more likely to have chromosomal abnormalities. Embryos that don’t carry a normal chromosomal component are likely to be lost soon after implantation or do not implant at all. In addition, women with diminished ovarian reserve (high FSH level on cycle day 3, abnormal Clomiphene challenge test, low AMH, etc.) are more likely to produce fewer eggs of lower quality, which could result in lower quality embryos.

In a small percentage of couples with recurrent implantation failure, one of the partners could have a chromosomal imbalance (i.e. chromosomal translocations) that can be screened by checking their karyotypes. In every cell of the body the genetic material is packed in structures called chromosomes that contain thousands of genes. Each cell has 46 chromosomes, including 2 sex chromosomes (the X and the Y). The karyotype is a blood test that can analyze the chromosomes in the patient’s cells. For those cases, PGD (preimplantation genetic diagnosis) could be offered to identify normal embryos for transfer, thereby increasing the chances of success. Even if the karyotypes from both partners are normal, couples with unexplained implantation failure have also been shown to produce a higher proportion of abnormal embryos, and a few studies have demonstrated some benefit of utilizing PGD in those patients.

A thickening of the zona pellucida (the egg shell) can occur in some patients associated with advanced age, high FSH, or recurrent implantation failure. For those patients, the embryologist in the lab can create a small opening in the egg shell utilizing a technique called assisted hatching, which may help the embryo escape and implant. Using the same technique, skilled embryologists can also remove fragments (cellular debris between the cells) from “poor quality” embryos, improving their potential for implantation.

Treatment options for patients with poor quality embryos are limited. Often the egg quality can be improved by changing the stimulation protocol. In other cases, changing the laboratory conditions where the embryos grow can also be helpful, for example by changing the culture media.

Finally, for patients where the quality of the eggs is clearly the problem, egg donation may be another option available to achieve a successful pregnancy.
2. The uterus:

Evaluation of the uterine cavity to rule out fibroids, polyps or scar tissue is routine practice in most IVF programs. Uterine evaluation is usually accomplished with a hysterosalpingogram (HSG) or a saline infusion ultrasound (sonohysterography). For patients with good quality embryos that fail to conceive, a more thorough evaluation of the uterine cavity to rule out any uterine factors may be useful. A hysteroscopy (visualization of the uterine cavity with a telescope) may provide significant findings in this group of patients. Likewise, we have found that an endometrial biopsy (sampling of the uterine lining) often demonstrates chronic endometritis (silent inflammation) in a few patients with otherwise unexplained implantation failure. Results of IVF in these cases can be dramatically improved by a simple treatment with antibiotics. For patients with a very thin endometrial lining, different strategies have been utilized in an effort to improve the blood supply to the uterus, including taking baby aspirin, vaginal estrogen, as well as vaginal Viagra suppositories.

The uterine environment can be negatively affected by the presence of hydrosalpinges (dilated Fallopian tubes). Women with a hydrosalpinx have lower pregnancy rates, lower embryo implantation, and a higher risk of miscarriage. The data is very clear in this regard, and removing the damaged tubes does improve significantly the chances of success.

A difficult embryo transfer can certainly result in implantation failure despite having good quality embryos due to trauma to the uterine lining or difficulty in placing the embryos in the right place. With experience, most transfers can be performed smoothly, particularly with the addition of ultrasound guidance and light sedation if needed. Occasionally, patients with severely distorted anatomy can benefit from a hysteroscopy to address the problem prior to IVF.

3. The Immune system:

The immune system has been implicated in some cases of pregnancy failure, particularly for patients with recurrent pregnancy loss. Using the same logic, many investigators believe that a number of patients who fail to become pregnant after IVF are actually experiencing a very early loss due to immunological problems, before the pregnancy can be recognized. This topic still remains very controversial, as does the value of the different tests and the treatments advocated to treat the autoimmune disorders. At the present time, there is no agreement regarding what tests should be performed, or how to treat abnormal results. Nevertheless, a large number of immunological tests are available in an effort to identify patients with immune dysfunction, and a variety of treatments have been advocated, including baby aspirin, heparin, corticosteroids, and intravenous immunoglobulin infusions (IVIG). Due to the controversy still existing, patients should follow their physician’s advice in this regard.

Even more controversial is the evaluation for inherited thrombophilias. Patients with those conditions have a higher risk of blood clotting and pregnancy complications. Although they have been associated with recurrent miscarriages, their impact on the outcomes of IVF has never been demonstrated.

In summary, the evaluation of the couple with recurrent implantation failure is very complex, and should be individualized for each patient. The process begins with a careful evaluation of the couple’s previous history, procedures and tests that have been already performed, and a detailed review of the previous IVF cycles, including stimulation protocols, laboratory data, and embryo quality. The information will help to guide the workup in a certain direction, depending on what factors are suspected to be responsible for the lack of success. Although many tests are available, only those that will impact future treatment decisions should be obtained. Treatment recommendations should be individualized depending on the couple’s expectations, as well as the anticipated realistic chances of success. With the technological advances available today, most couples should be able to find an answer to their particular problem, and together with their physician come up with a plan that will address their goals.

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RESOLVE of New England
RESOLVE of New England is very pleased to announce that we have received a $10,000 grant renewal from the TJX Foundation. This grant funds our Lisa Fenn Gordenstein Access Scholarships and allows us to assist anyone in financial need who wishes to attend our full- or half-day educational programs and/or to become a member of RESOLVE of New England.

We are committed to ensuring that your financial circumstances are not an obstacle to accessing the comprehensive programs and services offered by RESOLVE of New England.

**Applying for a Scholarship**

Financial assistance from our Lisa Fenn Gordenstein scholarship program is available to cover the cost of household membership AND/OR the cost to attend our full-day programs (Adoption or Donor Egg Seminars, or our Annual Conference) or our half-day program (Beyond Infertility Treatment: What’s Next).

To find out more about applying for the scholarship for our upcoming **ANNUAL CONFERENCE** (Saturday, November 5, 2011), please visit [http://www.resolveofthebaystate.org/scholarshipapplication.html](http://www.resolveofthebaystate.org/scholarshipapplication.html).

Email us at admin@resolveofthebaystate.org or call our HelpLine at 781-890-2225 with any questions.

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- [ ] Donor Egg Information Packet - Members $20 / Non-Members $25
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You can also join online at: [www.resolveofthebaystate.org/membershipapplication.html](http://www.resolveofthebaystate.org/membershipapplication.html)
Health Care Reform & Infertility

We at RESOLVE of New England have been following carefully developments with national health care reform. In late 2011 or early 2012, the Department of Health and Human Services (HHS) in Washington, DC is expected to announce the package of “essential benefits” - the core coverage that will have to be included in policies offered on the new insurance exchange.

RESOLVE has been trying to convince HHS to include infertility in the essential benefits and the national organization is launching a petition to HHS to make all of our voices heard. Please go to www.resolve.org to add your name to this important petition.

If infertility is not in the essential benefits, then states like Massachusetts will be faced with an economic disincentive to continue covering infertility, as well as other mandated benefits. In that case, we in MA, RI, and CT will need to mobilize to make sure our lawmakers understand how critical coverage for infertility is. We will keep you posted as events develop and welcome all volunteers who want to join us if and when we need to take action.

Family Act of 2011

We in Massachusetts are lucky: since RESOLVE helped pass the comprehensive infertility insurance law in 1987, many citizens of MA have had insurance to cover their infertility treatment.

But couples in many other New England states do not have this coverage. In fact, many in Massachusetts lack it because, for example, their employers are out of state or are self-insured. For them, infertility treatment including IVF must be paid for out of pocket, which can be a great burden.

Help may be coming, however! In May, 2011, with RESOLVE's help, the Family Act (S 965) was introduced in the U.S. Senate. This bill would provide a modest tax credit to offset some of the expenses of fertility treatment. Modeled after the longstanding Adoption Tax Credit, the Family Act tax credit would help infertility patients across the country – including people in New England without infertility coverage or those who have insurance but also have out-of-pocket expenses.

Last month, RESOLVE of New England met with health care staffers of Senator John Kerry to urge the Senator to co-sponsor the Family Act. It was a very productive meeting, and we are hopeful that Senator Kerry will support the bill.

Action Needed! Please urge your U.S. Senators to co-sponsor S 965! Click here to read more about the Family Act and to easily send a letter to your Senators!

http://www.resolve.org/family-building-options/insurance_coverage/infertility-tax-credit.html

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Improvement to Massachusetts Mandated Coverage

Have you noticed the improvements to the mandated infertility coverage in Massachusetts?

If you are a woman over age 35 (which we believe to be age 35+1 day, not age 36), then you qualify for coverage after only 6 months of trying to conceive (it used to be a 12-month waiting period). If you suffered a pregnancy loss while trying to conceive, the waiting period clock no longer gets re-set to the beginning, as it used to.

These improvements are thanks to RESOLVE of New England, which drafted the bill and worked hard, together with doctors, to convince legislators to make it become law. We also thank the state representatives and senators and our Governor, who supported our bill and made better coverage a reality.

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Embryo “adoption” Bill

A bill has been introduced in the state legislature to alter the legal processes surrounding embryo donation. H2822 would change adoption laws so that embryos donated by one couple to another would become involved in probate court proceedings for the “adoption” of the embryo prior to medical treatment. RESOLVE of New England opposes this bill for the following reasons: (1) it is unnecessary to add this layer of legal process to embryo donation, which has been practiced in the Commonwealth to build families successfully for many years; (2) adoption is correctly applied only to children who have been born; and (3) this bill could be construed as a step toward embryo “personhood,” which could have the effect of interfering with assisted reproductive treatments and stem cell research. We will keep our members posted if any action is needed on this bill.

Lee Rubin Collins is a dedicated advocate/volunteer and past Board Member for RESOLVE of New England and a current Board Member for RESOLVE: The National Infertility Association.
RESOLVE of New England would like to thank our ADVOCACY SPONSORS who have helped to fund our advocacy efforts:

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Fees: FREE to RESOLVE of New England members, or join over the phone with your credit card. 781-890-2225

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SPECIAL THANKS GO TO TRISH ADAMIK FOR YOUR BEAUTIFUL DESIGN OF THE 2011 CONFERENCE BROCHURE!

ALSO THANKS GO TO ALY GREALISH, NATALIE WEI AND VIVIAN SAMSON!

We welcome and value volunteers!
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**Household Member Benefits**

**Household Membership: $55/year**

RESOLVE OF NEW ENGLAND provides compassionate and informed support, education, and advocacy to people in New England who are experiencing infertility and seeking to build a family. Join those who know what it’s like to wish for a baby. You are not alone.

**Chapter HelpLine** — leave a message at 781-890-2225, for information and support from our Member Services Coordinator.

**Quarterly Newsletter** — includes information about our programs and services, as well as articles of interest.

**Insurance Call-in Hours** — 781-890-2225, for one-on-one assistance by phone with your insurance problems. Check our website or this newsletter for scheduled hours.

**Educational Programs** — reduced fees for varied monthly presentations by experts in the fields of infertility, donor conception, or adoption. Also day-long seminars providing an in-depth look at one topic.

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

**Discounts** — members can attend all Peer Discussion Groups free of charge and receive substantial discounts on attending all of our programs and for literature.

**Annual Conference** — discounted fee for this day-long educational event with over 40 workshops focusing on infertility treatment, emotional issues, donor conception, and adoption.

**Directory of Services** — a resource book of infertility, mental health, donor conception, and adoption services, published annually.

**Advocacy** — for protection of the Massachusetts insurance mandate, implementation of mandates in New England states without a mandate, and for 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.

**Professional Member Benefits**

**Professional Membership: $150/year**

We welcome professionals working in infertility, adoption, donor conception, and related fields to become professional members of RESOLVE OF NEW ENGLAND, the only organization providing direct services to people experiencing infertility in New England. RESOLVE OF NEW ENGLAND offers its professional members a number of benefits in addition to those available to our household, consumer members, including:

**AS ALWAYS:**

- By purchasing your new or renewed membership through us, **all proceeds stay local** and help us provide services to those experiencing infertility in the New England area.
- Option to advertise/list in our annual printed directory.
- Option to exhibit/advertise at our annual conference.
- Option to write articles for and advertise in our quarterly newsletters.
- Discounted pricing to events.
- Leadership/volunteer/presentation opportunities.
- Indirect benefits: advocacy for preservation of infertility insurance mandates and introduction of new mandates; media efforts on infertility issues.
- Basic alphabetical listing in our online professional directory.

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We are always looking for new ways to provide benefits and services to our members, both household and professional. If you have any suggestions on how we can better provide for our members, or if there is a feature or benefit you’d like to see, please let us know. And as always, thank you for your support of RESOLVE OF NEW ENGLAND!