I’m writing this article with the hope of helping even just one other person. Maybe it’s the words that will put things in perspective for you, or the much-needed hope you were looking for to begin again. Every one of us has the ability to move forward; you need to put one foot in front of the other and allow your future to unfold organically.

**OUR JOURNEY AND LESSONS LEARNED**

My journey began with becoming pregnant on the very first try. My husband and I chalked this up to luck, or so we thought. But I would learn that it would take seven attempts and close to four years to achieve our goal of having a baby.

I would soon find out what a lot of medical procedures were and what they would feel like—from a hysteroscopy to an HSG, multiple D & C’s after miscarriages—all of which would eventually lead to blood tests that revealed a genetic abnormality called a translocation, which encompasses a chromosome rearrangement. I was told I had less than a 16% chance of carrying a baby to term, given the findings of a genetic abnormality. Those odds seemed more like zero percent to us.

I am not sharing all of this to scare you, but to empower you. I want to let you know that things will be okay, and that they do get better. I went through all of this and survived. It was during these procedures that things seemed impossible, but also were put into perspective for me.

My story may be similar to your own, or perhaps it is entirely different, but miscarriage and any type of infertility wound the soul equally, as well as the mind and the heart. The amazing part is, with time, the mind and body have the ability to heal at great speed. I’m not saying that you should forget what has happened to you, actually the opposite: embrace it and accept it as part of who you are and who you will become.

**HELPFUL ADVICE**

Prepare yourself for this journey in every way possible. It begins with truly believing that “your goal can be achieved.” There have been hundreds of studies regarding positive thinking and the seemingly miraculous outcomes of that attitude.

The first ingredient you’ll need begins with spirituality, whether you achieve this through group therapy or meditation or you look to your faith and religion. Any combination can help guide you and be part of your support.

The second ingredient is to arm yourself with as much knowledge and information as humanly possible. Think of the cliché “knowledge is power.” Do all of the following and then some: research miscarriage and infertility online, read every factual book you can get your hands on, read about statistics, read other folks’ stories, subscribe to email newsletters, attend group seminars, meet with multiple doctors or specialists, and if
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:
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- Business card - 3.625“ wide x 2.125“ high*

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

Summer 2011 May 31, 2011
Fall 2011 August 15, 2011

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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Spring 2011
Long-Time Executive Director to Move on in May

Dear Friends,

I’m writing to share the news that I will be leaving my position as Executive Director at the end of April. I’ve accepted a new position as Executive Director of Understanding Our Differences (UOD) in Newton, MA, starting in May. UOD is a nonprofit organization providing disability awareness curriculum and education in a school setting. While this position obviously focuses on a different point in the lifecycle, I’m very happy to be continuing my involvement with and support for families.

At the same time as I’m looking forward to this new opportunity, it is bittersweet to be leaving RESOLVE of New England. Over the past ten years that I’ve been Executive Director, the organization has changed and grown in wonderful ways. From a shabby office up a steep flight of stairs on a questionable street, to our new, modern office with plenty of free parking; from a grassroots organization serving only the state of Massachusetts to a professionally managed, thriving entity serving the entire New England region; from educational programs presented by a short list of speakers to our wide open door to professional and parent panelist presenters—and in so many other ways, it has been quite a journey.

I’ve cherished the opportunity to assist people at a time of tremendous crisis in their lives, and I take great pride in the compassionate support RESOLVE of New England has provided to so many people. It is meaningful and important work, and I wish my successor and the organization continued success in fulfilling our longtime mission.

You may be sure that RESOLVE of New England will continue to provide—as it always has—a listening ear, answers to your questions, a shoulder to cry on (when you need it), in-person conversation and support, impartial education and information, passionate advocacy—and above all—hope that you will achieve your much-wanted family.

With my warm regards, and best wishes,

Rebecca Urbens

SAVE THE DATES:

- Adoption Decision Making Seminar
  Saturday, May 21, 2011
- Donor Egg Decision Making Seminar
  Saturday, June 4, 2011
  *(See page 4 for more information.)*
- The RESOLVE Fertility Treatment, Donor Choices and Adoption Conference
  Saturday, November 5, 2011

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DECISION MAKING SEMINARS

Seminar Fees and Registration Information:
RESOLVE of New England members: $100 per person, $175 per couple. Non-members: $125 per person, $250 per couple.
Visit www.resolveofnewengland.org for registration forms.

Financial assistance is available for those in need (RESOLVE of New England membership required).
Contact us for more information at admin@resolveofthebaystate.org.

ADOPTION DECISION MAKING SEMINAR
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 have the opportunity to speak with others making the same kinds of decisions to form their families, as well as speak with those who are parents through adoption.

Saturday, May 21, 2011 – 9:30 a.m. - 5:00 p.m. (Registration - 9:00 - 9:30 a.m.)
Children’s Hospital at Waltham, 9 Hope Avenue, Waltham, MA 02451, Flashner Conference Room A

9:30-11:45 Session 1 - Domestic Adoption: An overview of the adoption process, and insights on how people make the many decisions along the way. A panel of New England domestic adoption professionals will cover how to choose an agency, the home study, costs, and the range of openness in adoptions today. There will be an overview of the different players in the field including traditional in-state agency adoptions, out-of-state agencies, attorneys, facilitators, and state departments of social services that help identify children and their birth parents looking to make an adoption plan. The panel will conclude with Q&A. Betsy Hochberg, LICSW, Director, Adoption Resources, and Marla Allisan, JD, LICSW, Founder, Director, A Full Circle Adoptions.

11:45-12:30 Lunch: You are welcome to bring your own lunch. A list of local restaurants will be provided.

12:30-2:45 Session 2 - International Adoption: An overview of the differences between domestic and international adoption. A panel of international adoption specialists will provide an in-depth discussion about the process of international adoption and the latest information on the international adoption reforms. Topics will include the factors in choosing a country (including age of parents, travel and time requirements, age and experiences of pre-adoptive children, and medical issues) and the realities of trans-racial and trans-cultural adoptions. Q&A will follow.

3:00-5:00 Session 3 - Adoptive Parents Talk about Adoption: This session will be a panel discussion with parents who have recently adopted. The panel will share their stories and lessons learned along the way, followed by Q&A. Wrap-up will include discussion of next steps and how to find continued support.

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

Saturday, June 4, 2011 – 9:30 a.m. - 5:00 p.m. (Registration - 9:00 - 9:30 a.m.)
Children’s Hospital at Waltham, 9 Hope Avenue, Waltham, MA 02451, Flashner Conference Room A

9:30-11:00 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. Dr. John Petrozza, Chief, Reproductive Medicine and IVF, and Joan Ellers, RN, MGH Fertility Center.

11:15-12:15 Session 2A - Finding a Donor: Finding a donor using an egg donation agency, how the process works, and the costs involved. Fertility SOURCE Companies: The Donor SOURCE - Sheryl Steinberg, Senior Case Manager and Prospective Families - Donna Daley, RN, Senior Case Manager.


12:45-1:45 Lunch: You are welcome to bring your own lunch. A list of local restaurants will be provided.

1:45-3:15 Session 3 - Psychosocial Issues: Psychosocial Issues: A therapist discusses the emotional issues for men and women, and the ethical issues to consider. Secrecy vs. privacy will be discussed and deciding how/when to talk with your child and others about donor egg. Laura Lubetsky, MSW, Brigham and Women’s Hospital, Center for Infertility and Reproductive Surgery.

3:30-5:00 Session 4 - A Group Discussion about the Issues: Recipient Parents Speak: A panel consisting of parents through donor egg will talk about their experiences and answer questions. Included will be a discussion of how parents talk with children about their origins. Annie Geoghegan, LICSW, Brigham and Women’s Hospital, Center for Infertility and Reproductive Surgery.
RESOLVE OF NEW ENGLAND is pleased to announce our Spring programs, designed to provide information and support to people experiencing infertility. Meetings combine formal presentations with ample opportunities for discussion with presenters and attendees. FEES (unless indicated otherwise): $20 per person for non-members; $10 per person for RESOLVE members. Register in advance for these programs by emailing our office at admin@resolveofthebaystate.org, or by calling our HelpLine and leaving a message at 781-890-2225. Then simply pay at the door when you check in.

**Journey Through the IVF Laboratory**
*with Diane T. Kyle, MS, GS (ABB), Clinical Embryologist, Massachusetts General Hospital Fertility Center*

The care and development of your gametes (sperm and egg), and embryos in the IVF lab is a significant component of your IVF cycle. This program will help you understand what goes on behind the scenes as embryologists make critical decisions regarding your embryos, to ensure your greatest individual chances for success. Topics that will be highlighted include: interpreting your fertilization results (whether you have had ICSI or conventional insemination), cleavage-stage development, and blastocyst development. Common concerns will be addressed such as: Why did I have a day-2 or day-3 transfer? What is assisted hatching, and why is it a part of my cycle? Why were none of my embryos frozen following my embryo transfer? *(Limited to 20 attendees.)*

**When:** Saturday, April 30, 2011, 10:00 a.m. - 12:00 noon  
**Where:** Village Fertility Pharmacy  
335 Bear Hill Road, Waltham

**Teleseminar: Getting a Second Opinion**  
*with Dr. Isaac Glatstein, Associate Medical Director, Reproductive Science Center of New England*

Getting a second opinion can be an important component of your treatment plan. Learn when and why you should consider this option. Learn how to prepare questions to ask during your consultation, so that you can benefit from a new set of eyes on your treatment plan or diagnosis.

**When:** Tuesday, May 10, 2011, 7:30 - 8:55 p.m.

**Dealing with the Stress of Infertility**  
*with Susan Levin, LICSW, Reproductive Science Center of New England and Private Practice*

The stress increases with the regimen of medications, appointment, work absences, and keeping a “poker face” throughout it all. In addition, fielding difficult questions from others such as “When are you going to start a family?” or “Any news yet?” can add to your burden. Learn proven strategies for decreasing stress and returning some balance to your life. Also included will be how to communicate with you partner and others so that you get what you need.

**When:** Monday, May 16, 2011, 6:30 p.m. - 8:30 p.m.  
**Where:** Plymouth Public Library, Board Room  
132 South Street, Plymouth

**Adoption from Foster Care**  
*with Michelle Gordon, MSW, Department of Children and Families (DCF)*

Are you considering adoption as a way to build your family? Come learn about this path to parenthood through DCF, and meet two parents who have adopted from foster care. Some of the topics to be covered are: Why do children need foster care, and who are the children in need of adoption? What are the costs, training and time requirements necessary to becoming a licensed waiting family? Can we decide the age and gender of the child? How much contact is there with birth parents? What types of support services are available for adoptive parents?

**When:** Saturday, June 11, 2011, 10:30 a.m. - 12:00 noon  
**Where:** RESOLVE of New England office  
395 Totten Pond Rd, Ste. 403, Waltham

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**RESOLVE OF NEW ENGLAND**  
**Massachusetts Insurance Call-In Hours**

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

**Insurance Call-in:** Tuesday, May 3 and June 14, 2011 7:30-8:30

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

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

**Boston, MA:** Morville House, 100 Norway St. (near Symphony Hall)
Times: Wednesdays, 6:00-8:00 p.m. Dates: April 20, May 18, and June 15, 2011

**Longmeadow, MA:** *NEW GROUP* First Church of Christ, 763 Longmeadow St. (Buxton Room)
Times: Mondays, 7:00 p.m. Dates: May 2 and June 6, 2011

**Plymouth, MA:** Plymouth Professional Center Bldg, 116 Court St, 3rd floor of Plymouth Village
Times: Wednesdays, 6:30 p.m. Dates: May 4 and June 1, 2011

**Waltham, MA:** RESOLVE of the Bay State Office, 395 Totten Pond Rd., Suite 403
Times: Tuesdays, 7:00-9:00 p.m. Dates: May 3 and June 7, 2011

**Westborough, MA:** *NEW GROUP* St. Luke’s Parish, 1 Ruggles Street (Parish Center, Classroom #28, 1st Flr)
Times: Tuesdays, 7:00 p.m. Dates: April 26, May 17, June 14, and July 12, 2011

**East Providence, RI:** *NEW GROUP* Church of the Epiphany, 1336 Pawtucket Avenue, living room (basement)
Times: Thursday, 6:00-7:30 p.m. Dates: May 5 and June 2, 2011

**Farmington, CT:** UConn Health Center/Dowling South Bldg., 2nd floor Education Rm., 263 Farmington Ave
Times: Thursdays, 7:00 p.m. Dates: April 21, May 19, and June 16, 2011

**Burlington, VT:** Christ Church, Presbyterian, 400 South Prospect St.
Times: Mondays, 7:00 – 9:00 p.m. Dates: May 2, 2011

**Londonderry, NH:** Healing Hands Chiropractic Family Wellness, 156 Harvey Rd
Times: Tuesdays, 6:00 – 8:00 p.m. Dates: May 3 and June 7, 2011

**Portland, ME:** *NEW LOCATION* Maine Medical Center, 22 Bramhall St., Dana Education Center
Times: Tuesdays, 6:30 – 8:00 p.m. Dates: May 10 and June 14, 2011

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**Is a Peer-Led Discussion Group Right For Me?**

*A peer-led group can be most beneficial at certain points of the infertility experience:*

- When faced with making a difficult decision
- When embarking on new parenting options
- When dealing with any major loss

*If any of the following statements apply to you, consider attending a RESOLVE peer-led group:*

- I'm feeling lonely and isolated
- I have very few people to talk with about my infertility. No one understands or “gets it”.
- Everyone I know is pregnant or has children
- My partner is the only one I have who provides emotional support
- Infertility is affecting my work and career
- I feel that my life plan is out of control. I’m having trouble navigating through my medical treatment options
- I can't decide when "enough is enough"
- Holidays and coping with family and friends are becoming more and more difficult.
What is a RESOLVE of New England Peer Discussion Group? These groups meet monthly and are led by a “peer” who is currently, or has experienced infertility. These informal discussion groups are a great way to share feelings, stories, and strategies in a safe place, with others who are facing similar challenges. The groups offer the emotional support of others, provides strategies for coping, and information about RESOLVE resources. Free to Resolve of New England members, $5 per person for non-members. See below for registration details.

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.
applicable, geneticists and high risk pregnancy experts. Meet with those that are going through this as well, because you might ironically find others are “normal” just like you.

The third ingredient is, and I implore you to do, this: create an even stronger support system than you currently have. Whether that consists of family, friends, co-workers, or the folks like those I found at RESOLVE, choose people you trust to be there for you. I say this because I didn’t. I kept our “secret” to myself and my spouse and didn’t tell family or friends about our situation, because I was angry, embarrassed, hurt, and resentful.

I thought I was strong enough for a while, but then I started having miscarriage after miscarriage, and years were passing me by. I can’t begin to tell you how many baby showers I regrettfully did not attend, or how many times I would cry and look away when a new baby was being strolled by me.

If your mother is around, tell her what you are going through. She would want to know and would want to help you in any way humanly possible. Your mother will love you for a lifetime no matter what is going on. I know this because I am so gratefully a mother now. I would want my daughter to come and talk with me. I would guide her through this journey with the compassion she deserved, and share my own experiences so she would realize there is hope.

The last ingredient is to believe in yourself and what you can do. There is something to be said for thinking optimistically. Also, daily affirmations help; sign up for them online! If you believe in your own abilities and strengths, and perhaps a higher power, then your dream remains and no one can take that away from you.

This dream needs to be fostered and cared for immensely by you and your partner. Being successful may not happen in one month or even next year, but if someone told you with 100% certainty that you would have a baby in the next two years, would you give up for even one second, or would you sprint toward your goal?

**Thinking About the Future**

During this journey ask yourself “Why do I/we want a baby?” You may be surprised by all of the answers you arrive at. This question could lead you to a clearer understanding of your desires for a family. It may enable you to widen your acceptance of other avenues including infertility treatments, adoption, egg donation, or surrogacy, and in some cases like mine, to confidently believe in nothing short of a miracle.

I am happy to share that almost four years later and after seven attempts, I became pregnant and carried a healthy baby to term. In my case, in the end, it didn’t take science but faith and time (and the ingredients I mentioned above). I gave birth to a healthy baby even after all the odds and genetic findings were stacked against me. I had a wonderful pregnancy, an amazing labor and delivery, and we have come to experience first hand that miracles do happen. I find myself smiling daily and thinking about all that my daughter is, and all that she has given to me. And I smile for you too, with hope.
The Donor Egg Decision Making Process: Looking at Clinical Factors
By Vito Cardone, MD, Medical Director, Cardone Reproductive Medicine and Infertility

Sometimes one of the most challenging aspects of practicing reproductive medicine is helping patients decide when egg donation is their best option. Naturally, there are indications that are very straightforward, such as premature ovarian failure, when there are no more eggs in the ovaries, or when the ovaries have been surgically or medically damaged from chemotherapy or radiation therapy.

However, those diagnoses are probably the least frequent reasons for using egg donation. We most frequently see women over the age of 40 who usually have a limited egg reserve and/or produce very few eggs after ovarian stimulation. Even though it is true that you only need one egg and one sperm to create a successful pregnancy, the reality is much more complicated. Eggs are not continuously renewed in the ovary. In fact, quite the opposite occurs. Eggs die in the ovaries when females are still in their mother’s womb. From the fifth month of gestation to birth, millions of eggs already are lost and this process continues throughout reproductive life.

Unfortunately, this is not the full story. Not only are there fewer and fewer eggs as the ovaries advance in age, but the remaining eggs also age. They become abnormal and, therefore, not capable of producing a normal pregnancy. For example, eggs obtained from the ovaries of women who are 45 years or older have upward of an 80-90% chance of being abnormal. This last point is the most important reason why IVF success rates are so poor for women in the 40 plus age range as their ovaries age.

So the main question we face is: after how many treatment cycles should the couple resort to donor eggs? The answer is not easy and it definitely and absolutely needs to be individualized.

As clinicians, we need to examine many factors. First, we must review all cycles the patient underwent to look at the ovarian response. A patient who produces many eggs will have a higher chance of having a normal egg among them. We also assess what the embryos look like. Naturally, there is a higher chance of success when there are larger numbers of embryos, as well as more high-grade embryos. On the rare occasion when we have many embryos that look good, genetic testing on the embryos (PGS) may help us define their normality and the probability of success.

Many clinical variables can influence the decision-making process about proceeding with egg donation. But patients also need to look at the psychological aspects of using a gamete donor to determine if this is emotionally right for them. It is valuable to speak to a mental health therapist who specializes in infertility and third party reproduction and who can help patients weigh the pros and cons of choosing this path to parenthood.

One of the most important steps an infertility specialist can take is to help patients navigate through all the information with which they are presented. By providing patients with all available options and their realistic success rates, they will be equipped with the ability to make their own decision.

Some patients need to leave no stone unturned and will want to go through treatments using their own eggs even though they are aware of the very low chances of success. It is important to respect their wishes. Others will just opt to go directly to egg donation because of the much better success rates. It is never an easy decision, regardless of their choice, but education and support is available.

*See page 4: RNE’s Donor Egg Decision Making Seminar, June 4th
Hey Julie! I am so pleased that you want to do a email conversation with me for RESOLVE about telling our fertility stories in your blog alittlepregnant.com and my comic book memoir, Good Eggs.

Your honesty in your blog is so refreshing and satisfying. You say the things out loud I want to hear. I'm not alone—followers of your blog often post requests that you write, swear, or articulate a response to a fertility news item because your voice is the honest voice we crave. Why and how did you begin the blog?

I started my blog at the disastrous end of my first IVF cycle, when I needed a place to say everything that was on my mind—the good, the bad, the absurd, and the things that made people uncomfortable. Especially the things that made ME uncomfortable. What I couldn't say aloud even to my husband, I found I could say on my blog.

The blog world was much smaller then, and a kind of anonymity was still possible, so I could just throw it all out there without fear of interpersonal consequences. I could be honest about my experience in a way I couldn't in real life.

It was an amazing feeling of freedom. Before too much time had passed, I realized how therapeutic it was for me to write about fertility. Not only was I lucky enough to find community through what I was doing, I noticed that throughout the act of writing, I was processing what I was going through. I might sit down at my keyboard not exactly knowing what I was going to say, or how I really felt, but by the time I banged it out I'd explored it and released it. The only way to achieve that feeling of catharsis was by writing honestly.

Being honest has had consequences. I've hurt people's feelings at times, said some stupid stuff, written things I later wish I could unwrite. People frequently disagree with me. And I'm sure my frankness has limited some of my options, if I'd had any ambition to turn blogging into a profession. (Yeah, it must be the frankness. No f*%#ing way could it possibly be the swearing.) I've learned so much from all of it—the mistakes, the disagreements, the occasional unexpected firestorm—that I can't say I regret it. When I write with honesty, I can accept any repercussions, knowing that I've told the truth.
PHOEBE: When I was drawing and writing my book, I really wanted to be honest not least because I think that honesty is funny. Also, I often felt that going through the structured insanity of fertility treatments, I needed to laugh to survive. If you can’t laugh, there’s only crying, and I do plenty of that.

JULIE: That’s one of the things I love most about your book, how funny-but-true it is. I was especially taken by your characterization of your mother— in your book she’s totally crazy-making, but also truly lovable.

PHOEBE: My ma was not thrilled, she called and emailed everyday for awhile, like she was metabolizing the book for the first time every morning. To her credit, she sees the strengths of the book, and is proud of me. Even her Amazon review reads: “I laughed so hard until I realized it wasn’t someone else’s daughter... You should buy this book... never mind how I’m feeling.”

JULIE: And what about Jeff? While reading Good Eggs I got misty here and there, and it was often during exchanges between you and Jeff. There were moments of startling honesty there—you shared conversations on the page that Paul and I barely had in real life!

PHOEBE: The book is about me, my circuitous professional path and my take on the Great Fertility Experiment. Jeff is portrayed truthfully, but I don’t presume to explore his inner life. That wasn’t too hard: Jeff kept his emotional distance from the fertility process, I think as a survival strategy and I think because he saw it as something that was happening to me.

What about the people in your life? When writing about them, do you find yourself turning up or down the honesty volume?

JULIE: Ohhh, I love this idea! The honesty volume! Let’s see, my dial is set somewhere around 2 when I’m talking about my family, and I hit the mute button when it comes to people I know in my day-to-day life, but when I’m discussing my own isolated experience or general infertility issues, I opt for the full Spinal Tap: “These go to 11.”
RESOLVE Time Capsule: How We Got From There to Here
By Ellen Glazer, LICSW

Yesterday afternoon I visited the RESOLVE of New England offices on Totten Pond Road for the first time. As I made my way around the office park, trying to identify building #395 amidst several look-alikes, I couldn’t help but think of how different the setting was from RESOLVE’s earlier homes. I can so easily recall Barbara Eck Manning’s Belmont living room, where it all began, then the small office in Belmont with all the personal notes and baby announcements on the wall, then the “back alley” offices off Main Street that I am guessing RESOLVE staff would just as easily forget.

Once I was inside the office, my reminiscing pushed pause. I was busy visiting with Rebecca, Lisa, and other members of the staff, as well as signing books, which was the purpose of my visit. It was nice to see old friends and I would have loved to stay longer, but I had only a few minutes. “I can’t stay long,” I said. “I’m meeting my daughter in Burlington. She’s pregnant. We’re going shopping for maternity clothes.” It was only when I spoke the words that I realized the irony, the poignancy, the juxtapositions of the afternoon. As a young woman sitting in a RESOLVE support group in the late 1970’s, I could never have imagined that 30 plus years later I would have only a few minutes for RESOLVE because I was off to a shopping expedition for maternity clothes.

When I left the office, I felt like I was in a time capsule, filled with memories that spanned three decades. I remembered my first experience with RESOLVE, as a support group member. Although I can remember only her first name, I thought of the woman in my group whose adoption inspired me. She was so excited to get her baby that she got a speeding ticket on her way to the hospital!

My travels through time took me next to an early RESOLVE board meeting. I was there with my three-week-old daughter when a fellow board member first told me about “open adoption.” Her enthusiasm for openness jolted me because my daughter’s adoption was fully closed. Sitting there, nowhere near ready to hear the benefits of openness, I could never have fathomed that thirty years later, fourteen members of my daughter’s birthfamily would attend her wedding, including her birth-aunt who would perform the ceremony, her bio-sibs who would be in the bridal party, her bio-cousins who would serve as flower girls and ring bearer. Nor could I have imagined that two days before my brief visit to the RESOLVE offices, I would be hosting a large barbecue for birthfamily members all found on Facebook.

As I drove away from RESOLVE and toward Motherhood Maternity, I thought of the countless RESOLVE support groups I have led—the one that, at last check, had been going strong for 15 years, the many times I saw women begin to forge enduring friendships, the one in which everyone told the “true confession” of what they thought they had done to be “punished with infertility,” the many groups that morphed into mother’s groups or adoption groups. And I remembered the first national meeting of RESOLVE, held at the Marriott in Newton, where it finally dawned on all of us locals that Belmont was no longer the epicenter of RESOLVE. I thought also of the many colleagues and friends I first met as members of my support groups. And I remembered, as I do nearly every day, my cherished friend, Susan Cooper, whom I met through RESOLVE when we were in our early thirties and lost to cancer when she was 55.

“How lucky am I?” I said to my daughter as we left Motherhood Maternity, she with a full bag of maternity clothes, me with a full plate of blessings. “How lucky am I to have a daughter.” I added and then went on, “To have a daughter who lives nearby. To have a daughter who is pregnant. To have a daughter who will let me go shopping with her. How lucky am I to have lived long enough to see grandparenthood on the horizon.” I could have gone on and on but at this point I realized, enough had been said.

Time passes. Things change. Life brings unanticipated blessings.

About the Author: Ellen S. Glazer, LICSW is a social worker in private practice in Newton. She has written or co-authored six books on infertility, parenthood after infertility and assisted reproduction. Inspired by her earlier book, The Long Awaited Stork, and by countless “happy endings” to infertility, Ellen has recently launched the blog, http://web.me.com/ellenglazer/thelongawaitedstork, where readers are invited to tell the stories of their journeys to parenthood.
Choosing Between Domestic and International Adoption

By Nicole Witt, Executive Director, The Adoption Consultancy

Once you’ve decided to adopt, the next decision is whether you are going to adopt domestically or internationally. This decision impacts who you hire as your home study provider, your agency, and your attorney. Making this decision involves you and your partner asking yourselves some difficult questions. This takes soul-searching, brutal honesty, and forthright communication as some of your answers may challenge long-held beliefs about your values.

The first questions relate to the child’s age. How important is it to you to adopt a newborn? Are you comfortable adopting a child who has been in group care for the first few months/years of his or her life? Domestic adoption is the only way to adopt a newborn. If you choose to adopt internationally, it means adopting an older infant or toddler.

Second is timeframe. Although you’re anxious to grow your family, how critical is the speed of the adoption? With domestic adoption, although you do have more control over the timeframe than most people think, it is still unpredictable because it depends on when you are chosen by a prospective birth mother and how far along in the pregnancy she is. Nevertheless, depending on the quality and visibility of your profile, your openness to different situations, and the professionals with whom you work, some domestic adoptions can be completed in only a few months. Alternatively, international adoption is a little bit more predictable, although not nearly as predictable as people tend to think. Changes in laws, political and economic climates, and even general sentiment toward the U.S. can and do impact timelines—even once you are “in process.”

Another factor to consider is the medical and social history of the birth families. With domestic adoption, often this information is extensive, at least on the birth mother’s side. Take some time to consider the medical and social history of you, your spouse, and your families. Think about what that would look like on paper—would you select yourselves if the situation were reversed? With international adoption, you have the advantage of medical reports on the child him/herself but rarely any information on family history.

How about the level of openness with which you’d be comfortable? Many pre-adoptive parents choose international adoption because they do not want any contact with the birth family. Most domestic adoptions these days are semi-open, meaning that the birth mother will know

WHAT’S YOUR PREFERENCE: DOMESTIC OR INTERNATIONAL ADOPTION?

“My husband and I decided on domestic adoption because the doors seemed more open to us. With international adoption, we would have been up against more restrictions, more limitations, higher costs, and longer wait times.”

Karen, FL

“We made our decision to adopt internationally in part because of the stories we had heard about domestic plans ‘falling through.’ In addition, we were so moved by every story we read regarding the power of love reaching across the globe. We embraced the idea of this global unity and the common bond that unites us all.”

Lisa and Kevin, GA

“We started with international adoption but later changed our mind. We did not qualify for many countries and could not afford to be out of work too long [for the time required to travel to] another country. We also wanted an infant and initially did not [pursue] domestic [adoption] because of the wait times we heard of and the fear that because of our age we would not be picked—both of which turned out to be unfounded.”

Dana & Trish, FL

“We decided to adopt internationally due to the fact that Ed is Armenian and we could adopt a child from his heritage.”

Mary Jo & Ed, NY

“We felt more comfortable with international adoption, because we would be assured of no contact with the birthparents. We had friends who adopted from Korea, and they were very satisfied with their experience. We used their agency and now have two wonderful happy, healthy boys.”

Anne and Michael, NY

“With so many unplanned pregnancies in the United States, choosing domestic adoption was easy for us. We knew we wanted to do what we could for the birth mothers and families closest to us.”

Amber and Kevin, FL

“Ultimately, it was not a decision for international adoption as much as it was against domestic adoption due to the [approximately two-day] waiting period [before the consent forms are signed] during which the birth parents could change their minds about their plan. This would have been too devastating after multiple miscarriages.”

Dawn & Niel, GA

Continued on page 14
your first names. In many cases, all parties have met and/ or had phone conversations prior to the birth. After the birth, the adoptive parents send updates and pictures to the agency, which the agency then forwards to the birth mother. Contrary to popular opinion, these updates don’t make the birth mother suddenly want to parent the child. Instead, they help reassure her that she made the right decision, that she is a good person (despite lots of people telling her how selfish she is during the process), the baby is thriving and, therefore, will not grow up to hate her (one of her biggest fears).

Next come finances. Neither domestic nor international adoption is necessarily more or less expensive than the other; it all depends on the particular situation. Domestically, one can expect to spend between $20,000 and $35,000. Internationally, costs vary by country and range between $15,000 and $50,000. The total amount spent and when the payments are due are less predictable with domestic adoption than with international. Also, money is at risk in either process—domestically via paid birth mother expenses and legal fees in a failed adoption and, internationally, if a country closes or significantly slows down once you’re in the adoption process.

Next let’s discuss the process. International adoption involves a traditional waiting list—once you are on the list, you wait as you rise to the top. With domestic adoption, you create a “personal profile” shown to prospective birth mothers until one selects you, which can happen at any time. You can increase the chances of getting selected quickly by creating a powerful profile and making sure that it has as much exposure as possible through a carefully selected network of adoption agencies and attorneys. Which route feels more comfortable to you is merely personal preference.

Another key area is concerns about the birth mother. Most people just beginning a domestic adoption have a fear of the birth mother “showing up on their doorstep.” In a closed or semi-open adoption, the birth mother will not know where your doorstep is. Even if she found your doorstep, she would have no legal right to the baby once her rights are properly terminated. Most important, most birth mothers are at peace with their decision and have no intention of disrupting the baby’s life. Nevertheless, this fear often drives couples toward international adoption where these concerns, for the most part, do not exist.

Finally, consider demographics. How old are you? What is your marital status? Most people who adopt are between 30 and 45. Domestically, how young you look and how active you are is usually more important to the birth mother than your actual age. Internationally, your age may limit the countries for which you are eligible. Many countries have outright age limits and some limit the age difference that can exist between adopter and adoptee, thereby allowing older parents to adopt only older children. Additionally, some countries’ eligibility requirements specify that the adoptive parents have been married for a certain amount of time or limit the number of prior divorces allowed.

There are many important considerations that go into this decision. Being completely honest with yourself and your partner is critical. Make sure you consider all the implications of the path you choose. Be careful not to let fear and myths lead you astray. Get the facts and, based on those, make the decision that’s right for you, your family, and your forever child.

About the Author: Nicole Witt is Executive Director of The Adoption Consultancy (www.TheAdoptionConsultancy.com) as well as a frequent speaker on adoption. The Adoption Consultancy serves pre-adoptive families by providing them with the education, information, and guidance they need to safely adopt a newborn, usually within 3 to 12 months. Contact: 813.681.6232 or nicole@TheAdoptionConsultancy.com.

*See page 4: RNE’s Adoption Decision Making Seminar, May 21st
RESOLVE of New England remains as committed as ever to the importance of advocacy as part of our mission. We are actively involved in a variety of exciting activities and are pleased to share this update about what’s new.

**Infertility Mandate Legislation in Maine.** Exciting news for Mainers: legislation has been proposed to make Maine the 16th mandated coverage state in the U.S.! We rallied Maine residents and infertility professionals to attend a hearing on March 23 about the mandate bill, which was filed by sponsor Rep. Gary Knight. Rep. Knight offered testimony in support of the bill and to amend two provisions that would limit coverage based on marital status and if an infertility diagnosis is the result of an STD.

**National Infertility Awareness Week® April 24-30.** NIAW is a movement that began in 1989. The goal of NIAW is to raise awareness about the disease of infertility and to encourage the public to take charge of their reproductive health. The focus of this week in 2011 is breaking the myths that surround infertility and the ways people build their families. RESOLVE of New England’s educational program during NIAW will be held on Saturday, April 30 at noon: Your Eggs, Sperm, and Embryos—Journey Through the IVF Laboratory. See page 5 for more information.

**National Advocacy Day, May 5.** Join RESOLVE, volunteers, and fellow advocates in Washington, DC on Thursday, May 5th. Participate in RESOLVE’s Advocacy Day and ensure that the infertility voice is heard and that your elected officials understand the needs of those trying to build a family. You will call on key lawmakers and their staffs and present information that will impact future discussions regarding infertility and healthcare. Can’t make it to Washington? You can still participate! It is also possible to visit your Senators and Congressman in your home state. Go to www.resolve.org for more information.

**Impact of Health Care Reform.** The Affordable Health Care Act (ACA) and its implications for state mandates are still murky, although we are monitoring this situation closely as the negative potential is worrisome. A lot will ride on what is meant by “essential care” and ultimately, that decision/definition rests with one person (the Secretary of Health and Human Services). That should be clarified in the fall of this year, and then it will be up to the states to sort it out by 2014. We will have a clearer picture of what an advocacy action plan needs to look like by the end of this year, based on the definition of “essential care.”

**New Chair of Advocacy Committee:** We are very pleased that Keiko Zoll, of our Board of Directors, has agreed to become the new chair of this important committee. Keiko is an infertility and women’s health advocate, blogger at www.HannahWeptSarahLaughed.com, and sometimes filmmaker. She has received a number of awards for her videos, including Wellsphere.com “This Is Me” Video Contest, Grand Prize (June 2010); RESOLVE Hope Award for Best Viral Video (Sept. 2010), and WEGO-Health.com/ICYOU Health Activist Vlog Contest, Grand Prize (Nov. 2010).

**A few words from Keiko:**

I’m honored to have been nominated to chair the Advocacy Committee and excited to get down to work. The work of RESOLVE of New England depends on the commitment and participation of its volunteers. It’s this volunteer and member effort that brought Massachusetts an infertility mandate over twenty years ago and paved the way for Connecticut and Rhode Island—and now the door has been opened for Maine. I hope you’ll join me in advocating for Maine and other legislation in the region supportive of infertility treatment and patients. Let’s make 2011 the year of the Maine Mandate! Have an idea or want to get involved in RESOLVE of New England’s advocacy efforts? Email me at keiko.zoll@gmail.com.
DONATIONS IN SUPPORT OF THOSE TOUCHED BY INFERTILITY

RESOLVE of New England wishes to acknowledge and gratefully thank all those who have generously made donations to our Campaign 2010. Thanks to you, our mission is possible.

It’s easy to give online and support us with a much-needed donation. Go to: www.resolveofthebaystate.org/donation.html. Contributions are tax deductible and may be eligible for matching funds from employers. Please check with your human resources department.

For donations received November 15 through December 31, 2010.

Benefactor, $2,000+
Amy Davis and Frank Dunau
Dr. Samuel Pang

Sponsor, $1,000+
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Pam and Joe LoDato
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NON-RESOLVE PROGRAMS

The following programs may be of interest to RESOLVE of New England members.*
See page 2 for advertising and editorial policies. Deadline for Summer 2011 is May 31, 2011.

DOMAR CENTER FOR MIND/BODY HEALTH
MIND/BODY PROGRAMS FOR FERTILITY
Developed by Dr. Alice Domar
(Bestselling Author & International Authority in Mind/Body Medicine)

ENHANCE YOUR CHANCE!
Studies show that those who participate in mind/body programs more than DOUBLE their chance of having a baby (Domar et all, Fertility and Sterility, 2000). This program is designed to reduce stress surrounding fertility treatment and to help you to feel happier and more in control.

NEXT EVENING PROGRAMS:
Wednesdays, April 13–June 8, 2011

For more information or to register, call (781) 434-6578, email domarinfo@domarcenter.com, or visit us online at www.domarcenter.com.

Financial assistance is available for those who qualify. Assessment visit covered by Blue Cross/Blue Shield, Harvard Pilgrim, and Tufts health insurances.

*ADOPTIONS WITH LOVE

Adoptions With Love, Inc. is a licensed, non-profit, independent, FULL SERVICE adoption agency placing domestic newborn infants for 25 years.

With our extensive experience, we are committed to helping inquiring individuals become successful adoptive parents in less than one year. We offer free consultations with a staff social worker.

ADOPTIONS WITH LOVE, INC.
To learn more about our programs, please call 617-964-4357
www.adoptionswithlove.org

* A listing does not constitute an endorsement by RESOLVE of New England.
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.


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.

IN THE WORKS:

• A badge for you to place on your website, indicating your RESOLVE Professional Membership.
• Discount on conference and program CEU processing fees.
• Access to an online “Resource Center” with a searchable archive of past newsletters/articles.
• Access to a “Members Only” forum, with special designation as a Professional.

We welcome and value volunteers. Please contact us by email or phone if you are interested in becoming a volunteer. Many opportunities are available. admin@resolveofthebaystate.org 781.890.2225

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!