Balancing Your Emotions Throughout the Day:
Schedule Lamenting Time
By Kristen Magnacca, excerpt from Love and Infertility

My husband, Mark, and I had been trying to get pregnant for months, with no success, and the process was wearing on my personality and work ethic.

I was so easily distracted during the day. Hour after hour, I was obsessing – thinking about the time of the month, my fertility signals, and the likelihood of creating a baby during each month’s attempt. I was driving myself nuts with all these thoughts. I think of each thought in my head as a person on my mental bus. The strongest thought at any given time sits behind the steering wheel and drives the bus, sometimes to a point of no return. It went something like this:

“Gee, I wonder if I took all my folic acid today. I can’t remember. Well, I’d better go and take one – or another one – just in case.” Working out of my home office was a curse and a blessing during these mental bus rides. Up the stairs to the kitchen to get the folic acid, back downstairs to the office. “Okay, folic acid taken. What’s today’s date? Oh, that would be the tenth day of my cycle; the ovulation kit still only gave us one line. I wonder if there’s a problem. I should retake the test.” And on and on and on it went.

Fear was the basis of all my internal conversations. I allowed my fear of not being able to get pregnant to permeate my thoughts and my day. To save my days, I began to “schedule” lamenting time. It can save yours, too.

During the day, if a thought popped into my head, before I allowed that thought to climb behind the wheel, take control of the bus, and drive me to distraction, I would quickly jot it down on a colored sticky-note, and then stick it to my computer. I would repeat this during the day, stopping, jotting the thought down, and then moving forward on my work to-do list.

This strategy became powerful for a few reasons. First, I felt as though I was taking control of the emotional surge – and my mental bus – through the act of jotting the thought down on the piece of paper. Second, I felt as though I was giving it some acknowledgement for that brief moment. Having done that, I was then quickly able to regroup and maintain control of my workday. But this was only the first part of the strategy.

At the end of my workday, I would allow myself fifteen minutes to focus on all the thoughts I had written down on those sticky-notes. I would review the notes and allow all the emotions contained on that colored paper to pour out. On some occasions I would cry in frustration at not being able to conceive. Other times I would laugh out loud at
MEMBERSHIP INFORMATION

It’s easy to become a member of RESOLVE of New England. Go to our website and click on “Membership.”
Household Membership: $55/year  Professional Membership: $150/year

RESOLVE OF NEW ENGLAND Household Member Benefits

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.

RESOLVE OF NEW ENGLAND Professional Member Benefits

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 2-line (Name, Phone) alphabetical listing on our website.

IN THE WORKS:
· Name listed in quarterly newsletter as a professional member of RESOLVE.
· A badge for you to place on your website, indicating your RESOLVE Professional Membership.
· Discount on conference and program CEU processing fees – 50%.
· Professional Membership certificate.
· Membership card.
· 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 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!
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@resolveofnewengland.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, January 29, 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, Devere Conference Room

9:30-11:45 Session 1 - Domestic Adoption: An overview of the adoption process, and how to make decisions along the way. Adoption professionals will cover how to choose an agency, the home study, costs, and the range of openness in adoptions. Also included will be the different players in the field: 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. Q&A will follow. Betsy Hochberg, LICSW, Director, Adoption Resources, and Dale Eldridge, LICSW, Coordinator, Adoptive Parent Services, Adoption Choices.

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. Included will be details on international adoption and the latest information on adoption reforms. Topics included are: the factors in choosing a country (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. Pat Hoopes, MSW, LICSW, Director of Clinical Services, Wide Horizons for Children, and Aea Sarafian, LICSW, Clinical Supervisor, MAPS.

3:00-5:00 Session 3 - Adoptive Parents Talk about Adoption: 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 includes discussion of next steps and how to find continued support. Moderator, Dale Eldridge, LICSW, Adoption Choices.

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, February 5, 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: 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. Samuel Pang, Medical Director, and Ann Moegle, RN, Donor Egg Coordinator, Reproductive Science Center of New England.

11:15-12:45 Session 2 - Finding a Donor and the Legal Issues: Finding a donor using an egg donation agency, how the process works, and the costs involved. Legal issues and contracts will be covered. Amy Demma, Esq.’s New York law practice focuses on third-party reproduction and assisted family building. Amy was the founder of Prospective Families, an egg donation agency now affiliated with The Fertility Source Companies.

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: Therapists discuss 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. Ellen Glazer, LICSW, therapist with years of experience counseling clients on infertility and family building issues. Ellen is also a co-author of “Having Your Baby Through Egg Donation,” available for sale at the program (checks and cash only).

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. Panel Moderator: Jacqueline Goggin, parent through donor egg.
RESOLVE OF NEW ENGLAND is pleased to announce our Winter programs, designed to provide information and support to people experiencing infertility. Meetings combine formal presentations with ample opportunities for discussion with presenters and 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.

TELESEMINAR – Keeping Love Alive During Infertility Treatments
With Kristen Magnacca, coach, motivational speaker, and author of Love & Infertility, RESOLVE’s Best Book 2009.

Couples’ relationships often suffer during infertility treatments. Learn strategies to help you overcome the challenges of infertility treatments, and to communicate more effectively with one another. In addition, you will learn how to maintain a sense of control over your lives so that your relationship can thrive. Limited to 20 participants.

To register, please e-mail admin@resolveofthebaystate.org by 3:00 pm on Wednesday, February 9th.

Teleseminar is free to RESOLVE of New England members, $10 per person for non-members. Members will receive call-in information immediately; non-members must first pay the $10 fee to receive call-in information. Payments are accepted online by clicking “Donate” on our website at www.resolveofnewengland.org and entering the amount in the donation box.

When: Wednesday, February 9, 2011, 7:30 – 8:25 p.m.

What Can Acupuncture and Yoga Do For Me while Experiencing Infertility?
With Christina Noonan, Lic. M.Ac., Senior Staff Acupuncturist and Natalie Engler, Director of Restorative Yoga, Domar Center for Mind/Body Health at Boston IVF.

Learn about acupuncture and yoga, and how they can help to reduce stress, anxiety, and depression leading to an increased sense of well-being. In addition, learn how these complementary treatment options may enhance fertility. The yoga portion will include some experiential exercises.

To pre-register, please email us with the number attending. Program fees may be paid via cash, check, or credit card, or in-person.

When: Tuesday, March 8, 2011
Where: Walker Center, in the Living Room
144 Hancock Street
Newton, MA 02466

Beyond Infertility Treatment: What’s Next?
With Anna and Joe Koon, a couple who resolved without parenting, adoption professional Anne Coleman, PhD, of Adoption and Beyond Counseling Services, and Deborah Silverstein, LICSW, Focus Counseling.

Are you trying to decide whether to continue or stop infertility treatment with your own gametes? Are you considering moving on to another path? Learn how to arrive at a decision even when as a couple, you may not be on the same page. Explore resolutions which include; resolving without parenting, and the family building options of egg donation and adoption. This program will give you a chance to meet people who have made these choices and who will share what they learned along the way. The donor egg and adoption portion will not cover the how tos, costs or details of these options, but will provide some insight into the important issues to consider to help you decide if they may be right for you.

When: Saturday, April 9, 2011, 12:00 noon - 5:00 p.m.
Where: Newton Senior Center
345 Walnut Street
Newtonville, MA

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, February 15 and March 22, 2011 7:30-8:30

Having difficulty getting insurance coverage for your doctor’s recommended treatment plan? Need help framing an appeal letter to your insurance company? Want to know what the Massachusetts mandate covers? Call for consultation with our Insurance Advocate. 781-890-2225

Fees: FREE to RESOLVE of New England members, or join over the phone with your credit card.
What are peer discussion groups? These groups meet monthly at various locations on an ongoing basis and are led by a “peer” who is currently or has experienced infertility. These 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; provide strategies for coping, and information about RESOLVE resources.

**Fees:** Free to RESOLVE members. Nonmembers $5 per person. **Registration:** Pre-registration is requested by email to admin@resolveofthebaystate.org or by phone to 781-890-2225. Walk-ins are also welcome to attend.

**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).

- **Waltham, MA:** RESOLVE of the Bay State Office, 395 Totten Pond Rd., Suite 403
  - Times: Tuesdays, 7:00-9:00 p.m.
  - Dates: February 1 and March 1, 2011

- **Worcester, MA:** Tatnuck Park at Worcester, 340 May St.
  - Times: Wednesdays, 7:00-8:30 p.m.
  - Dates: January 19, February 16, March 16, 2011

- **Boston, MA:** Morville House, 100 Norway St. (near Symphony Hall)
  - Times: Wednesdays, 6:00-8:00 p.m.
  - Dates: January 19, February 16, March 23, 2011

- **Plymouth, MA:** Plymouth Professional Center Bldg, 116 Court St, 3rd floor of Plymouth Village
  - Times: Wednesdays, 6:30 p.m.
  - Dates: February 2 and March 2, 2011

- **Amherst, MA:**
  - On Hold. Please contact us if interested in being a volunteer group leader.

- **Warwick, RI:**
  - On Hold. Please contact us if interested in being a volunteer group leader.

- **Farmington, CT:** UConn Health Center/Dowling South Bldg., 2nd floor Education Rm., 263 Farmington Ave
  - Times: Thursdays, 7:00 p.m.
  - Dates: January 20, February 17, March 17, 2011

- **Burlington, VT:** Christ Church, Presbyterian, 400 South Prospect St.
  - Times: Mondays, 7:00 – 9:00 p.m.
  - Dates: February 7 and March 5, 2011

- **Londonderry, NH:** Healing Hands Chiropractic Family Wellness, 156 Harvey Rd
  - Times: Tuesdays, 6:00 – 8:00 p.m.
  - Dates: February 1, March 1 and April 4, 2011

- **Portland, ME:** Mercy Hospital, Fore River Campus, 3rd Floor Conference Room, 175 Fore River Parkway
  - Times: Tuesdays, 6:30 – 8:00 p.m.
  - Dates: January 11, February 8, March 8, 2011

**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: January 19, February 2, March 16, 2011

- **Secondary Infertility Discussion Group:** For those who are experiencing infertility while parenting. The struggles and frustrations of secondary infertility are unique. Join others who understand the challenges.
  - Times: Mondays, 7:00-8:30 p.m.
  - Dates: February 7 and March 14, 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: January 27, March 10, April 14, 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: January 31, March 7, April 11, 2011

- **Pregnancy After Infertility:** For those currently pregnant, an informal discussion about issues and concerns.
  - Times: Mondays, 7:00-8:30 p.m.
  - Dates: January 24, February 28, March 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: January 23, 2011/Belmont and February 13, 2011/Arlington
how outrageous the notes were and be thankful no one else was privy to my crazy thoughts! Either through laughter or through tears, I’d be releasing my emotions and making room in my system for new energy and new thoughts.

**Putting It into Practice**

This technique is perfect for controlling fear and mental chatter, and will give you a chance to balance your emotions throughout the day. The goal of this strategy is to give yourself permission to feel what you need to feel, but at an appropriate time. Allowing yourself to feel helps your body purge itself of negative and toxic emotions.

**Part One: The List**

- You’ll need a piece of paper, or a notepad, or a stack of little pieces of paper.
- Keep this paper and a pen or pencil nearby throughout the day.
- Whenever a stray thought pops into your head, quickly write it down on your notepad or on a separate sheet of paper.
- Repeat this step during the day: stopping, jotting the thought down, and then moving forward with whatever task you have at hand.

**Part Two: Schedule Lamenting Time**

- At the end of each day, after compiling your list of stray, distracting thoughts, set aside fifteen minutes when you know you won’t be disturbed.
- Now review your list, allowing yourself to feel the emotions that each thought brings up for you. Focus on that thought alone, permit yourself to experience the excitement, or grief, or sadness, or disappointment – whatever the emotion. Then move on to the next “thought” on your list or in your pile of notes.
- Move through your list until you’ve addressed each “thought.”
- Feel the release of tension and the toxic “obsessing.” You should feel lighter, less distracted, and better able to focus on what tomorrow will bring.

For me, working this exercise was like giving myself the gift of freedom and the permission to feel without guilt.

I encourage you to give yourself the gift of fifteen minutes during the day to think, purge, and release all the harmful energy that is stored with negative emotions. And just think what a wonderfully positive environment you are creating for your baby!

About the Author: Kristen Magnacca is a noted author, coach, motivational speaker, and expert on the emotional aspects of infertility. Her book, *Love and Infertility: Survival Strategies for Balancing Infertility, Marriage, and Life* (from which this article is excerpted) was awarded the inaugural Hope Award for Best Book by RESOLVE: The National Infertility Association. Learn more about Kristen at www.kristenmagnacca.com.

Kristen will be offering a Teleseminar on Wednesday, February 9, 2011 at 7:30 p.m. on “Keeping Love Alive During Infertility Treatment.” See page 4 for program details and registration information.
The Top 10 Things Your Reproductive Endocrinologist Would Want You to Know
By Mary Elizabeth Sabatini, MD, Massachusetts General Hospital Fertility Center

1. **Having difficulty with conceiving is a very common medical problem.** Approximately one out of every six couples will not be able to conceive after one year of trying. Thus any couple who has difficulty is not alone.

2. **Like any other medical problem, fertility troubles should not be ignored.** In addition to being a problem in and of itself, fertility issues may sometimes be a manifestation of another serious medical problem. If you have been having unprotected intercourse with your partner for more than a year and have not conceived, both partners should be seen by a physician for a full physical exam and discussion of the problem.

3. **Taking care of yourself is essential prior to and while trying to conceive.** Find time to get enough sleep, get a moderate amount of exercise, and cut back on alcohol consumption. Smoking can cause serious complications in pregnancy, and can in fact cause issues with fertility. Thus, it is best if both partners stop smoking prior to conception.

4. **Some over-the-counter medications and products can interfere with your ability to become pregnant.** For example, various lubricants may contain chemicals that are toxic to sperm. Another common medication that should be avoided while trying to get pregnant is ibuprofen.

5. **The internet can be a double-edged sword.** While there is much good information to be found, there is also some that is frankly wrong. Guidance from your doctor or a health care provider can be useful in finding trustworthy educational resources online.

6. **The timing of intercourse around the time of ovulation is not quite as critically important as you may think.** Certainly this is the most fertile time during the cycle; however, precision is not required during this process. Buying ovulation predictor kits can be very expensive and measuring basal body temperature can be cumbersome. If a couple is having intercourse at least two or three times a week, this should be sufficient. If a woman does not have regular, predictable cycles approximately every month, she should see a doctor.

7. **Unfortunately, fertility is age-related for women.** Despite the fact that magazines and newspapers commonly run stories about pregnancies in women over the age of 44, it is very uncommon for a woman to conceive with her own eggs after the age of 43 years old. Fertility starts to decline when most women are in their 30’s. Social and financial pressures often can greatly influence reproductive decision making and these factors must be carefully balanced, but these are decisions that must be actively managed.

8. **Fertility testing and treatment is generally very safe.** Any medical test and treatment poses risks, but fortunately in most circumstances with regard to fertility, these are very rare and generally not serious, although there can always be exceptions. If you have concerns about any testing or treatments you are undergoing, ask your doctor specific questions.

9. **Undergoing fertility treatments can be time consuming and stressful.** It is important to try to find ways to manage this stress. Despite the fact that the process can be time consuming, try to find time in your life to do things that you enjoy and focus on the things that are going well for you. If you are having difficulty managing stress, reach out to services that may be available such as a social worker or an organization.

10. **Ask questions and be involved; being an educated participant in your care plan is vital to its success.** Communicate openly and honestly with your doctor or team. They are there to help you.
Fertility Treatment, Donor Choices, and Adoption Conference:
2010 Wrap-Up and Thank Yous
By Rebecca Lubens, Executive Director, RESOLVE of New England

On November 6, 2010, over 200 attendees turned out early on a Saturday to gather information and get their questions answered, in a comfortable and compassionate environment.

As in past years, we offered over 40 workshops on topics of perennial interest, as well as new sessions on recurrent pregnancy loss, donor sperm issues and concerns, and working with birthparents, among others. Also the end of the day featured new “Ask the Experts” Q&A sessions, which were informal forums for asking questions to clarify or gain additional information on a topic covered at the conference. Our 30 exhibitors actively shared their services, information, and products with attendees as well, and provided much-needed financial support for our event.

I want to express my deepest thanks to all those who helped make this important event possible: to our presenters, for their enthusiastic willingness to offer their time and share their expertise – with special thanks to Melissa Ford, for sharing her wisdom and compassion in an inspiring keynote address; to our exhibitors and supporters for their continued backing for the work of RESOLVE of New England—with special thanks to Conference Sponsor EMD Serono, Inc. and Breakfast Sponsor New England Cryogenic Center, Inc.; to the many volunteers who generously offered their time for conference tasks large and small for all of their hard work, and last but never least, to our talented and dedicated staff, especially Lisa Rothstein, our Programming Coordinator, and Tamar Wallace, Office/Marketing Coordinator. We couldn’t have done it without the commitment and enthusiasm of all of you!

Don’t forget to save the date for our next conference:
Saturday, November 5, 2011.

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• VILLAGE FERTILITY PHARMACY
• WOMEN & INFANTS’ HOSPITAL OF RI, CENTER FOR REPRODUCTION AND INFERTILITY
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Ameriprise Financial Services

**Marla Allisan, JD, LICSW**  
A Full Circle Adoptions

**Rachel Ashby, MD**  
Brigham and Women’s Hospital

**Merle Bombardieri, LICSW**  
Wellspring Counseling Center

**Amy Cataudella, MSW, LICSW**  
Wide Horizons for Children

**Jorge Chavarro, MD, ScD**  
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Adoptions Explained, LLC

**Amy Cohen, LICSW**  
Adoptions with Love, Inc.

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Adoptions & Beyond Counseling Services

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Brigham and Women’s Hospital

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Women & Infants Hospital of RI

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Adoption Choices

**Joanne Verkuilen, Founder, Co-Ceo**  
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Debunking the Myths: The Facts About Foster Care Adoption
Information from www.nationaladoptionday.org

**MYTH:** There’s too much red tape and bureaucracy involved in adopting a child from foster care.

**FACT:** Congress has streamlined the foster care adoption process by enacting the Adoption and Safe Families Act of 1997. This law requires that children in foster care, who cannot be reunited with their birth parents, are freed for adoption and placed with permanent families quickly.

**MYTH:** Adopting a child from foster care is expensive.

**FACT:** Actually, adopting children from foster care can be virtually free. Many agencies do not charge for the services they provide to families who are adopting a child from foster care. In addition, a growing number of companies and government agencies offer adoption assistance as part of their employee benefit packages, including time off for maternity/paternity leave, financial incentives, and other benefits. Congress has also made federal tax credits available for foster care adoptions to help offset required fees, court costs, legal and travel expenses. In 2007, the maximum federal tax credit for qualifying expenses was $11,390. Benefits such as these are enabling more families to adopt children from foster care into their homes.

**MYTH:** All children in foster care have some kind of physical, mental or emotional handicap; that’s why they are classified as “special needs.”

**FACT:** The term “special needs” is somewhat misleading, because it can mean that the child is older, a minority or requires placement with his/her siblings. While some children are dealing with physical or emotional concerns, they need the nurturing support only a permanent family can provide. Many children in foster care are in the “system” because their birth parents weren’t protective and nurturing caretakers—not because the children did anything wrong or because there is something wrong with them.

**MYTH:** State agencies may withhold information about a child’s past in order to get that child placed with a family.

**FACT:** State agencies are legally required to provide full, factual information about a child to any potential adoptive parents. Agencies have an invested interest in ensuring that parents have a positive experience with foster care adoption so they will continue to adopt and recommend others do the same. For children who have physical, emotional or behavioral problems, agencies seek to provide the most comprehensive post-adoptive services available to help the children transition into their new homes.

**MYTH:** Adoptive parents must be a modern version of Ozzie and Harriet.

**FACT:** Prospective adoptive parents do not have to be rich, married, own a home, or be of a certain race or age to become an adoptive parent (Nearly one-third of adoptions from foster care are by single parents.) In fact, families are as diverse as the children who are available for adoption. Patience, a good sense of humor, a love of children and the commitment to be a good parent are most important.

**MYTH:** Families don’t receive support after the adoption is finalized.

**FACT:** Financial assistance does not end with the child’s placement or adoption. The vast majority of children adopted from foster care are eligible for federal or state subsidies that help offset both short- and long-term costs associated with post-adoption adjustments. Such benefits, which vary by state, commonly include monthly cash subsidies, medical assistance and social services. More information about federal and state subsidy programs is available from the National Adoption Assistance Training, Resource, and Information Network helpline at 1-800-470-6665.

**MYTH:** Children in foster care have too much “baggage.”

**FACT:** This is perhaps the biggest myth of all. Children in foster care—just like all children—have enormous potential to thrive given love, patience and a stable environment. Just ask former U.S. Senator Ben “Nighthorse” Campbell or Minnesota Viking Dante Culpepper. They were both foster children who were adopted by caring adults.

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Advocacy Update
By Davina Fankhauser

RESOLVE of New England has continued to be busy with advocacy by hosting a State House Celebration. During this event we honored the legislators we consider “champions of infertility legislation” for their support of the recent update to the Mandate. The event was held Wednesday, December 15. This was a fantastic opportunity to demonstrate that a large population supported mandated insurance coverage. We hope you were able to join us.

Our Massachusetts advocacy efforts have not slowed down as we are communicating with the Department of Public Health and the Division of Insurance to ensure they are regulating the insurance companies according to the new definition of infertility. We would be interested to know if you are encountering resistance to the new mandate from the insurance companies.

In the state of Maine, where there is no fertility insurance mandate, we are still communicating with volunteers and State Representative Gary Knight to explore our advocacy options. If interested in participating in this effort, please contact advocacy@resolv eofthebaystate.org.

RESOLVE of New England worked with Dr. Thomas Toth, Director, Vincent IVF Program at Massachusetts General Hospital Fertility Center, to create a presentation discussing the Economic Impact of Infertility Treatment Coverage. RESOLVE of New England is planning to develop versions of this material to use when speaking with physicians in non-mandated states, as well as with legislators and employers.

It was our pleasure to honor the sponsors of our 2010 advocacy efforts at our annual conference. We were proud to let our attendees, professionals, and exhibitors know how each sponsor has played a critical role in our advocacy efforts.

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*Data and colleagues, fertility and fertility, 2002 **Domar and colleagues, fertility and fertility, 2000

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Coping With Miscarriage: Insights from Those Who’ve Been There
By Cheryl Alkon

Maybe you got pregnant after a minimal amount of treatment, or maybe it took a lengthy effort. It may be early in your pregnancy, somewhere in the middle, or at term. No matter your history, learning that a pregnancy has ended prematurely can be a devastating, painful, and sad experience. Once you’ve been through a loss, it’s hard not to question what you could have done differently.

It’s your decision whether to tell others about what you have gone through, how much or how long to mourn the loss for (whether privately or with others), and when to begin focusing on the future. Your doctor will likely offer you sincere condolences after a loss, but sometimes the best insights come from others who have suffered similarly.

“Try not to fixate on blaming yourself,” said Ani. “After my miscarriage, I found myself rehashing every moment of my pregnancy to see if I could pinpoint the cause. Did I exercise too hard? Did I push myself too much at work and let the stress get to me? Did I not eat enough well-balanced meals? I thought about these things constantly.”

“Miscarriage is rough for anybody that has to go through it,” said Brandie. “Don’t make it harder on yourself by blaming it on something you could or could not have done. Sometimes we ask, Why me? And there may not be a reason why. Have faith. Just because youmiscarry doesn’t mean you won’t ever get pregnant again.”

Sarah took many precautionary steps including restricting all alcohol, and ate only organic or all-natural foods. Her husband took over all kitty-litter changing responsibilities, the couple bought a chemical-free wool, cotton, and natural latex mattress, and Sarah saw an acupuncturist. After becoming pregnant, however, she began spotting. When she continued to bleed, she went to her doctor’s office for a blood test.

“The test came back with my HCG level at 54, and I was devastated to learn that at six weeks, it should have been 1,000,” she said. “I redid the blood test again a few days later (it was 56) and again a few days later (it was 32). The doctor confirmed that this meant I was having a miscarriage. They weren’t sure why I lost the pregnancy, but they said it either didn’t implant properly in my uterus, or the cells didn’t divide properly and my body knew something was wrong and let it miscarry.”

“After the miscarriage was confirmed, I just broke down and cried,” she said. “I was on the verge of tears for about a month. At the time, I didn’t think I was depressed, but looking back, I see that I was.” Sarah learned that two friends had had miscarriages, and later had healthy babies. “Knowing about these experiences made me feel better when it happened to me,” she said. “I didn’t feel so alone.”

She emailed her story to friends. “I think it really helped my emotional recovery process to share,” she said. “If a miscarriage happened to any of my girlfriends, I didn’t want them to feel alone.”

In return, she received many emails and phone messages with support. “At first, I couldn’t answer any of them because I wasn’t ready to actually talk about it,” she said. “It’s a lot easier to type it than say it out loud. It took me a month before I could actually respond, but just reading and hearing their kind words helped me so much.”

Other advice:

• “Be your own advocate,” said Brandie. “If you want answers [about] why you miscarried, ask for them.”

• “Everyone deals with miscarriage in their own fashion,” said Carlynn. “I needed time and space. My sister offered to make a scrapbook of my pregnancy, and it was the last thing I wanted. Listen to yourself and do what you need.”

• “Recognize that, no matter how far along you were, you’ve lost a child,” said Joy. “Don’t be surprised if you feel upset again as your due date approaches.”

• “I was shocked by how much I cried,” said Alison. “I literally couldn’t stop crying for several days after the miscarriage. When I look back, [I see that] some of that was caused by hormones, and I improved as my HCG levels dropped.”

However you choose to handle the medical and emotional issues that come with pregnancy loss, know that miscarriage doesn’t mean parenthood is out of reach. Do what you can to get past the loss, find the support you need, and when the time is right for you, you will be able to move back toward your goal of parenting a thriving child and being a mom.

About the Author: Cheryl Alkon is the author of Balancing Pregnancy With Pre-Existing Diabetes: Healthy Mom, Healthy Baby, published by Demos Health in 2010. This excerpt reprinted with permission. For ordering information, see www.cherylalkon.com/book.php or email Cheryl at Lyrehca@gmail.com.
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See page 15 for advertising and editorial policies. Deadline for Spring 2011 is February 28, 2011.

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

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