Polycystic ovarian disorder (PCOS) is a common endocrine disorder that is estimated to affect between 5-10% of women. PCOS is the cause of a varied group of issues including menstrual and ovulatory irregularity (causing infertility) as well as androgen (male type hormones) excess in women. The cause is felt to be a complex inherited genetic trait whereby environmental and genetic influences impact the development of the disorder. There is a 20-40% incidence of PCOS in families where either a mother or sister has been diagnosed.

Patients with PCOS can encompass a wide clinical spectrum and may present with many or few of some of the classic findings, including: obesity, acne, hirsutism (male type hair growth of face), oligomenorrhea (few periods), insulin resistance, and enlarged multicystic ovaries. The diagnosis is clinical and there are no specific tests that absolutely establish the syndrome. In the initial work-up, tests are performed to rule out any other disorders that may mimic the findings of PCOS such as adrenal disorders or endocrine active tumors of the ovary. Ultrasound can be helpful in establishing the diagnosis as in many instances the ovaries are enlarged with a multicystic appearance, although the absence of these findings does not rule out PCOS. An important part of the evaluation is screening for type II diabetes and cardiovascular disease in obese women with PCOS. Approximately 50-60% of women with PCOS are obese and as many as 30-40% of these women will develop impaired glucose intolerance or type II diabetes. Other metabolic issues that may develop in this group are elevated cholesterol and lipid levels as well as hypertension. Lifestyle modification including weight loss and regular exercise are of critical importance in preventing these metabolic changes.
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@resolvenewengland.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 New England.

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

*Please do not include borders on business card ads.

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

EDITORIAL POLICY

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

SUBMISSION DEADLINES

| Fall 2012   | August 15, 2012 |
| Winter 2013 | November 15, 2012 |

We welcome newsletter article submissions, especially personal experience articles, via email. Articles should be no longer than 750 words and must be approved by the Editor. Please submit to: admin@resolvenewengland.org

We reach 1,200 members and professionals quarterly.

Please call or visit us online for more information about becoming a RESOLVE New England member, or to request information about advertising in upcoming issues.

781-890-2250  www.resolvenewengland.org  @ResolveNewEng
Summertime, and the Living Isn’t Always Easy

At RESOLVE New England, we know that summertime can be a difficult time of year when you are going through infertility. It is harder to cover up needle marks from treatment or testing, kids seem to be around every corner, and there are plenty of invitations to outings with family and friends that may have children in attendance. Even the spur of the moment BBQ with friends may feel like a chore if you are dealing with infertility.

We want you to know that you are not alone. Here are some tips that we hope will help you enjoy summer to the fullest:

~ Come up with a key word or signal for you and your partner to use at a social gathering. If either of you uses the signal, you know it is time to say your goodbyes.

~ Develop a few snappy responses to the challenging family-building questions that may come up while at social events. Practice responses with your partner to make sure you feel comfortable with how they sound.

~ If you haven’t yet, attend a RESOLVE New England support group (see Page 8 for upcoming sessions). Getting support from those who are going through similar circumstances is amazingly helpful.

~ Enjoy a “stay-cation.” Schedule a weekend or night where you pamper yourself and your partner with all the summertime things you enjoy, without having to bump into kids or others you know.

~ Go to a late night screening of a highly anticipated movie. There may be teenagers, but you shouldn’t have to see younger children at this time.

~ If you have been cycling or trying to decide your next course of action, take a week or a month break. The break may give you the clarity to know what the next step is or give you the time to rejuvenate before another cycle.

We hope you can find the summer enjoyable and relaxing. We also want you to save the date for our 19th Annual “Paths to Parenthood: Fertility Treatment, Donor Choices and Adoption” Conference on Saturday, November 3, 2012.

Wishing you an enjoyable summer!

Erin Lasker
Executive Director
RESOLVE New England
OUR EGG DONATION JOURNEY

By Anonymous

My husband and I have two wonderful, healthy children via egg donation. We are extremely grateful that this was a possibility for us, and we are eager to share our story, especially with others experiencing infertility.

I was diagnosed with high FSH at age 33, and my doctor encouraged us to try IVF immediately. We did 5 cycles in which we had 3 transfers, and never a positive pregnancy. All along our journey to have kids we tried to stay as positive as possible, and to remind ourselves that we’d be parents no matter what. There were many, many difficult times but we got through them together along with the loving support of our families. With the passing of each cycle and learning the reality of our chances to conceive on our own, we managed to get through by keeping our hearts and minds open to Plan B and Plan C – donor egg and adoption. I attended many RESOLVE New England talks and also joined a RESOLVE New England support group. The talks were extremely informative and made me feel less alone. And through the support group I made friends who were going through all the same ups and downs as I was… unlike many of my friends and family who so wanted to help, but just couldn’t relate as well to the challenges I faced.

Before our 5th cycle, I learned a lot about egg donation and attended a RESOLVE New England seminar on the topic. I happened to sit next to the group facilitator who had an adopted son and a daughter via egg donation. I remember thinking… wow, she did it, and she seems so happy, I can do this too… There was also a panel made up of recipient parents and egg donors. They shared their experiences and answered our questions – all of which made the idea of egg donation less daunting.

In our 5th cycle we did not have viable embryos to transfer. With that news, we were of course heartbroken, but not entirely shocked. We immediately began the process of searching for donor egg agencies and a donor. Although we ended up going through a west coast agency, we took the time to visit some local agencies. This helped us to become more familiar with the process, to meet the people working at the agency, and to study some donor profiles. I poured through websites viewing donors and narrowed my choice to 3-4 women. Then my husband looked at the sites on his own. We both agreed that health was one of the most important criteria, and that it would be ideal if she had a similar background to me, and similar physical features. We got a great feeling from the woman we chose as we learned more about her in her hand-written profile. Another thing that was very important to us was that she had experience with egg donation. We were comforted by the fact that she had previously gone through the process which resulted in live births for the recipient couples.

Our two sons are now 5 and 3 1/2 years old. We are so incredibly grateful for them and cannot imagine our lives without them. We will never forget the years of struggle and pain, but that pain has truly become a distant and vague memory. I remember thinking often during those hard times that I didn’t want to look back at those important years of my life and think of them as primarily sad and challenging. As a couple, we planned getaways to spend time together and to really enjoy each other. These trips kept us strong, and took our minds off the doctors and the cycles. And now we look back and feel extremely fortunate that we had that time together.

Life is busy with young children, and there is little time to focus on how they actually came into this world. Six years ago, it was hard to imagine that HOW our sons were conceived would now be so unimportant to us. And sometimes we remark about how infrequently we think about the donor and their genetic origin. We plan to be completely honest and open with our children about their genetics in hopes that they never feel strange or different. And being open with our family and sharing our story with close friends also reminds us of how lucky we are to be parents, and how grateful we are that egg donation was an option for us.

Before our 5th cycle, I learned a lot about egg donation and attended a RESOLVE New England seminar on the topic. I happened to sit next to the group facilitator who had an adopted son and a daughter via egg donation. I remember thinking... wow, she did it, and she seems so happy, I can do this too... There was also a panel made up of recipient parents and egg donors. They shared their experiences and answered our questions – all of which made the idea of egg donation less daunting.

In our 5th cycle we did not have viable embryos to transfer. With that news, we were of course heartbroken, but not entirely shocked. We immediately began the process of searching for donor egg agencies and a donor. Although we ended up going through a west coast agency, we took the time to visit some local agencies. This helped us to become more familiar with the process, to meet the people working at the agency, and to study some donor profiles. I poured through websites viewing donors and narrowed my choice to 3-4 women. Then my husband looked at the sites on his own. We both agreed that health was one of the most important criteria, and that it would be ideal if she had a similar background to me, and similar physical features. We got a great feeling from the woman we chose as we learned more about her in her hand-written profile. Another thing that was very important to us was that she had experience with egg donation. We were comforted by the fact that she had previously gone through the process which resulted in live births for the recipient couples.

Our two sons are now 5 and 3 1/2 years old. We are so incredibly grateful for them and cannot imagine our lives without them. We will never forget the years of struggle and pain, but that pain has truly become a distant and vague memory. I remember thinking often during those hard times that I didn’t want to look back at those important years of my life and think of them as primarily sad and challenging. As a couple, we planned getaways to spend time together and to really enjoy each other. These trips kept us strong, and took our minds off the doctors and the cycles. And now we look back and feel extremely fortunate that we had that time together.

Life is busy with young children, and there is little time to focus on how they actually came into this world. Six years ago, it was hard to imagine that HOW our sons were conceived would now be so unimportant to us. And sometimes we remark about how infrequently we think about the donor and their genetic origin. We plan to be completely honest and open with our children about their genetics in hopes that they never feel strange or different. And being open with our family and sharing our story with close friends also reminds us of how lucky we are to be parents, and how grateful we are that egg donation was an option for us.

Before our 5th cycle, I learned a lot about egg donation and attended a RESOLVE New England seminar on the topic. I happened to sit next to the group facilitator who had an adopted son and a daughter via egg donation. I remember thinking... wow, she did it, and she seems so happy, I can do this too... There was also a panel made up of recipient parents and egg donors. They shared their experiences and answered our questions – all of which made the idea of egg donation less daunting.

In our 5th cycle we did not have viable embryos to transfer. With that news, we were of course heartbroken, but not entirely shocked. We immediately began the process of searching for donor egg agencies and a donor. Although we ended up going through a west coast agency, we took the time to visit some local agencies. This helped us to become more familiar with the process, to meet the people working at the agency, and to study some donor profiles. I poured through websites viewing donors and narrowed my choice to 3-4 women. Then my husband looked at the sites on his own. We both agreed that health was one of the most important criteria, and that it would be ideal if she had a similar background to me, and similar physical features. We got a great feeling from the woman we chose as we learned more about her in her hand-written profile. Another thing that was very important to us was that she had experience with egg donation. We were comforted by the fact that she had previously gone through the process which resulted in live births for the recipient couples.

Our two sons are now 5 and 3 1/2 years old. We are so incredibly grateful for them and cannot imagine our lives without them. We will never forget the years of struggle and pain, but that pain has truly become a distant and vague memory. I remember thinking often during those hard times that I didn’t want to look back at those important years of my life and think of them as primarily sad and challenging. As a couple, we planned getaways to spend time together and to really enjoy each other. These trips kept us strong, and took our minds off the doctors and the cycles. And now we look back and feel extremely fortunate that we had that time together.

Life is busy with young children, and there is little time to focus on how they actually came into this world. Six years ago, it was hard to imagine that HOW our sons were conceived would now be so unimportant to us. And sometimes we remark about how infrequently we think about the donor and their genetic origin. We plan to be completely honest and open with our children about their genetics in hopes that they never feel strange or different. And being open with our family and sharing our story with close friends also reminds us of how lucky we are to be parents, and how grateful we are that egg donation was an option for us.
RESOLVE NEW ENGLAND ANNUAL CONFERENCE

SAVE THE DATE!

RESOLVE New England’s 19th Annual Conference

Paths to Parenthood
Fertility Treatments, Donor Choices & Adoption

Saturday, November 3, 2012
Marlborough, MA

To register and to find out more, visit us at:
www.resolvenewengland.org/conference
TOP 10 INFERTILITY INSURANCE COVERAGE FAQS

By Marymichele Delaney, Insurance Advocate

Q. If my procedure has been denied, how do I frame the appeal process?

A. Some key points to be aware of as you frame an appeal:

- Draft your appeal letter to target specifically the reasons listed in the denial letter from the insurance company
- Be familiar with the appeal process and timeline that your insurance company has established
- Have your RE (Reproductive Endocrinologist) write a supporting letter that will accompany your appeal letter – make it easy for your RE to participate (draft the letter you want him/her to write on your behalf)
- Do not be emotional in the appeal letter, do not discuss your difficult journey of infertility: keep the focus fact-based
- Use your Clinic’s Insurance Coordinator for additional data that may be useful from your file
- Tell the insurance carrier you want to be present at the review hearing
- Remember: most infertility mandates are general; it allows the insurance companies to set reasonable guidelines for infertility benefits. If the standards the insurance company has set are not reasonable for your situation, indicate that and the reasons why
- Whenever you have data that supports your case – use it!
- You have nothing to lose by appealing a denied procedure
- If the procedure is still denied after appeal, do the next level of appeal through the state: for Massachusetts, contact the Office of Patient Protection

Q. How do I know if my plan is fully insured or self-insured?

A. Ask your employer’s Benefits/Human Resources Office. They may not know, in which case you should call the insurance carrier, provide them with the group number for the plan you are in, and ask them. If they are self-insured, they may still cover the infertility mandate – ask them that question specifically.

Q. In a job interview, how do I learn about the infertility benefits under their medical plan?

A. You don’t want to ask specific benefit questions in an interview. You can ask for their general benefit plan information; scour the employer’s website to see if there are details on the medical plan there – many times there are. Then, call the insurance carrier(s) for that employer, and ask them the specifics of the infertility benefit under that employer’s group plan.

Q. Should I hire an attorney to help me write my appeal letter if I have a denied procedure?

A. Generally, you will not find many attorneys who do this type of work because it is time-consuming for them, and the rate of return is just not that profitable. A better strategy is to save your money and use the resources available at RESOLVE New England’s website, www.resolvenewengland.org, as well as the Insurance Advocate call-in service for RESOLVE New England members for guidance and strategy in framing your appeal.

Q. When writing an appeal, what is the general tone the communication should take?

A. Write the appeal from the perspective that the insurance carrier made a mistake in denying the procedure, and they did not have all the facts to make the correct decision – which is to approve the procedure. It is important to approach the
TOP 10 INFERTILITY INSURANCE COVERAGE FAQS, CONTINUED

appeal from a perspective of mutual cooperation. Pulling an attorney into the process will make the insurance company potentially confrontational vs. cooperative.

Q. Are there employers that do not have to comply with the State mandates for infertility benefits?

A. Yes, self-insured plans, small businesses, (generally with less than 26 employees), and Diocese-related entities (Parochial Schools, Churches, Hospitals) do not have to comply with the mandate.

Q. Are experimental procedures or reversal of voluntary sterilizations covered by the mandate?

A. No

Q. What other medical practices have a similar cost to infertility expenditures?

A. The cost of infertility, based on the Journal of Reproductive Medicine, is similar to the cost of nutrition and podiatry; much less expensive than the cost of physical therapy. This is generally due to the fact that a very small percentage of the infertile population chooses to do Assisted Reproductive Technologies (ART) even when covered by their health plan.

Q. My employer offers a Flexible Spending Account (FSA) for health care expenses – can I use this account for my infertility out of pocket expenses?

A. Yes, you should use the FSA for any out of pocket costs you will have due to your infertility care (or any other health care eligible expenses). This is a great way to save on taxes, since you pay no taxes on the money from your FSA, as long as it is used for eligible health care expenses. The maximum allowed under these plans is set by the IRS. Ask your Benefits Office for more details.

Q. If I live in MA, but my employer is out of state & has out of state coverage, am I covered by the mandate?

A. Technically yes, but out of state employers and health plans often do not comply with the requirement to include MA mandated benefits for their employees living or working in MA. There is no active jurisdiction for compliance, and the out of state employers know that. The Division of Insurance has indicated that a resident of MA, regardless of his or her location of employment, is entitled to receive infertility coverage.

RESOLVE NEW ENGLAND INSURANCE CALL-IN HOURS

Having trouble getting insurance coverage for your doctor’s recommended infertility treatment plan?
Want to understand what the Massachusetts, Connecticut, and Rhode Island infertility mandates cover?
Need advice on framing an appeal letter?

If so, you are not alone. To assist people with their often-complicated insurance issues, RESOLVE New England offers our Insurance Advocate Call-in Hour service.

Insurance Call-in:
August 7, 2012  7:30-8:30

Call 781-890-2225 and speak directly with our Insurance Advocate, Marymichele Delaney. She will help answer your insurance questions live and one-on-one during this special call-in hour.

Fees:  FREE to RESOLVE New England members, or join over the phone with your credit card: 781-890-2225
**REMINDERTOPLEASECHECKOURWEBSITE
WWWRESOLVENEWENGLANDORG
FORPOTENTIALCHANGESTOThESCHEDULESLISTEDBELOW**

**GENERAL INFERTILITY DISCUSSION GROUPS:**
General infertility discussion groups are open to women, men, couples & individuals who have primary infertility (no children).

**Beverly, MA**
The Beverly Healing Center, 234 Cabot Street #2
Thursdays, 6:30 – 8:30pm
Dates: August 9, 2012

**Brookline, MA**
Kehillath Israel, 384 Harvard Street
Wednesdays, 7:00 – 9:00pm
Dates: July 18, August 15, 2012

**Cambridge, MA**
TBD
Thursdays, 7:00 – 9:00pm
Dates: July 12, August 9, 2012

**Concord, NH**
160 Dover Road, Suite 5, Chichester, NH
Mondays, 7:00pm
Dates: July 2, August 6, 2012

**East Providence, RI**
Church of the Epiphany, 1336 Pawtucket Avenue, living room (basement)
Thursday, 6:00 – 7:30pm
Dates: July 5, August 2, 2012

**Farmington, CT**
UConn Health Center/Dowling South Bldg., 2nd floor Education Rm., 263 Farmington Ave
Thursdays, 7:00pm
Dates: July 19, August 16, 2012

**Longmeadow, MA**
First Church of Christ, 763 Longmeadow St. (Buxton Room)
Mondays, 7:00pm
Dates: July 9, August 6, 2012

**North Andover, MA**
Caron Family Chiropractic, 1005 Osgood Street
Mondays, 7:00pm
Dates: Group will return in September (check website for details)

**Plymouth, MA**
Nolan Insurance Agency, 79 Samoset St
Tuesdays, 6:30pm
Dates: August 7, 2012

**Portland, ME**
Maine Medical Center, 22 Bramhall St., Dana Education Center
Tuesdays, 6:30 – 8:00pm
Dates: Group will return in September (check website for details)

**Waltham, MA**
RESOLVE New England Office, 395 Totten Pond Rd., Suite 403
Tuesdays, 7:00 – 9:00pm
Dates: August 7, 2012

**Westborough, MA**
St. Luke’s Parish, 1 Ruggles Street, Parish Center, Classroom #25, 1st Flr
Tuesdays, 7:00 – 8:00pm
Dates: July 10, August 14, 2012

**TOPIC DISCUSSION GROUPS:** These informal discussion groups focus on a particular topic, led by a volunteer with experience in that subject. These groups provide opportunities to meet others who share a similar struggle and to learn about helpful resources. Groups are held approximately every six weeks in the RESOLVE New England office in Waltham, MA except as noted. For detailed descriptions of each Topic Group, check our website at www.resolvenewengland.org/topicgroups.

**Pregnancy Loss**
Wednesdays, 7:00 – 9:00 pm
Dates: July 11, August 16, 2012

**Secondary Infertility**
Wednesdays, 7:00 – 9:00 pm
Dates: July 18, August 15, 2012

**Adoption**
Thursdays, 7:00 – 9:00 pm
Dates: July 12, August 9, 2012

**Donor Egg**
Mondays, 7:00 – 9:00 pm
Dates: July 9, August 13, 2012

**Pregnancy After Infertility**
Mondays, 7:00 – 8:30 pm
Dates: Group will return in September

**Embryo Disposition**
Check www.resolvenewengland.org for future dates and times

**Donor Egg Parents & Children (offsite)**
Call 781-890-2250 for address and future dates and times
IS A PEER-LED DISCUSSION GROUP RIGHT FOR ME?

A peer-led group can be most beneficial at certain points during 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 New England 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 me with emotional support
- Infertility is affecting my work and career
- I feel that my life plan is out of control; I’m having trouble navigating my medical treatment options
- I can’t decide when “enough is enough”
- Holidays / coping with family and friends is becoming more and more difficult

Please check our website www.resolvenewengland.org for additional peer group schedules and locations. To register, please email admin@resolvenewengland.org with the number of people attending. We appreciate advance notice; however, walk-ins are welcome. Free to RESOLVE New England members, and $5 per person for non-members. Cash (correct change please) or a check made out to RESOLVE New England is appreciated.
SAVE THE DATE
Saturday, November 3, 2012
RESOLVE New England 19th Annual Conference
PATHS TO PARENTHOOD
Fertility Treatments, Donor Choices & Adoption

Join us for an all-day informational conference for consumers and providers, offering in-depth exploration of the medical, emotional, and legal aspects of infertility, donor options, adoption, and other family-building choices.

8:30 AM to 5 PM - Best Western Royal Plaza - Marlborough, MA

CONFERENCE 2012
(If you attend as a couple, consider attending different sessions separately for a total of 8 sessions.)

EARLY TREATMENT TRACT (If you are in the beginning stages of infertility treatment)
Sample Sessions: Infertility 101, Navigating a Cycle, Why Infertility Shouldn’t Be Unexplained, Diminished Ovarian Reserve: What it means & Treatment Options, Financing Treatment

MID/END TREATMENT TRACT (If you are nearing the middle/end of infertility treatment)

DONOR CONCEPTION/SURROGACY TRACT (If you are considering egg/sperm donor(s) or surrogacy)

ADOPTION TRACT (If you are considering adoption)

COMPLIMENTARY TREATMENT/STRESS REDUCTION/RELATIONSHIP STRATEGIES (For all)
Sample Sessions: Intimacy & Sex During Infertility, Balancing Infertility, Marriage & Life, Improving Wellness
DONATE TO RESOLVE NEW ENGLAND

In honor of RESOLVE New England’s 38th year and our 19th Annual Education Conference, we ask you to take part in helping make sure RESOLVE New England is here for the next 38 years! RESOLVE New England needs your support in these tough economic times to continue to help the men and women struggling with infertility.

Here are ways you can help:

~ Donate to RESOLVE New England! We are a 501 (c)(3) organization and all contributions are tax deductible as allowed by law.
~ Ask your family and friends to donate to RNE in honor of your future or current child(ren)
~ Have you resolved your infertility? Give back to the organization that was there for you along the journey. Celebrate milestones or important events in your life by asking family and friends to donate to RNE instead of giving you presents.
~ Check to see if your company matches donations

If you are not able to make a financial donation, we encourage you to get involved in other ways:

~ Coordinate a fundraiser in your area to benefit RESOLVE New England! Contact our office at admin@resolvenewengland.org for easy-to-set-up fundraisers at popular chain restaurants, shops, etc.
~ Do you know of a Foundation that might be interested in learning of RNE’s work? Or perhaps a company that might like to be associated with a great cause? Contact us at admin@resolvenewengland.org.
~ Use www.goodsearch.com when you search the web! Select RESOLVE New England and a charitable donation will automatically be sent to RNE.
~ Volunteer directly for RESOLVE New England (see details on the next page)

Thank you for your support! Please know that your donations & time will be well used for the infertility community!

2012 DONATION CAMPAIGN

YES! I am pleased to help RESOLVE New England continue its work of education, advocacy and support!

Enclosed is my tax deductible donation of:

$q5,000 $1,000 $750 $500 $250 $100 $75 $50 $ Other: $___________

(You may also give securely and conveniently online. Go to www.resolvenewengland.org and click “Donate” on the right hand side of our home page to make your donation.)

Payment Options:

☐ My check is enclosed. Please make check payable to RESOLVE New England
☐ Credit Card ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card No. Exp. Date Signature

Name(s) Title/Company (for Professional Members)

Address City State Zip

Phone Email

☐ My employer has a matching gift program. I will ask my employer to match this contribution and forward the paperwork.

RESOLVE New England is a 501 (c)(3) organization and contributions are tax deductible as allowed by law.

THANK YOU!
For many women, menstrual irregularity and anovulation (no routine ovulations) are the principle cause of their infertility. The goal of treatment is to establish predictable ovulation accompanied with timed intercourse, in which conception may occur. The following are established treatments used for this purpose.

1. **Weight loss**

For obese and overweight women with PCOS, weight loss can be associated with a return of ovulatory cycles. This should be an important first step in women who are overweight or obese. The additional benefit is the risk reduction in future onset of type II diabetes and cardiovascular disease.

2. **Metformin**

Metformin is a drug that increases insulin sensitivity and is used widely in the treatment of type II diabetes. The role of metformin in the treatment of infertility associated with PCOS is controversial and the medical literature has been inconsistent. The current best study does not conclude that metformin has a meaningful role in inducing ovulation for women with PCOS.

3. **Clomiphene Citrate (clomid)**

Clomid is a medication that causes an increase in the brain’s release of the hormone FSH which promotes development of a mature follicle and ovulation. Approximately 80% of women will ovulate with clomid therapy. The risks include a modest increase in multifetal gestation with 8% twinning and <1% risk of a high order multiple pregnancy (anything higher than twins).

4. **Aromatase Inhibitors**

This is a class of drugs that may induce ovulation in a similar manner to clomid. If patients do not ovulate with clomid, it is unlikely that an aromatase inhibitor will help. Aromatase inhibitors often have a less suppressive effect on the uterine lining than clomid.

5. **Laparoscopic surgery**

Laparoscopy for ovarian diathermy involves selective cauterization of the ovary to help normalize the endocrine environment of the ovary and reestablish ovulation. This procedure has the benefit of promoting single egg ovulation, thus reducing the risk of multiples. The drawbacks include the short and long term risks of surgery.

### CALLING ALL VOLUNTEERS!

RESOLVE New England needs volunteers! Do you have an hour or two to give to help those experiencing infertility? We are always in need of people helping for the following tasks:

- **Fundraising**
- **Office Support** (mailings, processing membership/other requests, copying/shredding, etc.)
- **Marketing Support / Writing** (i.e., brochure layout, graphics, writing content for newsletter & blogs, etc.)
- **Hosting a Peer Group or other Program**
- **Grant Writing**
- **Technology Support**

If you are interested, please email us at admin@resolvenewengland.org to give back to our wonderful community!
6. Gonotropin medications

The hormone FSH has been manufactured in a recombinant fashion to be used via subcutaneous injection to induce ovulation. This type of medication must be monitored with blood work and ultrasound to prevent over response, which is a high risk for women with PCOS. There is a significant increase in the risk of a multiple pregnancy when compared with clomid therapy.

7. In Vitro Fertilization

This manner of treatment is similar to ovulation induction with gonadotropin medication, however a second medication is given to prevent ovulation and the eggs are removed during a surgical procedure using vaginal ultrasound. The benefits are an increased pregnancy rate as well as improved control over multifetal gestation with embryo selection. Drawbacks include a question of increased risk of fetal defects (although this is controversial) as well as the invasive nature of the procedure. Further, young women with PCOS are at increased risk for the ovarian hyperstimulation syndrome, which is a constellation of symptoms related to the over response of the ovaries to gonadotropin stimulation.

In summary, the diagnosis and management of PCOS can be complex, but many treatment options exist. Women with PCOS should be seen by their physician for evaluation as well as counseling regarding their risk for type II diabetes and cardiovascular disease. From an infertility perspective, PCOS is frequently successfully treated and thus has a truly positive prognosis.

Rachel Ashby, M.D. is a physician at Brigham and Women’s Hospital, Center for Reproductive Medicine, where she serves as the Director of the Donor Egg & Gestational Carrier Program. Dr. Ashby also serves as an instructor at Harvard Medical School in Obstetrics and Gynecology-Reproductive Medicine (Infertility).
“You are not a candidate for IVF”...

I had not prepared myself to hear those words or be faced with the decision: egg donation, adoption, or life without a child. I had suspected technical intervention based on family history and a year’s worth of irregular cycle charts, but two months prior to this shock, I emphatically told a friend, “If the results [of the FSH test] are not what they should be, we will have to use an egg donor... and I am not doing that, because that is just weird.” I now firmly believe you never truly know what you will decide in a given situation until you are standing on the edge of that cliff. Sure that sounds dramatic, but the gamut of emotions infertility evokes are nothing short of dramatic.

Which path to choose? How do we both agree on a path? Will our family and friends be supportive? How do we choose a donor? Why do I feel like I am playing God? Will I feel like the baby is mine? What if the child says, “You’re not my mother”? I recall feeling dizzy and confused about the process and the associated emotions.

What helped us sort through these questions was talking, talking and more talking. We tried very hard to be honest with each other about how we felt and worked with the counselor at Brigham and Women’s to understand the more complicated feelings and get insight into “normal” feelings and the decision making process. As luck would have it, a coworker revealed she had used an egg donor upon hearing my news. Asking her questions, hearing about their journey, and knowing she was a happy mother to a healthy, precocious daughter was incredibly helpful. Strangely enough, I had always thought her daughter looked like her. Another firm belief of mine is that there is comfort in knowing you are not the only one, which is where RESOLVE New England’s workshops, events, and support groups can be extremely beneficial during the decision making process.

Being engineers, we engaged in our typical approach, creating a spreadsheet to compare options and weigh the pros and cons. I leaned more toward international adoption because I felt adoption was a more guaranteed path to parenthood and I feared the mother’s rights in the US. My husband struggled to abandon his dream to experience pregnancy. Though time was not on our side from an age perspective, we decided to roll the dice with an egg donor.

We chose a donor agency based on a list we were given by B&W, input from my coworker, and website searches and conversations with the agencies. This was a relatively simple decision. The agency provided an attorney recommendation, so that was straightforward for us also. On the other hand, selecting an egg donor was the real challenge and a quite emotional. We opted for an anonymous donor since my husband is an only child and my sister had struggled with infertility also. Coincidentally it was Easter weekend when our search ensued. At one point I joked that it felt like a dating service for eggs. The process felt a bit judgmental, but we discussed important characteristics. Health history was key and we did opt for a woman who looked similar to me. In the end the donor’s commentary and her prior two donation experiences clinched our decision.

Our donor produced 13 eggs which resulted in 7 embryos; we had 3 chances. The first resulted in a chemical pregnancy so our limited hopes were dashed quickly. The second transfer was negative 2 weeks before Christmas, making it a stronger blow.

After gaining weight and losing hope, I wanted to dismiss the final cycle. We wanted some control. We had attended a day-long RESOLVE conference on adoption and walked away feeling ready to pursue adoption instead, but we had a doctor’s appointment. Through the only tears I shed in her office, I asked, “How can I get pregnant if I have no hope?” She replied, “Just go through the process. I have hope enough for both of us.” But the comment that pushed us into the third cycle was, “What if that’s your baby in the freezer?” We decided to go through the last cycle and prepare for the adoption home study to commence when the third cycle failed. But the last cycle was a success, and we were blessed with a healthy daughter.

Not a day goes by that we are not incredibly grateful to have her in our lives. Thanks to our medical team, technology, perseverance, and the generosity of a donor, we became parents. The road was difficult, we both feel we appreciate being parents far more as a result of the hardship. We wish anyone struggling with the process strength and good luck in your pursuit of parenthood.
RESOLVE New England is very pleased to announce that we have received a $10,000 grant renewal from the TJX Foundation. This grant funds our Lisa Fenn Gordenstein Access Scholarships and allows us to assist anyone in financial need who wishes to attend our full- or half-day educational programs and/or to become a member of RESOLVE New England.

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

Applying for a Scholarship
Financial assistance from our Lisa Fenn Gordenstein scholarship program is available to cover the costs of household membership AND/OR the cost to attend our full-day programs (Adoption or Donor Egg Seminars, or our Annual Conference) or our half-day programs (Beyond Infertility Treatment: What’s Next). To find out more about applying for the scholarship for our upcoming ANNUAL CONFERENCE on Saturday, November 3, 2012, please visit our website at www.resolvenewengland.org/scholarship.

Email us at admin@resolvenewengland.org or call our HelpLine at 781-890-2225 with any questions.
Your voice needs to be heard now to help keep New England infertility mandates and treatment in place.

The past few months have been very active from an infertility advocacy perspective. As we told you in our Spring 2012 newsletter, if you are someone that is impacted by infertility, whether personally or professionally, now is the time to have your voice heard. We are embarking on a time when infertility insurance mandates are in jeopardy. For those of you in states that do not have an infertility insurance mandate, now is the time to speak up as well.

Essential Health Benefits

National healthcare reform and the Affordable Care Act (ACA) of 2010 is moving out to the states. The federal government has announced that the essential health benefits (EHB) included in health insurance plans covered by the ACA will be determined by a benchmark plan selected by each state. The selected benchmark plan will serve as a reference plan, reflecting both the scope of services and any limits offered by a “typical employer plan” in that state.

At this time of publication, the Supreme Court has not handed down their decision on whether the Affordable Care Act is constitutional, but a decision is expected by the end of June 2012. Based on their decision, we anticipate more movement on the Essential Health Benefits in the states.

RESOLVE New England (RNE) has attended meetings held by the Insurance Market Reform Work Group, co-chaired by the Massachusetts Health Connector and the Massachusetts Division of Insurance regarding the Essential Health Benefits. At these meetings, the major insurance companies were urging the State to choose a benchmark plan that would include all of the mandated benefits, which is exactly what RNE would recommend as well.

Additionally, RNE has been actively watching the Connecticut & Rhode Island insurance meetings – the two other New England states that have infertility mandates. From what we have learned from the meetings we have attended, along with what we have read, the insurance companies are looking to make the least disruption to existing health care, including all mandates, in each state.

This is excellent news, but RNE will not sit idle and watch the New England states choose a benchmark plan without having our voices heard. RNE will be actively advocating for the infertility community in partnership with our professional and consumer members. Our job is to make sure that CT, MA and RI choose benchmark plans that include the existing infertility mandates. In states without mandated coverage, inclusion of a plan with infertility coverage could be possible if large employers in the state currently include infertility benefits. RNE and the infertility community will need your support to keep this vital insurance coverage for those experiencing infertility now and in the future. Visit our website at www.resolvenewengland.org/advocacy/regional/ for ways that you can help.

New Hampshire House Bill (HB) 217 Update

In the state of New Hampshire, a bill was passed in the House that would redefine the homicide statute to include the death of a fetus from 24 weeks gestation. If you haven’t been following this bill, it went in front of the Senate in April and May 2012. The following is a summary of what took place in the Senate:

The New Hampshire Senate Judiciary Committee passed an amendment to HB 217 that includes the following language:

- “[The bill] shall [not] apply to any act committed by the mother of the unborn child, to any medical procedure, including abortion, performed by a physician or other licensed medical professional at the request of the pregnant woman or her legal guardian, or to the lawful dispensation or administration of lawfully prescribed medication.”
- Defines “unborn child” as “human offspring from conception to birth”
- Defines “conception” as “the fusion of a human spermatozoon with a human ovum”
- Defines “pregnant” as a “female reproductive condition of having an unborn child in the woman's body”

As written by the Senate Judiciary Committee, the amendment to this bill would have jeopardized infertility treatments in New Hampshire. RESOLVE New England and you were instrumental in delaying this bill and in getting amendments put forth to save infertility treatments in the state.

House Bill 217 was adopted with two amendments by the NH State Senate. The first amendment introduced by Senator Houde, which would have defined a fetus from the medically established guidelines around viability, was voted 13
in favor, 11 against. A second amendment, introduced by Senator Forsythe, defined a fetus as “an unborn offspring, from the embryo stage which is the end of the eighth week after conception when major structures have formed, until birth”; this amendment was voted 15 in favor, 9 against. House Bill 217 passed as amended in a vote of 18 yeas, 6 nays.

House Bill 217 was concurred in the NH State House with Senator Forsythe’s embryo stage/8-week amendment with a vote of 210 yeas and 109 nays. The bill was sent to Governor John Lynch, who heard our message and vetoed the bill. At this writing, the House and Senate now have the opportunity to overturn the Governor’s veto.

RNE still feels that the definition of this bill is ambiguous because it includes the words ‘embryo stage’. We are concerned that this could be a loophole in the bill and we urge New Hampshire residents to contact their state Representatives and Senators immediately to ensure that Governor Lynch’s veto is not overturned. Your voice remains critical in this process!

Please continue to check our website for advocacy updates and ways to get involved at www.resolvenewengland.org/advocacy/regional/
As an infertility blogger, I have come across hundreds of perspectives and voices throughout the infertility experience. In 2010, I had the unique privilege of meeting the author of one such unique path and voice: Pamela Mahoney Tsigdinos. Pamela is the author of the award-winning memoir, Silent Sorority. Her blog, A Fresh Start (http://blog.silentssorority.com), offers a once-silent sorority a place to celebrate new beginnings. She writes from the heart in a way that stands out from the hundreds of infertility blogs. Pamela and I got together online to discuss her journey and how it's evolved in her writing and her life.

K: As a blogger, how have you seen the adoption/loss/infertility blogosphere change since you’ve begun blogging?

P: It's evolved dramatically since I created my Coming-2Terms blog in Feb 2007, and I mean that in every sense of the word. There are more voices coming online every day reflecting myriad of experiences – either as bloggers or those reading and commenting on blogs. The diversity of stories, from every corner of the world, is truly remarkable.

Five plus years ago when I started searching online, the vast majority of blogs I encountered either chronicled “TTC”- trying to conceive - or adoption. It was a “one or the other” path to parenthood. While I received kind encouragement from those who had succeeded, there were days when it felt pretty darn lonely. There was no getting around it: I represented the black sheep of the infertility community. Everyone wants to hear about infertility treatment success.

Unlike a few years ago when the blogosphere was more of a motley crew of infertility bloggers, today there seems to be more self-imposed segregation: those at X stage of treatment, those actively pursuing donor gametes, those pursuing adoption, and those building new lives after infertility (lives that don’t involve parenting). That’s not to say there aren’t those trying to build bridges, but it’s hard to be everywhere and most go where they feel most welcome.

K: Have you seen childfree voices emerging? If so, which stand out for you? If not, why do you think so?

P: First, let me say that I’ve never been fully comfortable with the labels “childfree” or “childless.” “Childfree” feels too artificial. I never swore off children. I love my nieces and nephews and friend’s children. I enjoy seeing them grow into charming little people. I never arrived at an immutable decision to surrender parenthood forever. While I knew it would be a miracle to achieve a spontaneous pregnancy after a decade of attempts, I would have been overjoyed had it happened. “Childless” is too sad and can reinforce a sense of guilt. Many of us wrestle with guilt about stopping treatments. Did it mean we turned our backs on our children? Would people judge us for not trying hard enough? We already feel deeply the loss of our children to be and don’t want to be defined by a loss. No one celebrates loss. That’s one reason why many bloggers who once chronicled their TTC efforts log off permanently. They want to close a painful chapter in their lives.

K: What stands out as one of your most defining moments along your journey so far?

P: The RESOLVE Night of Hope award in 2010 and the ceremony were truly gratifying. Another milestone, one that brings me great satisfaction as it will be a lasting pioneering contribution, was being associated with Dr. Marni Rosner as she recruited, researched, wrote and published last month a truly pioneering dissertation at UPenn - Recovery From Traumatic Loss: A Study of Women Living Without Children After Infertility (http://repository.upenn.edu/edissertations_sp2/20/).

K: It’s been 4 years since your groundbreaking New York Times piece, “Facing Life Without Children When It Isn’t A Choice.” What’s changed since then?

P: In brief, since the profile ran I've witnessed the opening of new communication channels as well as the opening of hearts and minds around the world. The Silent Sorority I wrote about in 2009 is no longer silent.

K: How do you strike a balance in your life with your decision to resolve without parenting?

P: After years of struggle, I am at peace. I’m a happy woman who is grateful to be on the other side of infertility hell. I adore my husband more than ever. I love my life. I cherish my friends. I enjoy the freedom to live unencumbered by expectations and pre-determined milestones. I feel a certain agelessness, a magic that comes with embracing the unknown. There is more than one happy ending to the infertility story. I’ve come to see “families of two” in a new light. My husband and I continue to push forward, to shape and define a life outside the beaten path. We challenge each other to uncover new possibilities, to seek new adventures and discoveries that will enrich our understanding of the world and our place in it. That’s what we would have encouraged our children to do.

K: What words of wisdom do you have for couples that may be facing the decision to resolve without parenting?

P: I would encourage them to actively mourn their losses. It’s only in submitting to pain, not trying to control or deny it, that healing begins. In time couples will tap into a well of strength and resilience they may not, today, know exists.
It’s easy to become a member of RESOLVE New England. Go to our website and click on “Be Involved.”

Household Member Benefits

Household Membership: $55/year

RESOLVE 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 Telephone — Call us at 781-890-2250 for information and support from our Member Services Coordinator.

Quarterly Newsletter — This publication includes information about our programs & services plus articles of interest.

Insurance Call-in Hours — Call us at 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 — Members enjoy reduced fees for various monthly presentations by experts in the fields of infertility, donor conception, or adoption. Day-long seminars providing an in-depth look at one topic are also offered.

Monthly Peer Discussion Groups — Open forums providing information and support to people interested in learning more about infertility and RESOLVE New England. 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 all of our programs and literature.

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


Advocacy — RESOLVE New England advocates for protection of the Massachusetts insurance mandate, implementation of mandates in New England states without a mandate, and continued legislative and insurance reform.

Member-to-Member Connection — Members are matched with member volunteers who share similar experiences or who have a specific area of expertise.

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 New England, the only organization providing direct services to people experiencing infertility in New England. RESOLVE New England offers its professional members a number of benefits in addition to those available to our household consumer members, including:

· Option to advertise/list in our annual printed directory
· Option to exhibit/advertise at our annual conference
· Option to write articles/advertise in 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

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.

DIRECTORY OF ADVERTISERS

<table>
<thead>
<tr>
<th>ADVERTISER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston IVF</td>
<td>9</td>
</tr>
<tr>
<td>Brigham and Women’s Hospital</td>
<td>13</td>
</tr>
<tr>
<td>Harvard Vanguard Medical Associates</td>
<td>17</td>
</tr>
<tr>
<td>Lisa Fenn Gordenstein Access Scholarship</td>
<td>17</td>
</tr>
<tr>
<td>Mass. General Hospital Fertility Center</td>
<td>15</td>
</tr>
<tr>
<td>New England Cryogenic Center</td>
<td>15</td>
</tr>
<tr>
<td>Reproductive Science Center of New England</td>
<td>5</td>
</tr>
<tr>
<td>Tiny Treasures</td>
<td>4</td>
</tr>
<tr>
<td>Tufts Medical Center / Women &amp; Infants</td>
<td>17</td>
</tr>
</tbody>
</table>

Share your experience, support, and most of all, HOPE.

Please contact us by email or phone if you are interested in sharing your story.

admin@resolvenewengland.org
781-890-2250

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 NEW ENGLAND!