50 Ways to Cope with Infertility

By Leslie Graff, M.S., C.C.L.S.

My husband hit the nail on the head when he said, “Coping with infertility is half about dealing with the problem and half about distracting yourself.” Even after hundreds of hours studying stress and coping literature for my master’s thesis in family studies, I still think his explanation is the best. I think anyone going through infertility would agree that half your time is spent dealing with the situation and making important decisions, and the other half is trying to let yourself focus on something—anything—else.

As a child life specialist, I work with the psychosocial and emotional needs of children and families in hospitals. I help them accept/understand their diagnosis, explain procedures and treatments, provide psychological preparation and support during procedures, identify stressors, plan coping strategies, provide therapeutic outlets (through play and expressive activities), provide distraction (or as we like to call it, ‘an alternative focus’), and help them develop a support network.

When I entered the stressful, overwhelming world of infertility and was having hard days, I found myself constantly turning back to my clinical work. All those things I did with patients were the things I needed help with now. I realized I would get through this experience most successfully if I made a plan for myself just as I did for my patients.

I asked myself the questions I had asked so many patients. “What are you...
ADVERTISING POLICY

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This newsletter is published quarterly (winter, spring, summer, autumn) 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

Autumn 2013 August 15, 2013
Winter 2014 November 15, 2013

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.

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781-890-2250 www.resolvenewengland.org @RESOLVENewEng
**Life is Better in the Summer...or is it?**

Summertime and infertility do not always go hand in hand. It is difficult to cover up needle marks from treatment and testing while at the beach or pool. The school year is over, and kids seem to be everywhere you turn. Trying to schedule a summer vacation while in treatment can be nerve-wracking. What if your cycle starts or ends earlier than you expected? Previously enjoyable summertime activities may now be dreaded reminders of a journey that you didn’t expect or want to be traveling.

We understand how difficult the summer season can be while coping with infertility, and we want you to know that YOU ARE NOT ALONE! Our aim is to arm you with helpful suggestions for enjoying your summer to the fullest. Here are a few tips that helped us through; we hope you find them useful as well:

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

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

- If you haven’t yet, attend a RESOLVE New England support group (see page 18 for our summer schedule). Getting support from others that are dealing with infertility is amazingly helpful.

- Enjoy a “stay-cation” at home. 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 out, 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 these tips will help. For more ideas, please see our cover article, “50 Ways to Cope with Infertility”. Please also save the date for our 20th Annual Fertility Treatment, Donor Choices and Adoption Conference on Saturday, November 2, 2013.

As always, please do not hesitate to reach out to us at RNE if you have any questions or need support on your journey. Wishing you an enjoyable summer!

Fondly,

Erin Lasker
Executive Director, RESOLVE New England

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**Connect with RNE online & get the support you need!**

We post updates to peer groups, events and the latest information in the infertility world. Visit us. You are not alone:

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ADOPTION: MYTHS AND REALITIES

Adoption Is Not the Same as Having a Child of Your Own: Myths and Realities
By Dawn Davenport

The statement that adoption is not the same as having a child of your own is both remarkably accurate and remarkably wrong. The first part—"not the same as"—is quite true. Adoption and giving birth are two very different ways of creating your family, just as New York City and Paris are two different vacation destinations, or chocolate and vanilla are two different flavors of ice cream. We seem to focus so readily on what adoptive parents miss by not giving birth that we overlook what parents by birth miss by not adopting. As a mother by birth and by adoption, I have often felt a little sorry for people who haven’t adopted. They have missed so much.

It’s of course true that adoptive parent don’t get to experience the joys and pains of pregnancy and birth. They don’t have the visual proof of impending parenthood and the communal sharing this elicits. They don’t get to indulge in the pregnant parent’s favorite pastime – playing Guess the Gene. They likely won’t get to breastfeed exclusively. The expense of adoption, while often similar to the expense of giving birth, is covered by the adoptive parents rather than insurance. And then there is the worry about the unknown – prenatal exposures, genetic conditions, emotional state of the expectant mother, and so on.

On the other hand, if you haven’t adopted, you haven’t felt the breath-holding excitement of “getting the call” announcing that a birth mother has chosen you (domestic adoption) or that a child has been referred (international adoption). You’ve missed the wonder of meeting a fully formed human being that is your child, complete with all the unspoken possibilities of that relationship. Oh, and you’ll never have the pins and needles sensation of waiting to travel to pick up your child, whether you’re driving across town or flying across an ocean—making lists, packing and unpacking, giggling at absolutely nothing, and worrying over absolutely everything.

People who’ve never adopted have never felt the overwhelming intensity of first meeting their child. It’s hard to explain the giddy anticipation mixed with unnamed anxiety. This combination of emotions helps etch even the tiniest details into your memory forever – the colors, the smells, the words, the emotions. For me, this moment is one of my “mountain top experiences.” Adoption can make the everyday seem miraculous: the moment when this child that you met only a few months or even weeks before seeks you, and only you, out of the crowd with her eyes. The moment when you realize that your small, developmentally-delayed child is now a robust, into-everything preschooler, and the quiet pride you feel knowing that but for you, these gains may not have happened. The contentment in knowing that you took a risk and it paid off. A feeling of satisfaction unique to adoptive parents when we look around our Thanksgiving table and realize that we are a family created by choice and love.

So, yes, creating a family by adoption is not the same as creating a family by birth. But the “child of your own” part couldn’t be more wrong. The phrase “child of your own” implies a desire for a child who looks and acts like you. A child you conceive will share half your DNA, and while it’s true that appearance and certain characteristics are influenced by genetics, what’s most interesting from research, as well as from my personal experience, is how little of our traits, personality, and intelligence are controlled exclusively by our genes.

A child conceived and born of you and your spouse will be a mixing of two different gene pools, with a unique environment thrown in for good measure. Your child by birth may be nothing like you at all. I can honestly say that I am no more similar to my kids by birth than to my kid by adoption. And for the record, being similar to a child doesn’t guarantee closeness or parental enjoyment. In fact, sometimes it means just the opposite. Also, it’s easy to find similarities with all of your kids, if you look for them.

But what the “child of your own” comment really misses is that, in reality, this feeling comes through the acts of parenting. Sure, giving birth is one act, and a big darn act at that, but parenting is made up of thousands of acts each day, and it is the sum total of all these acts of claiming that creates this feeling of “own-ness.” Biology has little to do with it, unless you make it an issue.

I can hear it now, that all these things I mentioned that are special about adoption are not necessarily unique to adoption. Parents by birth can and do have some of these same experiences. True enough, but doesn’t that help make the bigger point? Neither way is superior; both are special, and both are great ways to have a child of your very own.

Reprinted from RESOLVE New England’s Summer 2010 Newsletter
What can we do to help you have a healthy baby?
Everything possible.

If you’ve been trying to become pregnant for more than a year, or are over 35 and have been trying for more than six months, we can help.

Brigham and Women’s Hospital is a leader in women’s health, ranked second by U.S. News & World Report. The Center for Infertility and Reproductive Surgery (CIRS) is part of this leading, comprehensive OB/GYN program, offering all available procedures and services to treat infertility, including in vitro fertilization, pre-implantation genetic diagnosis, IVF with donor eggs, and ICSI (intra-cytoplasmic sperm injection) with assisted hatching.

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By Anonymous

It was powerful to be back in the same room.

A few months ago I spoke for the first time as a parent at a RESOLVE New England (RNE) event on using an Egg Donor. It was the same space where I had sat four years earlier, but I was in a very different place. I was nervous, but really looking forward to giving back, to sharing our experience with people who were considering this option. To help me prepare, I looked through the journals I kept during my many years of trying to get pregnant:

*Clomid*

*Timed intercourse*

*IUIs*

*IVFs – 3x*

No pregnancy, but a lot of angst, sadness, anger, hope and frustration. It all came to an end (or so I thought) in a windowless office talking to my doctor who told me that IVF would not work for us. It felt like the end of the world. I remember wearing sunglasses to hide my tears on the subway ride home.

There was a baby shower invitation waiting in my mailbox when I got there.

So now what? After so many years of being moved along the fertility process through the medical system, it was jarring to have no “next step.”

Lucky for us, RNE was holding a seminar only a couple of weeks later on this very issue. It was a seminar on moving beyond fertility treatments – grieving your loss, adoption, living child-free, and using an egg donor. It was an informative and helpful event although we skipped the egg donor section; we were totally convinced it was not for us.

A wonderful woman, a therapist specializing in infertility issues, had spoken to our group about creating a ritual to mourn our loss. We took her advice and a few weeks later we sat by a lake in New Hampshire writing out a list of all that we had lost. We cried. And then we put our lists into a bottle, corked it and canoed out to the middle of the lake and tossed the bottle into the lake.

The ritual was helpful, but I still felt stuck emotionally, and I sought help from the therapist who had spoken at the meeting. For over a year she occasionally brought up the possibility of being helped by egg donation, but I rejected the idea as too strange, artificial and unbalanced.

Nevertheless when I saw RNE was hosting an all-day seminar on egg donation, I was intrigued and we decided to go and see what it was all about.

It changed our life.

There was a lot of information to take in – the medical component, the legal component, the logistical component – how do you even find someone? – but the parent panel was the most powerful. Listening to these people tell their stories, I kept thinking, “They are normal. They are like us. I know their stories.”

We got into our car and looked at each other.

“What do you think?” my husband asked me.

“I can’t believe I’m saying this, but I think we should try it.”

The parent panel was the most powerful.

*Listening to these people tell their stories, I kept thinking, “They are normal. They are like us. I know their stories.”*

I can’t say the process was easy. Potential donors can change their minds, or get pregnant (yes, that really happened) or something comes up in a medical screening – a lot can happen. It took us almost a year and our fourth donor before we even went through an IVF cycle!

But it worked.

We couldn’t believe it. And we were having twins! After years of getting knocked down over and over, it was odd to have such a positive thing happening. We

*Continued on page 14 >*
Comprehensive Infertility Evaluation & Treatment

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Introducing MyEggBank
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IVF with Donor Eggs at Significant Savings!
By Jennifer A. Redmond

My husband and I struggled with infertility for several years. I was going to say “on and off” for several years, but even when we weren’t “trying” there was always the hope that I might get pregnant.

I have unexplained infertility - no reason was discovered for my inability to get pregnant. After 6 failed procedures, and 1 miscarriage at 11 weeks, we decided to take a break. We wanted our lives back. We were stressed out and exhausted from all aspects of treatment: injectable medications, the monthly anticipation and resulting disappointment with each failed pregnancy test, and the cost.

During this break, I joined a mind-body group. The stated goal of the group was not to achieve pregnancy, but rather to regain a sense of control, to de-stress, to come together with other women and couples who were also struggling with infertility and talk about our experiences, learn coping techniques, and have an emotional outlet. I was very angry and very sad. I felt like my body, which was created to bear children, was defective — that I was defective. I felt guilty that I was letting my husband down (he didn’t make me feel guilty, I brought that on myself). I remember spending time with girlfriends and their new babies and young children and feeling like “the girl without a baby.” I had a hard time attending baby showers, Christenings, and celebratory, baby-centric events. In the group I learned relaxation techniques including meditation, which helped me to begin to let go of the anger, the guilt, the sadness, and the pain. I started journaling. The mind-body group was life-changing.

The decision to remain childfree evolved. As I mentioned earlier, it started as a much-needed break from treatment. We tried it on, and it seemed like it might fit. As time went on, we thought about and talked about the option of continuing this way. I saw a therapist who specialized in working with infertile women and couples, and she helped me explore this further. Remaining “childfree” - a term neither my husband nor I really like - seemed like a viable option.

I refer to us as a “family of two.” It’s a more positive and accurate description of who we are. Family is important to us. My husband has 5 siblings and I have 3; we have 19 nieces and nephews. We love spending time with them, and we also treasure spending time together and with our large network of friends. Interestingly, many of our friends, whom we have known for years, don’t have children for one reason or another. And, of course, many do.

There are certainly many positive things you can identify about not having children, including financial aspects and independence. Those didn’t guide our decision, however, which wasn’t always easy, even after we were resolute that it was right for us.

Just as my experience with infertility was a journey, so too is the decision to live our life without children of our own. Along the way a sense of control returned to my life. Infertility brings with it a sense of powerlessness. Each month another treatment cycle is attempted, and you hope for the best, knowing you have little or no control over the outcome. Making this decision was empowering.

It is the first step in a process, the first step in allowing myself to begin to answer the question, “Suppose I didn’t have children; what would that be like?” The answer continues to unfold every day.

Reprinted from RESOLVE New England’s Summer 2007 Newsletter
By Lisa Reichmann

When my husband and I were in the midst of our struggles with infertility, I longed for the day that things would go back to “normal”: the day I could spend time with my friends who had babies, the day I could be genuinely happy when someone announced a pregnancy, the day I could resume my hobbies that took a back seat during our fertility treatments, the day we could travel without worrying about our treatment schedule, the day I wouldn’t feel like I was always on the “wrong” side of the statistics, the day I could get my eternal optimism back. I hoped that one day when, or more accurately if, we were successful, things would go back to normal.

Before we began our two-year odyssey through the world of A.R.T. (Assisted Reproductive Technologies), I was so carefree and positive. My friends jokingly referred to me as “little miss sunshine” because I always saw the good in any situation. I was thankful for a wonderful life—a loving husband, a supportive family, a broad network of friends, a rewarding job and most important, exceptional health. I enjoyed socializing with friends and meeting new people. I was a Type-A high achiever who believed that through hard work anything was possible. Even when we began our fertility treatments, I was optimistic that we would be successful very quickly.

Almost two years later, with two IUs and five in vitro fertilization (IVF) cycles under our belts and nothing to show for it, I had become a person I didn’t even recognize. I had withdrawn from friendships either because I didn’t want to disclose what we had been going through or because I didn’t get the support or reaction I was hoping for when I did. I avoided conversations with others who may have been trying to get pregnant for fear of hearing another “We’re pregnant!” announcement. My husband and I put off making vacation plans out of fear of a conflict with an upcoming treatment cycle.

I was sadly discouraged by the notion that no matter how hard I worked, how diligently I “studied,” or how perfectly I behaved, I still couldn’t get pregnant. I started to doubt myself and my self-worth. No longer was I the eternal optimist—I was now convinced that if something bad could happen, it would happen to me. Once outgoing, I now shunned social contact. I hated the changes I saw within myself, which just made me more depressed.

To make a long story short, our sixth IVF cycle (a last “Hail Mary” attempt) at an out-of-state clinic resulted in twins.

When we were in treatment I imagined having a child (or children) as a “cure” for infertility, and I assumed I would revert to the person I once was. Instead, I’ve come to realize that our experience with infertility fundamentally changed who I am, and has subsequently redefined what is normal for me.

My first clue to the permanent changes that had taken place came when we received the news that the beta (pregnancy blood test) was positive; we couldn’t even feel the elation and joy that should accompany that news. Rather, I held my breath and waited for the other shoe to drop. I researched every possible pregnancy complication and, as a result, was convinced I would have complications (my high-risk obstetrician/gynecologist, bless his heart, was extremely patient with me). Before infertility I took good health for granted; now I was sure that I would fall into the miniscule percentage of pregnant women who have adverse outcomes. After a small scare at the very beginning of the pregnancy (upon which I assumed the worst possible outcome), I took disability leave from work so that I could stay on (self-imposed) bed rest the remainder of the pregnancy, just to be on the safe side. As an athlete used to training for and running marathons this was not an easy task, but in my mind it was entirely worth it.

Continued on page 15 >
ABOUT RNE’S 20TH ANNUAL CONFERENCE

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Saturday, November 2, 2013
RESOLVE New England’s

Fertility Treatment, Donor Choices and Adoption Conference
8:30 AM to 5 PM - Best Western Royal Plaza - Marlborough, MA

Join us for the largest educational consumer and professional conference in the country, offering in-depth exploration of the medical, emotional, and legal aspects of infertility, donor options, adoption, and other family-building choices.

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“After many years of trying to conceive with no success, I was ready to begin exploring my options. I didn’t know where to begin. This conference was a great place to gather valuable information from some of the best experts in New England and begin my journey down a new path.”

Past Conference Attendee
feeling? What are the things you feel you can’t deal with? What can you do to make this treatment/procedure easier? What would you like to do to take a break from all this? Let’s find a way to make things better and give you more control.” I learned that if I stopped and cognitively identified the stressors and emotions, I was able to find ways to help myself work through them and feel in control.

Coping is not ‘one size fits all’. Everyone needs different things. You know best what you need and what works for you. There are things you can do to help you deal with your diagnosis, prepare yourself for treatments and procedures, find people to support you, dialogue about how this impacts your relationships/life, develop coping strategies that work for you, identify and release the emotions inside you, and find an “alternative focus” when infertility seems to be your sole focus.

I hope these ideas can help you along your infertility journey to achieve a greater sense of control and inner peace, build a support network, give yourself a mental break from infertility, help nurture your relationships, acknowledge what you have been through, or find expressive, therapeutic activities to help you through infertility and treatment. Don’t be afraid to try something new!

1. Walk.
2. Yoga, tai chi, or other centering activities.
3. Guided imagery.
4. Meditation.
5. Relaxing bath or shower.
7. Massage, reflexology.
8. Acupuncture, Chiropractic or other complimentary treatment.
10. Have a peaceful nature experience.
11. Attend RESOLVE New England support groups.
12. Seek professional counseling.
13. Visit online communities for people with infertility.
14. Participate in online chats with professionals.
15. Develop relationships with others who understand infertility.
16. Attend conferences and workshops on infertility.
17. Research your condition, treatment, procedures.
18. Develop an infertility file where you keep all of your information, results, and records.
19. Write your questions down; be prepared for visits with your health care provider.
20. Have a spouse or friend be there and support you during stressful procedures/treatment.
21. Advocate for yourself: let people know when things are overwhelming and stressful.
22. Journaling (tell your infertility story, identify your unspoken thoughts and feelings, write about the everyday ups and downs, or write a letter to your “dream baby” or to the baby you lost).
23. Writing - essays, poems, fiction.
24. Read a good book or magazine.
25. Watch a good movie/play/performance (humorous, cathartic, or just plain distracting).
26. Plan what and with whom you will share information about your infertility.
27. Plan what to say when people say the wrong thing like, “When are you going to have a baby?”
28. Plan for and mind your emotional limits for stressful events like parties, holidays, showers, or being around babies.
29. Find ways to memorialize pregnancy losses.
30. Art - paint, draw, sculpt, take a class, go to a gallery or museum.
31. Creative endeavors - crafts / home improvement.
32. Music - play an instrument or listen to music.

Continued on next page >
33. Take a continuing education or online class/learn a new skill.

34. Have a date night.

35. Engage in non-sexual touching with your partner - back rub, foot rub, holding hands, snuggling.

36. Infertility vacation - no talk of infertility!

37. Volunteer in your community.

38. Volunteer to help others along their journey; increase general awareness of infertility.

39. Give yourself a reward when you make it through a difficult treatment or procedure.

40. Write a list of all you’ve been through and give yourself credit for your time, energy, and sacrifice.

41. Have an out-to-dinner night every month you are in treatment.

42. Take time out to do something special for your partner. Find a new way to say I love you and I appreciate you!

43. Talk with your partner, acknowledge your differences in coping styles, and ask how you can best support each other.

44. Create a list of personal life/couple goals.

45. Recognize your body for its abilities and do something to celebrate it: Don’t allow this experience to destroy your body image.

46. Dialogue about your plans for treatment, when to end or explore other options and research them.

47. Create relationship rituals to give strength in difficult times - places to go, things to do, notes, gifts.

48. Acknowledge the emotions that are difficult for you and find appropriate outlets.

49. Talk with people who make you feel emotionally secure; allow them to help you and provide support.

50. Try to find peace in the turmoil. Identify what this experience has taught you.

Reprinted from RESOLVE of the Bay State’s Winter 2005 Newsletter
kept expecting the rug to get pulled out from under us…but it didn’t.

In September of 2010, we welcomed our daughter and our son into this big wide world. I often find myself calling them “Gift” as an endearment - that is what they feel like: a complete and total gift.

While I hoped that sharing our experience might help people make the decision that is right for them, I didn’t realize how much I would gain simply from listening to and sharing with other people who are on this journey; because the journey didn’t come to an end with the birth of our children. Building a family in an unconventional way presents unique questions and decisions and it is good to be with people who also walked or are walking this road. It is good to remember how much we loved our children even before they existed. I know that love will guide us and protect us as we go forward.

For more information about donor conception and peer support groups offered during the decision-making process, please visit www.resolvenewengland.org.
In an effort to protect myself from becoming attached to a pregnancy that may not come to term, I would not allow myself to think of the two fetuses inside of me as babies—rather, I referred to them as “Twin A” and “Twin B,” up until their birth. I wouldn’t buy baby furniture or other baby supplies, as I was too afraid of tempting fate. I didn’t have a baby shower. Essentially, I spent my entire pregnancy in utter fear. Looking back, I’m sad that I wasn’t able to enjoy my pregnancy like my friends who had an easy time conceiving enjoyed theirs. They bought furniture when they were eight weeks pregnant and had multiple baby showers. I was holding my breath.

I sense I parent very differently than I would if I had not gone through infertility. Although I always pictured myself returning to work after having children, I decided to be a stay-at-home mother. Even though I loved my job and my co-workers, I just couldn’t imagine going into an office and leaving these children I worked so hard to have. I want to spend every second I can with them. I worry incessantly about the well-being of my children and obsess over absurd scenarios that might cause them harm; I am sure I would have worried plenty even without going through infertility, but my sense of fragility of life is so much more magnified due to my experience.

I find it very difficult to fit in with mothers who did not experience infertility. I just can’t relate when they complain about their children and talk about “going crazy” when they spend too much one-on-one time with their kids. I still feel a twinge of self-pity and jealousy when someone announces an easily conceived pregnancy. I still feel uncomfortable at baby showers, unless it’s a shower for someone I know who has experienced infertility. I still think of myself as infertile.

Sometimes I wish I could be as carefree and naïve as I was before. But there’s not a chance I would go back and erase the whole experience. I’m definitely a different person, and some of that is manifested in positive ways. I am more appreciative, more realistic, and less frazzled by the “little things.” Infertility made me a stronger person, fortified my marriage, allowed me to meet some of the most admirable, supportive women I’ve ever known through RESOLVE and other infertility support organizations and, most important, brought us the two children who would not be here if it weren’t for our experience. This is my new normal.

Reprinted from RESOLVE New England’s Spring 2008 Newsletter

LISA FENN GORDENSTEIN ACCESS SCHOLARSHIPS

RESOLVE New England (RNE) 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 RNE.

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 (Donor Conception, Surrogacy & Adoption Connect & Learn Seminars or our Annual Conference) or our half-day programs. To find out more about applying for the scholarship for upcoming Connect & Learn Seminars or our Annual Conference on Saturday, November 2, 2013, please visit our website at www.resolvenewengland.org/scholarship.

Email us at admin@resolvenewengland.org or call 781-890-2250 with any questions.
Advocacy Day

On Wednesday, May 8, 2013, I attended RESOLVE: The National Infertility Association’s Advocacy Day in Washington, DC. I was surrounded by 115 people ready to share their personal, professional and emotional stories of how infertility has touched each of us. Speaking for the 7.3 million Americans – 1 in 8 couples of childbearing age – dealing with infertility, we descended on Capitol Hill after an inspiring morning hearing from Senator Patty Murray (D-WA) and a number of other speakers to get us motivated for the day.

But if you are anything like me, you didn’t need the motivation; having gone through infertility is motivation enough to let our U.S. Senators and Representatives know about the two important bills currently proposed that will help those dealing with infertility: The Family Act (S 881/H.R 1851) and the Women Veterans and Other Health Care Improvement Act of 2013 (S 131/H.R 958). Read more about both bills below.

The day itself was amazing; walking the halls with other constituents, staff members and U.S. Senators and Representatives is an experience unlike any other. To know that you are making a difference for others that can’t be present, to know that you are helping to shape our government policy, and to have your voice heard is empowering.

Advocacy Day is once a year, yet that doesn’t mean that we should be silent the remaining 364 days of the year. One day is not enough and that is why we ask you to speak up for yourself and let your government officials know how infertility impacts you and your family. Learn more at http://www.resolve.org/get-involved/federal-legislation.html.

The Family Act – Introduced in the U.S. House & Senate

RESOLVE New England and RESOLVE, The National Infertility Association applaud Senator Kirsten Gillibrand (D-NY) and Congressman John Lewis (D-GA) for introducing a bill in the U.S. Senate and U.S. House of Representatives that would provide eligible taxpayers a tax credit for out-of-pocket expenses incurred with infertility medical treatment.

 Appropriately named the Family Act, the bill, S 881/H.R. 1851, would apply to expenses related to in vitro fertilization and treatments to preserve fertility for cancer patients.

The Family Act was introduced in the Senate in May 2013 prior to RESOLVE: The National Infertility Association’s successful Advocacy Day in Washington, D.C. Advocates from across the country met with their members of Congress to advocate for the tax credit. Enthusiasm was very strong for the tax credit among the advocates, who see the need for immediate financial relief for infertility patients.

How You Can Help Support the Family Act

If the Family Act were to pass, it would benefit millions of eligible Americans seeking financial relief from the out-of-pocket costs of infertility treatments and procedures not covered by their health insurance. We need you to help the Family Act gain support on Capitol Hill!

Please visit the Family Act page at RESOLVE: The National Infertility Association (http://www.resolve.org/get-involved/family-act-of-2011.html) to find out how you can help spread the word and contact your legislators to help get this bill passed. Take action today!

Women Veterans and Other Health Care Improvement Act of 2013 – Introduced in the U.S. House & Senate

May 2013: RESOLVE New England and RESOLVE, The National Infertility Association applaud Senator Patty Murray (D-WA) and Congressman Rick Larsen (D-WA) for introducing a bill in the U.S. Senate and U.S. House of Representatives that would enhance the Department of Veterans Affairs’s fertility treatment services, along with other programs.
The Women Veterans and Other Health Care Improvement Act of 2013 (S 131/H.R. 958) would enhance the reproductive treatment and care options available to veterans to include assisted reproductive technologies. The Women Veterans and Other Health Care Improvement Act of 2013 was introduced prior to RESOLVE: The National Infertility Association’s successful Advocacy Day in Washington, D.C. Advocates from across the country met with their members of Congress to advocate for the bill.

How You Can Help Support the Women Veterans and Other Health Care Improvement Act of 2013

If the Women Veterans and Other Health Care Improvement Act of 2013 were to pass, it would enhance treatment and care, provide fertility treatment for spouses, provide adoption assistance, childcare assistance and outreach for women veterans. We need you to help the Women Veterans and Other Health Care Improvement Act of 2013 gain support on Capitol Hill!

Please visit RESOLVE: The National Infertility Association’s dedicated page on the Women Veterans and Other Health Care Improvement Act (http://www.resolve.org/get-involved/women-veterans-and-other-health-care-improvements-act.html) to find out how you can help spread the word and contact your legislators to help get this bill passed. Take action today!
Infertility & Adoption Peer Support Groups

No matter where you are in your journey toward parenthood, RESOLVE New England can help. Since 1974, we have prided ourselves on our face-to-face support outlets for every stage on the journey to parenthood. We offer General Infertility Peer Support Groups as well as several focused Topic Discussion Support Groups.

General Infertility Peer Support Groups
Open to women and men, individuals and couples dealing with primary infertility (those with no children). Discussion may include talking about current treatment, dealing with friends and family, and coping strategies.

Farmington, CT
Thursdays, 7pm - July 18, August 15, Sept 19

Longmeadow, MA
Mondays, 7pm - no July group, August 5, Sept 2

Nashua, NH
Summer dates TBD: Please check website for details

Plymouth, MA
Tuesdays, 6:30pm - July 9, August 6, Sept 3

Portland, ME
Tuesdays, 6pm - Resumes September 24

Waltham, MA
Tuesdays, 7pm - July 2, August 6, Sept 3

All groups meet on a monthly basis. Free to all RESOLVE New England members; $5.00 per person for non-members paid via cash or check. Pre-registration for all groups is strongly encouraged, although walk-ins are welcome.

Topic Discussion Peer Support Groups
Focused on a specific topic, these groups are led by a volunteer leader with personal experience regarding that topic. All Topic Groups meet in our Waltham, MA office (except where noted).

Adoption Decision-Making
Thursdays, 7pm - July 18, August 8, Sept 12

Donor Egg Decision-Making
Mondays, 7pm - July 8, August 12, Sept 9

Donor Egg Parents & Children
Resumes in Sept: Please email for locations & dates

Pregnancy After Infertility
Mondays, 7pm - Resumes Sept, date TBD

Pregnancy & Parenting After Infertility
Mondays, 7pm - July 8, August 12, Sept 9
UCONN, 263 Framington Ave., Farmington, CT

Pregnancy Loss
Wednesdays, 7pm - July 24, August 28, Sept 25

Secondary Infertility
Wednesdays, 7pm - July 17, August 21, Sept 18

www.resolvenewengland.org/support

Sponsored By:

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It’s easy to become a member of RESOLVE New England. Go to our website and click on “Get Involved.”

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.

**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 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, donor conception, and adoption.


**Advocacy** — RESOLVE New England advocates for protection of the Massachusetts infertility 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.

**Website & Blog** — www.RESOLVENewEngland.org is the premier source of information for the New England Infertility Community on the internet. Our extremely popular blog, directory and calendar of events attract hundreds of visitors each day. It also offers information on our insurance and advocacy efforts and our online Directory of Professional Services.

**Social Media** — RNE provides up-to-the-minute information on all our services. We also offer a safe space for you and the greater community to communicate with each other and the national infertility community. Our Facebook page (Resolve New England), Twitter (@RESOLVENewEng), YouTube (RESOLVENewEngland) and Blog (resolvenewengland.org/blog) community is active and engaged on a daily basis.

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!