

# Resolve

*for the journey and beyond*

## SPRING INTO SPRING with RESOLVE's Help on Your Family Building Journey



By BARBARA COLLURA, Executive Director,  
RESOLVE: The National Infertility Association



I am so pleased that you are taking the time to read *Resolve, for the Journey and Beyond*. Reading this publication is one of many ways that you can Take Charge of your family building journey and reach resolution. I am firmly convinced that if you arm yourself with the right information and get the right support, you will reach your family building resolution quicker.

In this issue, RESOLVE provides you some valuable tips and strategies for creating a financial plan and managing your finances during your family building journey in "Creating a Financial Plan." Because health insurance does not universally cover the diagnosis and treatment of infertility, many of us are caught off guard when we must come up with thousands of dollars to receive medical treatment.

Dr. Larsen's article "The Magic Number," discusses the number of embryos to transfer in an IVF cycle. I had the privilege of being at the American Society for Reproductive Medicine's Annual Meeting in Atlanta in October 2009 when the new embryo transfer guidelines were announced. RESOLVE immediately issued its own statement applauding the updated guidelines. Everyone's goal is a healthy mom AND a healthy baby; make this your goal too.

The infertility journey can be a rough road, as anyone going through it can tell you. Helen Adrienne brings incredible imagery to the infertility process in "Diving Under the Turbulence of Infertility." Rochelle Anixt Gold gives you some excellent advice on how to weather this journey with your partner in her article "The Double Bond: Working as a Couple to Create a Family."

I want to thank Nicolet Zilinsky for sharing her thoughts about Mother's Day. Zilinsky's openness provides a heart wrenching timeline of her Mother's Day celebrations through her infertility treatment.

If you are considering adoption, you must read Hal Kaufman's article "Developing a Strong Family Profile." Kaufman gives you practical, easy and sound advice on how to create your family profile for birth parents if you are pursuing a domestic adoption.

Make it your goal to reach out and find the information and support you deserve! Give yourself a pat on the back for taking care of yourself! And for more information on any of these topics, visit RESOLVE's article library at [www.resolve.org](http://www.resolve.org). ✦

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- Creating a Financial Plan
- The Magic Number: How Many Embryos is Enough?
- Developing a Strong Family Profile
- Diving Under the Turbulence of Infertility
- Celebrating Mother's Day: A Personal Reflection
- The Double Bond: Working as a Couple to Create a Family

## RESOLVE:

### The National Infertility Association

1760 Old Meadow Road, Suite 500, McLean, VA 22102  
Phone: 703.556.7172 | Fax: 703.506.3266  
www.resolve.org

#### EXECUTIVE DIRECTOR

Barbara Collura, bcollura@resolve.org

#### EDITOR

Shawn Taylor Zelman, szelman@resolve.org

#### ADVERTISING SALES

Dawn Gannon, dgannon@resolve.org

#### GRAPHIC DESIGN

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#### Address advertising inquiries to:

Dawn Gannon

RESOLVE: The National Infertility Association  
Phone: 703.556.7172 | Fax: 703.506.3260  
dgannon@resolve.org



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Barbara Collura, Executive Director,  
bcollura@resolve.org

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Partnerships and Projects, rflick@resolve.org

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Heather Gasser, Database & Online  
Service Specialist, hgasser@resolve.org

Tracy Kaylie, Development Manager,  
tkaylie@resolve.org

Shawn Taylor Zelman, Communications,  
szelman@resolve.org

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## CREATING A FINANCIAL PLAN

By GARY A. HOWARD, CFP®, JD, a Certified Financial Planner, shared his thoughts with Barbara Collura, RESOLVE's executive director about the following questions.

*The Financial Planning Association (FPA) agrees, "once the needs and financial resources are clarified, create a spending plan that will balance expenses and income. Try to save extra money now for the inevitable rise in expenses down the road."*



### Why do we need a financial plan?

Just as a map helps you find your way on a trip, a financial plan is a roadmap that can help you stay on course to reach your financial goals. A sound financial plan is a comprehensive outline that deals with a variety of goals such as retirement, educational funding, insurance, cash flow, tax liabilities and estate planning. A financial plan includes specific ways to achieve financial goals, and the rationale for the plan. Because a goal can be achieved in many ways, a well-thought-out analysis may include alternative or "what if" scenarios along with the pros and cons of each option.

### When deciding how to pay for fertility treatment, what long-term considerations should be evaluated?

Funding the costs of infertility treatments or adoption are for the most part short-term financial goals. Long-term goals include retirement, appropriate and affordable insurance protection, maintaining adequate cash reserves and minimizing consumer credit card debt. Comprehensive financial planning encompasses a variety of goals and priorities.

Diverting funds from a retirement investment program to pay for infertility treatments or adoption may affect a retirement scenario. Other financial goals that may be impacted are savings for children's education and buying a home. That does not mean that choosing to borrow or divert funds meant for other goals is unwise; it simply means that you need to prioritize your goals and know the consequences of your choices. For instance, if money is needed to pay for an adoption or infertility treatments, a strategy to create more cash flow might be to reduce tax-deferred contributions to a 401K plan on a temporary basis. Depending on how long those contributions are reduced or suspended, your retirement date or retirement lifestyle may be affected.

This can get overwhelming quickly. Financial Planning Association (FPA) recommends finding a financial planner who can help "improve cash flow, identify tax savings, review investments, and provide overall financial planning. You'll need an attorney to be sure all legal documents are in order."

### What advice do you have for people considering using a credit card or home equity line to pay for infertility treatments or adoption?

In general, if available, utilizing a home equity line of credit is preferable to using a credit card. The equity line of credit would provide a potential tax deduction for interest paid on the amount borrowed. (Certain restrictions apply to the deductibility of interest under a home equity line, so consult a tax advisor.) Credit cards do not allow for this tax deduction and normally carry higher interest rates. Of course, you also must consider whether the credit card or the line of credit involves an adjustable interest rate, which affects borrowing costs. Currently, interest rates are generally rising. Consequently, repayment amounts will also increase and must be factored into the household budget. Either strategy needs to be evaluated for affordability and impact on other goals or needs, such as cash flow and reserves for emergencies and opportunities.

### What specific strategies would you recommend to someone faced with mounting costs for infertility treatments and adoption?

Recommended financial strategies for one person may not be appropriate for another facing the same challenges. Considering limited financial means, there are a variety of options. For homeowners with adequate equity, a refinance or line of credit loan may provide the necessary funds, along with a potential mortgage interest deduction.

continued on page 4

Unsecured loans will probably carry a higher interest rate. Borrowing or taking distributions from a retirement account (401K, IRA, etc.) may involve penalties and taxes, and will impact your retirement goal. As previously mentioned, you should consider reducing pre-tax contributions to qualified retirement accounts to provide better cash flow, at least on a temporary basis. But remember that every action also has consequences—taxable income may increase and the retirement goal may stretch out.

**Should an individual or couple consider working with a financial planner?**

For most people, dealing with their money is an emotional experience; many act on impulse, and feelings of fear and greed usually make people do the wrong thing with their money. A financial advisor should serve as a detached, objective professional who can remove the emotions from the

financial planning process. Engaging the services of a financial planner or advisor is not transactional, or short-term in nature, but involves an ongoing relationship.

People seeking the assistance of a financial planner should expect initially to engage in a thorough discussion of their current financial status and their goals, and what financial strategies are presently in place. At the first meeting, the client should do most of the talking. This is an opportunity for the financial advisor to listen to the client's financial goals and how he/she is currently working to achieve those goals. Also, and very importantly, the planner needs to explain how he or she is compensated, such as fee-only, or a combination of fees and commissions. In addition, clients need to ask questions about the planner's experience and credentials. For example, some people wish to only work with an advisor who is a Certified Financial Planner (a financial advisor

who meets professional standards including education, experience and ethics). However, it is important to realize that as circumstances change, sometimes modifications must be made with the financial plan or roadmap. It is important to regularly meet with the planner to stay on course financially. †

*Portions of this article originally appeared in Family Building magazine, Summer 2005.*

For more information contact **GARY A. HOWARD, CFP®, JD, Financial Advisor for Ameriprise Financial Services, Inc.** at 703.753.2955, gary.a.howard@ampf.com, or on the web at [www.ameripriseadvisors.com/gary.a.howard/](http://www.ameripriseadvisors.com/gary.a.howard/)

The Financial Planning Association (FPA) is the community that fosters the value of financial planning and advances the financial planning profession. For more information about FPA, visit [www.FPAforFinancialPlanning.org](http://www.FPAforFinancialPlanning.org) or call 800.322.4237.

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Carol Fulwiler Jones, MA

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#### About the author...

Carol Fulwiler Jones, MA, has specialized in infertility counseling for nearly two decades and she is Past Chair of the Board of Directors of RESOLVE.

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# THE MAGIC NUMBER: How Many Embryos is Enough?

By FREDERICK W. LARSEN, MD

So, you've gone through an entire IVF cycle, jabbing yourself with needles several times a day. Dragging yourself to your doctor's office for what seems to be a dozen visits and blood draws. You survived the egg retrieval and are still a little bit sore. You've anxiously awaited word from the clinic for the fertilization report the next morning. But now you're past that. Now it is time to go to the clinic for your embryo transfer. Then it hits you, more than it has in the past, that you have to decide how many embryos you are actually going to have transferred. You've thought about it before, even had discussions with your doctor, but suddenly the risk of getting pregnant with twins or triplets or not getting pregnant with a single embryo transfer seems much less of an abstract risk. You ask yourself, "Am I making the right decision?" What is the "right" decision? What is that magic number?

The good news is that in the United States the decision of how many embryos to transfer is left to the patient and her doctor. That's not so in many European countries. The risks and expense of pregnancies with multiples is used as a rationale for limiting, by law, the number of embryos that may be transferred in other countries. Anything that can go wrong in a

pregnancy does go wrong more often in a multiple pregnancy, even "just" a twin pregnancy, so it makes sense to have a goal of limiting the number of twin or triplet pregnancies. In fact, I believe that all fertility specialists are in agreement that high order multiple (HOM) pregnancies (triplets and more) are an undesirable and unfortunate outcome of IVF.

Doctors have been successful at decreasing the number of HOM pregnancies because, as a profession, we have gotten better at IVF. Historically speaking, success rates for IVF for patients with the best chance of getting pregnant were only 15-20%. With such low success rates and high costs involved, doctors would often transfer three, four or five embryos in the hopes that one would stick. By using this strategy, not many got pregnant but the ones who did get pregnant often got pregnant with more than they bargained for through IVF. Now success rates are much better. We have gotten better at managing the stimulation part of the cycles and have made significant advances in the embryology lab. Therefore, we don't have to transfer as many embryos as we used to and yet we get better success rates.

Which brings us back to the question, what is the right number of embryos to transfer? There

is not one number that is right for every patient, and this should be an individualized decision. There are situation specific guidelines however. These guidelines are intended to optimize pregnancy chances without unduly increasing the chances of multiples. The general principle is that the greater your chance of pregnancy, the fewer embryos you should have transferred. Following this principle increases chances of not just getting pregnant but of actually having a healthy child, which is everyone's goal.

The American Society for Reproductive Medicine (ASRM) recently issued updated guidelines (Nov 2009) for patients and clinicians with recommendations for the number of embryos to be transferred. The guidelines break down the number recommended for transfer based on three major factors: 1) age, 2) stage of embryo development (cleavage vs. blastocyst stage) and 3) prognosis ("favorable" chance for success and "all others"). In the new guidelines, there continues to be an emphasis on recommending transferring, in most circumstances, no more than two or at most three embryos. The guidelines also strongly encourage consideration of transferring only one embryo in those felt to have the highest chances for success (those undergoing their first cycle of IVF, those with high quality embryos, those with prior IVF success or those who have excess embryos available for cryopreservation). To encourage responsibility from clinics, ASRM guidelines also state for the first time that clinics whose triplet rates is significantly higher than

*There is not one number that is right for every patient, and this should be an individualized decision.*

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the national average for two consecutive years will be subject to review.

Every patient should have a meaningful discussion with her doctor discussing the success rates and multiple pregnancy rates for that specific clinic. This discussion would

ideally begin before the IVF cycle starts and be completed on the day of the actual transfer. Sometimes the decision is straightforward. Other times it is difficult. But armed with the information of what is considered standard of care, you should be able to make an informed

decision that will help you balance the chances of getting pregnant with the risks of being pregnant with multiples. ✦

**REFERENCES:**

[www.asrm.org/Media/Practice/Guidelines\\_on\\_number\\_of\\_embryos.pdf](http://www.asrm.org/Media/Practice/Guidelines_on_number_of_embryos.pdf)



**DR. FREDERICK W. LARSEN** completed his fellowship in Reproductive Endocrinology and Infertility at Duke University in 2003. Upon completion of his fellowship, Dr. Larsen served as Director of Assisted Reproductive Technologies at Walter Reed Army Medical Center in Washington, DC for five years where he managed over 400 IVF cycles a year and led the clinical training of fellows from the National Institute of Health's (NIH) Infertility Fellowship. Dr. Larsen is board-certified in both Reproductive Endocrinology & Infertility and Obstetrics & Gynecology. He joined Arizona Associates for Reproductive Health in August 2008.

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## DEVELOPING A STRONG FAMILY PROFILE

By HAL KAUFMAN

**T**he family profile, also known as the parent profile or Dear Birthmother letter, provides expectant parents considering adoption with their first impression of a prospective adoptive family. It gives them a glimpse into what life would be like for their child. Prospective adoptive families have complete control over the quality of their profile and the profile has tremendous influence over how quickly families adopt. It is the most important element in the domestic adoption process.

What separates the *great* family profiles from the *good* ones? The great profiles feel genuine and not cookie-cutter in nature, share interesting stories that create opportunities to develop personal connections and includes pictures that pull the reader deeper into the profile.

### Write from the Heart, Not to an Audience

Expectant parents who are considering making an adoption plan for their child can distinguish between prospective adoptive families that write authentically and honestly from their heart from families that seem to be writing what they think expectant parents want to hear. If you stop and think about it, writing what you think an expectant parent wants to read is nearly impossible to do well because the audience is so diverse. For example,

- Expectant women are the primary readers and decision-makers, but sometimes the expectant father and the families of the

expectant parents are involved in the process.

- Although 26% of birth mothers are teenagers, the median age is 23 years old and 37% of birth mothers are 25 years old or older.
- Even though many birth mothers are of a lower socioeconomic status, birth mothers of a higher socioeconomic status with educational goals are more common.

Writing from the heart does not mean, however, that one should share everything. Imagine that you are on a blind date that starts something like this: “*Wow am I happy to finally get a date! The last person I dated was just awful. It’s been so long since I’ve even had a date and believe me; I’ve tried plenty of times. I just hope this one works out.*” That is not a good start! Desperation, sadness and frustration are not a recipe for attracting a match. Unfortunately, many prospective adoptive families communicate similar sentiments in their family profile.

The following examples share genuine facts and feelings, but also can create a negative response from the reader and should be avoided:

- “Our hearts ache to think that we are not yet parents.”
- “During the last five years we have suffered through invasive medical treatments and multiple miscarriages, but we now believe that adoption is the best way to build our family.”

One way to address infertility in the family profile is to mention it without any details

while simultaneously sharing some positive outcomes. For example: “Our experience with infertility not only opened our eyes to the beauty of adoption, but also strengthened our marriage and better prepared us to be parents. We learned that...”.

### Show More Than Tell

Great family profiles inform the reader through memorable stories. Expectant parents considering adoption get to know families better through stories than by reading a list of facts. Furthermore, the more a family profile engages the senses through anecdotes, the greater the response by the reader.

To reinforce these points, compare the effectiveness of these two pairs of examples. Which ones are more likely to strike a connection with a reader?

1. “Sue likes to cook.”
  2. “Nothing beats the sweet smell of Sue’s homemade caramel rolls fresh out of the oven on a brisk Sunday morning.”
1. “We are an active couple and love the outdoors.”

2. “Last summer we fulfilled our dream to hike Glacier Point in Yosemite National Park. After a full day of hiking with 20 pounds of gear we expected to sleep well, but the pounding 1,500-foot waterfall BELOW us had other ideas.”

### Include Attention-Grabbing Photographs and Captions

Photographs are another great approach for helping expectant parents get to know prospective adoptive families. In fact, the most important elements of any family profile are the pictures and corresponding captions. Expectant parents use the pictures to make initial judgments about the prospective adoptive family and to decide whether to read the profile. The strongest family profiles communicate so much information through pictures and captions that the reader can truly get a sense of the family without ever reading the profile.

The best pictures show faces and expressions, not scenery and one-inch bodies. Captions should provide useful information that fit into



## TOP TIPS

- ✓ Be Genuine
- ✓ Show > Tell
- ✓ Pictures are worth a 1000 words

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[@MyAdoptionAdvisor.com/family-profile](http://MyAdoptionAdvisor.com/family-profile)

Chances are that you looked at the Top Tips and are reading this caption before deciding to read the article. Expectant parents follow the same approach before deciding to read a family profile.

the profile itself and do not repeat what is obvious from the picture. Both pictures and captions provide opportunities to express

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values and personality.

Notice how each of the following examples shows increasingly effective approaches for pictures and captions:

- **PHOTO:** Posed group picture of the prospective adoptive family with more than 100 extended family members in a park during a family reunion.

*Caption 1:* Family Reunion 2009.

*Caption 2:* We organized this year's family reunion and were blessed to have 112 relatives join us from around the world.

- **PHOTO:** Informal close-up picture of the prospective adoptive father reading to his 3-year-old niece and 5-year-old nephew while they sit at the bottom of the playground slide with a snack.

*Caption 1:* A calm moment during our annual family reunion.

*Caption 2:* Our nieces and nephews enjoy our stories AND our s'mores during our 15th worldwide family reunion.

With domestic adoption families can take concrete steps that have a direct impact on how quickly they adopt. Most families coming to adoption from infertility find this incredibly empowering. Creating a strong family profile is a creative expression of what life for a child would be like as a member of the prospective adoptive family. It is the most important step they take in the adoption process.

This article focused on the family profile, but the family profile is just one tool used to make a connection between prospective adoptive families with expectant parents

considering adoption. Adoption outreach refers to all of the actions that prospective adoptive families can take to find, be found by, and strike a connection with expectant parents. The result of personal adoption outreach can be a faster and less expensive adoption. Learn more about adoption outreach in the article library on RESOLVE's website at [www.resolve.org](http://www.resolve.org). ✦



For more information on the adoption process, contact HAL KAUFMAN.

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## CONNECT

# DIVING UNDER THE TURBULENCE OF INFERTILITY

By HELEN ADRIENNE, LCSW, BCD

Anyone who has ever frolicked in the ocean learns to avoid getting knocked over by the waves. When a breaker is rolling toward you with its powerful churning energy, diving under it keeps you safe.

The imagery of the surf, with its potency and relentless momentum, is a fit metaphor for infertility. Infertility has the power to knock over Godzilla. In my 30-plus years of experience as a psychotherapist, I've seen infertility rob strength from the most stress-hardy. But, I've also been privy to the resilience that carries to parenthood those who, like yourself, have suffered under the strain.

Where does resiliency come from? The frenzy of infertility drains energy. But many apply mental muscle to fight the good fight, which under the circumstances can feel like a car in overdrive with the emergency brake yanked up. While applying mental muscle as a coping mechanism to push through the challenge can be effective, diving under the turbulence

renews energy and builds resilience. Diving under the turbulence can be learned and earned. When under the turbulence, you let go of the infertility's traumas and create a respite into which resiliency can flow.

The October 2009 issue of *Fertility and Sterility* published a report of a study in which "problem-focused coping" was contrasted with "letting-go coping." Problem-focused coping is about *doing* something different to alter the circumstances, whereas letting-go coping is about *being* in a different mindset by altering your emotional response to a situation that is out of your control. While *doing* is not to be disparaged and has its place in the infertility struggle, it's clear that infertility leaves everyone feeling out of control no matter what you seem to do. Giving yourself a respite from the stress is what you *can* be in control of. Letting go builds resilience for the next leg of the journey. And, by the way, letting-go coping is "significantly associated" with pregnancy in the *Fertility and Sterility* report.<sup>1</sup> If infertility is anything it is a total mind/body

experience. Mind and body cannot be pried apart. The anguish of infertility goes beyond the mental experience of it. As the mind tries to wrestle with the mental shock and the physical demands of trying to conceive, the mind/body expresses the stress in the form of physical, emotional, behavioral, cognitive, relational and spiritual symptoms.

So with mind and body in a frenzied state, how can one let go and dive under the turbulence? Infertility patients worry that the past is a predictor of the future. Little time is spent in the present moment, the only moment any of us have. The present moment is also the place from which the opportunity to dive under the turbulence resides and where the chance to return the mind/body to a state of neutrality and receptivity to a pregnancy is highest. There are lots of ways to dive under the turbulence: meditation, hypnosis, self-hypnosis and guided imagery are some of the better known among the letting-go techniques. For purposes of this article, the Relaxation Response™ can be easily learned and earned.

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The Relaxation Response™ utilizes the power of the breath as a built-in tranquilizer to calm the autonomic nervous system. This means that if you breathe easily and rhythmically, as if all is right with the world *even if you do not feel that it is*, the brain stem responds by lowering blood pressure, heart rate and muscle tension and breaks the grip of other symptoms as well. If simultaneously you say a word with a positive association such as “love” or “peace” to yourself every time you exhale, you can “let go” of the panic or depression which keeps the stress physiology of infertility at a feverish pitch. This also keeps you in the present moment.

A variation of the Relaxation Response™ involves saying **half of a phrase** (such as “I am / at peace”) **or prayer** (“the Lord / is my shepherd,” for example) **to yourself on**

**the inhalation and the other half on the exhalation.** By repeating a word, phrase or prayer in your mind for 10 to 20 minutes, in co-ordination with your breathing, you dive under the turbulence. You need to know that when you lose your place, let it go and start again. Take a few moments and try it!

Staying focused on the breath and simultaneously on a positive thought breaks the spasm of stress and allows you “catch a breather” and build resilience. The frenzy of infertility only intensifies if we can’t let go; conversely we find serenity if we can. If the Relaxation Response becomes part of your daily routine, you will be pleasantly surprised at your power to manage stress.

Picture the experience of seeking cover under the churning surf. Imagine what it would feel

like? Whether we dive under the churning surf or under the frenzy of infertility, the mind and the body can let go of fear. We can enjoy relief. And we can feel the power of resiliency to fortify us for the infertility endurance test. ✦

**REFERENCES**

1. Nathalie Rappoport-Hubschman, MD, Yori Gidron, PhD, Rivka Reicher-Atir, PhD, Onit Sapir, PhD, and Benjamin Fisch, MD “Letting go” coping is associated with successful IVF treatment outcome, *Fertility and Sterility*, October, 2009, Volume 92, No. 4, pp.1384 – 1388.
2. The Relaxation Response™ was pioneered over 30 years ago by Dr. Herbert Benson, founder of the mind/body medical institute at Harvard and author of the book by the same name.

*(This article is reprinted from Helen Adrienne's January 2010 newsletter)*



**HELEN ADRIENNE** has been in private practice since 1979 serving those struggling with fertility issues. She is a charter member of New York City RESOLVE and has presented at many RESOLVE conferences. Helen runs mind/body stress reduction classes at the NYU Fertility Center, New York City which are open to women no matter where they are in treatment. For more information on the classes and her newsletter, *The Baby Manifest-O™*, contact Helen at 212.758.0125 or email her at [helen@helenadrienne.com](mailto:helen@helenadrienne.com).



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# CELEBRATING MOTHER'S DAY: A Personal Reflection

By NICOLET ZILINSKY

**M**y mother's birthday is in May. Whenever it fell on Mother's Day, I thought it was such a special celebration. To be able to celebrate your birthday and something as wonderful as being a mother, who could ask for more? I always wanted to be a mom. For as long as I can remember wishing for anything, being a mom was it. The celebration of Mother's Day seemed more special than a birthday because a birthday is just one day but if you are a mom, you are a mom everyday.

The first Mother's Day we celebrated after we started trying to have a baby was not difficult at all. Even though we had been trying for a while and I was planning to set up an appointment with a Reproductive Endocrinologist the following month, I thought it was sure to happen soon. So I celebrated and enjoyed the day thinking that I would be able to celebrate the following year. But that did not happen. Nor did it happen the next year. Or the year after that.

Those years were the hardest I have ever gone through in my life. I remember going to church one year and feeling so overwhelmingly sad. I had gotten pregnant earlier that year and lost our baby at eight weeks. I thought being at church would somehow be healing, but it was not at all. I felt like I did not belong and wondered if I ever would. I got through it somehow and when we got home I cried. I don't even think my husband ever saw me cry as much as I did that day. He tried so hard, as always, to cheer me up. But it isn't something you can just "cheer up." Needless to say, I skipped church on that day in the subsequent years.

It is so hard being in treatment and going through any holiday. In the beginning you are so hopeful, then you want to be hopeful, then you become hopeless and so sad and finally you try so hard to be hopeful again. You hang on for dear life to that tiny bit you still have. I avoided a lot of holiday festivities because it was too hard for me to pretend to be excited and happy

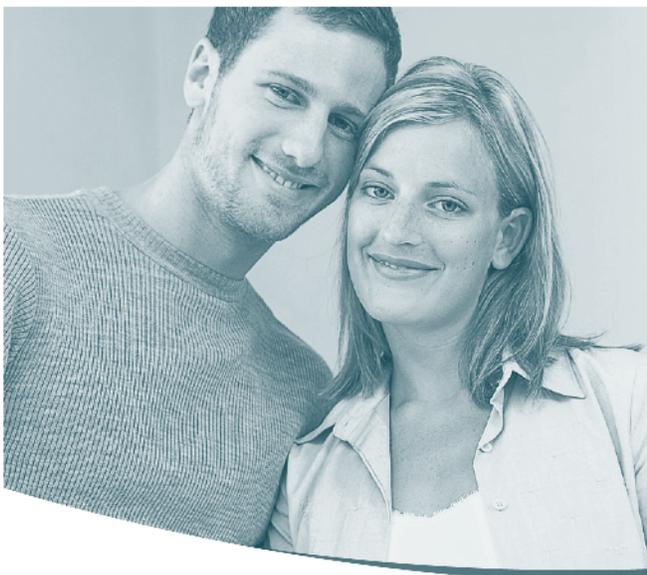
when all I wanted to do was curl up in my bed and cry. And unless you have gone through it, you cannot begin to understand it. So many people just assume you are rude. At least they did on my situation. Self-preservation is an isolating experience.

What is really difficult is when everyone around you is getting pregnant. Not just with their first child, but with their second and third children. You have to hear about what they did for Mother's Day and some of them complained about their gifts or where they went for dinner. Those are the same people who would complain because they wanted a son, but got a daughter. So you wonder why. Why are these women mothers and I am not? They cannot appreciate what a gift they have been given. Believe me, everyone we knew had kids. Everyone!

I decided we needed a break from treatment so that I could heal physically and emotionally from all that we had gone

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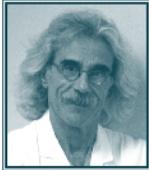
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through with our miscarriage and four subsequent IVF and IUI failures. The year we were on that break was still so hard, yet not as bad as the previous years had been because we weren't so focused on trying to get pregnant and I was focusing more on myself. I remember that Mother's Day as feeling different. I was very sad, but I was able to celebrate a little more. Of course I always celebrated my own mother, but that year I also felt more in control about things. I knew I wasn't really that much in control. Who is when going through fertility treatments? But I was a little more in control of my feelings and my actions. I no longer felt guilty for taking care of myself first and foremost.

I went on to get pregnant after our fourth IVF cycle the following spring and I was eight weeks pregnant for Mother's Day that year. Getting to that point had been amazing because not only had I lost our

first baby at eight weeks, but by that date in this pregnancy I had already seen him on a sonogram, healthy and thriving. Very few people knew I was pregnant. Mostly just immediate family and some very close friends who had been wonderfully supportive. We wanted to keep it a secret until my second trimester. It was so strange. I had almost gone back to feeling how I'd felt all those years we were unsuccessful. While you are so ecstatic to get that positive message, there is also nothing scarier. It's like walking around carrying the most delicate glass vase. It feels like anything you might do will shatter it.

So now that I can celebrate Mother's Day with my child, do I? Yes and no. Like I said before, every day becomes a day for celebration because you are a mom. But it feels so surreal. I still look at my toddler running around, calling out for me and

wonder who he's talking to. Am I really his mother? Infertility robs you of just getting to experience all of this innocently. And then there is the guilt. It's a day, like many others, that I think about my friends who are still waiting to share in this celebration. I feel so sad for them because they are many women who would truly be amazing mothers. So as much as it feels surreal, I remind myself it is very real. And it is special. And something I will never take for granted. †



**NICOLET ZILINSKY** recently moved to a Northwest suburb of Chicago where she lives with her husband and their 2-year-old son. She is a stay-at-home mom and happy to be volunteering for RESOLVE once again.

## CONNECT

# THE DOUBLE BOND: Working as a Couple to Create a Family

By ROCHELLE ANIXT GOLD, MA, MSW, ACSW

**E**very step of the infertility journey takes two to make a child and to pave the way for a family that is lasting and secure. It is important to identify and understand one another's feelings, concerns, fears, insecurities and ability to respond to remarks from friends and relatives when you are on your journey. To get control of the situation, a medical plan can help negotiate the healthy process toward conception including visits to your medical and psychological professionals, lawyer, and supportive friends and family. Remember, insights will develop as the assisted reproductive process unfolds and these insights will lead you to the smartest approach for your needs as a twosome.

### Timing Is An Important Factor

Investigating all the treatment possibilities requires a joint decision. In order to not lose time, work with your existing OB-GYN, internist and urologist to understand and implement the possibilities. Be

prepared, because the beginning stages of assisted reproductive treatment may lead to further consultation with your healthcare professionals. Another helpful idea on your journey is to develop an action plan for asking questions about anatomy and testing to help you understand the next steps.

One member of the couple may be more ready to look ahead at other family building options and should gather information and share referral sources with the other person. A goal for the couple is to position yourselves in a positive rhythm to prepare for the emotional upheaval, blame, reclusiveness and self-punitive thoughts that may occur along the process. Looking beyond the private relationship and letting professionals assist in decision-making is a big step forward to finding resolution.

### Emotional Factors

Emotional factors in the beginning of treatment require a special insight into one's self. The couple should make allowances for each other to help coordinate decisions

of everyday life and deepen a loving bond. Working together to establish a level of understanding is necessary to manage sudden worry, irritability, highly-charged reactions to the treatment process, sadness, disappointment and unexpected remarks made by close relatives and acquaintances. Remember, those closest to us have the strongest reactions to the difficulties we face in our journey. The camaraderie in a relationship is the best defense against unexpected remarks and helps define the best way to communicate by avoiding a hurtful tone of voice or unhelpful attitude.

The difficult and demanding nature of infertility requires patience and a capacity to reach out to one another. As a couple, the objective is to be in tune with your personal feelings to assist you in more successfully working relationship with your partner. It is possible to define who you are as a couple while retaining your individuality. You will

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need to share ideas, divide up tasks, consider assisted reproductive approaches, meet with mental health professionals, search websites and participate in support groups. The double bond is the key to success in the pursuit of a family. ✦

ROCHELLE ANIXT GOLD, MA, MSW, ACSW can be reached at 248.642.3101, fertilesolutions@comcast.net.

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# TAKE CHARGE

## We Heard From You...

### How do I find out if my state has insurance coverage?

The RESOLVE website has information on state-by-state mandated insurance coverage. Visit the "Take Action" section of our website, and click on "Insurance Coverage" then "State Coverage" We also encourage you to sign up for our Action Alerts to stay up-to-date on legislative issues.

### I am looking for a support group in my area.

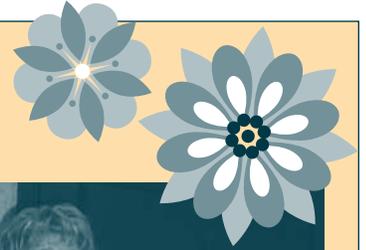
Please visit the calendar of events on our website, [www.resolve.org](http://www.resolve.org), as we list all of the current RESOLVE Support Groups on our calendar of events. The page can be found at [www.resolve.org](http://www.resolve.org) and find the link for the Calendar.

If you do not find a support group in your area, it may be because we do not yet have a volunteer host to promote and support a group. RESOLVE programs and services are almost entirely volunteer run, so we are very dependent on volunteers to get local programs started. If you are interested in helping RESOLVE provide more programs and services in your area, please contact [info@resolve.org](mailto:info@resolve.org) and write Volunteer in the header.

Fortunately we have a very robust and supportive online community. Have you checked out the bulletin boards on our website? It is a place to find information and connections to others having similar experiences.

## RESOLVE Takes Charge

RESOLVE Board Director Lee Rubin Collins was the featured speaker at the Women's Council Breakfast at the Annual Meeting of the American Society for Reproductive Medicine (ASRM) in Atlanta in October. Lee is pictured here delivering her riveting talk on healthcare reform and advocacy issues affecting the infertility community. Lee serves as Co-Chair of RESOLVE's Advocacy Committee along with Renee Whitley. Renee was honored by the Board of Directors of ASRM at the Annual Meeting for her outstanding volunteer efforts to fight Senate Bill 169, a bill introduced in the Georgia State Legislature in early 2009 that would have severely restricted the practice of IVF in Georgia. RESOLVE congratulates Lee and Renee on their dedication and service to RESOLVE and the infertility patient.



RESOLVE Board Member Lee Collins



Barbara Collura with Dr. William Gibbons, Current ASRM President

## RESOLVE Family Building Events

RESOLVE offers local events to raise awareness of infertility and various family building options. Join us for one on these major events, or visit our website for a complete list of upcoming events in your area.

### Visit [www.resolve.org](http://www.resolve.org) for Local Events and TeleSeminars

Want to find out local events in your area? Visit RESOLVE's Event Calendar for local events across the country throughout the year.

Join RESOLVE for one or all of our upcoming **FREE** TeleSeminar series, hosted by RESOLVE professional members—family building experts from across the country. Seminars take place every **Thursday night at 9:00PM ET**. If you miss a Thursday Teleseminar, download a Teleseminar podcast.

[www.resolve.org/site/PageServer?pagename=evt\\_home](http://www.resolve.org/site/PageServer?pagename=evt_home)

**April 24**

North Pacific Family Building Conference Seattle, WA  
888.591.6663

**March 13**

Midwest Infertility and Adoption Family Building Conference, Golden Valley, MN  
888.959.0333

**March 20**

Walk of Hope Scottsdale, AZ  
877.203.7772

**May 1**

Southeast Family Building Conference, Atlanta, GA  
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