

2021 Volume 1

RNE Magazine



Resolve New England



Coming Full Circle
by *Jon Franke*

Virtual is the Reality
by *Kate Weldon
LeBlanc*

**Lifting the Voices of
Fertility Patients**
by *Sarah Law*

**Twenty Years, and
1,100 Shots, Later**
by *Anne MacDonald*

DEAR FRIENDS,

None of us could have imagined all that would happen in 2020. There have been so many challenges, but there has been so much hope and resilience as well. This reminds me of our community!

One adjustment that Resolve New England (RNE) has made is that our magazine will now be only electronic – for the foreseeable future. We miss the hold-in-your-hand magazine (I still am a paper person!). However, RNE is thrilled that this publication will reach even more individuals and couples. We also love that you will be able to click right within the articles and ads for more information.

2020 has provided a powerful reminder that our connections between one another is the most important part of life. RNE is more committed than ever to building a caring community within New England for ALL those struggling with fertility and family building. Just perhaps in new ways.

We hope you enjoy exploring this first ever virtual RNE magazine, where the core parts of our mission – emotional support, information and advocacy - are all featured. If you reach out to one of our partners advertised here, please tell them that RNE sent you!

As always, please don't hesitate to email me anytime. We also love hearing the ideas you have for our newsletters, our programs, or anything else!

Hope that our paths cross soon - whether it be virtually or in person!

Warmly,

Kate



Kate Weldon LeBlanc
Executive Director
kwleblanc@resolvenewengland.org

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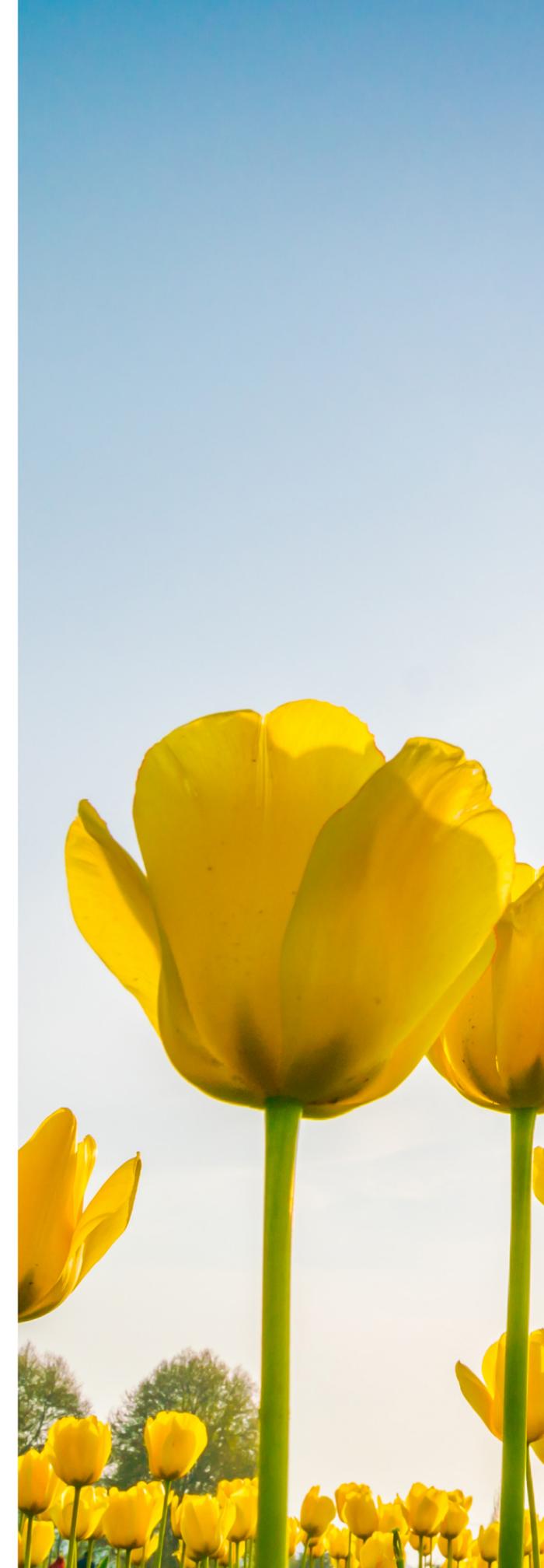
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“Kind words can be short and easy to speak, but their echoes are truly endless.”

- Mother Theresa

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RNE is pleased to specifically acknowledge many of our donors from 2020. You helped us when we needed it most, and we are deeply appreciative. We have made every effort for this list to be accurate and comprehensive. However, if you notice any accidental error or oversight, please notify RNE at admin@resolvenewengland.org or (781) 890-2250. Thank you!

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HOW CAN THEY WORRY LESS?

One in 8 women has difficulty getting pregnant or carrying a pregnancy to term.* Can you imagine couples worrying less about their fertility options and more about their baby name options? **We can.**

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*<https://resolve.org/infertility-101/what-is-infertility/fastfacts/>
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Coming **FULL CIRCLE**

By Jon Franke

Melanie Powers always knew she wanted to be a helper.

Growing up, she dreamed of being a teacher, but fate – and family – stepped in. Melanie's mother was a nurse, and being around her and seeing how much she loved helping people had a profound influence. When the time came, Melanie followed in her mother's footsteps and became a nurse as well.

"I would tell Melanie, 'You have the criteria to be that great nurse:

Endless patience, kindness, caring, understanding, strength and above all empathy,'" Melanie's mom, Mo Chase-Powers recalls. "This can be applied to every aspect of nursing regardless of where you are."

Originally from the Boston area, Melanie moved to Baltimore in 2014 to get her first nursing job. In addition to her love of education, Melanie has a passion for women's health, so she started her career in Labor and Delivery while in Baltimore.

While it was a great experience, and she was able to earn her Master's in her "spare" time – anyone who knows a nurse knows that spare time is non-existent – she always intended to move back home to Boston. In 2020, she successfully made that move back to Massachusetts and continued her Labor and Delivery career at Winchester Hospital, coincidentally where she was born in 1991.

"I love being there, I love being in the hospital on Labor and Delivery," Melanie says. "At the same time, I was interested in learning something new."

That's when she saw the job posting from Boston IVF.

A step back

Melanie's parents' path to a family wasn't easy. They tried to get pregnant for several years in the early 1980s, with no luck. Finally, after several gynecological surgeries and two ectopic pregnancies, they decided to adopt Melanie's older sister in 1987.

"We had abandoned the idea of having another child until we learned that in 1991 in vitro fertilization (IVF) would be newly available with insurance coverage in Massachusetts," Mo remembers. "We decided to give it a try!"

They went to Boston IVF in Brookline, MA, and met Dr. Merle Berger, the co-founder of the first Boston IVF facility for patients in the Boston area.

At the age of 42, Melanie's parents were given an 11% chance of pregnancy. Sure, it was a slim change, but they decided it was worth trying – with a self-imposed limit of about two cycles.

"Incredibly, the first cycle worked, and I had a smooth pregnancy," Mo recalls, still excitedly. "How lucky were we? A sibling for our daughter, and she was a very excited five-year-old!"

"Melanie is a realized dream, and hopefully sharing her story can provide that extra boost of hope."

A unique opportunity

That job posting from Boston IVF virtually jumped off Melanie's screen. Melanie knew from quite a young age that she was an IVF baby and how unique that was given her parents' long odds. She had always been curious and fascinated – even more so that she could have been a twin since her parents transferred two embryos.

She decided she had to do it, in addition to keeping shifts at Winchester Hospital.

Her mom, as you can imagine, was ecstatic.

"Who could say they work in two places, one where her parents were helped with her creation and one where she was born!" Mo exclaims. "Now she is back to her roots, where it all started, caring for those who are pursuing the same goal as I did some twenty years ago."

She is a realized dream for many of her patients, hopefully sharing her story can provide that extra boost of hope.”

Melanie especially loves being a helper for people in a real time of need. Those of us who have been through IVF know it can be scary, frustrating, and completely draining. While her mom is a very “go with the flow” person, she still remembers how grueling, stressful, and time consuming the process was.

“The frustration when pregnancy doesn’t happen can be monumental,” Mo recalls. “We were one of the very lucky ones; we had good support from friends, family, and work – and I had a partner who was fully involved.”

“You just want someone to care. I care.”

One thing that hasn’t changed in the 30 years since Melanie was a transferred embryo at Boston IVF is the psychological toll that IVF can take on patients. The emotional stress of multiple procedures can have a real physical effect as well. Melanie’s unique perspective enabled her to understand this at a profound level right from the start.

“Nobody wants to be there, understandably,” Melanie says. “You just want someone to care. I care.”



What’s next?

So far, Melanie has been working at the Boston IVF Surgery Center of Waltham, so her interactions with patients have been relatively short. But, seeing the process of creating a life, and seeing people have babies through IVF, is beyond rewarding. Going forward, Melanie would like to increase her opportunities for patient interaction. And she’s never lost that love of teaching – so educating young nurses or nursing students may still be in her future.

But, for now, serving her patients, both at Winchester Hospital and Boston IVF – which she first “visited” almost 30 years ago – is extremely rewarding.

“Now she cares for both sets of patients: helping women to get pregnant and then assisting with childbirth experience,” Mo says. “What satisfaction to witness both wonderful life events!”

“I feel like I make a difference,” Melanie says. “It really is a huge part of me, if I wasn’t a nurse I don’t know what I would do.”

Jon Franke is a freelance writer from Newton, MA. He is the proud dad of 5-year-old twins conceived through IVF.

“An effort made for the happiness of others lifts above ourselves.”

- Lydia Child



Virtual is **THE REALITY**

By Kate Weldon LeBlanc

Last March, during the early frenzied days of COVID-19, Resolve New England (RNE) swiftly shifted its peer support groups to a virtual model. The peer support groups typically meet in-person throughout the region, but now these groups are being held on Zoom. Although this has all been an adjustment, RNE is glad to be able to continue providing the family building support that our community needs. This was especially important in 2020, because the pandemic has only

magnified the emotional challenges of struggling with fertility and family building. These free virtual support groups will continue at least through summer 2021.

The old adage seems apt this year, that the only certain thing is uncertainty. Similarly, we were not sure how virtual programming would go, but there have been several pleasant surprises! RNE is now actively reaching more people, across a broader geographic area.

Since March, there have been over 120 RNE groups that have met virtually. In each session, there has been at least one participant that shared that they were only able to join the group *because* it was being held virtually.

Attendees have expressed gratitude for the convenience of a virtual format. “I had a great experience in the RNE virtual infertility support group,” said Valerie Maymi, co-founder of the blog Fertilidad 101. “I had the chance to share my story, and learn from the experiences of people from all over New England. It was amazing to connect with people that otherwise, I wouldn’t have met. Virtual meetings break with the transportation, distance and schedule barriers that sometimes don’t allow us to go to in-person meetings.”

The full schedule of RNE’s free, virtual support groups can be found on RNE’s website resolvenewengland.org/support. Anyone interested must pre-register for each group through the short online form, in order to receive the information about participating.

We are so grateful to our volunteer peer support group leaders for being open to this new way of helping our community “find your people”. RNE looks forward to resuming in-person groups when it is safe and feasible to do so. However, we are committed to always offering virtual options as well. These changes, though done for such a difficult reason, have shown us that these virtual engagements can still feel very real and helpful.

“I had a great experience in the RNE virtual infertility support group,”

- Valerie Maymi

RNE Peer Support Group Topics

- Primary Infertility
- Secondary Infertility
- Pregnancy Loss
- Donor Egg Decision-Making
- Donor Conception
- Adoption
- Expecting After Infertility and/or Loss
- Fertility and Family Building for Men
- Queer Parents to Be (with Family Equaity)
- Cancer and Fertility
- Childless Not By Choice



Lifting the voices of fertility patients

Has there ever been a time where you had an opinion or concern about the care you were receiving? Have you ever wondered if anyone took the time to listen or view what you had to say?

It can be extremely frustrating, and at most times you just want to give up. With fertility treatments, it is important to know that you are not considered just another number, that you are being heard, and that your providers are in your corner to ensure you are receiving the best care possible. Building a strong patient/provider relationship is critical. These principles were the inspiration for the Pregnantish Verified Network (PVN). **Pregnantish** founder Andrea Syrtash saw many patients expressing that they “wanted to leave their fertility clinic and go somewhere else for treatment.” She recognized that doctors and clinics are challenged by retention as well.

With the help from educational grants from corporate supporters including EMD Serono and CooperSurgical Fertility and Genomics Solutions, PVN became a reality.

Of course, with any great project, there were some difficult challenges to overcome. Luckily, Syrtash viewed all those challenges as opportunities.

Obtaining feedback was the first hurdle. With many individuals participating in the feedback process, there weren't enough staff members to help support the large task of sorting responses. Syrtash and her team knew right off the bat that they needed to publish something that would be viewed seriously by many professionals. So, they created an advisory panel of providers from across the nation.

Another challenge that Pregnantish had to face, like so many of us have, was COVID-19. Our lives have certainly changed due to the pandemic, and we've all had to adapt. One way Pregnantish adapted was to shift their live events by collaborating with a great web developer to create dynamic online workshops for those who were interested. With initial surveys dated back to early 2019, it took 4-6 months to curate the data and publish the results.



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The team plans on running the free PVN program every year. “We are excited that many individuals have started to sign up to participate in Pregnantish Verified and that it has already helped create positive changes,” said Syrtash. “After completing the course, each individual will receive a certificate of completion and have their name on the PVN site so all patients can see who took the time to listen and really want to make an everlasting impact on patient/provider relationship.”

Dr. Spencer Richlin, a Partner at Reproductive Medicine Associates of Connecticut, became a part of the PVN program because he admires the work that Srytash has done to help many speak openly about their reproductive journeys. “Based on real data and patient/physician feedback, she is helping patients have a great experience,” he explained. “A patient’s choice of reproductive center is such an important, life changing decision.”

“A patient’s choice of reproductive center is such an important, life changing decision.”

Dr. Richlin also mentioned that many providers understand the responsibility they have to their patients. “Everyone has set the stage for patient success, and it really comes down to the goal of serving all of their patients extremely well. Reproductive centers learn and implement tools to ensure they are better at helping patients during a time that is both so exciting and stressful.”



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Through PVN, RMA of Connecticut team members will be trained to understand patients and listen and respond to them with empathy. Individuals and couples who have gone through treatments or who are currently going through treatments may not understand the need for emotional support during this time, but PVN focuses on creating a collaborative reproductive center, which helps many patients feel heard and comfortable. “With that sense of belonging, we believe that patients will also feel energized to stay in treatment and be successful in achieving their goals of parenthood,” said Dr. Richlin.

Lisa Rosenthal, Patient Advocate and Senior Content Strategist at RMA of Connecticut, is also proud to be part of

PVN. She shared that “infertility took over my life when I was 26 years old, from the moment that I started trying to conceive.” Rosenthal wanted to help others with their family building goals, first with volunteering and working with RESOLVE, and now in her current position. On a daily basis she speaks to and listens to patients who need extra support, time, and a need to be heard more fully. “I’m honored to be able to share what I’ve learned from my own and other’s experiences, what works and helps ease stress during fertility treatment,” said Rosenthal.

"I participate in PVN because I have the utmost respect for the research that Pregnantish used in putting together the program. They asked patients the questions that all fertility programs, and reproductive health care providers, need to be asking of themselves. Essentially, how to support the patients, in a loving, compassionate, and clinically excellent way so they can stay in treatments," described Rosenthal. "Because Pregnantish went to the source - the patients - the information is much more compelling and convincing." Rosenthal views PVN as the "platinum standard to assessing a fertility program." Over the next couple of years, she hopes that any patients that will be entering treatment would check to see if the practice they are going to be considering has completed this program. Through these efforts she believes that patients will have confidence that they will be treated as whole individuals, not just infertility patients.

About the Author:

Sarah Law is a senior at Regis College majoring in Public Health. She is currently happy to be interning at Resolve New England. Sarah previously worked at the Fertility Centers of New England. Diagnosed with PCOS in 2019, she is committed to helping to make a difference on reproductive health issues.



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Twenty Years, and 1,100 Shots, Later

By Anne MacDonald

“How are you really doing?” asked the email. It could have been about anything, but this was about infertility and self-care during the holidays, from my friend **Kristen Darcy**. We had been infertility buddies back when we were both struggling to conceive, and with all the stress that comes with this territory, we were there for each other. Kristen is my occasional lifeline back to a time when I was desperately working to have a child, to the point where my health was deteriorating.

It’s been twenty years since my last fertility treatment. My everyday life has pushed my infertility journey away from my daily thoughts. However, with the holidays coming, the overwhelming feelings of children, family and loss were rising to the surface, and this email popping into my inbox triggered the mental list I keep tucked away. The list I run through when I check my feelings

about how I came to be a non-mother, and my efforts to conceive a child, both naturally and with medical intervention.

“How are you really doing?”

Believe me when I say that when I went for it, I went for it hard and fast with every ounce of determination I possessed. From the years 1995 – 1998, my husband and I moved from seeing a doctor to assess why we weren’t getting pregnant, to Clomid, then to a Hysterosalpingogram to check out my uterine cavity and fallopian tubes. My uterus was fine, but the fallopian tubes were gunky (a term the doctor used) and slow to spill fluid.

With that diagnosis we moved swiftly to IVF, starting thirteen IVF cycles and finishing seven or eight. In the middle of treatment, we changed doctors, and along the way I had two laparoscopic surgeries. The further we pursued treatment, the further my physical and mental health were heading into dangerous territory.

Physically I developed bronchitis and retained a lot of fluid with each IVF cycle, so much fluid that more than one cycle was stopped because I could hardly breathe. Mentally, I focused on when I could try again. The next one was always going to be the best one, the one that worked.

My mental determination did not take into consideration my physical health. All these treatments took a lot of determination, as well as time and effort, and let’s not forget money. Walking away took just as much determination. I once read a quote from the actress Gabrielle Union about spending 3 years either about to go into an IVF treatment, already in an IVF cycle or coming out of an IVF cycle. That is a statement that I understand at many different levels.

We didn’t go cold turkey though. Once we made the decision to stop IVF, we jumped onto the donor egg bandwagon, considering donor eggs on two different occasions, and backing out of both for different reasons.





Ultimately, we weren't comfortable with the fact that I would carry the child from a stranger's egg that was fertilized by my husband's sperm. We knew that any child from this arrangement would only be biologically half us. Then there was adoption. We greatly admire those who choose to adopt, but it is a very different decision than the decision to enter infertility treatment. We ultimately chose not to pursue adoption. After all this, we didn't completely stop thinking about how to have a child of our own, we hoped for something to happen naturally. And on a couple of occasions it nearly did, but no fetus survived for long.

Very few people, outside of my infertility support group and my infertility buddies, know how much we tried. Family members hoped for the best, anticipated the worst, and rarely asked questions. My father told me that I didn't need to produce a grandchild for him. People at work knew a lot about my infertility struggle due to all the time that I spent out of the office for

doctors' appointments and treatments. My co-workers were more in tune to how the medications affected me on a day to day basis than I was. One co-worker said she never knew if I was going to be happy or sad, talkative or silent. Another co-worker, also struggling with infertility, attempted one IVF treatment that resulted in a large blood-filled cyst that landed her in the hospital. She never tried again. I found that a surprising number of my colleagues were going through similar issues.

During the early days of our infertility journey, I applied for and was accepted into a program from the Mind/Body Institute on relaxation therapy in a group setting. Once we were done, I joined some members of our group in monthly get togethers. As the members of the group got pregnant or adopted, we were making the decision to stop IVF treatment, and ultimately to no longer pursue donor egg options. who was not pregnant or adopting.

Today I find it gratifying to occasionally reach back to how I felt then and assess how I feel now.

It became apparent that they were no longer comfortable around someone who was not pregnant or adopting. Today I find it gratifying to occasionally reach back to how I felt then and assess how I feel now. It is very hard to let go of infertility treatments once started. Much like the dream of motherhood. After so many tries and so much medication, I reflected how each attempt impacted my physical and mental health. To me, it was no longer worth the risk.

At the time I stopped treatment, I estimated that I had done one injection every day for three years, which works out to be 1,100 shots. 1,100 is a lot of shots. I didn't focus this at the time, but recently I've noticed a lot of focus, in newspaper articles and social media, about the number of shots it took for someone to get pregnant. Back then we discussed shots, but not in cumulative numbers like this.

Twenty years ago, my husband and I were really good at putting on the

'show' where we presented our happier, more fun selves and did not allow people to see into what we were doing, or how we were feeling. This allowed them, and us, to pretend that nothing was wrong. While the 'show' was us, it was us without all the medical drama and hurt.

Kristen and I originally bonded as volunteers in a Resolve New England infertility group. My infertility journey was a traumatic and sometimes dangerous one. We were among a group of people all making family building decisions that left them tired, cross and unhappy.



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Getting pregnant was one thing, completing a pregnancy with a live birth was another, deciding to adopt had its own tensions, and, finally, raising a child was filled with even more concerns. A sense of humor helped with the pain, tension, and worry. Kristen and I had humor in common. Today she provides support to people coping with infertility and divorce, and I have moved far away from the infertility world. So far away that her newsletter is the only infertility-based information tool I continue to receive.

I hate failure and hate to “give up”, but sometimes you have to make decisions that allow you to breathe, and to live. For once there were no more 4am trips to the hospital for blood work and ultrasounds. No time out of the office to recover from either an IVF cycle or from bronchitis. No more daily rounds of drugs, no more daily injections, self-administered and husband administered. My husband and I began to look at each other less clinically. Time and rest slowly returned intimacy to our lives. The face we presented started to be really be us.

We are now truly us.

Today I have to say that I no longer dread the holidays or family get-

togethers. When people ask us about children, I have a prepared statement, something like “We tried but it didn’t work out for us.” We survived the infertility period and continue to be together, something we believe is not true of many people who go through infertility.

We wonder about some of the people we met along the way and how they are doing today. Our decision to stop treatment and see what happens allowed us to become who we are today. My husband and I feel whole and complete with each other. We occasionally mark where we might be today if we had a child. At a nephew’s college graduation last spring we noted that we might have a child in college or graduation now if things had been different. There was a little sadness but no crying. We are now truly us.

About the Author:

Anne Macdonald works as an IT Project Manager and has written and self-published two mystery novels. Currently she is researching her family during WWII including her grandfather, a Manhattan Project engineer and an uncle one of the ski troopers in the 10th Mountain Division for a future novel. She raises herbs each year to make her own dried herb mix. Anne and her husband enjoy the beach any time of year and traveling to new places for adventure or for family get-togethers. She can be reached at anne.macdonald91@gmail.com.

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Tip:

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