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Coping With Infertility During the School Year

By Janet Mueller, PsyD

There are certain times of the year when infertility patients may feel a profound sense of loss and sadness: Mother's Day, Father's Day, Christmas and Hanukkah can all be difficult. We tend not to think of the beginning of the school year as profoundly difficult for infertility patients. We really don't pay that much attention to it. But it wouldn't be surprising if some of you are sensitive to this period of time and I'd like to discuss coping strategies that you can utilize.

By the beginning of August you can see school clothes in stores and advertisements in papers for school supplies. This isn't just one day, like Mother's or Father's Day, but an extended time period; and depending on the meaning it may have had for you as a child, it may be extremely difficult for you as an adult experiencing infertility. You may have enjoyed going shopping with Mom or Dad to get your new school clothes and/or supplies, something you

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Beyond IVF: Considering Egg Donation, Surrogacy or Childfree Options

By Kim Saunders, MEd, LPC

No couple makes the choice to adopt or use an egg donor or surrogate lightly. It is generally not until they have experienced the emotional pain of infertility for perhaps years that they may finally make the decision to move toward adoption or use a third party for assistance. By the same token, some couples may come to the conclusion that they can have a wonderful life without children and choose to remain childfree. Know that after experiencing the trauma of infertility, you still have choices – the choice to form a family through adoption or through the

use of an egg donor or surrogate, or the choice to move beyond childless to become childfree. Below are resources, thoughts and questions to explore as you consider using an egg donor or surrogate, or consider living childfree.

Egg Donation

Most of us grow up believing that when we are ready to become pregnant, we will do so easily. It is a dream people expect to realize when they are ready to be parents. But perhaps due to loss of ovarian function, a cancer treatment or

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Speeding Up Your Domestic Newborn Adoption:

How Flexibility and Openness Can Help

By Elizabeth Swire Falker, Esq.

One of the most frequent questions I hear from people seeking to make an adoption plan is: "How long will it take to get my baby?" Well, for those parents who are pursuing a domestic newborn adoption (the type of adoption this article focuses on), I don't have a solid answer. I can tell you that the average wait, according to many polls (including those published in *Adoptive Families* magazine), is approximately 12 to 18 months for a first child and approximately 24 to 36 months if you're adopting a second or a third child. But the bottom line is that in the vast majority of adoption situations the birthmother is the person to initially select the adoptive parent; so no adoption professional can accurately gauge how long your process will take because that professional cannot control when a birthmother will choose you to parent her baby. That said, there are many things you can do to speed up the process. And the first among them is to embark on as broad and flexible a search for a birthparent as possible.

The principle is really very simple: The more potential adoptive situations you can expose yourself to, the more birthmothers will have the opportunity to consider you to parent their babies. You therefore want to be as open and flexible as possible to expose yourself to as many prospective adoptive situations as possible.

But what exactly do openness and flexibility mean, and what do they mean for you?

As you begin your search for your baby, your adoption professional will ask you to consider a variety of potential situations and prepare something called an adoptive parent placement profile (the "placement profile"). This document outlines the types of adoptive situations that prospective adoptive parents are willing to consider and which they will not consider. The more open-minded you are with your criteria, the more birthfamilies will be interested in working with you.

For example, among the items listed on the placement profile is a list of various racial characteristics and whether as the adoptive parent you will accept a baby who is full Caucasian, Hispanic or part Hispanic, African American or part African American, etc. Although it certainly helps you to be open to adopting babies of various racial ethnicities, many adoptive parents don't appreciate that what you put on your placement profile about the baby's medical/ family background and the type of adoption you wish to pursue is just as important, if not more so, than your prospective baby's ethnicity.

You could be open to adopting a baby of a different ethnicity, but because you want the birthmother to have

received prenatal care and not consumed alcohol, smoked or taken any illicit drugs, you're limiting the pool of adoptive situations you're eligible to be considered for. Similarly, if you want only to adopt a baby of a specific gender, or one that has curly blond hair and blue eyes, you will only be lengthening your wait by placing such restrictive criteria on your placement profile. Specifying a gender may slow your process down substantially as most birthmothers don't know what gender child they are carrying. If you have specified that you only want to adopt a girl and your adoption professional doesn't know the gender of the child a particular birthmother is carrying, you likely will not be presented with that situation. Your adoption professional will only present you with situations which meet your criteria—in this case only birthmothers who know they're carrying a girl.

It is perfectly acceptable to ask your adoption professional to consider you only for situations where a birthmother took amazing care of herself and never smoked, drank or took medication, and did take prenatal vitamins, got prenatal care and exercised under medical supervision for her entire pregnancy. If this is what you need and want in an adoptive situation you're fully entitled to ask for it. You must, however, accept that this will significantly lengthen your wait for a baby. As you consider all of the criteria that might limit your wait—or speed it up—I recommend doing some advance research.

For example, many if not most birthmothers smoke; according to some statistics, as many as 60% (or more) of them smoke at some point during their pregnancy (www.americanadoptions.com/adopt/how_long?PHPSESSID). If you say you won't work with a birthmother who smokes, you've eliminated yourself from being considered as adoptive parents by 60% of birthmothers considering making an adoption plan. But what are the true risks to a baby born to a birthmother who smoked? You should talk to a pediatrician or other medical professional, but one major risk is low birth weight. Low birth weight, however, can be overcome with good medical care, love and attention; and it's worth noting that many low-birth-weight babies are born to non-smoking women and birthmothers. Another risk factor is that smoking during pregnancy increases the risk of SIDS (as much as three times the normal rate of risk). This is a little bit scary to most parents, but knowing the recommendations for preventing SIDS cuts down that risk substantially, as does being aware of the fact that your baby may be at risk. The bottom line is that the vast majority of babies born to a smoker do just fine. It is up to you to decide your tolerance level, but being open to a birthmother who smokes exposes you to a larger pool of birthmothers with manageable risks to the baby.

If smoking concerns you, take some time to think about some of the other more serious types of in utero exposure you may be presented with. What about a birthmother who has exposed the baby to cocaine, marijuana, alcohol or



prescription and non-prescription drugs? Again, do your research and talk to a pediatrician or family practitioner and decide where your comfort zone is.

If you say that you are only willing to consider a situation in which absolutely no medications or drugs were taken, you are eliminating many birthmother situations, including those who only took a couple of Tylenol® or a harmless antibiotic

Most birthfamilies want some degree of knowledge about how the baby is doing after placement.

prescribed by an obstetrician. Again, if you tell your adoption professional that you're not even willing to discuss a situation where the birthmother took medication, drugs or alcohol, an otherwise potentially viable match with a baby with few, if any, issues may not be presented to you. If you express a willingness to at least discuss or consider a situation involving medication and/or drug use, then when you're actually presented with a situation involving such exposure you can find out how much was taken of what type of drug (both legal and illegal) to help you measure the risks to the fetus. Once you have this information you can discuss the potential harm to the baby with a medical professional and make an informed (or more informed) decision.

You also will likely be presented with questions concerning psychiatric or mental health problems in the birthfamily. Importantly, not all mental health issues are genetic; many are caused by trauma or environmental factors. Talk to a mental health professional and find out which types of mental illness pose the most concern for your family. Certain mental health diseases are genetic and are carried by a dominant gene. Thus if your birthmother and her birthmother both suffer from the disease, the baby is likely to be affected as well (and will certainly be a carrier). It is also important to know that there are specific diagnostic criteria for identifying most illnesses, and many illnesses are misdiagnosed and don't really meet the relevant diagnostic criteria. If you're interested in a potential situation where a birthmother has a diagnosed mental illness, ask questions to find out the circumstances surrounding the diagnosis and then turn them by a psychiatrist or mental health professional.

Another reason to be open-minded about birthfamily histories is that every family, including yours, has someone with a mental illness or at least some seriously dysfunctional relatives. If you can accept and love members of your family who have had experience with alcoholism, illegal behavior, the inability to hold a job, multiple divorces or relationship failures, then how can you possibly exclude or judge a birthfamily with a similar history? If you love Uncle John's

son who is an active alcoholic, has been in and out of rehab more times than you can count, has problems with depression and anxiety, dropped out of high school and can't hold a job, then can't you begin to accept that in a birthfamily's background? As you put together your placement profile, consider your own family in all its glory. You are not perfect, your family is not perfect, and if you expect perfection from your birthfamily you may wait forever to be a forever family.

Another facet of your placement profile is considering the type of relationship you wish to have with your baby's birthfamily. That is, whether you want a closed, semi-open or open adoption. Closed adoptions were the norm twenty years ago but today they are very rare. A closed adoption occurs when you do not know the name or location of your child's birthfamily and they know nothing about you; and you have very little if any post-adoption contact (always through a third-party). These adoptions now most commonly take place when a baby is born at a hospital and the birthmother leaves the hospital without the baby, or when a baby is dropped off at a hospital or other safe location after she is born. Some birthfamilies do seek out closed adoptions, but again this is a rare occurrence.

Some adoptive parents feel that a closed adoption is the easiest type of adoption to manage, but many adoption advocates stress that the lack of information and knowledge of their birth history does tremendous damage to the adoptee

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Speeding Up Your Domestic Newborn Adoption

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(see the groundbreaking book *Adoption Nation* by Adam Pertman). Most birthfamilies do not want a closed adoption. They want some degree of knowledge about how the baby is doing after placement in the adoptive home, and that is not possible in a closed adoption. If you want to pursue a closed adoption make sure to be clear about what you mean (no names, no pre- or post-adoption contact, or perhaps some very limited post-adoption contact through a third party but maintaining complete anonymity) and be prepared to wait for that rare birthmother who wants a closed adoption or for that drop-off situation (which may leave you with very little knowledge about the baby's medical or family history).

In contrast, a semi-open adoption provides for some contact both before and after birth between the adoptive and birthfamilies. In this case you may meet or speak with the birthfamily, share first names and some personal information but not disclose addresses or agree to have a long-term relationship. In a semi-open adoption you likely will share cards and letters for a period of time through an intermediary and you will have information about your child's birth/family/medical history provided by the birthfamily. The appeal here is that while there is some contact between the birth and adoptive families, it is limited; a degree of anonymity is maintained and the relationship is usually under the control or protection of a neutral third party.

An even greater number of adoptive and birthfamilies are choosing to have open adoptions. Indeed, this is the most common type of domestic adoption and the type of adoption many birthmothers today seek to have with the adoptive family. An open adoption is hard to define, as every family who enters into one will likely describe a different type or degree of openness than the next "open" adoptive family you speak to. The most open of these relationships will involve a lifelong relationship with regular visits between the birth and adoptive families. However, most of the people who have an open adoption don't necessarily visit each other. Typically, the adoptive parents have met their birth family at least once before birth, they have shared all identifying information including names, addresses and phone numbers and they speak or otherwise communicate directly with each other (no third party) and do so regularly. There is a wide variety and degree of openness in the open adoption relationship and most adoption professionals will recommend that you take it slowly and let the relationship progress naturally.

As you fill out your placement profile keep in mind that the vast majority of birthfamilies today want some type of long-term contact with the adoptive parents. When adoptive parents become educated about semi-open and open adoption by doing research and speaking with adoptive parents, many discover that it isn't as scary a relationship as they initially



The Northeast Region of RESOLVE
welcomes
our newest junior members:

Daniel Dustan Martinez

of Hauppauge, New York

Born on March 30, 2007

6 lbs., 12 oz.

19 inches

Placed in his parents' loving arms on April 30, 2007

Congratulations, Laurie, Tommy and big brother, James!

•

Colin Michael Giannone

of Smithtown, New York

Born on June 26, 2007

7 lbs., 10 oz.

21 inches

Placed in his parents' loving arms on June 26, 2007

Congratulations, Jen, Johnny and big brother, Dante!

Please send your birth or adoption announcements to
newsletter@northeast.resolve.org, and include "Good News"
in the subject line.

thought (open adoption doesn't mean "co-parenting") and they are inclined to pursue some degree of openness with their birthfamily. As most birthfamilies are interested in having ongoing contact, being open and flexible about open adoption in your placement profile can speed up your adoption process.

However, you should not represent that you are more open than you really are. If you don't want to visit your child's birthfather after placement, don't say that you will. It's better to limit the relationship in the beginning and then as trust and security—and sometimes even love—between the families develop, you can attempt to have more contact and open the relationship over time. The point is to be clear about your flexibility and willingness to consider a more open type of relationship.

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So now we've discussed the major points of your placement profile. You know that you need to do research and stay as open-minded and flexible as possible about the many different types of adoption relationships. Never assume that what you initially decide to include in your placement profile must stay in your Profile through your entire process. You may discover after waiting and working with various potential situations that you can be more flexible than you originally believed possible in certain areas, and/or that you need to be more restrictive in others. As you become more savvy and knowledgeable, let your adoption professional know where your head (and your heart) is. Who knows, that flash of insight you had after hearing about a particular situation (or even hearing about a situation a friend was presented with) may totally remake your own adoption process and the next thing you know, you'll have your baby! 🐾

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But we often look so regretfully upon
the closed door that we don't see the one
that has opened for us."

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