



Yesh Tikva Inc.
A Jewish Fertility Community

342 S. Beverly Drive Suite 354
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www.YeshTikva.org

Infertility Awareness Shabbat

Yesh Tikva's Second Annual Infertility Awareness Shabbat, is aimed at raising awareness of and sensitivity towards infertility in our Jewish communities. On Shabbat morning, April 1, 2017, over 100 Synagogues will partner with Yesh Tikva and share a message or D'var Torah that helps enhance communal understanding and facilitate empathy for those who have not yet been blessed with children or who are struggling to expand their families.

This year we are pleased to be partnering with three other great Jewish fertility organizations in America, Hassidah, Jewish Fertility Foundation of Atlanta, and The Red Stone as well as Advah in Israel.

About Infertility

Infertility is a topic rarely discussed. Most couples struggling to conceive generally know almost nothing about fertility and treatments until being thrust unprepared into the world of reproductive endocrinology. Once one is handed the ticket into this world of endless doctor's visits, self-injections, and failed cycles, the cyclical sadness, disappointment, and shame can drive individuals into secrecy.

Struggling to have a child, be it one's first or any subsequent child, can create a constant feeling of loss and helplessness. As a Jew there is an added stress of infertility. Many of the Jewish holidays and rituals revolve around children. For those struggling to have a child these holidays and rituals can be very difficult. For some these holidays can even be a source of tremendous pain, as a reminder of what they don't have, yet so desperately want.

Taking the first step on this journey can be very frightening, nerve racking and anxiety provoking. By starting down this road one is admitting that there may be something wrong. Deciding to seek medical or other interventions it is a very brave step into a previously unknown world of seemingly endless medical treatments.

According to the National Survey of Family Growth, 1 in 8 couples in America is diagnosed with infertility each year. It is important to keep in mind that even the most aggressive treatment, in vitro fertilization (IVF), only leads to live birth 47.7% in women under 35 and 39.2% in women





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35-37 (Society for Assisted Reproductive Technology, 2013). That means that each time a couple spends \$15,000-\$35,000 (most of which is generally not covered by health insurance) on an IVF treatment, it is statistically more likely for them not to have a child. This reality suggests that couples will be required to undergo multiple treatments prior to having a child, and for some couples these treatments may never result in a live birth. The process of undergoing treatment is exceptionally time consuming, financially taxing and emotionally draining.

For most Jewish couples who want children, building a family is a given. But for many couples diagnosed with infertility, the road to parenthood is paved with tears, anguish, loss, isolation, and depression.

Yesh Tikva, Hebrew for “There is Hope,” was created to provide emotional support to those navigating infertility. Yesh Tikva - www.YeshTikva.org - offers the following support services: Fertility Friends, a peer mentoring support network, “Live” with Dvora, a bi monthly support group, The Lecture Series, a series of lectures in which mental health professionals from around the globe cover different topics relating to infertility, and a forum for sharing support and guidance. Additionally, a new resource has been added to Infertility and Halakha which guides both individuals and halakhic advisors in asking questions relating to fertility treatments and any halakhic issues that may arise. Yesh Tikva is also working to educate the Jewish community about the unique struggles that come along with infertility, the Mikvah Infertility Awareness Campaign, and most notably our annual Infertility Awareness Shabbat campaign. At Yesh Tikva we work to constantly build, grow, and improve our offered resources.



JEWISH FERTILITY FOUNDATION

Atlanta



The Red Stone
CREATING OUR JEWISH FUTURE, ONE BABY AT A TIME



Infertility Facts:

- **What is infertility?**
 - Infertility is defined as the inability to conceive after one year of trying for women under 35 or after six months for women over 35, or the inability to carry a pregnancy to live birth.
- **How many people suffer from infertility?**
 - 1 in 8 couples in the United States suffer from infertility (2006-2010 National Survey of Family Growth, CDC)
- **What causes infertility?**
 - About a third of infertility is attributed to the male partner, a third to the female partner, and third is attributed to factors in both partners or is diagnosed as “unexplained infertility.” Though many people think of infertility as a women’s problem men too are affected.
- **How can infertility be treated?**
 - Many different treatment options exist, including drug therapy, surgical procedures, and reproductive technologies such as Intrauterine Insemination (IUI) and In Vitro Fertilization (IVF).
- **What are the chances of success of IVF treatments?**
 - According to the Society for Assisted Reproductive Technology (SART), IVF, the treatment with the highest chances of success, has the following live birth rates:

% of cycles resulting in live births	40.1%	31.4%	21.2%	11.2%	4.5%

- **How much do fertility treatments cost?**
 - The national average for an IUI is \$3000. The national average for a fresh IVF cycle is \$12,400 (ASRM), plus another \$3,000-5,000 on medication (RESOLVE). Additional technologies, such as Preimplantation Genetic Diagnosis (PGD), which increase the chance of success of an IVF cycle, cost between \$3,000-6,000.



- **How much of those costs does insurance cover?**
 - Most reproductive technologies are not covered by insurance and must be paid “out-of-pocket.” Only fifteen states have either an insurance mandate to offer fertility coverage to employers or an insurance mandate to cover some level of infertility treatment. Even with insurance, many companies only cover some elements of a given reproductive treatment. Only eight of those fifteen states have an insurance mandate that requires qualified employers to include IVF coverage in their plans offered to their employees: Arkansas, Connecticut, Hawaii, Illinois, Maryland, Massachusetts, New Jersey, and Rhode Island. (RESOLVE)
- **What is the emotional impact of infertility?**
 - According to a study conducted at the New England Deaconess Hospital in Boston (Domar, A.D., Zuttermeister, P.C., & Friedman, R., 1993) patients with an infertility diagnosis suffered from depression and anxiety on levels equivalent to those with life threatening illnesses including cancer, heart disease, and hypertension.
- **How does infertility impact one’s mental health?**
 - An infertility diagnosis can create a significantly distressing life crises, especially as a member of a Jewish community where others are building and expanding their families and most rituals revolve around family and children. The inability to conceive and the loss of potential create significant feelings of loss, similar to the loss of pregnancy. Additionally, dealing (usually alone) with multiple medical decisions, lengthy waiting periods, uncertainties, and the loss of control, leads high levels of emotional distress and turmoil for many individuals and couples.
- **What is an egg freezing cycle?**
 - Egg freezing is the process of stimulating egg production (as done in the first phase of an IVF cycle) for retrieval and storage as a form of fertility preservation for future use in an IVF cycle. According to FertilityIQ it is estimated that this year 10,000 women in the US will freeze their eggs.
- **Is egg freezing a guarantee for achieving future pregnancy?**
 - According to the American Society for Reproductive Medicine (ASRM) egg freezing is not a guarantee for achieving future pregnancy. The chance that one frozen egg will yield a baby in the future is around 2-12%. Therefore, when considering egg freezing it is important to consult with a doctor to ensure that enough eggs are retrieved and frozen for future use, resulting in the possibility of having to undergo



multiple egg freezing cycles.

- **What is the difference in achieving pregnancy with frozen eggs vs. embryos?**
 - According to the ASRM, based on a comparison of IVF cycles using frozen eggs with IVF cycles using frozen embryos, the chances of achieving live birth ranged from 4-14% per egg frozen and 35-61% per embryo frozen.
- **How much does an egg freezing cycle cost?**
 - The cost of an average egg freezing cycle with medication is approximately \$16,000. The average clinic cost is \$11,000 plus on average \$5,000 for medication. Additionally, there are annual storage fees to keep eggs frozen and this on average costs \$3000 a year, varying by clinic and state. (There are some third-party storage facilities and some are less expensive- though there are costs to transport the oocytes from the clinic to the facility and then again back to the clinic when ready for use.) Like other fertility treatments most insurance companies do not yet cover the costs.

Other resources:

<https://www.cdc.gov/reproductivehealth/infertility/>

http://www.reproductivefacts.org/Psychological_FAQs/

http://www.sart.org/Preparing_for_IVF_Emoional_Considerations/

<http://www.reproductivefacts.org/awards/index.aspx?id=3012>

<https://www.fertilityiq.com/egg-freezing>

http://www.reproductivefacts.org/FACTSHEET_Can_I_freeze_my_eggs_to_use_later_if_Im_not_sick/



Sensitivity Suggestions:

It is very important to note that no two people suffer or react identically to similar situations. The following are only suggestions; be sure to consider each individual congregant and his/her experience and apply what you deem to be most appropriate.

Keep in mind:

1. Do not assume anything; not everyone who does not have a child or has a large gap between children is navigating infertility.
2. If a member reaches out to share his/her story, the best thing one can do is listen.
3. As clergy you are in a position to provide emotional support/guidance:
 - a. It is important not to provide false hope, not everyone will have a child biologically.
 - b. Adoption is not an option for all couples who cannot conceive, some will opt to live a childfree life.
 - c. Be accepting and supportive of the decisions that individuals make. They have thought long and hard and done much research to come to these conclusions.
 - d. It is important to also take into account those who are still struggling to meet their spouses and may be suffering from what is known as circumstantial infertility (similar emotional impact of wanting a to have children but at times even more difficult as they are navigating it alone).
 - i Egg freezing, though a wonderful option for some, is an expensive endeavor that is not always accessible or a desired option for everyone.
 - ii Though egg freezing is a medical option it does not provide emotional comfort, it is important to ensure that those still struggling to begin their families are surrounded by a supportive community.
4. It is best not to recommend a specific doctor, rather if you would like to, give a few options so that the couple/individual can do their own research and find the best fit.

Jewish Ritual Sensitivity:

1. Rituals:
 - a. When offering, an individual or couple, the opportunity to participate in a ritual





that is thought to help one have children it is important to know who you are asking before doing so:

- Some people appreciate such offers and run at the opportunity.
 - Some people feel very hurt by such an offer and would prefer not to even be offered them.
- b. If you are unsure or do not know the person well try to consult with a family member or close friend who would know so as to avoid unintentionally offending or hurting anyone.
2. It is a beautiful custom to use child centered holidays as an opportunity to pray for those who have not yet been blessed with children or who are struggling to expand their families.
 3. Moving stroller hubs away from the front entrance of a synagogue to the back so that people can enter without crossing through an emotional minefield.

When hosting a meal or get-together, ensure that everyone is made to feel *emotionally* included:

1. Be aware of the crowd.
2. If there are individuals who are not married or do not have children, make sure that the conversation does not revolve around marriage and kids.
3. Try to engage in conversations in which everyone can be an active participant.

It is important to engage friends or family members whom you suspect may be navigating infertility:

1. A text message every so often just to say hello can go a long way in making someone feel that you care.
2. Invite family members and/or friends to birthday parties, get-togethers and Shabbat or Yom Tov meals- if they are not up to joining, let them make the decision for themselves and do not make them feel guilty for opting out.

When engaging family members or friends:

1. The best thing that one can do for a friend or family member is be a friend, listen when they speak, and offer a shoulder to cry on if need be.
2. Unless requested, avoid sharing advice or tips on how to increase chances of conception.



3. If a friend or family member does share their story with you, try not to bring it up every time you see them.
4. Assuring people that everything will be okay is generally not comforting, as only God knows the outcome. Rather, assure your friend or family member that no matter what the outcome, you will be there for them in any way that he/she needs. Validate whatever feelings or reactions s/he might have, regardless of what you think about how they are handling the situation. Provide them the space to experience those feelings without feeling judged.

For parents and grandparents of those navigating infertility:

1. Be sensitive to your child/grandchild's challenge.
2. Asking them when they will give you a grandchild is hurtful and a reminder of their struggle.
3. Do not push your children to share information about their fertility challenges and treatments that they are not comfortable sharing .
4. For those navigating primary infertility - ensure that your children feel special in their own right and no less important to you even though they have not yet given you a grandchild.
5. For some parents/grandparents getting support may enable them to be more present emotionally for their child/grandchild.

At times those struggling with infertility, be it primary, secondary or circumstantial, can become emotionally overwhelmed and may need some distance. It may come across as a personal offense, but it is important to remember that it is not personal.



Sample talking points:

The following are sample talking points that you might find helpful in your presentation to your congregation.

We at (insert shul name here) are proud to be participating in Yesh Tikva's Second Annual Infertility Awareness Shabbat. Yesh Tikva aims to give infertility a "voice" and to spread awareness in the Jewish community. Too often, infertility is a silent struggle, such that you may not even be aware when your friend, family member or neighbor are suffering. The goal of this campaign is to increase sensitivity towards our fellow Jews who dream of becoming parents.

Sample 1:

In this month of Nisan, we are reminded once again about the integral role children play in Judaism and its observance. The words we hear over and over again, והגדת לבנך, and you shall tell your children, can pierce like a dagger through the hearts of couples who struggle with infertility. They are a direct reminder of what these individuals want so desperately - a family - but are not able to have at the moment.

But the commandment to recount the story of the exodus and to celebrate our freedom does not require having children. The Sages intended that everyone be an active participant at the seder. The Rambam in Hilchot Chametz U'Matzah 7:1 points out "[The mitzvah to recount the exodus applies] even if one does not have a child." The Rambam goes out of his way to mention the childless in order to reassure those who are not parents, or who may still be single, that they are not left out of this holiday.

As we all start to clean our homes for every speck of chametz that our children may have hidden in the couch or behind the bookcases, be careful not to complain in public. Realize that there are some who pray to have such problems. This year, let us work extra hard on being sensitive to everyone in our community.

Sample 2:

Pesach is often seen as the holiday of inclusion. Before Pesach, we give *maot chitim* - charity - to ensure that those less financially well-off can fully participate in and experience the holiday. On



Seder night, we emphatically declare, “Let all who are hungry come and eat. Let all who are needy come and celebrate Pesach.” Pesach really is the holiday of inclusion.

And, in addition to including the needy and the hungry, there is one more demographic that we are sure to include on Pesach: Children. While they are usually *not* the main players of holiday ritual, children become one of the primary focuses on Pesach. The Torah charges us to “tell your children (Exodus 13:8)” of the great miracles of the Exodus. Much of what we do on Seder night is “so that the children will ask.”

But for those who have not yet been blessed with children, Pesach can be painful and lonely. Indeed, for some, Pesach can be the holiday of *exclusion*. This year, our Shul is partnering with Yesh Tikva, an organization that provides emotional support to individuals struggling with infertility, to ensure that everyone, especially those without children, are able to participate in and enjoy the true experience of the holiday in the most meaningful and inclusive way. As a community, let us make every effort to include all of our friends and fellow congregants in our holiday celebrations. This year, make sure that no one in our community needs to spend a Seder or Yom Tov meal alone.

Sample 3:

This week’s Torah portion, Vayikra, teaches us a lesson of humility from the very first word of the parasha. It begins by saying “וַיִּקְרָא אֶל מֹשֶׁה וַיְדַבֵּר יְהוָה אֵלָיו מֵאֹהֶל מוֹעֵד לֵאמֹר - And He called to Moshe and God spoke to him from the tent of meeting saying.” The language here seems to be superfluous, why did it have to state that God called to Moshe from the *Ohel Moed, the tent of meeting*? According to the medieval commentator Rabbeinu Bechaye, Moshe was humble and did not want to enter the Tabernacle because the Divine presence was in it. Even though God told Moshe he would speak to him in the tent of meeting when Moshe would come to pray, bring sacrifices, or receive prophecy, he still did not want to enter until God called to him.

The Baal Haturim, another medieval commentator, explains that God commanded Moshe to write the word וַיִּקְרָא, Vayikra, with the usual “font” in the torah that is attributed to the language of the angels. However, Moshe wrote the alef at the end of the word in a smaller size. Why, you may ask? The Baal Haturim offers the following explanation. Moshe felt that if he



wrote the alef full size that the Israelites would accuse him of haughtiness, of using the language of the angels to describe himself. But if he omitted the alef altogether, he would be disobeying God's command. Therefore, Moshe struck a compromise, and wrote the alef in miniature.

These examples of humility and sensitivity provided by Moshe are lessons for us all in our treatment of others. This week as part of the Infertility Awareness Shabbat we are focusing on the men and women who face struggles on a daily basis. They struggle with what comes so easily to most of their contemporaries, having and building a family. When it does not work for them in the traditional manner, they need to seek help. For many this requires medical assistance, and in some cases, it stretches to financial and emotional support as well. Even after one is able to get all components of the process in order, including money, multiple daily self-injections, and early morning daily monitoring to name a few, one is not ensured success.

Though everyone is faced in life with his or her own problems, being sensitive to one's neighbor's situation and being mindful of one's speech and actions goes a long way in reducing embarrassment, stress and causing unnecessary pain.

Today let us all humble ourselves and ensure that each of us at (name of synagogue) are being attuned to the needs of our friends and acquaintances. Let us take a moment to ensure that we are being inclusive of everyone and let us work together to increase our sensitivity toward our fellow congregants.

Some other places to look:

1. The Matriarchs
 - a. Sarah: Bereishit - Genesis (15-17)
 - b. Rivkah: Bereishit – Genesis (26:21) and Yebamot 64a
 - c. Rachel: Bereishit – Genesis (29:31)
 - d. Leah: Bereishit – Genesis (30:1-25)
2. The wife of Manoach: Judges (13:24-25)
3. Hannah: Samuel 1 (1-2), Berakoth 31b