Funding Your Reproductive Options

Choosing donor insemination or IVF when you have a partner is financially daunting enough. Choosing this route as a single woman, however, can be downright overwhelming.

There are routes to finding lower cost options for IUI and ICI, although they tend to be highly dependent on geography, concentrated in areas like Boston, San Francisco and Washington D.C.. (Low-cost options for IVF are virtually nonexistent at this time.)

Several health centers that cater to lesbians are at the forefront of providing less expensive services and support to single mothers. This is not surprising, since the lesbian community has for decades been a big part of the trend toward nontraditional families.

For those with proximity to **Boston**, there is the **Fenway Community Health Center**. Founded in the 1980s, it was one of the first U.S. clinics to provide insemination to lesbians, and grew out of its commitment to underserved groups, as well as to people living with HIV/AIDS. It is open to single, straight women as well as the LGBT community. It offers discounted IUI and ICI services, consultations on at-home inseminations, as well as counseling and support on all aspects of parenting by donor insemination. The center is *not* a fertility clinic and does not do IVF. Patients must have a physical exam and lab tests by their own medical provider to rule out potential problems. Costs for services are 30 to 70 percent less than the typical cost of most private physicians or fertility clinics.

Coolidge believes women who don't have a male partner are discriminated against by insurance companies that cover infertility issues after 12 cycles of clinical attempts. "Home inseminations are not considered valid attempts at conception by the insurance companies, so GLBT and single women must spend more money attempting conception before insurance benefits will consider covering any fertility treatments," Coolidge says. "I do feel that's discriminatory. We are trying to help women with that process by educating them about all available options."

Fenway's program includes counseling. "We provide community support, not just access to sperm," Coolidge says. "Women are, of course, focused on how to get pregnant. As a mental health counselor, I think the more complicated part is how they're protecting their future child, and what is the social versus biological role of a donor? The technical insemination part is important but much less complex."

In other U.S. cities, Maia Midwifery & Preconception Services in Oakland and Berkeley provide inseminations and a range of pregnancy services to nontraditional families. About 70 percent of its patients are from the GLBT community. They offer fertility consultations in the San Francisco Bay Area office, as well as by phone. "By focusing on natural methods of fertility enhancement and teaching women how to time inseminations in sync with their own bodies' unique fertility signals, the number of cycles it takes to achieve pregnancy may be greatly reduced," says Kristin Kali, LM CPM. "Midwives offer a high degree of counseling and emotional support, which many women find truly valuable in the process of becoming a mother. The midwives at Maia also facilitate a support group for prospective single moms.

Washington D.C.'s Whitman-Walker Clinic does not offer direct medical services, but has a broad range of free support groups for straight and LBT women who are considering or are involved in adoption, insemination or other stages in parenting.

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55

Mind/body counselor Alice Domar (see page 91 for more from her about alleviating fertility stress) encourages women to be upfront about asking doctors for options. Are there trials in need of patients? Do they offer a sliding scale fee? Can they minimize bloodwork and ultrasound testing to keep expenses lower? Are fertility drug companies offering any discounts? For a woman under 35, is there an opportunity to donate eggs in exchange for an IVF cycle?

Consider, too, that some physicians will be flexible with single mothers who may have fewer financial resources. Dr. Rachel Ashby, a Harvard professor and Reproductive Endocrinologist with Brigham and Women's Hospital in Boston, offers a reduced rate to her single women patients as often as billing allows her to.

"It's critical to explore all of your options for treatment," Dr. Ashby says. "Financially, this is a key understanding because there are no guarantees that this will be a fast process. You want to be very mindful of the financial issues going forward and try to explore the lowest-cost options available to you."

One Chicago-based consulting agency offers single women and lesbian clients a variety of financial tips. Mindy Berkson, Infertility Consultant and Founder of Lotus Blossom Consulting (lotusblossomconsulting.com), says, "So often our clients focus just on the getting pregnant aspect. Our philosophy is to plan further into the future, for additional treatments if the first are not successful, and also for the pregnancy and birth. They need to know not just whether or not they can afford to get pregnant, but once they do, if they have enough funding and insurance available to handle a healthy or sick infant, and all of the costs associated with the first year's childcare. We want to be sure that clients have explored all of their options for family building and chosen what is right for them."

Berkson's agency also helps clients identify their insurance benefits ahead of time. "Although, generally speaking, insurance is traditionally biased against women trying to conceive on their own, they may be one of the lucky few who actually have benefits. It is good to know before they begin when they can start to use infertility benefits (if available), if they need them, and what their maternity benefits are."

Berkson agrees with Domar and Ashby that some doctors are willing to be flexible. "We encourage them to ask their physician if they are willing to give a discount to those willing to pay cash, and to uninsured patients. Many physicians are willing to do this. Otherwise, we point them in the direction of low-cost options available to them in their area."

Locating community-based resources in other cities requires connecting with national and local groups that cater to Choice Moms. Some of those groups include: Family Pride (familypride.org), Human Rights Campaign (hrc.org/familynet), Single Mothers by Choice (mattes.home.pipeline.com/faq.html) and, of course, our own Choice Moms organization (choicemoms.org). Use the "contact" form at ChoiceMoms.org to let us know about low-cost options you've learned of that Choice Moms-in-the-making can look for. We'll keep updates posted on the website.