The Men's Guide to Making Babies

Creating Your Family Through Assisted Reproduction

Foreword - Helping You Reach Your Goal Is Why We Exist

For nearly 20 years I have helped individuals and couples have babies. In recent years, more and more men are making the choice to have babies either as a same sex couple, a single gay male or, increasingly as a single straight male. What I've learned is that men having babies often don't have the same support as heterosexual couples or single women. The road to parenthood for men through third party fertility options is a more complex process and can be a difficult landscape to navigate. You don't want to become an expert in it – you just want to have a child. At Donor Concierge we are the experts in third party fertility. We believe having a child is a fundamental human desire, one that cuts across all races, cultures, and socio economic statuses. It's not dependent on one's gender, sexuality, or what type of relationship you are or are not in. It is a deeply felt passion by many, including me.

I have loved being a parent more than I have loved any other experience in my life. Like most parents, I love my children beyond reason. For me, helping others to become parents is a passion that has grown over the years. It started with my own journey to parenthood and has been inspired by having helped so many people since 1998 to become parents.

When I was young I took it for granted that, one day, I would have children. As it turns out, I married a man who didn't want a family - at least not at first. He made that clear to me before we got married. I decided, at the time, that I could forgo children in order to have a great relationship. I suppressed my desire to have children for several years but the desire resurfaced over and over, haunting me and often filling me with pain, despair and depression. Though my childless state was self-imposed, overcoming my husband's objections took years. He is a great convert now, but nonetheless; I had a slow and painful battle when I decided to change the rules of engagement. Everyone has a unique story. I won't try to compare my journey to yours nor should anyone try to compare fertility journeys. For me, my husband was the obstacle; for our clients, it's usually their eggs, lack of viable eggs or a lack of a uterus that are standing between them and the dream of parenthood.

Now more than ever, this dream is possible, but knowing the right information in advance is key to making the family creation dream as seamless as possible.

This is why we have compiled this e-book with our best advice for men choosing to have a family via an egg donor and surrogacy. We want to give you inside knowledge to plan successfully for your family through third party fertility options.

Introduction - The Learning Curve

I started Donor Concierge to help intended parents find the resources they need via an independent voice. Along with my team of dedicated case managers, we do this work so that you do not feel that you are going through this process alone. We have helped thousands of individuals and couples have babies. The road is never easy but our team does all we can to support our clients as they travel the path through the many challenges involved in third-party fertility. Our clients usually experience a steep learning curve that is often described as 'overwhelming', followed by 'frustrating'.

Countless couples and singles have come to me at a point when they have been through several egg donor and/or surrogate cycles, spent thousands of dollars, and are simply weary of continuing the process of simply trying to have a child. A percentage of intended parents simply give up. My goal for Donor Concierge is to offer insight and guidance to weather the difficult times and have success in creating a family.

Or, you might just be starting out on the journey to parenthood and you don't know where to start. If you are coming from outside of the United States, you may not be familiar with the legal implications of third party fertility, the varying laws country to country, and even state to state regarding third party family building.

Whatever your situation, my hope in writing this guide is to offer non-partisan, 'how-to' tips on navigating your way through this journey. With the help of my team at Donor Concierge, I have compiled this e-book with our best advice for intended parents choosing to have a family via an egg donor and surrogacy. The chapters are separated into 'stages' of the fertility journey, although you may find that it is more of a synchronous journey – you may be searching for an egg donor, while you are matching with a gestational carrier, while also working with a fertility lawyer. We encourage you to use the guide as a manual, and the glossary at the end to help you understand the lingo particular to the industry.

I hope this book will give you enough inside knowledge to plan successfully for your family through third-party fertility options. Having helped thousands of intended parents to become parents, we at Donor Concierge can help you to navigate the process more quickly, efficiently and companionably.

Chapter 1 - Where to Begin

Where do you begin to create your family? Third-party fertility can be complicated and daunting.

When you decide to embark on this journey, make room in your life like you would any major project. This sounds like obvious advice but it's very important for you to have the emotional space in your mind to make these big choices. Just like other big life decisions you've made - choosing your career path, schooling, planning your wedding, or buying a house – conceiving via egg donation and/or gestational surrogacy takes time and space to happen. The difference with family building is that you are often at the mercy of other people – the clinic, the egg donor, the agencies, and the surrogate. If you can anticipate the steps and become as involved in the process by arming yourself with knowledge, you will find it an easier process.

Our best advice is to give yourself a lead of at least **four to six months** from the time you would ideally like to cycle with your egg donor and/or gestational carrier. Briefly, you will need to find:

- A fertility clinic and doctor
- An egg donor
- A gestational carrier (surrogate)
- A fertility attorney to review your contracts
- A budget – there are many unexpected costs involved in third-party fertility so you need to get all your financial ducks in a row before you start

In the next few chapters, we will look at a multitude of nuanced considerations and decisions you will need to make along the way. What is a Reproductive Endocrinologist and how do you go about choosing one? What factors should you consider when looking at fertility clinics? What tests and health checks do you need to complete for yourself? How do you choose a gestational surrogate and what should you look for in an ideal candidate? How to look for an egg donor? What are the legal aspects of creating a family through third party fertility? Finally, what happens once your surrogate is pregnant?

While the book is laid out in headed chapters, it's not necessarily a chronological 'how to' guide. All of the moving pieces in this journey can be considered interchangeable.

Our goal for this book is educate you to help you navigate from unknown territory to having a fully-developed game plan, making the process of creating your family as straightforward as possible. There are always going to be setbacks, but if you are armed

with knowledge, and know what to expect, the bumps and pitfalls are fewer and more easily navigable. Your first step will be to find a fertility clinic and doctor to work with.

Chapter 2 - Making the Magic: How To Choose Your Fertility Team

A Reproductive Endocrinologist or RE is also referred to as a fertility specialist. An RE must complete a four-year residency in gynecology and obstetrics. In addition, they then complete three additional years in reproductive endocrinology and infertility (REI) for a total of seven years training beyond medical school. An RE must then take board exams to be certified in his/her field. While your RE is an integral part of your care, they are only part of a larger team in supporting your conception dream.

When choosing a fertility doctor or Reproductive Endocrinologist (RE) there are many factors to bear in mind. It is important to choose a fertility clinic that has had a lot of experience working with both egg donors and surrogate pregnancies. You will want to check their success rates and interview those in your area to see who is a good personal fit. While success rates can help determine how good a clinic is; it is important to feel that the RE and the clinic staff are a good match for you. Some of our clients prefer a large, bustling clinic with several REs on staff, while others are looking for a more bespoke service, with just one fertility doctor at the clinic.

A point of interest - unfortunately, success rates don't list how many surrogate cases each clinic has worked with in a given year, therefore this is a question you might ask during your initial research.

Seeking the specialized care of a fertility specialist may feel a little foreign to you. That's natural! For women, our first experience with specialized care comes at an early age when we move from our family physician to a gynecologist. For men, seeing a fertility specialist may be the first person outside your general practioner that you are seeing for a specialized medical proceedure, one that involves a uterus, ovaries, fallopian tubes, and eggs you don't possess. The first visit can feel a little like asking to be considered for a mission to Mars when you have never studied physics or aeronautics.

When recommending clinics to our clients, we tend to favor those where each RE has a dedicated third-party fertility staff so that you, your surrogate, and egg donor will all be seeing the same people each time. Having consistency ensures that all involved know your story and offers a sense of support throughout the process. It's best to check to make sure that the clinic you choose works with supports same sex couples (married or not), and/or single men wanting to have a child.

In addition to your top-notch RE, you will meet the clinic team. At most fertility clinics, the team includes an embryologist (a specially trained scientist who handles your

precious eggs and sperm outside the body), nurses, and coordination staff. Each person plays a part in making sure all of this comes together to successfully create your family. A note to our international intended parents: here in the States, REs are associated with specific fertility clinics. You will not need to choose a clinic *and* an RE since when you choose one you are choosing the other by default.

The terms clinic and RE are often used interchangeably because the RE or fertility specialist is always part of a specific clinic where the procedures will take place. Each clinic has a lab that is associated with your clinic. The lab is key and will be headed by an embryologist. In fact, many say that a clinic is only as good as it's lab. The reality is that it takes a well-coordinated team including the RE, embryologist, nurses and the rest of the staff to orchestrate every step in the fertility process.

In summary, here are a few good questions to ask when you are interviewing clinics:

- Do they work with men wanting to create families?
- How many same sex couples have they worked with?
- How many single men has the clinic worked with?
- How many egg donor cycles do they do each year on average?
- How many surrogate cycles do they do each year on average?
- Does the RE have a dedicated staff that you and your surrogate will see each time you visit?
- If you are HIV positive ask them if they have helped other HIV positive intended fathers and how is this handled?

Chapter 3 – For Men Only: Health Considerations For Dads-To-Be

We will talk later about the health considerations of your surrogate, but one often missed area is the health of the intended father. Once you've decided on which RE you are going to work with, there are several standard health issues to consider before moving forward with the assisted conception process. Whether you are in a partnership, marriage, or single, you will need to decide who will contribute the sperm. A sperm analysis will tell you several things. First, the sperm analysis will give your physician a sense of your own fertility picture. Below are some of the variables that a sperm analysis can tease out:

Sperm analysis:

- Sperm count – 40 million to 300 million is in the normal range
- Motility and Velocity – (How fast the sperm swim) this has a rating of 0-100%, at least 50% of the sperm should be active to be considered normal
- Morphology – (size and shape) at least 30% should be normal
- Volume – Normal is generally greater than 2 milliliters

In addition to your sperm analysis, you will also need current lab values for a multitude of diseases that can dictate how your RE will move forward with fertilizing the donor's eggs. Below are the most common blood tests that you will need to get done prior to your assisted reproductive cycle:

- Human Immunodeficiency Virus (HIV), types 1 and 2
- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)
- Treponema pallidum (i.e. syphilis)
- Chlamydia trachomatis
- Neisseria gonorrhea
- Human T-lymphotropic virus (HTLV), types I and II
- Cytomegalovirus (CMV)

Once you have your own fertility profile and that of your partner or spouse's, you can then develop a plan for creating your family. If you are a couple, will you want to use the same donor eggs in a subsequent cycle to create a child from the sperm contributor who was not used during your first cycle? Will you need to use specialized procedures such as Intra-cytoplasmic sperm injection (ICSI) to help fertilize the eggs?

A special consideration for two dads: You may both want to be the genetic father. By law, embryos will need to be created separately, but possibly with the same egg donor so that your children will be genetically related. You can then decide if you want to have an embryo from each of you implanted into one surrogate for a twin pregnancy or plan on two separate pregnancies. Please, keep in mind that a twin pregnancy is a high-risk pregnancy, carrying with it risk factors such as premature delivery and health risks to the surrogate. Also, even though two embryos may be transferred into your surrogate there is no guarantee that there will be a twin pregnancy. It is best to plan for a singleton birth, deciding in advance which of you will father the first child and plan for a future pregnancy when your partner/husband can father the next child.

HIV Positive Dads-To-Be

Specialized fertility treatment to provide safe options for HIV positive men to become parents is now possible, thanks to significant advancement in treatment options.

The first step is to consult with your doctor or clinic to discuss whether this is available to you. Your doctor will determine whether you will be a suitable candidate by running tests to determine your viral load and the amount of HIV virus present in your body.

For HIV-positive men who have been on anti-retroviral medications for several years, and have undetectable levels of the HIV virus in their system, a technique called Sperm Washing is available to further minimize the risk of transmission of the virus to your gestational carrier.

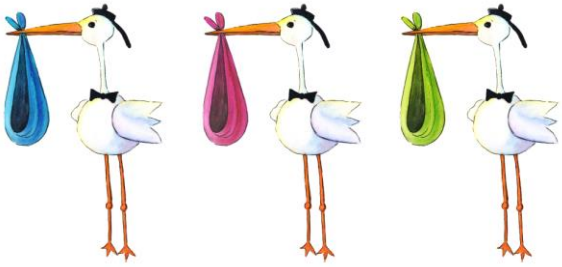
A system has been developed to detect the presence of small amounts of the HIV virus in the semen by the Bedford Foundation, a non-profit laboratory in Boston. The semen samples are analyzed for the presence of the HIV virus and then frozen. Once two virus-free samples are obtained, the sperm is washed, motility is analyzed for viability and then the sample is used in assisted reproductive techniques using your donor's eggs.

This method has been successfully performed in about 50 cases in the United States so far, and worldwide, around 600 babies have been born to HIV-positive men using sperm washing. While the technique of sperm washing is considered a safe option for sero-discordant couples to avoid the risk of HIV infection, it is not considered to be 100% risk-free.

The tricky part is locating a surrogate who will agree to be the carrier, thereby exposing herself to the risk of HIV-infection, no matter how small. One agency we spoke with

said often the surrogates will consider this option, but her family might be uncomfortable with her doing this. There are two agencies that I know of at this time that offer surrogates who will carry for an HIV positive male: Growing Generations and Creative Connections though there may be more in the future.

Chapter 4 - Finding and Choosing a Surrogate



There are several ways to find a surrogate. You can advertise on your own, which in the surrogacy world is termed an "Independent" surrogacy arrangement. While "independent" arrangements may seem cost effective, they are challenging. It is a bit like representing yourself in court - as the saying goes "A man who is his own lawyer has a fool for a client".

Surrogacy is a complicated process that involves many aspects beyond the IVF treatment and the birth of the baby. How will the surrogate get paid for her time, what will she get paid for, what happens if both parties don't agree on certain aspects of the agreement and who will represent each party when these inevitable conflicts arise.

Regardless of how savvy you may be, in my experience an independent arrangement will cost more in the long run - in time, in legal issues, and in heartache. You are much better off working with professionals who do this for a living. Agency professionals take time to educate potential surrogacy candidates on the process and thoroughly screen them for psychosocial issues (such as past history of domestic issues, psychological readiness for surrogacy, financial stability, etc.).

There are two ways of finding a surrogate: the 'Old School'Agency Model or Consumer Choice Model.

'Old School' Surrogacy Agency Model:

With what we call an "Old School Surrogacy" model agency, the Intended Parent signs up to work with a specific agency based on its reputation. You pay one-third to half of the agency fee *before* the agency will even start to show you any surrogate profiles. In essence, you are signing up to be their client, for them to find you a surrogate, and manage all aspects of the cycle. While there are some benefits to the traditional model such as getting to know the team that will be working with you long term during the surrogacy process, there are also many pitfalls to this type of arrangement.

For instance the surrogacy agency may not have any surrogates to present to you at the time when you sign up. There is usually have a long list of intended parents who are waiting to be matched, so matches occur based on who is "next in line" for a potential match. If the surrogate turns down that first Intended Parent, then the next couple in line can have a chance to match and on it goes. In working with our clients who are using a traditional agency model, we found that average wait time for a surrogacy match can be 4 to 8 months.

Furthermore, since you are now a captive audience having paid $6,000-$14,000 dollars, you may find that you don't feel that you have that much say in who you choose for your surrogate.

In my experience, having worked within this 'old school' model, I find it to be a very lopsided method for finding a surrogate. A surrogate might not meet ASRM guidelines but agencies will often try to convince you they can find a doctor who will work with the surrogate. Having waited months to be presented a surrogate, you may also find a certain pressure to choose the surrogate since you will be eager to move on to your IVF cycle and subsequent pregnancy.

The Consumer/Client Choice Model:

Donor Concierge prefers a focus on 'client choice' during the selection process. Surrogacy is an expensive and intense process. The relationship you have with your surrogate is intimate and complex, as well as a major financial commitment. Once your surrogate is pregnant, you will be interacting with her and entrusting her with the most precious aspect of your life for the next 9 months. We feel it's important to work with the right person, and have a choice as to who you work with to create a mutually beneficial relationship.

In a consumer driven model, you choose not to sign on to the agency until you know that they have a candidate that YOU are interested in working with. You may preview several candidate profiles at a time and (if the agency permits), interview your candidate by phone or Skype prior to committing to the candidate and the agency itself.

At Donor Concierge, we cast our net wide, contacting all the agencies that we have vetted and approved, reviewing all of their available surrogate profiles. We ONLY work with agencies that will allow us to review surrogate profiles prior to sharing them with our clients. The benefit to our clients is that they will see a wider array of candidates, wider array of agencies, and have the opportunity to make an informed choice about both factors.

When working with our clients on a surrogacy search, we review the profiles prior to sharing with our client to make sure that there is a potential for match and that the candidate possesses optimal health factors for surrogacy. The surrogate candidate must meet ASRM guidelines, be healthy, and come as close as possible to your desired criteria. Using this method means you are going to see all the potential candidates who are currently available, who are prescreened and meet your RE's approval, saving you time and money.

There are many benefits to this model - having choice, working within your own timetable for cycle, being able to compare and contrast surrogacy fees, agency fees, and even location the surrogate resides. Once you have narrowed down your potential candidate, most agencies we work with allow our clients to have a phone or Skype conversation with the candidate to make sure there is a base level chemistry and mutual trust. At that point, you then retain the candidate according to the agency's specific policies and fees.

Remember, for both approaches to finding a surrogate, once agency fees are paid any issues with the surrogacy arrangement are handled by the agency. For example, if the surrogate fails her medical evaluation with your IVF clinic, the agency will now have the primary responsibility for re-matching you within their cache of available surrogate candidates. In some cases, if there is no available surrogate for you to choose or if none of their candidates fit your criteria, then the agency may refund some of the fees paid to them (usually minus their administrative fees for work provided). Each agency is different and it is best to learn what their policies are prior to signing any agreements.

What Does An Agency Provide?

In deciding on using an agency, many clients ask what the role of the agency is in the surrogacy process. A good agency will provide the following services to Intended Parents:

- Vetting all surrogate candidates including background checks, setting up psychological evaluations, talking with intimate partners to make sure they are on board for the surrogacy

arrangement, and verifying health insurance for surrogacy.

- Facilitating match meeting between you and the surrogate candidate
- Arranging and managing all appointments for the surrogate with your IVF clinic's third party coordinator
- Managing the Escrow account and payments to the surrogate
- Providing resource guidance to you for aspects of the surrogacy including legal resources and financial advice
- Providing psychological and emotional support to the surrogate throughout the process
- Acting as the liaison between you and the surrogate including mediating any conflicts that may arise over the course of the pregnancy
- Assisting you in developing your birth plan for the hospital
- Providing follow up after the birth for any issues your surrogate may face in surrendering the baby

Choosing Your Surrogate

We in the third party fertility industry often say that your surrogate chooses you as much as you choose her. Surrogacy is an intimate and emotional journey that you have begun and having a good relationship with your surrogate is essential.

There are two types of surrogates - traditional and gestational.

Traditional Surrogate: This surrogate carries the child and contributes her own eggs.

Gestational Surrogate: Also known as a Gestational Carrier, is just that - a woman who lends her body to the process of pregnancy but who has no genetic link to the child for whom she is carrying.

It is generally not recommended to use a traditional surrogate since this means that she would also be genetically linked to your child. If you have a close female friend with whom you would like to co-parent, this might be an option, and would certainly reduce your cost. But should you choose this type of arrangement it is imperative that everyone is on the same page and that a fertility attorney draws up all agreements. We will talk about legal aspects of surrogacy in more detail later.

The most popular type of surrogate is a gestational carrier. In this case, the surrogate is not genetically related to the child she is carrying. Gestational surrogates are more common and recommended because it reduces the difficulty for a woman to separate emotionally from the baby. If you or your partner want to be the sole parents of the child, working with a gestational carrier presents fewer legal and psychological conflicts.

To meet the most basic requirement of being a surrogate, a woman should have had at least one child. It is never a good choice to have a woman who has never given birth to be a surrogate. The rare exception might be if you and a lesbian couple decide to co-parent and, as mentioned above, those relationships are clearly defined in writing and with contracts and expectations drawn up by an attorney with years of experience in family formation law.

Even in our modern world, pregnancy and delivery can be dangerous and risky to a woman's health. A woman who has never give birth is an unknown factor in the equation. There is no way to know if she might encounter complications during the pregnancy or delivery such as a ruptured uterus, which could leave her unable to have

children of her own in the future. She may also suffer from emotional trauma after the birth when separated from the baby she just birthed.

Surrogacy is all about delivering joy and helping others. That is why I recommend choosing a surrogate who has children still living at home with her. One of the reasons many women choose to become a surrogate is to help someone else experience the joy of being a parent. Once they have given birth, it is ideal if she can go home and snuggle with her own children rather than go home to an empty nest.

It is not recommended to work with a woman who has relinquished a child in an adoption or who has had her children removed from her care. Giving birth and returning home without a child could be emotionally painful for the surrogate.

Surrogacy should be a win/win experience for both you and your surrogate. Don't make the mistake of thinking that it is all about the money for the surrogate. The compensation is welcome but it is not the greatest motivating factor for the surrogate. The joy of giving birth to your child will enrich your life and hers for years to come.

There are a number of important factors to consider when choosing a gestational carrier. Our orientation to surrogacy provides a more complex overview.

The following list of criteria we use is based on what RE's recommend along with our years of experience bringing surrogates and intended parents together. Our aim is always to ensure a relationship that will be the optimum environment for your baby. There are always exceptions depending on the individual surrogate and your RE's recommendation.

Your surrogate should be/have:

- Of a responsible age—usually between 23 and 39—though if she has given birth within the last couple of years she could be in her early 40s
- In a stable relationship with a strong support system. She may be married or not. She should have friends and family who are willing and able to step in and help her when needed throughout the process
- A BMI within a healthy range. Many surrogates have a little above the average BMI, which is okay. If her BMI is too high it could be hard on her health and she might encounter difficulties conceiving and carrying

your baby to term. Ideally her BMI should not exceed 31 and lower is preferable

- Willing to carry for a single gay or straight man or gay couple
- Live in a state/county (where she will give birth) that will recognize you or you and your husband/partner as the legal parents of the child and where it is feasible and uncomplicated to establish your legal parentage.
- Given birth to fewer than 5 children. A woman's uterus that is stretched by repeated pregnancies can become weakened causing it to rupture, which can be fatal to both your surrogate and your child. We all know women who have given birth to more than five children but you are looking to create an optimum situation and to avoid complications
- Had no more than two cesarean sections (C-sections). When a woman has C-section scar tissue forms on her uterus. Repeated C-sections can cause the uterus to weaken around the scar tissue which runs the risk of a ruptured uterus
- A non-smoker living in a smoke free environment. While most woman know not to smoke while pregnant, second hand smoke can also be dangerous to your unborn child
- No history of drug or alcohol abuse
- Had easy pregnancies and deliveries without complications
- Emotionally stable. We avoid candidates who list issues of depression or anxiety
- Financially stable. It is unethical to work with a surrogate who is on public assistance of any type. She may be making the choice to be a surrogate under financial duress. She also runs the risk of losing her financial aid due to her temporary compensation as a surrogate
- At least one year since she last gave birth. Being pregnant drains a woman in many ways. Getting pregnant too soon after having given birth can be physically dangerous to the surrogate and means she may not be in optimum condition for carrying your child since her body will not have had a chance to recuperate from her last pregnancy
- Willing to have an amniocentesis or chorionic villus sampling (a test done early on in the pregnancy to check for certain problems to determine prenatally if there are any fetal abnormalities)
- Willing to reduce in the case of greater than twins or terminate if there are fetal abnormalities
- Willing to travel to your RE's clinic
- Transportation to attend appointments
- Ideally has insurance that does not exclude surrogacy since this will save you some money, although there are many affordable surrogacy policies that are available to families and this should not be a negating factor if you find an ideal surrogate

Beyond the factors listed above your surrogate and her husband, if she is married, will need to undergo a psychological evaluation by a mental health professional, consisting of both an interview and either an MMPI (Minnesota Multiphasic Personality Inventory) or a PAI (Personality Assessment Inventory); both are personality assessments used to determine emotional stability.

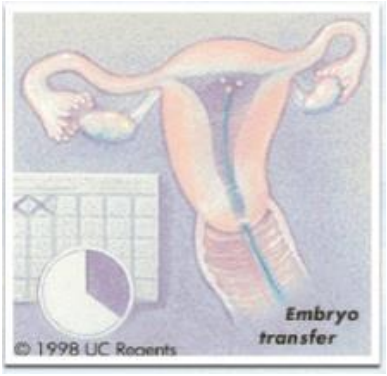
There will also be a background check completed on both the surrogate and her partner to make sure that they have no criminal history and a financial background check to make sure that they are financially stable. Most of the better agencies will also conduct home visits to make sure that the surrogate's home environment is clean, in a safe area, and that the family seems cohesive.

Your surrogate will also need to be approved by your RE. One of the first steps for your surrogate will be for her to have a hysteroscopy (HCG) so that your RE can view your surrogate's uterus. A scope is inserted into her uterus to see the shape and size of her uterine cavity. She will need to undergo an initial examination with blood draws, STD screening, a mock cycle to see how she responds to the hormones, and a biopsy of her endometrial lining prior to being approved. Each RE has their own protocol so requirements may vary, so you will need to check with your specific RE to find out what they will recommend as far as testing is concerned

Once your RE has approved the surrogate, contracts can be completed. Your clinic will send a letter of approval to your attorney stating that your surrogate has been approved to proceed with an embryo transfer.

Chapter 9 goes into more detail regarding the legal aspects of surrogacy. Briefly, having an attorney who is experienced in family planning law is essential. Many agencies have an attorney that they may recommend, though you may want to choose your own attorney to review the surrogacy contracts with you. You will also pay the fee for a separate attorney to review the contract with your surrogate and her husband (if she is married). Your attorney may also hold the funds to cover your surrogate journey for you or an independent escrow agency may be used.

Chapter 5 - The Surrogate Procedure



Prior to getting started with the medical cycle, all contracts must be signed and the escrow or trust account must be funded. All funds for your surrogacy journey are held in escrow and paid out to the surrogate in pre-determined amounts that have been stipulated in the contract with your surrogate. She usually receives a monthly allowance while she is preparing for the embryo transfer, then a higher amount each month of the pregnancy with a balloon payment at the time of the birth to make up the balance of her base fee compensation. For a more detailed outline of the costs of surrogacy please see the Addendum B at the end of our ebook.

In order for your surrogate to carry a child that is not genetically related to her, your RE will prescribe injectable hormones, which the surrogate will administer to herself to prevent her body from rejecting the pregnancy. Part of the evaluation may require that your surrogate go through a mock cycle. She will start taking prenatal vitamins and estrogen to thicken the lining of her uterus just as she will during the actual cycle. In the mock cycle, a small piece of the uterine lining is removed, called an endometrial biopsy, and sent to the lab to determine if her uterine lining is thick enough for an embryo to adhere.

While this is going on, legal contracts are being finalized. Your attorney will be drawing up the contract between you, your partner/husband and your gestational carrier. Once your attorney has drawn up the contract it will be sent to the surrogate's attorney for review. If all parties agree to the terms, your attorney will issue a letter stating that all parties have signed the contract. Once your RE has been given the legal go-ahead and your surrogate has been approved she will then start to be prepped for the embryo transfer.

Both the surrogate and egg donor will be given Lupron injections in order to synchronize their cycles. Your surrogate will gradually lower the amount of Lupron she is taking as she starts to take estrogen injections. In most cases she will stop taking Lupron the day before the egg retrieval. On the day of the egg retrieval your surrogate will start taking Progesterone injections to prepare the lining of the womb, which she will continue to take until the 12th week of the pregnancy.

The embryo transfer is a relatively simple and painless process. Your surrogate may be given a mild sedative to help her to relax during the process. At the time of the transfer the surrogate and her husband or someone she feels close to will usually accompany her

to the transfer to hold her hand and to drive her home after the transfer. You and your partner/husband will want to be there if at all possible to support your surrogate but also because this is a monumental step in building your family. The case manager or agency owner will also usually be on hand for this embryo transfer.

With the aid of ultrasound, the embryos are drawn up into a thin catheter that is then placed inside the surrogate's uterus. The embryos are gently released into your surrogate's uterus and she is instructed to lie and relax with her hips slightly elevated for about 20-40 minutes. She can then return home and to her normal activities unless otherwise instructed by your RE.

The first pregnancy test will usually be 10-12 days after the egg retrieval from your chosen egg donor. At that time, the surrogate will have a blood check to determine her hormone levels. If she is pregnant these levels should be elevated. This is not the final test - she will not be considered to be truly pregnant until a heartbeat is detected, which usually occurs around week five or six.

She will continue to see the fertility specialist until the end of the first trimester when she can stop taking the hormones. At this point she can begin seeing her regular OB/GYN closer to her home. The surrogate's OB/GYN must be board certified and have privileges to practice at a hospital that has at least a level 2 Neonatal Unit.

Chapter 6 - Finding and Choosing Your Egg Donor

You may find that you are choosing your egg donor and a surrogate at the same time. We find that some people are pickier about the donor they choose because the donor's genetics will be part of their family. Though there are many options to choose from when it comes to egg donors and dozens of agencies that specialize in providing egg donors, you are still limited to the women who are willing to donate. In some cases you may choose an egg donor who is associated with your IVF clinic. We take a more extensive look at egg donation in our Orientation to Egg Donation for Men.

If your clinic doesn't offer an egg donor program or you can't find a donor that you like through your clinic there are many agencies (80+) across the country that offer egg donors or egg donors and surrogates. We will talk in more depth about these later but if you need both an egg donor and a surrogate it is likely they will be from different agencies. Even if both are within the same clinic or agency, you may still be dealing with different case managers. The staff within agencies will specialize in one or the other but not in both egg donation and surrogacy.

There are many lovely bright young women who have chosen to become egg donors. I recommend that you choose someone who looks like they will fit into your family or your partner's family. This may vary depending on which of you will be the biological father. I recommend trying to find a donor that is physically a good general match in complexion and hair color, rather than finding someone who is an exact replica of you or your partner. The donor's personal physical and mental health is most important as well as a good family health history, avoiding obvious hereditary issues. Many intended parents are particularly concerned with the egg donor's verifiable intelligence – our feeling is that as long as she is reasonably intelligent you should be in good shape, as you and/or your partner's genetics will also play a significant role in the intelligence of your future child. And after all, nurturance and the environment in which your child is raised have the greatest bearing on your child's intellectual development. I've written extensively about this issue in The Myth of The Ivy League Donor and Egg Donor: Spoiler Alert Nurture Wins.

Keep in mind that no one, egg donors included, has a perfect family health history. But it is advisable to avoid what I call 'red flag' issues.

Some things to avoid with the donor and immediate family:

- Most cancers under the age of 40. Although, environmental cancers (like lung cancer in a smoker or a minor skin cancer) are not a hereditary concern and cancers in grandparents (particularly occurring late in life) are not likely to be hereditary but tend to occur in the general population as people age
- Mental health issues including depression and anxiety are generally avoided by most intended parents since they often are hereditary. Though both occur commonly in the general population, most intended parents like to avoid them when choosing an egg donor
- Type one diabetes, also known as juvenile diabetes
- Autism and autism spectrum disorders such as Asperger's, since there are many questions as to the causes
- Eating disorders are often a sign of emotional and psychological instability
- Alcohol or drug addiction

Which is better, a first time egg donor or a repeat egg donor?

Most (if not all) REs will recommend that you chose a repeat egg donor and for many good reasons. With a repeat donor, the RE may have access to records on how the donor responds to stimulation drugs and information on her own psychological preparedness for donating. Still, that does not mean you shouldn't consider a first time egg donor.

It is not always possible to find a repeat egg donor who is available and/or that you find is a good match for you. All egg donors have to have a first time, and often, first-time donors are particularly conscientious about following directions. Much like when making a recipe for the very first time, we are more careful about doing things just right. Repeat donors, having done several cycles under different REs, sometime see themselves as the experts and may not be as conscientious as they were the first time they donated. In fact, I've had a number of fertility nurses comment to me that they will take a first time donor over a repeat donor every time. That said; if you are between two donors who you like equally and one is a first time donor and the other is a repeat, go with the repeat donor. The bottom line for your RE is to have you cycle with an egg donor who is most likely to produce healthy viable eggs.

"My RE wants me to work with a local egg donor - what do you think?"

In a perfect world you would be able to find a donor who is within easy driving distance to your fertility clinic but we don't live in a perfect world. Egg donors can and do travel to clinics all of the time. If you can find a local donor who you can relate to and feel comfortable working with by all means choose a local egg donor. If not please read "What is a Travel Cycle and How Does It Work?" Your clinic's highest priority is helping you to create the family you desire and should support you and the donor you choose provided she passes the required screening as a suitable egg donor.

Before your egg donor can be approved she will have a psychological evaluation with a mental health professional. This is important to ensure that she understands what the egg donation commitment entails and that she has no reservations about being a donor. The psychologist can often ask questions that will tease out more information than is included in the donor's profile. The donor will also be required to take either the MMPI or the PAI. Both are personality assessments used to check for emotional stability.

The Psychologist can also be very helpful for you as the intended parent(s). Becoming a parent is a life changing decision. Many intended parents find it helpful to schedule a few sessions with a fertility counselor to help them think through how they feel as they move toward parenthood. I suggest this not to see if you are ready to be a parent, but to have a sounding board to discuss your fears and/or so you feel supported as you move towards your goal of becoming a dad.

Your RE will also need to medically screen your egg donor. If the egg donor is a repeat egg donor, ideally her medical records will include her cycle results. Hopefully her cycle results can be sent to your RE. This is very helpful information, but unfortunately not always available, as these results are considered to be the private property of the intended parents of her previous cycle. It may depend on where the donor cycled and if the intended parents have consented to share cycle results with the agency representing the egg donor. Your egg donor will also be asked all of the standard FDA questions to determine eligibility. She will also be tested for communicable diseases and her fertility will be determined by testing her FSH (follicle-stimulating hormone), AMH anti-mullerian hormone and her antral follicle count.

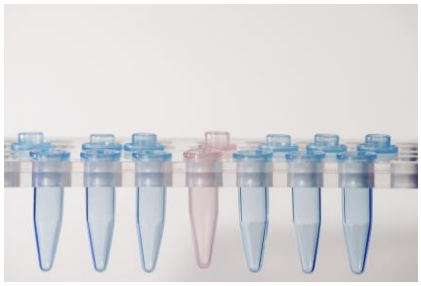
Chapter 7 - Genetic Counseling For You and Your Egg Donor

The purpose of consulting with a genetic counselor is to explore possible genetic risks that could occur in your child when blending your genetic background with that of your egg donor. Keep in mind that everyone has positive and negative aspects to their genetic make up. A risk assessment can help you avoid particularly serious issues.

Your genetic counselor will start by establishing a shared vision of what you hope to achieve and setting a plan for how to achieve that goal. The genetic counselor will also want to interview the individual(s) who will be the genetic parent(s). That may be you or you and your partner (if you will both plan to be genetic parents) and the egg donor. The interview will allow the counselor to draw up a risk assessment for possible genetic issues that could arise and to inform you of the likelihood of these issues occurring in your offspring when genetically linked with a particular egg donor.

Once the risk assessment is complete you will know if further testing is recommended to determine if either you or the egg donor may be carriers for specific genetic markers that may be in your family histories. For more information please see, Choosing an Egg Donor: How Important is a Genetic Counselor?

Chapter 8 - The Egg Donor Procedure



We encourage all of our clients to feel comfortable with more than one egg donor. It is always best to have a backup plan. There could be many reasons why you may need to work with a different donor - the donor you want may not actually be available or perhaps she doesn't pass your RE's screening. We recommend when searching for an egg donor to focus on 3-5 candidates that you like and could feel comfortable adding their genetic story to your own. Some REs may ask you to send your top 2-3 donor profiles for review. As mentioned above, if the agency has the donor's cycle results your RE will want to see this information. If your donor is a first time donor, you may want to ask if the agency is willing to have the donor undergo some preliminary testing to determine her fertility. This would be at an additional cost to you. These tests will include:

FSH- the follicle stimulating hormone (FSH) blood test measures the level of FSH in the blood. FSH is a hormone released by the pituitary gland, located on the underside of the brain. A higher level of FSH is an indication of poor egg quality.

AMH- Anti-Mullerian Hormone (AMH) is thought to reflect a woman's ovarian reserve. A relatively new test, your clinic will determine optimal AMH levels for egg donor candidates.

Antral Follicle Count – an ultrasound test to determine the number of resting follicles that may develop into eggs during the stimulation process.

You will need to sign an agreement stating that you would like to work with the agency that is representing the donor that you have chosen to cycle with. This agreement is to work with the agency, not that specific egg donor. The donor match contract, which you will review with your attorney, will state the requirements for working with that specific egg donor. If, for some reason, the donor you want doesn't pass screening or changes her mind for any reason, the agency will offer you the option to choose another donor from their database. Most agencies do not give you a full refund if you can't cycle with the donor of your choice. Therefore, it is important to remember that you are signing an agreement with the agency to work with them. However, it's also important at this stage that you confirm with the agency that your preferred donor is available and is willing to donate. You might also ask about her schedule and if she has any blackout dates that could hamper your cycle plans.

Once you have signed the agreement with the agency, they will request an initial fee. This can vary from agency to agency, and can be the full agency fee or a percentage of that fee. The agency will arrange for the donor to have her psychological evaluation and her medical screening done. The agency or clinic will then arrange for a psychological evaluation, which will be done by a mental health professional, consisting of both an interview with a psychologist and a psychological assessment.

Once she has been psychologically and medically cleared, the egg donor contracts can be signed. Most egg donor contracts are fairly straightforward but you should review the contract with an attorney who specializes in reproductive law, also known as family formation law. Your donor will also need to have the contract reviewed with an attorney. This cannot be the same attorney as yours although you will be responsible for paying the fee for the legal review.

You've signed the agreements, the donor has been medically and psychologically cleared –now what? There are a few more steps to the egg donor process.

First, your donor's menstrual cycle needs to be synchronized with that of your surrogate. This is usually done via hormones including birth control pills and Lupron injections. The process allows your RE to take control of both women's cycles and suppress the egg donor's ovaries, while also preparing the surrogate's uterus to receive the embryo.

Next, the RE will stimulate the egg donor's ovaries so that, rather than having one egg mature which would normally occur, she will be taking injections of follicle stimulating hormones (FSH) to prompt her ovaries to allow multiple eggs to mature to be ready to be retrieved and fertilized. Your donor will take injections and report for monitoring appointments for 10 – 12 days.

Every woman responds differently to these hormones. Some women stimulate more quickly than others and may need either a low dose of FSH or require a shorter time before she is ready for the egg retrieval. Young women under the age of 30 usually need far less FSH than a woman over the age of 30.

Each time the egg donor goes to your clinic to be monitored they will do a vaginal exam with an ultrasound wand to check the growth of the antral-follicles on her ovaries and a blood draw to check her estrogen levels. When your RE determines she is at the optimum point in the stimulation phase, she will be instructed to take one last injection of a hormone called HCG (human chorionic gonadotropin). This last injection is administered intramuscularly, 36 hours prior to retrieval. HCG signals the eggs to mature so that they may be retrieved.

Your donor may not live in proximity to your clinic and will need to travel to your clinic for the retrieval. It's fairly common and I've written extensively about a travel cycle in this blog, but essentially, the egg donor may be monitored by a clinic located near her and will come to your clinic for the egg retrieval.

The day of the egg retrieval your donor will be admitted at least one hour prior to the scheduled retrieval time to be prepped for the procedure. She will be administered a sedation which will put her into a twilight sleep to prevent her from feeling any discomfort during the procedure. The RE will extract the eggs vaginally with an ultrasound-guided needle. The needle will make a small piercing in each ovary to extract the eggs from within the follicles around the outside of the ovary where they are stored in fluid. The eggs and fluid travel into the needle and down the tube that is attached into vial. The eggs and fluid are then placed in a Petri dish.

Your egg donor will rest for 45 – 90 minutes after the retrieval. She will need to be driven home after the procedure and have someone stay with her for the next 24-48 hours as she recovers. She may have some cramping and abdominal tenderness after the procedure. If she is going to have any adverse effects from the retrieval, they are likely to show up during this recovery time. The most common side affect is hyper-stimulation, which can range from mild to severe. Severe hyper-stimulation may require hospitalization and in rare cases, could be life threatening. In most cases the donor will just need to drink lots of fluids and take it easy for a few days. If she has travelled by plane, your clinic will have guidelines as to when it is safe for her to fly back home. Within 5-7 days she will have a heavy period as her body sloughs off the excess fluid and tissue from the cycle. After this occurs, she should be back to normal.

Your sperm will be introduced into the dish within a few hours and either natural fertilization will occur or your RE may suggest ICSI (where sperm is injected directly into the eggs) to ensure that fertilization takes place.

The embryos are allowed to grow and develop for five days. On day five, one or two embryos (now called blastocysts) will be graded for quality and transferred into your gestational carrier's uterus.

Your RE will usually make sure that your surrogate is about a week ahead of your egg donor and will be in a bit of a holding pattern (up to two weeks) awaiting the embryo transfer. This can be a stressful time, but one of great hope – you're on your way to having a family!

Chapter 9 - The Fertility Attorney

Family formation for same sex couples or single males requires careful consideration of the legal issues involved to clearly establish parental rights. If you choose to form your family through the help of a relative or a friend who is willing to be either the egg donor, surrogate or both, you will want to make sure that roles are clearly defined prior to conception and put down in a written agreement. A seasoned family formation attorney is essential. You will want to make sure that your surrogate resides in a state and county that will recognize you as the legal parent.

A few questions to ask your family formation attorney:

- How many gay couples or single men have they worked with?
- How many surrogacy contracts have they written or reviewed?
- How familiar are they with the surrogacy laws in the state where your surrogate resides?
- What do you need to know about insurance for the surrogate?
- Are there any legal steps that you or your partner needs to take once the baby is born?
- Will your name appear on the birth certificate?
- Will you be recognized as the legal parent of my child if I travel outside of my state of residence?
- Will you be recognized as the legal parent if you travel outside of the U.S.?
- How do you obtain a U.S. passport for my baby if you are not a U.S. citizen?
- How familiar is the attorney with the laws in your country (if you are an international intended parent)?

Your attorney will help you to review all of the aspects that should be discussed prior to starting the medical procedures. You should also be aware that the surrogate has the last word with regard to any procedure that involves her body. It is important to think through how to handle a variety of options and possible scenarios:

- How many embryos will be transferred?
- In the case of a medical emergency if the life of the surrogate is at risk, what will happen to the fetus?
- Will you want the surrogate to have amniocentesis or chorionic villus sampling?
- If a birth defect is detected, will you want the surrogate to terminate?
- As the parent(s) you must agree to accept responsibility for a child born with birth defects

- As the parent(s) you are responsible for the cost of a term life insurance policy of at least $250,000 for the surrogate
- An estate plan and/or guardianship should be in place should something happen to either you or your partner to provide for the infant in the event of your death or incapacity

Notes on Legal Issues:

I can't emphasize enough the importance of working with an attorney who is intimately familiar with surrogacy law. When it comes to the laws regarding surrogacy, it is an ever-changing landscape. There is a chart of states that details which states are more legally open to men having babies via egg donation and surrogacy. Rich Vaughn, of The International Fertility Law Group, advised us on this portion of our e-book. While we can't give definitive answers—for example why one state is okay for one gay couple from one country but may not work for another gay couple from a different country—but we can give you some guidance. We call on Rich on a case-by-case basis depending on the state and intended parents we are currently working with.

The two main responsibilities of your attorney are to draw up the contract between you and your surrogate and to file the documents to determine parentage of your child. Essential to this is to think through and plan ahead for anything and everything that could go wrong. It is always best to think through what you will do in a worst-case scenario before your surrogate becomes pregnant with your child.

California law supports same sex couples and singles having babies via egg donation and surrogacy. According to Deborah Wald of The Wald Law Group, "As long as everything is done correctly, all parties – intended parents (including the non-biological parent) and surrogates – will be well-protected" and you should have no trouble being recognized as the legal parent(s). This is definitely true when the child is both conceived and born in the State of California. In California, you may file a petition to establish parental rights and obtain a pre-birth order (usually in the second trimester) that will allow your name(s) to appear on the birth certificate at the time of your child's birth.

If a child is conceived in California, California law determines parentage; i.e., California courts have jurisdiction to determine the legal parentage of any child conceived in California, whether conceived through sex or through assisted reproduction. If your child is conceived in California but born in another state, the birth certificate will be from the other state, and you should plan on obtaining a court order of parental rights from that state.

But, California can also determine the legal parents of record if the conception occurs in California, and some states will honor a parentage order from California (and some do

not) and will fill out the birth certificate according to the California court order. If your chosen surrogate resides outside of California, it is important to seek counsel from a family formation attorney within the surrogate's state of residence before signing a written agreement. This will insure that your surrogate's home state will support your parental rights application, or honor a California order of parentage as noted above. Not all states are willing to follow a court order of parentage from another state in terms of how they will fill out your child's birth certificate.

There are other states with supportive laws for single men and gay couples but each state and even each county within each state may have different rules and procedures in regards to establishing your parental rights. Before you decide to become parents, it is imperative that you learn the laws of the state where your child will be conceived and born.

Pre-birth order versus post birth order:
A few states offer what is referred to as a pre-birth order. The process of obtaining a pre-birth order generally involves filing a petition, during the pregnancy, to establish that at the moment of birth, the surrogate is not a legal parent and that you are the legal parent(s), and establishing how the birth certificate should be filled out. This process is usually initiated after 20 weeks of pregnancy. It is important to note that although the pre-birth court order is signed before birth, it is not effective until the birth actually takes place.

Other states have a "post-birth" process for establishing your parental rights, where the parentage petition cannot be filed with the court until the birth has occurred. Your attorney will have laid the foundation for this prior to your child's birth, including coordinating with the birth hospital so that it holds the preparation of any birth certificate paperwork until the court order is obtained. In most cases your surrogate will sign a document after the birth, releasing the child into your custody so you may take your baby home when she/he is released from the hospital.

The best advice is to get legal representation **before** you embark on a surrogacy to make sure all details are covered and that your potential surrogate match will actually work for you and your specific situation. Leave nothing to chance, and never assume anything before you've had all the legal details spelled out.

Chapter 10 - An Overview of Surrogacy Escrow

The funds that will be used to pay your surrogate must be placed in an escrow or trust account prior to the embryo transfer. It is best to establish an account with an independent attorney or an established escrow company with a solid reputation and a long history for holding funds in trust/escrow for third party fertility compensation, rather than an account with your surrogacy agency. The surrogacy agency will notify the escrow/trust agent when payments should be sent to the surrogate as established in your contract with the surrogate. In many cases you can request a monthly statement so that you can keep track of your account.

Your surrogate will most likely be receiving a monthly allowance prior to the embryo transfer to pay for her out of pocket expenditures such as her transportation to and from appointments, vitamins and child care if needed while she attends appointments with your IVF doctor, etc. Once a pregnancy is established her monthly compensation will increase at a pre-established rate each month drawing on her base compensation with the final amount due once your child is born. The escrow account will also make payments to the surrogate for any invasive procedures and a one-time lump sum allowance for purchasing maternity clothes.

The egg donor process is handled by the egg donation agency, which will set out a similar plan for compensating the donor and covering fees involved.

A detailed explanation of costs involved is included in Appendix B.

Chapter 11 - Your Relationship With Your Surrogate

I have found that many intended parents see surrogacy as a business arrangement. For most, working with a surrogate is new and uncharted territory. As the cost of working with one is substantial, it's normal to focus on the financial and 'business' aspects of the relationship. I wrote "Your Relationship with Your Surrogate" to address these issues.

But the business part of the relationship is only the starting point. Although the surrogate is being compensated for her time, discomfort, and the inconvenience to herself and her family, most surrogates don't see their surrogacy journey as a job or a business arrangement but as a gift. In most cases surrogates choose to be surrogates because they have been able to carry pregnancies for their own children easily and without complications. She wants to help you build a family while financially helping her own.

For the surrogate, the bond that she forms is not with the baby she is carrying but with you, the intended parents she is helping. Her joy comes from thinking about how happy you or you and your partner/husband will be when your child is born.

It is important to develop a personal relationship with your surrogate. She is eager to please you and to feel that you are happy with your decision to allow her to be your surrogate. Sometimes this may be difficult, as many intended parents don't quite know what to do or say to this woman, someone who is practically a stranger and yet she is carrying your child. That is one reason it is important to meet your surrogate, even if it is via Skype, prior to going into contract with her. That meeting will help you begin to get to know her. It is important that you are compatible and feel comfortable communicating with her.

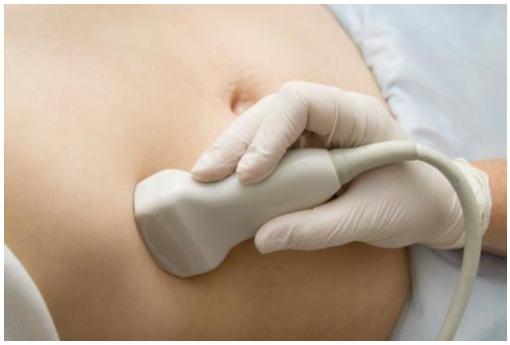
Plan to speak by phone or via Skype weekly to see how she is doing and to help her know that you are supportive of her. Please do not rely only on email and text to communicate. Remember that although she is carrying your child, this is her pregnancy and it affects her and her family as well as you and your family. Many surrogates really enjoy being a surrogate for either a single man or a gay couple because she gets to be the center of attention. The relationship you are forming is built around joy rather than loss.

There is always a fine balance in any relationship and surrogacy is no different. Part of the reason your contract has been set up is to establish expectations upfront. There may be the temptation to micromanage your surrogate's every move or to be totally hands off so that she feels that she is completely on her own. Trust her to use common sense with

regard to health and eating as she has been pregnant before and has given birth to healthy, normal children (a prerequisite for any surrogate that I would recommend). If you feel that you would like her to eat in a certain way, such as only organic food or you want her to go to yoga classes you can outline that in your contract. Remember that you will need to pay for your surrogate to do anything that is outside of the norm for her or her family.

As in every other part of fertility treatment, letting go of control can be hard, but it is necessary to do so in order to maintain your sanity and to keep the relationship with your surrogate positive.

Chapter 12 - What Prenatal Appointments Should We Plan to Attend?



One of the questions most often asked post-transfer by Intended Parents is regarding prenatal appointments. While you may want to attend all of the scheduled appointments with your surrogate, there are definitely a few select appointments that are not to be missed. The information shared and taking part in the pregnancy is an exciting aspect of the prenatal period.

Five Key Appointments:

1) Confirmation hCG Beta or "Beta" lab: After transfer of your embryos to your surrogate, you may feel tempted to find out if you are pregnant. While a traditional "pee on stick" (those tests bought at your local pharmacy) can indicate the presence of pregnancy hormones in your surrogate, they may not be accurate. The hormones taken in preparation for the transfer can mimic pregnancy hormones and give a false positive. Therefore, it is recommended that you wait for the official results from your fertility clinic.

Most fertility clinics will test your surrogate's serum beta hCG approximately 14 days post transfer (this may fluctuate some depending on whether your clinic did a 3 day or a 5 day transfer). The quantitative hCG Beta serum lab is a blood test that measures the level of beta-human chorionic gonadotrophin (the hormone generated from the cell development of the placenta) in your surrogate's blood stream. An hCG Beta value can vary. Your RE will confirm that the lab value you received is in fact within range for what is expected in a positive pregnancy. The test is a simple lab and results are often received within the same day as a sample collection. Once your RE has confirmed your value, you may celebrate, as your surrogate is officially pregnant!

2) First Transvaginal Ultrasound: A Transvaginal Ultrasound, otherwise known as a Transvaginal Sonogram (TVS), is performed anywhere from 4 to 6 weeks post transfer. You will need to check with your particular fertility clinic to see what their recommendation is and when exactly this will be scheduled. The Early Transvaginal Ultrasound is used to detect your baby's yolk sac, gestational sac, and early detection of your baby's heartbeat. The first Transvaginal Ultrasound can be very reassuring and may in fact be the start of transfer of care to a regular Ob/Gyn provider. You are likely to get the first glimpse of your baby and pictures to share with your loved ones. It's too soon to know the sex of the baby just yet – that comes a little later.

3) First OB/Gyn Appointment**:** At anywhere from 10 weeks to 12 weeks, your RE will lovingly (and professionally) hand you off to an Ob/Gyn. Whether you and your surrogate have chosen an Ob/Gyn to work with together or have chosen the doctor she has worked with for the birth of all of her natural children, the first appointment is very important. At this appointment, more information about the expected course of your pregnancy will be shared.

Things that are normally accomplished during the first appointment include:

- First trimester screening; an optional blood test that you may elect to have performed to test for risk factors such as Down's Syndrome and Trisonomy 18.
- Establishment of the due date (if not already determined by your RE)
- Your chance to hear your baby's heartbeat via a fetal monitor known as doptones and a potential second Transvaginal Ultrasound should your doctor recommend it (although this is not standard course for most non-IVF pregnancies).
- A chance for you to get know your baby's doctor and his/her team; and to sign important HIPAA (Health Information Portability and Accountability Act) consents so as to expedite communication and sharing of information. This is extremely important as with most hospitals and clinics, the surrogate's health information (including that which pertains to your pregnancy) remains under privacy and protection laws. The clinic will not be able to share information with you over the phone or even in person if they don't have these specific forms completed. Most clinics, once your surrogate has signed her HIPAA consents authorizing you to receive health information regarding the pregnancy, will set up a password with you by which you can identify yourself over the phone and receive important information such as lab results, scheduled procedures, and other important information related to the pregnancy.

4) 20 Week Ultrasound: At around 20 weeks, your Ob/Gyn will schedule what is known as the 20-week ultrasound or full anatomy scan. DO GO! Your baby will be looked at from head to toe including looking at their heart, brain, internal organs and bones. The 20-week ultrasound is the one that establishes the sex of your baby (if you want to know).

This scan is looking for any potential growth issues or placenta issues in advance. Don't fret too much though; there are many early issues that resolve as the pregnancy continues. If your Doctor does detect anything of concern, he/she will likely schedule further ultrasounds and consults with other professionals as needed. Being at this appointment with your surrogate is helpful as you will be able to learn and know what is coming down the road.

5) 36 Week Check Up: In the 36th week, your physician will now increase clinic visits to weekly (from monthly in the first trimester and bimonthly in the last few weeks). Why the extra appointments? Well, from 36 weeks on, your surrogate is preparing for delivery.

Your physician is likely to perform a Group B Strep test which checks for a common bacterium that is found in the vagina and requires treatment prior to birth. Also the doctor will check the cervical lining and discuss what to expect or plan for on the day of delivery. Additional ultrasounds may be ordered to check on positioning of the baby, recheck the placenta, and any other needs that will help guide your physician for when your baby makes his or her arrival.

If you haven't done so already, this is also a good time to make sure that the Birthing Center of your choice has a copy of the birth plan. The birth plan is a document you will create with your surrogate (usually drafted by your surrogacy agency) that helps guide the hospital staff on the day of delivery. Birth plans usually cover things like who will hold the baby first, who will cut the umbilical cord, does the surrogate desire to hold the baby, and any other details and specific guidelines that help minimize confusion in the delivery room. You may also want to ask your Birthing Center if there are any special accommodations they are able to make for surrogate families. For instance, will they be able to give you a separate room (from your surrogate) after delivery for you to welcome and care for your baby? While this isn't always the case, some hospitals are able to provide separate rooms so that your surrogate can recover while you have time to bond and get to know about your baby.

Appendix A: Surrogacy and Egg Donation Facts and Terminology

Agency agreement – This is the agreement between you and the surrogacy agency. When you sign the agency agreement will depend on the agency's policy. Most will want you to sign and submit it with your parent profile prior to introducing you to the surrogate you are hoping to work with.

You will be expected to make a partial payment of the surrogacy fees before they will allow the surrogate to make her first appointment with your RE for her medical approval.

Contract review – Once your attorney has finalized the contract between you and your surrogate, the surrogate's attorney will review the contract to make sure she understands and agrees to the terms. A separate attorney who is representing the surrogate to prevent a conflict of interest must make the surrogate's review. You are responsible for paying her attorney's fee. In most cases, the fee will be less than the fee you have paid for having the contract drawn up. When the contract is approved and signed by both you and your surrogate, your contracts are complete and all funds are due. Funds will be held in Escrow.

Egg analysis and FDA testing – In certain cases a woman may not be able to carry a child but may be able to use her own eggs. If this is the case, the intended mother will need to be tested for infectious diseases before her eggs can be transferred to the surrogate.

Egg Donor agency – Your egg donor agency is an important part of this process. They wear many hats and handle a variety of issues so that you don't have to. In addition to finding the egg donor, they act as a liaison between you and your donor. The agency will coordinate getting medical records to your clinic, information to your attorney, handle all travel arrangements for your donor, and manage the donor's expenses so a refund can be issued to you if the amount allotted exceeds the sum required by the donor for travel, car rental, meals etc..

Egg Donor Health Insurance – This insurance is required prior to any egg retrieval to cover any side effects that might arise from the stimulation and egg retrieval.

Egg Retrieval – Your RE uses an ultrasound-guided needle introduced vaginally that is gently inserted into each ovary and the eggs are retrieved from the follicles within the ovaries.

Escrow account – A financial account that the intended parent establishes to disperse funds that will be used to pay surrogacy expenses. The surrogacy agency will tell the escrow agency how much is to be distributed according to the contract that you will be drawing up with your fertility attorney.

Fertility attorney – An attorney with experience in third-party fertility contracts and parental establishment procedures, this is a specialized area of law.

First-time surrogate – Is a woman who has not carried a child for someone else but has had a child of her own. In my experience, these are women who love being pregnant and have been thinking about serving as a surrogate for a long time prior to contacting an agency. She will undergo a psychological evaluation and medical screening and testing before she is allowed to become a surrogate. A first-time surrogate is often eager to please and follows directions to the letter, having been given the honor and privilege of carrying your child for you.

Funding the escrow account – Once all of the contracts are complete, the escrow account must be funded before your surrogate will be allowed to start the medical process of the pregnancy.

Health insurance – Surrogates must be covered by both health and life insurance. The health insurance is to cover the pregnancy and delivery. Once the child is born, the child will be covered under the intended parents' insurance if the Intended Parent is a U.S. citizen and a pre-birth order has been established. This means that your names are listed on the birth certificate upon the birth of the child (More about pre-birth order vs. post-birth order later). If, however, you are not a U.S. citizen, you will need to purchase newborn health insurance to cover your child's health care cost after his or her birth until you can return to your home country.

If you are a citizen and your child is born in a post-birth order state, your child will be covered under your insurance. Under no circumstances will the child be covered under the surrogate's insurance. Insurance must be purchased prior to the completion of the surrogacy contract so that the surrogacy contract specifies how insurance issues will be handled.

hCG – Human Chorionic Gonadotripin – this is a hormone that pregnant woman carry and that is used to help the eggs to become mature so that they can be retrieved 36 hours after this intramuscular injection.

IP – Intended Parent(s). This is the person or persons who are in need of a surrogate in order to form their family.

Known Donor – If a close friend or relative donates eggs to the intended parents. Anyone who does not fall into this category is considered either anonymous or semi-anonymous if they have had the opportunity to meet and exchange first names and minimal information.

Legal clearance – This is a document your fertility clinic will request prior to the start of medical treatment of your surrogate and/or your donor. Once all involved parties have signed the contracts, the attorneys involved will issue this directly to your clinic.

Legal issues – Reproductive law is specialized and complex, particularly with regard to surrogacy arrangements. All details must be thought through and itemized in the contract between you and the surrogate prior to the start of medical treatment.

Location matters – Not only does the location matter because of the type of relationship you may desire to have with the surrogate, it matters for legal issues as well. Every state has its own laws regarding surrogacy and some are quite complex. Even within some states, the laws can vary from county to county. As I search for surrogate candidates, I check with my legal advisor to make sure that the state that a surrogate candidate resides in (and will probably deliver in) has laws that are supportive of surrogacy arrangements.

Life insurance – It is important that the surrogate be covered by life insurance should anything tragic happen to her during her surrogate pregnancy. This will need to be established and included as part of the contract with your surrogate.

Mock cycle – Many REs require surrogate candidates to complete a mock cycle before being medically cleared as a surrogate. This usually takes just a few weeks. The surrogate will take hormones as though she was getting ready for an embryo transfer. The RE will take a tiny biopsy of the surrogate's uterine lining see how her lining is developing to ensure her lining can sustain a pregnancy.

Parent profile – Each surrogacy agency has a parent profile. Once you have decided on a surrogate with whom you would like to be matched, you will fill out the agency's profile. The profile will help the surrogate get to know you and to make sure that you are compatible. Often the agency will want a picture of you to share with the potential surrogate candidate. Being matched with a surrogate is a mutual decision; she must choose you as well as you choosing her

Post-birth order – In a post-birth order state (like Texas or Minnesota) the surrogate's name appears on the birth certificate as the birth mother even if she is not genetically related to the child. She is automatically considered the mother because she is the one who gave birth. Therefore, a few days after the birth of your child, your attorney will file an adoption order establishing you as the parents of your child. At that time, a new birth certificate is issued with your name as the parent or parents.

Pre-birth order – In a pre-birth order state (like California or Arkansas) your attorney files

with the court prior to the birth of your child to ensure that your name, not the surrogate's name, will appear on the birth certificate establishing parentage.

Pregnancy – The surrogate will remain under your RE's care for the first trimester of the pregnancy (12 weeks) while she continues to take hormone injections to keep her body from rejecting the pregnancy. At the end of the first trimester she will start seeing her OB/GYN each month and the pregnancy should proceed in the same manner as any other pregnancy achieved through traditional means. If you can attend medical appointments with your surrogate it is a nice time to be able to hear your child's heartbeat, see ultrasounds, and support the surrogate.

Preparing for the transfer – Although it is ideal to achieve a pregnancy on the first transfer, it is not unusual for it to take two or three tries before a pregnancy can be achieved. Your surrogate will be taking hormones to thicken the lining of her uterus and to prevent her body from rejecting the embryo at the time of transfer.

Proven Egg Donor - This should only be used to describe a repeat egg donor who has produced a positive pregnancy via an egg donor IVF cycle. If this term is used always check to make sure that it is being used correctly so that you are not misled by the term. It should only be used to describe a repeat egg donor who has produced a positive pregnancy for the intended parents who were the recipients of her donation.

RE – Reproductive Endocrinologist. This is the physician you see if you are in need of a surrogate to carry your child, whether you are a traditional couple, a single male, single female, or in a same sex relationship.

RE approval of your egg donor – Your egg donor will need to be medically approved by your RE. If your egg donor lives more than a few hours from your clinic this may be done by a clinic closer to the where the egg donor resides. Your RE will mandate what test need to be performed and all results will be sent to your RE for approval.

Tests may include:

- Ovarian Reserve Test - this is the trifecta of tests that are done to predict ovarian reserve. It is not wise to go on any one test alone as a predictor and even using all three will not guarantee a positive outcome but it will give an indication that if all three are in a normal range your chances of success will be higher. Do not try to play RE and try to analyze these indicators on your own but always check with your RE and their lab
    - AMH –Anti-Mullerian Hormone- this test can be done at anytime in a woman's cycle. This is an indicator of ovarian reserve.
    - FSH -Follicle Stimulating Hormone-this test is usually done on day three of a woman's menstrual cycle and is another indicator of ovarian reserve

  - AFC -Antral Follicle Count- This test is done via a transvaginal ultra sound
- FDA screening -The list for FDA screening is quite extensive for infectious diseases. If you want the full list you can click on this link. Your clinic will see to it that your donor is well screened and will present any issues that arise from the screening process.
- Drug screening – Includes tobacco, alcohol, marijuana and other drugs.
- Sexual partner screening – If your egg donor is sexually active her sexual partner must also be screened for infectious diseases

RE approval of your surrogate – After you and your surrogate have had the opportunity to meet and you decide to work together, your surrogate will need to be medically approved by your RE. This will require her to have a physical, lab tests and, in some cases, she may have to do a mock cycle. Once she has completed all of these steps and has been approved to cycle, your RE will send a medical release to your attorney so that contracts can be finalized.

Relationship between surrogate and IP – Most surrogate relationships are interactive relationships. The pleasure that a surrogate gets from carrying a child is about bringing joy to you. She is building a relationship with you, not with the baby she is carrying. That is how she can hand the child over to you at the end of the pregnancy and feel good about what she has been able to do for you. Different surrogates want different levels of contact with the intended parents they help. Think about how involved you want to be with the surrogate. If you want to attend every doctor's appointment, it would be best to find a surrogate near your home. If you would rather be a bit more hands off, then it may not matter if the surrogate lives in another state. Even if she does live in a different city or state, you should still plan to be in regular contact with her via Skype, phone and email.

Repeat Egg Donor – A repeat egg donor is a woman who has donated before. Often they will be listed on the agency site indicating that they have donated before and how many times they have donated. Some agencies will list how many eggs were retrieved and the results of that cycle. While there are many reasons why a pregnancy may not have resulted from a previous donation, the records may give fertilization results. You may have to ask the agency for this information as sometimes this can only be shared with your RE. Also, find out if they have the donor's AMH results.

Repeat surrogate – A repeat surrogate is a woman who has carried a child for someone and has children of her own prior to becoming a surrogate. If she is willing to serve as a surrogate again and has had a positive experience and established that she can follow the directions and had no problems relinquishing the child to the intended parents. She knows what to expect and was able to carry and deliver a baby successfully for someone

other than herself. She will also be compensated at a higher rate than a first-time surrogate. Each time a surrogate does a cycle her compensation usually increases.

Sperm analysis and FDA testing – This will need to be done in all surrogacy cases to ensure that there is a good sperm count and motility and to make sure that there are no infectious diseases that could be transferred to the surrogate.

Stimulation Phase – During a normal cycle woman usually have only one egg, which will become dominant and ready for fertilization. During the stimulation stage your egg donor will be taking follicle stimulating hormones which encourage more eggs to become dominant so that they can be retrieved and fertilized; increasing the chance that more viable embryos will be created.

Surrogacy agency – Your surrogacy agency is an important part of this process. They wear many hats and handle a variety of issues so that you don't have to. In addition to finding the surrogate, they act as a liaison between you and your surrogate as well as between your surrogate, the clinic, and the hospital to ensure that the hospital is aware that there will be a surrogate birth and that you are the intended parents. The agency will coordinate getting medical records to your clinic, information to your attorney, handle all travel arrangements for your surrogate, and notify the escrow company when checks need to be distributed.

Synchronization of cycles – This is the phase where your egg donor's cycle is synced with your surrogate's cycle using birth control pills and Lupron (Leuprolide Acetate).

Trigger- The trigger is the hCG injection that your egg donor will take 36 hours prior to the egg retrieval.

Transfer of embryo/s – This usually takes place four to eight weeks after the surrogate has started to take hormones. It is customary for the intended parents to be present on the day of the embryo transfer. However, if you live in a different state or a different country, that may not be practical. In most cases there will also be a representative from the agency also in attendance to offer support for you and the surrogate.

Types of surrogacy – Traditional and Gestational. A gestational surrogate is a woman who is not genetically related to the child she is carrying. A traditional surrogate is a woman who is both egg donor and surrogate and is therefore genetically related to the child that she carries. At Donor Concierge we help our clients find gestational surrogates.

Appendix B: Anticipated Surrogacy and Egg Donation Cost

Following are the estimated costs for Surrogacy and Egg Donation. Actual fees will be determined when you are matched with a surrogate and a contract is written. We estimate complete costs to range from $80,000 to $180,000 depending on the number of IVF cycles that are needed to achieve pregnancy, potential complications with a pregnancy, and other factors such as travel, lost wages, health insurance, co-pays and deductibles.

Please note that all fees are estimates only*

- Surrogate fees range from $26,000 to $50,000
- Insurance coverage for the surrogacy cycle ranges from $15,000 to $25,000
- Administrative fee for the surrogacy agency range from $10,000 to $24,000
- International fee $2,000
- Doctor's office fees, labs, and medications, range from $13,000 to $20,000

Insurance

Private Medical Insurance – $300-$400 / monthly, if needed
Medical insurance premiums are paid directly to the insurance company and continue for the duration of the surrogacy and a few months after the birth. A surrogate must provide proof of insurance including the insurance carrier name, policy information and the premium amounts. A fee to the insurance agent may be required for assistance in locating a policy for the surrogate. New Life Agency fees for Surrogates are premium priced but well worth it. They have a variety of programs for intended parents to choose from and are the only insurance that is specifically for surrogacy. (http://www.newlifeagency.com/)

Life Insurance – $300 / year
$300,000 term life policy for the surrogate in case of accidental death. The cost is approximate depending on the age and location of the surrogate. This fee is paid directly to the surrogate.

Medical Expenses

Psychological Evaluation & MMPI – $750 - $1,000
The surrogate and her husband must attend a clinical interview with a licensed therapist to determine her suitability to be a surrogate. She must also take the MMPI, which is a personality assessment. This may be either paid directly to the psychologist or to the agency that will compensate the psychologist.

Medical Evaluations – $1,000 to $2,500
Testing of the surrogate's suitability for pregnancy and STD testing of spouse. This cost varies from clinic to clinic and is paid directly to the clinic.

Legal Expenses

Intended Parent Legal Representation – $2,500 to $3,500
Draft, negotiate and review contract with the Intended Parents; ensures signed originals are received from the surrogate's attorney; document legal clearance to the physician and agency. This fee is paid directly to the attorney.

Surrogate Legal Representation – $600 to $1,500
Review contract with the surrogate and negotiate changes on her behalf. The Intended Parents will pay for the surrogate's legal fees. In most cases these will range from $750 – $1,500 and will be paid directly to the surrogate's attorney.

Parental Establishment & Court Proceedings – $2,500 to $5,500
Draft, review, obtain signatures and file legal pleading papers with the Court. Arrangements for court appearances or default judgments will be made when required. This fee is paid directly to the Intended Parents' attorney.

Escrow services fees – $1,000 to $1,500
An escrow account is held by the agency, the Intended Parent's attorney, or an Escrow Agency and is funded by the Intended Parents.

Surrogate Benefits:

First-Time Surrogate's Base Compensation – $20,000 to $25,000 (higher if in California)
Experienced Surrogate's Base Compensation - $25,000 and up
This compensation is paid to the surrogate, via the escrow account, in installments over the course of the pregnancy beginning with the confirmation of pregnancy (confirmation of heartbeat at approximately six weeks of pregnancy, via ultrasound).

Monthly Allowance – $200 / month

Surrogate expense reimbursement for approximately fifteen months. In lieu of costs, this fee includes reimbursements for local mileage, telephone calls, faxes, non-prescription vitamins, etc. This fee begins at the signing of the contract to one month after birth: average $200 per month. This fee is paid directly to the surrogate, via the escrow account.

Please note that any travel considered to be outside of the surrogate's local radius should be reimbursed according to the contract terms to the surrogate via the escrow account. Airfare, rental cars, childcare and lodging may be paid directly by the Intended Parents.

Maternity Clothing Allowance – $750 (singleton), $1,000 (multiples)
This fee is paid at twelve weeks for a singleton and eight weeks for multiples and directly to the surrogate through the escrow account.

Start of Medications Fee – $500
Surrogate will receive payment upon starting injectable medications. This fee is paid directly to the surrogate through the escrow account.

Medicated Mock Cycle Fee – $500
Some Reproductive Endocrinologists will require this. The surrogate will take the medications to stimulate a cycle to test for the thickening of uterine lining. This is paid upon the completion of the mock cycle, directly to the surrogate, via the escrow account.

Embryo Transfer Fee – $1,000
Paid to compensate the surrogate for discomfort associated with the procedure. This is paid after each embryo transfer procedure, directly to the surrogate, through the escrow account. Be aware that it may take three or more embryo transfers for a successful pregnancy.

Loss of Reproductive Ability – $2,000 to $7,000
Paid to compensate the surrogate if anything happens to curtail her ability to carry a future pregnancy due to complication of her surrogate pregnancy.

Invasive Procedure Fee – $500 to $1,500
Surrogates receive $500 per procedure for amniocentesis or other invasive prenatal diagnostic testing; $1,500 for early termination procedures, fetal reduction, or ectopic pregnancy to compensate for the discomfort associated with the above procedures. This fee is paid directly to the surrogate, through the escrow account.

Miscarriage with a D&C Fee – $1,500

To compensate for additional pain, added risks and recovery time. This fee is paid directly to the surrogate through the escrow account. This is not for a chemical pregnancy.

C-Section Fee – $2,000
If the surrogate is required to deliver via C-section, she will receive this fee to help compensate for the additional pain, added risks, and longer recovery time. This fee is paid directly to the surrogate via the escrow account.

Termination of pregnancy Fee – $1,500
If the surrogate has agreed to termination of a pregnancy due to a deformity, syndrome, or risk to her life she will be entitled to this fee paid directly to her from the escrow account.

Multiples – $5,000 + each
In the case of a multiple pregnancy, the surrogate receives compensation for each additional baby carried. This compensation is usually broken down into installments the last six months of pregnancy. This fee is paid directly to the surrogate via the escrow account.

Housekeeping and Childcare Allowance – $250 per week
An allowance of $250 per week can be requested at any time during the pregnancy if the surrogate's activities need to be curtailed due to her pregnancy. This fee is paid directly to the surrogate through the escrow account.

Lost Wages – actual costs
Estimated lost wages for the surrogate (approximately eight weeks but this figure may vary depending on doctor's orders) and spouse (three to five days). If surrogate is a stay-at-home mom or unemployed, no lost wages are paid to her. However, lost wages for her spouse still apply. This is based on after-tax earnings. The surrogate and her spouse must provide proof of actual lost wages. Additional lost wages may also include time away from work for physician appointments and physician ordered bed rest. This is paid directly to the surrogate through the escrow account.

Note – Some surrogates may be subject to additional screening and all co-pays and insurance deductibles are the responsibility of the Intended Parents. Medical costs for egg retrievals, IVF embryo transfers, and all pharmaceutical costs are NOT included and are determined by your Reproductive Endocrinologist; clinic utilized, and preferred drug companies.

All of the above fees are subject to change as the professionals we work with and/or recommend may increase or lower their costs and individual surrogates may have fees that reflect their circumstances.

As with any program or even working with a surrogate independently, you will incur most of the fees outlined above. Some surrogates are willing to reduce or waive some of the benefits, thus reducing the costs to you. We try to work with women who are not surrogates solely for financial gain. They are involved because their hearts tell them it is the right thing to do, to give the gift of life to a couple who need assistance to create the family of their dreams.

Basic Egg Donor Agency Cost

The following fees do not include medical costs for services or medications required:

- Administrative/agency fee for the egg donor program: $4,000 – $8,000
- International fee: $500 – $2,000
- Egg donor fees: $5,000 – $20,000
- Egg donor expenses: $600 – $6,000 (if travel is required)
- Legal fees: $750 – $1,500
- Egg donor insurance: $400 – $500
- Egg donor psychological screening: $500 – $1,000. Depends on the level of testing. Expect the Minnesota Multiphasic Personality Inventory (MMPI) at a minimum. Usually intelligence testing will cost you more

About The Author

Gail Sexton Anderson has dedicated her career to helping intended parents from all walks of life build families. She founded Donor Concierge to help intended parents sort through the gauntlet of egg donor, sperm donor and surrogacy options and give them the best choices possible.

Gail is a Harvard-trained counselor with nearly 20 years of experience helping intended parents. She was the executive director of one of the oldest and most respected surrogacy programs in the United States. A frequent speaker at fertility conferences, Gail has consulted with several organizations creating fertility service programs.

Gail and her team have helped dozens of intended parents from the LGBTQ community become parents. Gail is married and has two grown children of her own. Having the privilege of being a mother has ignited her passion for helping others experience the joy of parenting. She is a passionate supporter of AIDS/LifeCycle Ride and is currently training for her third year cycling from San Francisco to Los Angeles to raise funds for HIV/AIDS Resources and Projects.