



## **Gestational Carriers**

You and your physician have discussed utilizing a gestational carrier (GC) to build your family. Below we have answered commonly asked questions and detailed the steps the GC will undergo in preparation for pregnancy; we want to carefully attend to each detail to set you up for success!

To promote the safety, well-being, and best interest of you, your baby, and the gestational carrier, NRM follows all the F.D.A required and the American Society for Reproductive Medicine (A.S.R.M.) recommended guidelines. While there is no method to completely ensure that infectious agents will not be transmitted from the embryo (egg + sperm) to the gestational carrier, or from the gestational carrier to your baby, these guidelines, combined with information about each individuals' history, should significantly reduce these risks.

- Gestational carriers agree to carry your child in their uterus without contributing any genetic material.
- The transfer of an embryo created with your egg and your sperm into a GC is acceptable if all parties agree. A positive screen on your FDA eligibility questionnaire, or a positive test when you do infectious disease blood work, does not prohibit this process from occurring, but all parties must understand and consent to the potential risks.
- You are referred to as the Intended Parent(s) or IP(s) throughout the process.

### **Gestational Carriers FAQs:**

#### ***How do I find a carrier?***

There are two primary paths to finding a GC— 1) you may elect to use someone you know, for example a friend or family member that has volunteered, or 2) you may utilize an agency. Regardless of your path to finding your GC, you will work through an agency and the evaluation of the GC is the same.

#### ***Does NRM have any recommendations for an agency?***

The NRM team works closely with 3 agencies:

1. Vermont Surrogacy Network: [We Are Vermont Surrogacy Network — Vermont Surrogacy Network, LLC \(vtsurrogacy.com\)](http://vtsurrogacy.com)



2. Center for Surrogate Parenting: [Best Surrogacy Agency - Center For Surrogate Parenting \(creatingfamilies.com\)](https://www.creatingfamilies.com)
  
3. New England Surrogacy Network: [Welcome — New England Surrogacy](https://www.newenglandsurrogacy.com)
  - We recommend you research these agencies on your own to find the one that seems right for you. Agencies are key in several steps of the process: matching with a GC, legal documents prepared by specialists in Family Law, escrow account set-up, health insurance review for the GC, criminal background check, and much more, in addition to providing tremendous guidance and support throughout the process.
  - The GC will send the prenatal and delivery records from all her pregnancies (including any as a past GC) to the agency who then will send to NRM for provider to review. Once received at NRM, it takes 2-4 weeks for the records to be reviewed. The NRM team will look to see if anything in the GC's pregnancy history increases the risk of future pregnancy.
  - Even if you find your carrier on your own, **NRM requires that you work through an agency** to coordinate the legal and escrow services (and more, see next section). The process of involving a 3<sup>rd</sup> party through advanced reproductive techniques followed by a 40-week pregnancy is a complex process that can present unexpected challenges, and we have learned through experience that you will want to take the time to set everyone up for success!

### ***What is the difference between a surrogate and a GC?***

While you may see these terms used interchangeable, the term 'traditional surrogate' refers to someone carrying a child resulting from their own eggs and the intended parent's sperm. NRM cannot assist in this type of arrangement. A GC, on the other hand, has no genetic link to the child she carries.

### ***What are the basic criteria for a GC —to maximize your success, maximize your baby's safety, and to be considered by NRM?***

- All GCs must be vaccinated for COVID-19 and vaccinated yearly for influenza
  
- Between the ages of 21-45



- The GC must have given birth and parented at least one child
- No more than 5 deliveries total
  - Including no more than 3 past c-sections
  - These must be uncomplicated pregnancies and deliveries
- Non-smoker
- Excellent health history, no psychological problems
- No use of medications that would be harmful to pregnancy
- No high-risk sexual practices or recent tattoos or piercings
- Someone that lives in the United States, has reliable transportation, and lives in a stable home environment (either married or single), and is not receiving government assistance

### ***What is the overall time frame?***

The standard time frame *from the time you match with a qualified GC* to when together you undergo embryo transfer usually is 3-4 months. This is the time it takes for the GC's work-up (1 month), the legal contracts to be executed (1-2 months), and the frozen embryo transfer protocol (1 month).

- You may already have embryos created, or you may need to undergo IVF to create embryos. The IVF process typically takes 2 months (one month for your evaluation, and one month to undergo IVF Stimulation and create embryos).
- Other factors that may add to the timetable:
  - Use of donor gametes, either egg or sperm: it may take several months to identify a donor.
  - Matching with a GC: *it can take 4-6 months or more from when you decide to utilize a GC to match with a GC.*



### ***Can we transfer more than one embryo?***

No. The American Society for Reproductive Medicine (ASRM) and the Center for Disease Control (CDC) recommend that individuals transferring an embryo created by donor eggs transfer one embryo at a time. Further, in conjunction with the legal teams and GC agencies such as VSN, and in-line with the standard of care across the country, NRM protocol for patients using a GC is Single Embryo Transfer (SET). At NRM we understand that you are ready to start your family! We also know that you may be concerned about cost or the time it takes to go through an embryo transfer cycle, and that this can lead many patients to think about transferring more than one embryo. Note that twin pregnancies have high costs that you may not realize- missed work during pregnancy, and more care post-delivery, in addition to numerous health risks as listed below. The NRM team has your success and best interest in mind and therefore we have created our SET policy.

Twin pregnancy is riskier for baby and mother:

- Almost 3 out of 5 twin babies are born preterm
- About 1 in 4 twin babies are admitted to the neonatal intensive care unit (NICU)
- About 7 in 1,000 twin babies have cerebral palsy (4 times more likely for a twin baby than a single baby)
- Twin babies are more likely to be stillborn, have birth defects, and have autism than single babies
- Almost 1 in 10 women carrying twins gets pregnancy-related high blood pressure
- Almost 1 in 20 women carrying twins gets gestational diabetes

### **GC NEXT STEPS:**

**PREPARATION FOR PREGNANCY.** In preparation for pregnancy, your GC will complete the following.

**\*Financial navigation: Once you have identified your GC and are ready to proceed with Screening, all GC work up and screening fees (including the GC's partner screening fee, if applicable), are due. GC screening fees include Steps 1-5 here, including the GC pre-screening.**



1. New Patient Appointment for GC and the GC's partner, if applicable, via telehealth, to review history and discuss the process. **Intended Parents are encouraged to attend this NP consultation; we are all a team!**
2. Sonohysterogram: The sonohysterogram evaluates the GC's uterine cavity to ensure there are no noted barriers to a future pregnancy.
3. Physical Exam and Education: Your GC will meet with an NRM provider to evaluate for infectious disease and to review in detail the process, risks, and expectations in their role as GC.
4. Blood work: We will draw prenatal labs (blood type, Rubella and Varicella Immunity, TSH or thyroid stimulating hormone, and screening for infectious diseases) as recommended by A.S.R.M. in preparation for future pregnancy.
5. GC's partner, if applicable: A.S.R.M. recommends that the GC's partner also be screened for infectious disease.
6. Psychological Consultation. Your NRM Care team will set up separate consultations for you, the GC and their partner, if applicable, as well as a joint session with you, the GC, and their partner (if applicable).
7. Legal agreements. VSN will guide you through the legal aspects of the process and help you develop a written contract with your GC. Evidence of a legal contract is required prior to proceeding. (We do not need an actual copy of your contract but need a letter from your lawyer that one exists).

**\*Financial navigation: Steps 6 and 7 you will pay directly to the Psychologist and to the Legal team.**