

## **An Eggceptional Match – Prospective Gestational Carrier Information Packet**

### **The Medical Process and Pregnancy**

You will be counseled by the fertility clinic regarding the medications you will be expected to take either orally, topically or by injection. After the medication protocol is explained to you by the fertility clinic, the Intended Mother (IM)'s or egg donor cycle will be aligned with yours. This is done using birth control pills and Lupron. Lupron is an injectable medication given subcutaneously (under the skin) to suppress ovulation.

You will be administered Estrogen (or a similar protocol assigned by the fertility clinic) before the transfer to prepare your uterine lining for embryo implantation. You will have frequent blood work and ultrasounds to monitor the thickness of the lining prior to the transfer. The IM (or egg donor) will be taking daily injections to produce the eggs for aspiration and fertilization by the Intended Father (IF) or sperm donor.

After your cycle is aligned with the IM, the IVF (In Vitro Fertilization) process will take place (either by the IM or an egg donor). Approximately 3-5 days later, you will be required to go to the clinic for the embryo transfer (ET). The embryo transfer is similar to a pap smear. In most cases, the procedure is painless (as long as your cervix is favorable). Some spotting and cramping may occur during and after the transfer. This is normal and should not cause alarm. Any heavy bleeding or abnormally painful cramping should be reported to the clinic immediately.

Once the ET is complete, you will receive progesterone injections intramuscularly, orally or by suppository until approximately 10-12 weeks gestation (when the placenta will take over production). This protocol may vary between physicians and fertility clinics.

Bed rest is sometimes required by the clinic. This time can range from 12 to 84 hours from the time of the ET. This is a crucial time and the prospective parents will need to be reassured that you are taking these orders seriously. If you are in need of childcare, this can be arranged and will be covered out of the established escrow. Please note that as implantation occurs, you may experience some light spotting (4-7 days post ET). This can be a "good" sign, but you should always report any bleeding to your clinic right away.

You can expect to have a pregnancy test within 7-11 days after the ET. Your test will be done by blood draw at the clinic or a local lab. They will be measuring the level of hCG (human chorionic gonadatropin) in your blood, which will determine a positive or negative implantation. You will be required to repeat this blood test within a few days to ensure that the levels are rising appropriately.

At about 5 week's gestation, you will be seen for a vaginal ultrasound to determine number of sacs present and cardiac activity. Your clinic will decide when to refer you to your OB for on-going care and delivery.

All of your visits will be paid for by your insurance (or prior arrangements). During this time, you and your prospective parents can determine how much contact you have and whether or not you want them present for each visit. We are always here to help resolve any issues that

may arise to help everyone reach an agreement. We want this to be a positive experience for all involved and as stress-free as possible!

## **The Birth**

Wow, by now it's been a long journey, you and your prospective parents have established a very close relationship and a mutual understanding of what to expect upon delivery. If possible, your coordinator will be present at the birth (if requested) and if prior arrangements have been made.

Congratulations to you! You should be so proud of the extraordinary gift you have offered to an incredibly deserving family. You now hold memories you will cherish for a lifetime and we are proud to be a part of it!