

An Eggceptional Match – Prospective Gestational Carrier Information Packet

Welcome

Dear Prospective Gestational Carrier,

What a truly amazing woman you must be to offer such a gift! We thank you and applaud you for opening your heart to such wonderful, deserving couples while you consider being a gestational carrier on their behalf. Although financial incentives are offered, you will be rewarded in so many other unexpected ways.

Becoming a gestational carrier is a very serious decision to be made on your behalf, just as it is for the prospective parent's. It is a very emotionally and financially depleting experience for the prospective parent(s) and we carefully screen our candidates to ensure that they understand the commitment involved in becoming a gestational carrier and the effect it will have on all parties involved with the process.

We aim to treat your journey with tender loving care and hope that you will do the same for the family that you are helping.

Very Warm Regards,
Angela Bevill, RN, BSN
Program Director

Qualifications of a Gestational Carrier

- ✓ Must be between the age of 21 and 42
- ✓ Ideal BMI of 18.5-30.0
- ✓ Healthy lifestyle
- ✓ Must pass physical and psychological evaluation
- ✓ Have had at least one successful/uncomplicated pregnancy AND birth to term
- ✓ Currently NOT breast feeding (must have 3 normal periods after weaning)
- ✓ No more than 5 deliveries including no more than 3 C-sections (surrogacy can be the 6th)
- ✓ No history of extreme post-partum depression
- ✓ Non-smoking, no history of alcoholism, drug abuse or clinical mental illness
- ✓ Supportive and stable living environment
- ✓ Not currently on public assistance
- ✓ Living in the United States with surrogate friendly laws

First Steps

Your journey begins here by thoroughly reading through the information given, completing your online application and submitting 2-3 recent photos of yourself and your family as well as your OB & delivery records for ALL previous pregnancies. To avoid any delays in the process, you must fill everything out completely. Once we have received your application, we will arrange an interview with you either in person, Skype or by phone.

AEM will attempt to match you with a couple or single intended parent currently in our database. Please be patient, we may or may not have someone right away, but we do receive multiple inquiries on a weekly basis. We will show your profile and photos to individuals and couples who contact An Eggceptional Match. Once the prospective parent(s) express an interest in you, we move on to the next step!

Selection Process

This is an extremely personal process. Please understand that the prospective parents have thought very carefully about the personality, lifestyle, similarities in religious, ethical and moral beliefs of their gestational carrier, and compatibility is essential. If you are not the right match for one couple that leaves you open to be perfect for another. We cannot guarantee when or if you will be chosen. Sometimes a match happens right away but may take weeks, months or even a year from the time you apply. Once a match is confirmed, you will undergo a thorough background check completed by an independent agency. We are just as careful and selective with the prospective parents you will be helping. They are also required to undergo a comprehensive background investigation and psychological screening.

What's Next?

Once you are chosen, we will schedule a phone conference between you and your prospective parent(s). A face-to-face meeting will take place next with your prospective parents if living in the Denver metro area. If living outside the Denver Metro area Skype meetings or a video conference may be utilized instead.

If both parties agree to proceed, you will then be required to undergo your psychological screening (if not previously performed) and medical screenings. A licensed professional skilled in the area of Assisted Reproductive Medicine and Gestational Carrier screening will perform your psychological evaluations (home visits are part of your routine psychological evaluations). In addition, your medical testing will include routine screens for sexually transmitted diseases a physical, uterine evaluation and gynecological examination. These tests will be performed at the prospective parent's fertility clinic or a qualified clinic in your area, which all parties agree on. If you are married, your spouse will be required to undergo a psychological evaluation as well. The prospective parents will be financially responsible for your tests.

Fees and Contracts

After successful completion of all testing, we will then discuss compensation for the service

you are providing to your prospective parents. Average compensation for first time gestational carriers is \$25,000 for a single birth (of course this will vary from case to case). Consideration for carrying multiples will increase your compensation per fetus. For experienced gestational carriers, compensation in the amount of \$30,000+ is common.

Other expenses such as lost wages, local travel, maternity clothing, vitamins, childcare, etc. are also covered by the prospective parents. These are non-accountable expenses with previously agreed upon allowances and you will not need to submit a receipt for these items. Your expenses will be covered from the escrow account previously established by AEM and the prospective parents, which AEM will manage. In addition, certain medical expenses such as co-payments or prescriptions will be reimbursed to you after you submit receipts for these services.

Legal counsel will draft a comprehensive and lengthy legal agreement for the prospective parents after agreement on your compensation is reached. You will have separate legal counsel provided to you and the prospective parents will be responsible for paying all of your legal fees. Please note that this contract is binding between you and the prospective parents and not the agency. Most of the communications with your attorney will be by telephone, email and fax. One of the primary purposes of this agreement is to confirm your understanding and that of your husband, if applicable, that you do not have any parental rights whatsoever regarding the child(ren) you will be carrying.

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!