



# *Guide to Gestational Surrogacy*

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# Introduction

Welcome to JA Surrogacy Consulting Canada. If you are reading this guide, it is because you have expressed interest in becoming a gestational carrier. We understand that this is a process most people know little about, so we created this guide to educate anyone interested in a surrogacy journey.

Surrogacy is empowering, selfless and an incredibly rewarding experience. It's also complicated and sometimes confusing. That is why, at JA Surrogacy Consulting Canada, we always remain accessible throughout every step of your journey; to support you in whatever way you, your family and your future intended parents may need. We encourage you to reach out at any time with questions or concerns you may have. No question is silly. We encourage building communities within our agency; to create friendships, to be resources for one another, to share our joys and sorrows, and ask questions. If you wish to be added to our online groups please let us know.

Congratulations on taking these first steps to building a family. You will soon discover the positive impact one person can make on so many people. You aren't just creating parents, but also grandparents, aunts, uncles and sometimes siblings. We hope this guide will give you all the answers you are looking for.



## Research

Surrogacy is becoming a more common way for people to build families who cannot carry children themselves. There are many Facebook groups, online forums, books, news articles, and people to reach out to that can be great resources for information.

Do some of your own investigating to find out whether or not this is the right path for you and your family. There are tons of answers and opinions right at your fingertips. Like everything else on the internet, be sure to check your facts and to not take any kind of medical advice. Everyone's journey is unique and the best people to give you specific advice will be the professionals directly working on your case. We believe you will find the surrogacy communities in Canada very welcoming and helpful.

## Requirements

Gestational Carriers must meet the following criteria:

- Be between the ages of 21-49
- Have delivered one or more child(ren) of your own
- Have experienced healthy pregnancies and births
- Have had 6 or less vaginal births or 3 or less caesarean births
- Be a non-smoker, and have limited exposure to second hand smoke
- Be a non-drug user (this includes the use of medical cannabis)
- Be willing to undergo a medical and psychological assessment for both yourself and your partner
- BMI 45 and under

# How To Talk To Your Partner And Children About Surrogacy

If you have a **partner**, it is important that they are as informed about the process as you are, because they will be a big part of your journey. Not only are they required to go through their own physical and psychological screening and legal contracts, but they will also be there supporting you throughout the process.

It is important to be open and honest with your partner. Explain to them why you want to be a surrogate and why it is so important to you. Just like with any pregnancy, there are associated risks. There is often a lot of worry around this from our partners as they care about our well being. Explaining to them your understanding of the process, and the capabilities of your own body, will help them see that this isn't as scary as they may have thought. In any case, we need to ensure that your partner is 100% on board before we can connect you with intended parents. In many cases, partners become very close with the intended parents as well. Everyone takes part in creating families through surrogacy.

You know your **child(ren)** best. Teaching them about surrogacy, and why it is so important, is going to look different for every family. You would be surprised how much children actually understand when you're just clear and honest with them. Tell them about why you want to become a surrogate, tell them about your intended parents and specifically why they can't have a baby without help. Tell your child(ren) about why they are so important in your life and how you want others to be able to experience the joy of having children. If the intended parents are a same sex couple, and you haven't spoken to your child(ren) about LGBTQ people yet, it's a great time to have that conversation as well.

Often children are very excited and proud and want to share this with people, sometimes complete strangers. After a couple months there will be physical evidence (your beautiful belly) of your surrogacy and people will ask about your pregnancy. Ensure that when you share information with your child(ren), that you are clear about what you want shared with your community and what is private.

**Children's literature** can help explain the different ways that families are created. Here are a few books we recommend:

- The Kangaroo Pouch  
*By Sarah Philips Pellet*
- The Tango Makes Three  
*By Peter Parnell and Justin Richardson*
- Hope & Will Have a Baby  
*By Irene Celce*
- What makes a baby  
*By Cory Silverberg*



## Risks And Things To Consider

We don't have to tell you that becoming a surrogate is a huge responsibility and that there are many things to take into consideration. Your expectations and preferences are going to help us match you with appropriate intended parents who share the same wants/needs and values. Having clear boundaries is what is going to make this a mutually respectful and beautiful relationship. Here are some of the most important aspects of your journey that you will need to consider and be in agreement with your IPs:

- What type of Intended Parent(s) would you like to carry for? Single, heterosexual, homosexual, an International couple.
- How many embryos are you willing to transfer?
- Are you comfortable to terminate or selectively reduce should more than one embryo begin to grow?
- Are you comfortable with your IPs choosing termination if there is a medical issue with the fetus(es)?
- Are you comfortable with your IPs attending your transfer and/or OB appointments?
- Are you comfortable with undergoing an amniocentesis if the Doctor or IPs request for it?
- Are you comfortable to let the IPs be in the room during the birth? In the case of a C-section, you will be able to choose who you want as your support person.
- After you give birth, what kind of relationship would you like to have going forward with your intended parent(s) and the surrogate baby?



- It can sometimes take multiple transfers to achieve a pregnancy, how many transfer procedures would you be willing to undergo?
- Do you feel comfortable sharing personal information about yourself such as periods, and other medical results?
- Do you have time to provide updates to your intended parents and maintain an active communicative relationship?
- Are you able to attend ultrasounds, blood work and out of town fertility clinic appointments?
- Do you have a solid support system for your journey? People that can help in whatever way is needed? (e.g. childcare, transportation, general emotional support.)
- Pregnancies on occasion can end in a miscarriage or an ectopic pregnancy and in some cases may lead to a D&C – is this something you understand and can handle emotionally?

Being a surrogate is a commitment and will take up some of your personal time. Please understand that many of our intended parents have been on the journey to become a family for a long time. Some have come to us after failed attempts in their own fertility journey, or after having other broken surrogacy matches outside our company. To not add to that disappointment, it is vital that you are honest with yourself and with them about your commitment to this process and your “deal breakers.”



# Frequently Asked Questions

## **Q. What are my first steps?**

A. Your first bit of “homework” is to fill out our surrogate application so that we can send it in for approval by your intended parent(s) fertility clinic. Once you have submitted your application, go to your Doctor and ask for a PAP smear or a copy of your latest PAP (send us these results when they arrive), acquire your birth records and update your passport (if needed). We also request that you visit your doctor to discuss birth control methods and potential IUD removal. Birth control helps ensure that you do not naturally get pregnant leading up to the transfer.

## **Q. Do I have to use my own eggs?**

A. No. There are two types of surrogacy, gestational and traditional. A traditional surrogacy is when you use your own eggs. Gestational is when you have no genetic link to the child you are carrying. We typically deal in gestational surrogacy, but we are also open to supporting traditional surrogacy journeys as well.

## **Q. How soon will I be matched?**

A. Typically matching happens very quickly, which is why we ask that you are certain about your commitment. There are many intended parents looking for a surrogate, so the chances of finding someone who has the same preferences as you is quite high.

## **Q. Can I use my own OB or Midwife?**

A. You will be a patient of the fertility clinic your Intended parents have chosen. You will be discharged at around 6-12 weeks of pregnancy and your file will be sent to the healthcare provider of your choice. This includes midwives and OBs. Please be aware that if you are carrying multiples, you will need to be cared for by an OB.

## **Q. Can I be a gestational carrier if my tubes are tied (Tubal Ligation)?**

A. Yes, you can! By having your tubes tied/removed you are preventing your eggs from reaching your uterus; therefore, preventing a natural pregnancy. This would not affect an IVF pregnancy, where embryos are introduced to the uterus via a catheter.





## Matching

This is such an exciting part of the journey. Intended parents have been waiting for this moment for a long time. It's ok to feel nervous, just remember that they want you to like them as much as you want them to like you. Just be yourself! We will be on the first few e-mails between you and the IPs while you are breaking the ice. Ensure to communicate the best way to reach one another. The most common ways that people connect are via e-mail, Skype, WhatsApp and Facebook Messenger.

## Screening

Screening will often take place at the fertility clinic that your IPs have chosen. Some clinics are willing to send requisitions to your doctor so that you can perform screening measures locally. If you have a partner, some clinics will also require that they are screened through blood tests as well. There are two portions to the screening process:

## **Psychological Screening**

This portion of the screening is performed by a Psychologist or Social Worker who specializes in working with gestational carriers and intended families. The screening ensures that you fully understand the emotional ramifications of surrogacy. Some fertility clinics require the surrogate's partner to complete this screening as well. A personality assessment may be administered at that time and the Psychologist or Social Worker will provide a written report and a recommendation regarding your ability to perform the duties of a surrogate. Most fertility clinics will allow you to schedule this screening via telephone or Skype. Once the report is complete, it will be sent to your nurse and they will notify us of your results.

## **Medical Screening**

This portion of the screening is performed to ensure that you are physically capable of undergoing the surrogacy process. You will be tested for sexually transmitted diseases, other various transmissible diseases, drugs, and will be required to provide vaginal cultures. The tests include an internal ultrasound, blood draws and a physical with the fertility doctor. Some clinics require your partner to do a medical screening as well, but they only require a blood draw from them.

## **Meeting with the Fertility Doctor**

Once all your screening is completed you will then meet/skype with the fertility doctor. They will explain how the IVF process works and what to expect. They will inform you about transfer, embryos, drugs, emotions etc. Please take this time to ask them any questions you may have about the medical side aspects of fertility treatments.







## Surrogacy Contracts

Upon medical clearance, you will be required to enter into a surrogacy agreement with your intended parents. This is a legally binding contract that will be created by a fertility lawyer. Your intended parents will pay for your representation and we will connect you with someone who will be your personal lawyer. The IPs lawyer is called the “drafting lawyer” and the gestational carriers lawyer is called the “reviewing lawyer”. The agreement will cover issues such as reimbursements, your legal obligations, your conduct, relinquishment of the child, bed rest, etc.

Once you have had an opportunity to review the agreement, you will be asked to have a meeting with your lawyer (this is normally done by telephone due to the location of the lawyers that we work with) to discuss any changes. Your partner (if applicable) will also be required to review the agreement with you and your lawyer. The reviewing lawyer will relay any amendments to the drafting lawyer. Once all the terms are agreed upon by you, your partner (if applicable), and the IP(s), you will all be required to sign the agreement.

Your clinic will require legal clearance before starting medications. A letter will be sent to the fertility clinic by the drafting lawyer to notify them that you and the IP(s) have received legal clearance and that the cycle can begin.



## Medications And Procedures

Each fertility clinic is different and has its own protocols. You will be required to follow a cycle calendar which has been created specifically for your transfer.

### **Estradiol/Delestrogen/Estrogen**

This medication is used to thicken the endometrial lining to prepare for the implantation process. It is administered two to four times daily, approximately two weeks prior to the embryo transfer. It is then continued for approximately 10-12 weeks after the embryo transfer, depending on your fertility clinic's protocol. During the endometrial stimulation phase, you will be required to have blood tests and ultrasounds done as directed by the fertility clinic. The blood tests and ultrasounds will help the fertility clinic determine the thickness of your endometrial lining.

### **Progesterone Injections**

Once the endometrial lining is at the appropriate thickness, you will be required to start some form of Progesterone to assist with, and sustain, implantation and pregnancy. Progesterone is a hormone that women normally produce in their ovaries. In a surrogacy, however, the addition of supplemental Progesterone is essential to convince the body it is pregnant until the body produces this hormone on its own. The form of Progesterone may be in an oil-based, intramuscular injection, suppositories or nasal inhaler. This medication begins a few days prior to the embryo transfer and is continued until approximately 10-12 weeks if the transfer is successful. Many people have fears of injections; we want to assure you, these injections are a lot easier than they sound. After the first injection the most common reaction is "That was easier than I thought". It's not the nicest part of the journey, but it is definitely necessary.



## Transfer

Embryo transfers take approximately twenty minutes. The embryo transfer is performed with a very fine catheter that is inserted vaginally into the uterus through the cervix. This procedure is as invasive and "painful" as a PAP smear. Through ultrasound, you will be able to watch the moment you become pregnant. It is a magical moment in the journey. You may be required to stay and rest at the fertility clinic for approximately twenty minutes to one hour following the transfer procedure. You may also be required to stay in a nearby hotel on bed rest for a period of time as specified by the fertility clinic or IPs. The bed rest time period is usually between 24-48 hours.

Following the embryo transfer your activity may be limited. These limitations will be determined by the fertility clinic.

All the medications provided to you by the fertility clinic are extremely important and must be taken as instructed by the IVF professionals. Otherwise, there is a risk of comprising the IVF cycle, having a miscarriage and being in breach of your agreement. Please remember that each fertility clinic varies slightly in their protocol.

A few days after the embryo transfer, you will go for your "beta" blood tests to confirm pregnancy. The exact date will be determined by the fertility clinic. This date is dependent on how old the embryos were when they were transferred. If the pregnancy test is positive, you will be required to have an additional test two days later to ensure that the beta level doubles as this is an indication of a progressing, healthy pregnancy.

You will continue to have ultrasounds done every two weeks or so (based on the fertility clinics orders) until you are released from the fertility clinics care. This is typically at 6-12 weeks of pregnancy. Your fertility clinic will then discharge you and send all of your information to an OB/Midwife of your choice. They will be your primary care provider until birth.



# Reimbursements

The following is included on all legal referral forms which are sent to both the drafting lawyer and the reviewing lawyer. All expenses incurred by a surrogate pre-pregnancy, including, but not limited to, bloodwork, ultrasounds, childcare while at appointments and lost wages, shall be paid directly to the surrogate's clinic or reimbursed to the surrogate in addition to the Basic Monthly Reimbursement Expense. Once the surrogate is pregnant, all medical appointments are anticipated to be covered by Provincial Medical Insurance. Here are a few examples of reimbursement expenses that you will find in your contract:

<b>Basic Monthly Reimbursement Expense:</b> (To be provided over a ten month period)	\$25,000-\$30,000 CAD
<b>Transfer Expense:</b>	\$500-\$1,000 per Transfer (plus Pre-Pregnancy Expenses as Incurred)
<b>Maternity Clothing Expense:</b>	\$750 (\$1,000 for Multiple Pregnancy)
<b>Multiple Pregnancy Expense:</b>	\$2,500
<b>Abortion Expense:</b>	Actual Expenses as Incurred
<b>Reduction Expense:</b>	Actual Expenses as Incurred
<b>Invasive Procedure Expense:</b> (DNC< Amnio, Cerclage, Saline U/S, C-Section)	Actual Expenses as Incurred except for C-Section Expenses in the Amount of \$2,500
<b>Complications of Pregnancy or Delivery:</b>	\$2,500
<b>Bed Rest Expense:</b> (On a Weekly Basis)	\$---
<b>Travel Expense:</b>	Actual Expenses as Incurred
<b>Lost Wage Expense - Surrogate Rate:</b>	\$--- @ ---hrs/week
<b>Lost Wage Expense - Spouse Rate:</b>	Actual Expenses as Incurred
<b>Health Insurance Expense:</b>	Provincial
<b>Life Insurance Policy Expense:</b>	\$500,000.00 Minimum Coverage Premium varies on age and other factors



# Reimbursement Requests

## **Pre-Pregnancy Reimbursement Receipts**

You will be able to request reasonable out of pocket expenses that you incur when attending your pre-pregnancy appointments. The surrogate support worker will audit all pre-pregnancy expenses submitted prior to medical screening that aren't related to travel or fertility clinic appointments. Expenses submitted after medical screening will be audited by the Bookkeeper. The Travel Coordinator handles the expenses for appointments at the fertility clinic, as well as lining check appointments. They also handle expenses for prescriptions that have come directly from the fertility clinic. Work with your JA support worker to determine your pre-pregnancy reimbursable expenses; these typically include:

- Vitamins, medications
- Doctors note costs
- Costs for requisitioning birth records
- Passport expenses for surrogates matched at US clinics
- Childcare for appointments not related to travel or fertility clinic/satellite appointments
- Any other surrogacy specific costs

## Monthly Reimbursement Receipts

You will begin to receive your monthly reimbursements following confirmation of pregnancy after transfer which confirms you are pregnant. In order to receive any reimbursements, there are a couple of steps that need to be taken to ensure that you and your intended parents are abiding by applicable Canadian laws surrounding surrogacy.

### Step 1: Record Eligible Expenses as Outlined in the Contract

Please start recording surrogacy related receipts as outlined in your contract, if pre-contract, talk to your support worker. These receipts can include the following: Phone bills, both land-line and cell, gym membership, life insurance, food, both groceries and meals eaten out, clothing, internet, child care and mileage. However, these categories will be further defined in your contract.

Please ensure that you check your legal contract to determine which items you are able to include as each legal contract varies. We suggest the use of an app called “Smart Receipts”. This app allows you to add photographs of your receipts and what the cost was on each. It’s a great way to keep your receipts organized and to send them to the Bookkeeper managing your files. Prior to medical screening these receipts will be audited by your support worker (unless related to fertility clinic appointments), after medical screening they will be audited by the Bookkeeper, who will audit them as per AHRA and your contract. Our Bookkeeper will then generate a report for you to forward to your IP(s) along with a formal reimbursement request as per your contract.

### Step 2: Send an Email Request

Forward to report to your intended parent(s) and CC the Bookkeeper with the following email:

“Can you please reimburse me for \$\_\_\_\_\_ (your agreed upon monthly reimbursement amount) for expenses as per our agreement. Please see the attached breakdown.  
Thank you”

You can also add in any amount of additional expenses (maternity clothes, invasive procedure) you may have incurred during this period. Your intended parent(s) will then forward the funds to JA Surrogacy or give permission for the funds to be drawn from their trust account.

# Pregnancy And Birth

It is very important to contact your OB/Midwife in case of any leaking, bleeding, pains, nausea etc. You will be expected to treat the pregnancy the same as if it were your own. It is important to follow all your OB/Midwife's instructions.

During the pregnancy, your IPs will continue to stay in contact with you. The goal is to organically build your relationship and base your communication upon the needs of everyone in the partnership. The amount of contact between you and your IP(s) is determined by the comfort level of you, your partner, and your IP's. Just be honest about your needs, but also remember that you are holding their baby (potentially) very far away. Prompt communication (within 24 hours) will help alleviate anxiety for them and build the bond of trust.

Your IPs will make every effort to be present at the birth of their child. Usually IPs plan to be close by during the last days of your pregnancy. Your intended parents are responsible for the care of their baby immediately upon the baby's birth. Typically, many Gestational Carriers and IPs are together with the baby for the majority of time before being released from the hospital. Your partner and children can share this special time. How your relationship will continue is up to all of you. Typically there are many updates, pictures and visits following the birth of your surrogate baby. Although saying goodbye can be hard after becoming a part of each others families, remember that it's not so much goodbye, but "see you later". A few days after the birth, you will be expected to sign off your right of parentage and your intended parents become the legal parents of the baby. This is the last big step that everyone takes.

Thus concludes your journey to helping build a family. It's not always easy, it's not always pretty, but it's always gratifying to know your personal strength and the difference you've made in people's lives. Many surrogates describe their journey as one of the best things they've experienced.

Thank you for taking the time to read through this guide. We hope that it gives clarification on the process so that you can feel fully informed and confident about your decisions and boundaries. If you are ever unsure or have any questions we are just a phone call away. Please don't hesitate to reach out for anything you need.

*Welcome to our village*