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OUTLINE OF SURROGATE PARENTING PROCESS

I. Surrogate's self reported Health History Form:

- A. age 21 –39
- B. must have at least 1 child
- C. has familial support
- D. eliminators
 - 1. smokes/drugs
 - 2. asthma
 - 3. obesity 50 lbs over standard
 - 4. No uterine fibroids, no scar tissue
 - 5. If Rh- did not have rhogram injection
 - 6. Pregnancy Complications – diabetes, pre-eclampsia, pre-mature labor

II. Surrogate Carrier (SC) asks for letter from her physician (preferably an OB/GYN) clearing her to be pregnant. Some physicians are unwilling to make a recommendation.

III. Complete contract between Agency and Intended Parent(s) [IP(s)]. Initial Fees Collected.

IV. Process with IP(s), Psychologist, Fertility Clinic & Attorney.

A. SC and IP(s) meet. Both parties decide if they want to work together. They will have an open relationship.

B. IP(s) pay for background check on SC and Partner, if any. Summary results to IP(s).

C. Once SC and Partner pass background check, SC and partner, if any, undergo psychological evaluation with NANCY BOUGHEY, LCSW @ (415) 457 – 3959. SC and partner are interviewed. SC completes PAI – psychological testing complete.

D. SC & her sexual partner schedule medical screening at IP(s) fertility clinic. SC and partner are tested for infectious diseases; SC has mid-cycle ultrasound to assess uterine lining.

E. IP(s) apply to New Life Agency before **ANY** medical appointment(s). Trish Taylor, (877) 952-5433, www.newlifeagency.com or California Major Risk Medical Insurance Program (MRMIP) www.mrmib.ca.gov (800) 735-2929.

F. IP(s) pay for 12 month term life insurance premium for SC. SC contacts broker Jeffrey Leung (916) 920-5251 X. 111, jrleung@jps.net. Average coverage is \$100,000/child that SC parents.

G. Each party's attorneys review the Contract and drafts Addendum. Attorney explains each party's rights and obligations under the Contract. Contract and Addendum must be executed before SC starts medication.

V. Fertility Process.

A. Once background check, infectious disease testing, psych evaluation, and Contract are completed, SC starts the birth control pill.

B. SC takes estrace (estrogen) twice/week by intramuscular injection in buttocks to thicken lining of uterus.

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C. Once lining thick, has transfer of embryos from petri dish or thawed frozen embryos. SC usually prescribed bed rest for 24-48 hours after transfer.

D. Approx. 4 days before transfer, SC takes progesterone injections by IM injection into buttocks once/day until ultrasound confirmation of pregnancy. Injections may be alternated with vaginal gel and by mouth progesterone as prescribed by MD.

E. SC goes to local medical lab for blood pregnancy test day 9 and day 11 to measure HCG level. HCG on day 11 should be twice as high as the level on day 9.

F. Ultrasound between 4th – 6th week of pregnancy. Ultrasound determines if pregnancy is a singleton or multiples. 8 weeks post embryo transfer, SC released from fertility clinic to OB local to SC. OB must be on list of providers covered by Lloyds of London through Brown & Brown brokers.

VI. SC Must Agree to –

A. Carry a singleton pregnancy or a maximum of twins

B. Have a selective reduction to twins or singleton as contracted if pregnant with multiples at 12 weeks gestation. SC on mandatory 72 hour bed rest post –reduction.

C. Genetic testing if prescribed by MD by amniocentesis to check for genetic defects, including Down's syndrome.

D. Allow IP(s) to decide whether to deliver or have a saline induced abortion if there are serious birth defects (including Down's syndrome) detected. This is the couple's baby and is not genetically related to the SC.

E. MD and IP(s) decide how many embryos are to be transferred – usually 2 or 3 if high quality; more if low quality or frozen embryos (less chance of pregnancy).

F. Paternity testing, if indicated, to determine the child's genetics. Test is by cheek swab of SC, SC's sexual partner, egg donor, and sperm donor.

G. At second trimester, IP(s) contact attorney to initiate Parentage Order (PO). SC and IP(s) sign documents for PO so IP(s) names go on birth certificate rather than the SC's name.

H. SC agrees to be kept on life support at 25 weeks if in fatal accident.

I. SC agrees to behavioral and dietary restrictions and to deliver baby in California.

VII. Payment (All cycle fees and costs subject to change at anytime without notice).

A. All SC costs associated with cycle – mileage at .505/mile, bridge tolls, parking, child care, toll calls, maternity clothes allowance, psychological counseling, attorney fees, etc. If limited activity prescribed, IP(s) will pay the cost of housekeeping, childcare, gross lost wages, etc. SC submits expense report and agency approves and reimburses SC and maintains IP(s) expense escrow account.

B. Current SC fee - \$25,000 to \$27,000 for first time - \$28,000 or negotiated fee for repeat - additional \$5,000 for twins, or other negotiated amounts. Additional \$2,500 for C-section, \$500 for selective reduction and amniocentesis, etc. or other negotiated amounts pursuant to the executed IVF Gestational Surrogacy Contract.

- C. \$750 with each embryo transfer up to maximum of 3 transfers (\$750 of \$25,000 or negotiated fee if pregnant)
- D. \$1,500 to \$2,000 or other negotiated amount deducted from SC fee with ultrasound confirmation of pregnancy.
- E. \$1,500-\$2,000/month or other negotiated amount thereafter.
- F. Balance of SC fee within five days of delivery.
- G. SC receives 1099 for service fee paid in each calendar year or surrogacy contract language must state that SC is being paid for pain and suffering which is tax exempt. SC responsible for paying tax on income received (not expense reimbursement).

All of these steps will make a healthy and happy pregnancy!