

JACQUELYNE GORTON, MSN, JD
NURSE ATTORNEY

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) medical records are reviewed and approved by IVF physician.

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; complete psychological evaluation with NANCY BOUGHEY, LCSW @ (415) 457 – 3959 or other therapist..
- D. SC & her sexual partner schedule medical screening at IP(s) IVF clinic. SC and partner are tested for infectious diseases; SC has mid-cycle ultrasound to assess uterine lining.
- E. IP(s) apply for maternity care coverage for SC before ANY medical appointment(s). IP(s) Whillock Insurance Services & Risk Management LLC, (P: 619-954-1633, EM: staci@whillockinsurance.com) to apply for coverage.
- 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 \$250,000.
- G. Each party's attorney reviews the Gestational Surrogacy/IVF Contract and drafts modifications. Attorney explains each party's rights and obligations under the Contract. Contract and maternity care coverage 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 injections and wears patch as prescribed by IVF physician to thicken lining of uterus.
- C. Once lining thick, SC has transfer of embryos. Bedrest may be prescribed for 24-48 hours after transfer.

D. 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 weeks of pregnancy. Ultrasound determines if embryos are thriving and there is a +pregnancy. 8 weeks post embryo transfer, IVF physician transfer SC to local OB. OB must be approved provider under SC's maternity care coverage.

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. IVF physician and IP(s) decide how many embryos are to be transferred – usually 1 or 2 chromosomally screened embryos.

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 end of 1st trimester, IP(s) contact attorney to initiate Pre-Birth Parentage Order. SC and IP(s) sign documents so IP(s) names go on birth certificate rather than the SC's name.

H. SC agrees to be kept on life support at 28 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 current IRS rate, 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. Life Insurance and Maternity Care Coverage expenses. SC submits expense report and agency approves and reimburses SC and maintains IP(s) expense escrow account.

B. First Time SC fee - \$40,000 - + additional \$5,000 for twins first time. 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. Repeat SC fee - \$50,000 - + additional \$5,000 for twins first time. 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.

D. \$1,000 with each embryo transfer up to maximum of 3 transfers as approved by IVF physician.

E. \$2,000 deducted from SC fee with ultrasound confirmation of pregnancy.

F. \$2,000/month or other negotiated amount thereafter.

F. Balance of SC fee within five days of delivery.

G. SC is responsible for paying tax on income received (not expense reimbursement).

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