



Having a Baby with a Gestational Carrier

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This information is intended for all couples considering a pregnancy using a gestational carrier. It is also intended for couples proceeding with a gestational carrier pregnancy and is considered to be part of the Informed Consent Process.

What is a gestational carrier?

A gestational carrier is a woman who agrees to carry a baby for another couple (the intended parents). Sometimes, a gestational carrier is called a gestational surrogate. The intended mother undergoes an IVF cycle and her eggs are fertilized by her partner's (the intended father) sperm. The resulting embryo is then transferred into the gestational carrier's uterus. This is different from "true" surrogacy, where the woman carrying the baby also provides the egg. True surrogacy is not available in Canada.

What are the reasons to have a gestational carrier?

Couples may consider using a gestational carrier if the female partner (intended mother) is unable to carry the pregnancy for the following reasons:

- The uterus is either absent or unable to carry a pregnancy.
- The woman has a medical condition that makes carrying a pregnancy too risky.

How do I find a gestational carrier?

Usually the gestational carrier is known to the couple. Most often, a family member or close friend who is aware of the couple's struggles with infertility offers to carry a pregnancy for them. All gestational carrier cycles at Aurora are known gestational carriers. The couple must find their own gestational carrier. The "ideal" gestational carrier is a healthy woman, with no significant medical problems who has completed her family and had uncomplicated pregnancies. There are some centers in the United States that will help a couple to find a gestational carrier. We do not offer this at Aurora but can provide you with a referral to a suitable program if you wish. These programs are more costly.

What are the steps in having a baby using a gestational carrier?

- **Physician consultation** - this is to determine if getting pregnant with using a gestational is an appropriate option.
- **Identify your gestational carrier.**
- **Screening of the gestational carrier and her partner (if she has one)** - this includes a physician consultation, medical, psychological and emotional screening, and a full discussion of all aspects of a gestational carrier cycle.

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- Screening the intended parents.
- Psychological counseling.
- Legal advice and contract.
- Ethics review.
- Information session for both the gestational carrier and intended parents.

How is the gestational carrier screened?

- **Medical history** - this includes current medical history, family medical history, family genetic history (for inherited medical conditions, birth defects, neonatal or infant deaths), medications and lifestyle factors including smoking, alcohol and recreational drugs.
- **Physical exam** - a full physical examination including pelvic exam, pap smear if needed and breast exam.
- **Investigations** - hormonal testing, infectious disease testing (Hepatitis B and C, HIV, chlamydia, gonorrhea and syphilis) and sonohysterogram
- **Full discussion of what is involved in a gestational carrier cycle and the potential risks of being a gestational carrier, including risks of pregnancy.** - this usually includes a referral to an obstetrician to discuss the risks of pregnancy.
- Psychological counseling

How are the intended parents screened?

- **Infertility history including the reason for needing a gestational carrier.**
- **Medical and genetic history including any issues that may affect an IVF cycle.**
- **Lifestyle factors including smoking, alcohol and recreational drugs** - smoking has a significant impact on the chance of pregnancy therefore both partners are advised to quit smoking.
- **Physical exam** - physical examination by either an Aurora physician or their family physician.
- **Investigations** - these include hormonal testing, infectious disease screening and vaginal ultrasound.

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Psychological and emotional screening.

Psychological counseling is a mandatory part of the screening process to ensure that all individuals involved are comfortable with their decision. This is to make sure that there are no potential concerns or risk factors for the gestational carrier that may make her regret her decision in the future. It is important to include the gestational carrier's partner. Counseling should include how medical decisions will be made during the pregnancy. It may also include a discussion about how the gestational carrier may be involved in the child's life, what and how to tell the child or children and family, etc. This is one of the most important parts of the screening process. Aurora will recommend a counselor experienced with these issues.

Legal advice and contract.

In 2004 the Federal Government passed Bill C-6 that concerns all aspects of advanced reproductive technology. This Bill clearly states that couples or clinics cannot advertise for gestational carriers. Gestational carriers cannot be compensated or paid for this service. The intended parents may reimburse expenses for which a receipt can be provided (travel, medications, childcare, maternity clothes, etc.) but are not allowed to reimburse the gestational carrier for time off work or pay her the service she is providing.

It is also necessary that the intended parents and gestational carrier have a formalized legal contract that is reviewed independently by each of their lawyers, and signed by all involved parties. (See appendix)

What are the success rates of gestational carrier cycle?

The chance of success depends on the age of the intended mother, as she provided the eggs. This will discuss this in greater detail with the Aurora physician.

What is the risk of miscarriage and chromosomal abnormalities?

The chance of miscarriage is also related to the age of the intended mother and not the age of the gestational carrier. The risk of having a baby with a chromosomal abnormality is also related to the age of the intended mother, and not the gestational carrier.

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What are the risks of IVF?

Medication side effects. Exaggeration of symptoms that frequently occur during the menstrual cycle, such as feeling of heaviness or bloating in the pelvis, mood changes, headaches, breast tenderness and decrease in energy level may occur.

- **OHSS** - Gonadotropin medications stimulate the ovaries to mature and produce eggs. At the same time the ovaries increase in size, and this may cause abdominal or pelvic discomfort. After the treatment cycle the ovaries will return to their normal size after a few weeks. In approximately 3 to 5% of cycles an exaggerated reaction called Ovarian Hyperstimulation Syndrome (OHSS) occurs. OHSS results in ovarian enlargement. Blood vessels around the ovaries become “leaky” causing fluid to collect in the abdominal and/or chest cavities. These symptoms may require close observation and/or hospital care. OHSS symptoms tend to last longer if the cycle has resulted in a pregnancy, so the condition tends to be less severe in gestational carrier cycles. Most of the cases of OHSS can be managed by rest, plenty of fluids and mild pain relievers. Ovarian twisting (torsion) is another very rare complication associated with severe OHSS. The enlarged ovary, by twisting, cuts off its own blood supply, and this may require emergency surgery for removal of the ovary.
- **Risks of egg retrieval** - this procedure has a very low rate of complications. As with any other procedure, there is a very small risk of infection. Antibiotics are usually given prior to the procedure in order to minimize any risk. There is a small risk of bleeding at the site of vaginal puncture, which is usually promptly stopped with local pressure. There is also a small risk of puncture of a pelvic blood vessel, which could necessitate surgery. The chance of a reaction to the sedatives or pain medications is small.

What is a “mock cycle”?

Before undergoing the actual gestational carrier cycle, the gestational carrier will need to undergo a “mock cycle.” This means that the gestational carrier will take estrogen and progesterone by mouth and vaginally to prepare the lining of the uterus for the fertilized egg. This mock cycle allows us to know how many days will be needed to prepare the gestational carrier’s uterus during the actual cycle. Usually a mock cycle takes approximately 2 weeks.

What happens during a gestational carrier/IVF cycle?

Once the screening is completed and the intended parents and their gestational carrier decide to proceed with a gestational carrier cycle, the intended mother goes through an IVF cycle. While she is going through ovarian stimulation, the gestational carrier is taking estrogen and progesterone tablets to prepare the lining of her uterus for a fertilized egg.

After the egg retrieval, the intended mother’s eggs are fertilized with her partner’s sperm, and embryos are created. Embryos (usually one or two,) are then transferred into the gestational carrier’s uterus 3–5 days following the egg retrieval. A pregnancy test is done two weeks later.

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Appendix: Information for Legal Contract

Both parties (the intended parents and the gestational carrier) are required to obtain independent legal advice, and to sign a legal contract that has been reviewed independently by each of their lawyers. We will require a letter from each of the participating lawyers to confirm that a contract has been signed. There are a number of issues that must be considered in this agreement.

The following points should be addressed:

- All parties must agree to undergo physical examinations and laboratory investigations as required by the attending physician.
- All members of the agreement must agree to undertake psychological counseling both before and after the gestational carrier procedure has been performed.
- The gestational carrier must agree to practice contraception in the menstrual cycle preceding and in the month during which the embryo transfer will take place. This is to prevent conception occurring as the result of a sexual relationship between the birth mother and her partner.
- The gestational carrier must agree to undertake an embryo transfer using the embryo(s) of the intended parents, under the supervision of the physician at Aurora. Agreement with regard to the number of embryos to be transferred should be included in the legal agreement.
- After conception has occurred, the gestational carrier and the gestational carrier's partner must agree to provide a safe prenatal environment which should include abstention from smoking, alcohol, illegal drugs or prescription drugs not authorized by the attending physicians. In addition the gestational carrier should agree to comply with the medical instructions of the attending physicians.
- It should be agreed upon in advance as to what prenatal testing should be undertaken including the use of amniocentesis or maternal serum screening. Provision in the agreement should be made in the event that an abnormal screen is found with respect to pregnancy termination or continuation of the pregnancy.
- Every parent must accept that there is a risk of having a handicapped child or one with a congenital abnormality. The agreement should reflect the fact that a child that is born with abnormalities must be accepted by the intended parents unless such handicap or anomalies are the result of deception or lack of care by the gestational carrier or the gestational carrier's partner.
- The gestational carrier and her partner agree that they will not undergo a therapeutic termination of pregnancy without consultation of the attending physician and only after determination that this is necessary because of the health of the gestational carrier or because of an abnormal infant.

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- Agreement should be made as to where the birth of the infant will occur and how the infant is going to be legally transferred to the care of the intended parents.
- The gestational carrier and her partner must agree to relinquish any claim to any child or children resulting from the gestational carrier arrangement.
- As soon after birth as possible, the gestational carrier and her partner must agree to take appropriate steps to renounce and terminate their respective rights to the child.
- When required, consenting members of the gestational carrier agreement must submit to appropriate blood tests to determine paternity.
- Life insurance and a disability policy should be set up to cover the gestational carrier during the period of her medical treatment, the proceeds to go to the beneficiary of her choice.
- Agreement must be reached with respect to reimbursement of direct and indirect expenses related to conception, pregnancy, delivery and postpartum recovery (for example: travel, parking, maternity cloths, childcare, medication, etc.).
- Agreement should be reached with regards to the disposition of any child born as a result of a gestational carrier arrangement in the event of death or separation of the intended parents.
- Deliberate deception can lead to the annulment of the gestational carrier agreement.
- Agreement must be reached with regards to issues of confidentiality concerning the gestational carrier arrangement.

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