



OLIVE FERTILITY CENTRE: GESTATIONAL SURROGACY

OLIVE
fertility centre

Welcome to the Olive Fertility Centre Gestational Surrogacy Program! We will do our very best to help you achieve a successful pregnancy.

INTRODUCTORY INFORMATION:

Gestational Surrogacy is an arrangement in which a woman (Gestational Carrier, or GC) carries and delivers a child for another couple or person, called the “Intended Parents”.

In Canada, Gestational Surrogacy must be altruistic. Payment of a GC is prohibited beyond reasonable expenses.

During a treatment “cycle”, frozen embryos are placed into a GC’s uterus during a simple procedure called a Frozen Embryo Transfer.

We want to ensure the best possible chance of pregnancy.

IN ORDER TO BECOME A GC AT OLIVE, THERE ARE PRE-REQUISITE CERTAIN CRITERIA THAT MUST BE MET: Please note: we will not accept surrogates if the criteria are not met.

- History of an uncomplicated pregnancy and delivery (born at term)
- Over one year since last delivery
- No history of post-partum depression
- No longer breast feeding
- Non-smoker: if recently quit must be > 3 months
- Under 40 years of age
- BMI under 35: BMI >32 decreases pregnancy rates

PROVIDED A POTENTIAL GC MEETS THE PRE-REQUISITE CRITERIA, BELOW IS AN OUTLINE OF THE TYPICAL STEPS IN THE GESTATIONAL SURROGACY PROGRAM:

Step 1: Consultation

The Doctor will see Intended Parents (IP) in consultation. If you are not current patients of Olive, you must have your family doctor submit a referral.

For patients outside of Canada, there is a \$450 CDN consultation fee.

Step 2: Phone Screen #1

The intended parent (IP) contacts the nurses who oversee the Surrogacy Program at donorandsurrogacy@olivefertility.com.

A phone screening will be done to discuss Gestational Surrogacy and ask a series of basic medical and demographic questions.

Please note: We do not work directly with agencies. Once matched, it will be up to the intended parents to correspond with the agency.

Step 3: Phone Screen #2

If the GC meets the criteria based on the first phone screen, a second phone screen will be organized, by us, between the GC and Dr. Taylor.

Step 4: Bloodwork and Hysteroscopy:

If, after the second phone screen, Dr. Taylor agrees that she meets the screening criteria, your surrogate should come to Olive for the medical screening, which includes: bloodwork and a uterine cavity assessment called a Hysteroscopy. Hysteroscopies are done between Days 8-12 of the menstrual cycle.

The IP is welcome to meet with both the nurse and Dr. Taylor and pick up the cycle medications during this appointment.

Step 5: Counselling

Once all the blood test results are in and the Hysteroscopy is done (can take 6-8 weeks), the GC and her partner (if applicable), will need to see a counsellor for a 1 hr session. The Intended Parents also need a 1 hr counselling session, ideally with the same counsellor.

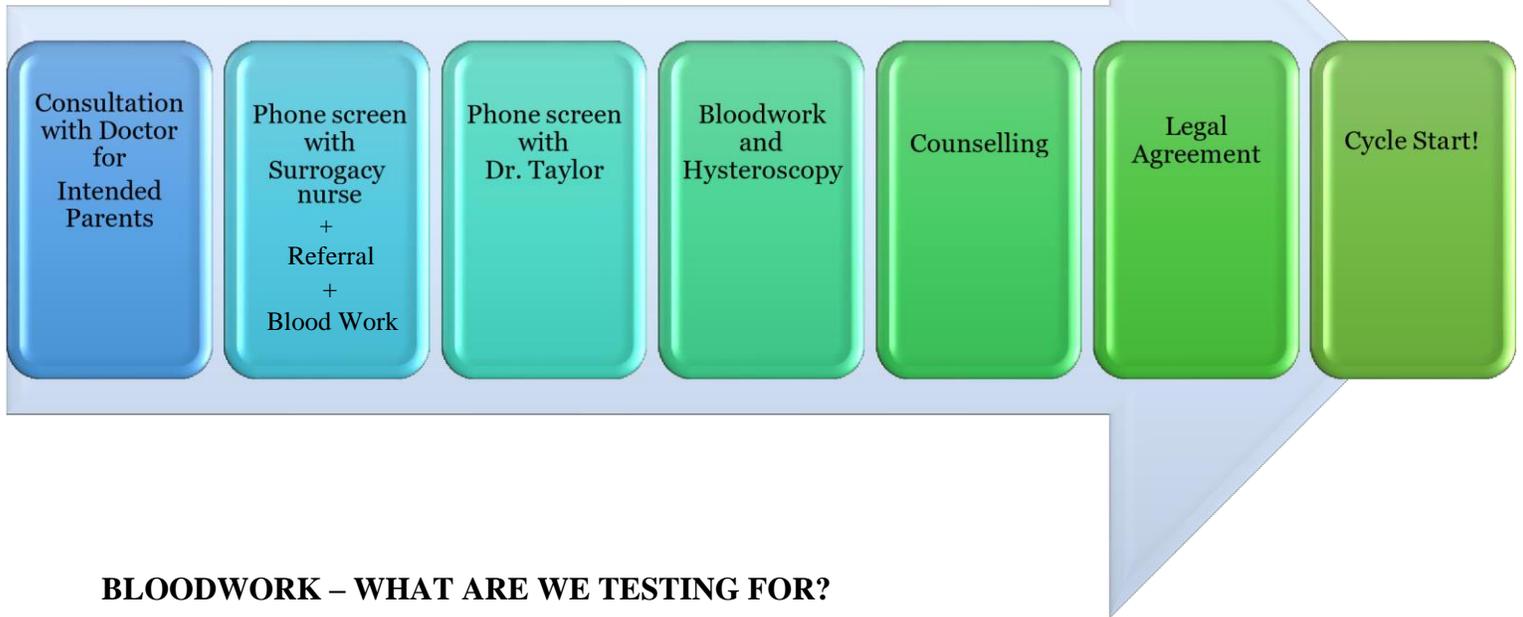
Step 6: Legal Surrogacy Agreement

A legal surrogacy agreement needs to be in place prior to starting the treatment cycle. Olive Fertility Centre needs to receive a note from the lawyer once the legal contract is complete.

Please note: Step 5 + 6 can be done anytime once the GC has been screened by nursing.

Step 7: Cycle Start

Then the treatment cycle can start once all steps have been completed.



BLOODWORK – WHAT ARE WE TESTING FOR?

It is important that the GC and her intimate partner (if applicable) are free of any infectious diseases. We routinely test for Cytomegalovirus, Hepatitis B, Hepatitis C, HIV, Syphilis, Chlamydia/Gonorrhea.

We will redo bloodwork again within 30 days of her transfer.

We also test GCs for Varicella (chicken pox), and Rubella (measles). If a GC is not immune to Varicella or Rubella, a vaccination is recommended at least 30 days prior to commencing treatment.

GCs will also have a Hematology Panel done to ensure her general blood count is normal, and we also will check her thyroid function with a TSH and Thyroidperoxidase Antibody blood test.

HYSTEROSCOPY – WHAT IS IT AND WHY DOES A GC NEED ONE?

A Hysteroscopy is a way of assessing the uterine cavity to ensure it is free of any polyps, fibroids, or other abnormalities that may interfere with a successful embryo transfer.

Hysteroscopy is a simple and quick (15 min) procedure that can be done at Olive Fertility Centre. A thin telescope, called a Hysteroscope, is inserted through the cervix and into the uterus. Salt water (saline) flows into the uterus to allow visualization of the uterine cavity on a TV screen.

Unless on birth control, a Hysteroscopy is typically done between Days 8-12 of the GC's menstrual cycle.

It is recommended that the GC take 400-600 mg of Ibuprofen (Advil, Motrin), 30-60 minutes prior to the procedure.

It is important that a Hysteroscopy is not done during a pregnancy, so a urine pregnancy test will be done just prior to the procedure starting.

COUNSELLING – WHY DO WE NEED A COUNSELLING SESSION?

When engaging in “third party reproduction”, counselling is required.

One session is required for the Intended Parents, and a separate session is required for the GC and her intimate partner, if applicable.

The session is intended to allow an opportunity for all parties to discuss the psychosocial implications of surrogacy.

We can send you a list of recommended counsellors in Vancouver. They are often willing to do sessions via Skype or over the phone for out of town patients.

LEGAL AGREEMENT – WHY DO WE NEED ONE?

As the Intended Parents will have full rights over the child(ren), a legal surrogacy agreement must be in place. This is done with a lawyer, and it is recommended that a surrogate obtain independent legal advice.

Once the legal agreement is in place, the lawyer must send a note stating as much, to the Surrogacy nurse at Olive Fertility Centre. We do not need to see a copy of the full agreement.

This must be in place prior to the treatment cycle starting.

OVERVIEW OF A TYPICAL TREATMENT “CYCLE”:

Estrogen tablets (Estrace) are then taken by mouth starting on the first day of the GC’s menstrual cycle. Synarel continues.

Prophylactic antibiotics start for one week.

Roughly two weeks into the cycle, a vaginal ultrasound and blood test is done to ensure the uterine lining is thick (at least 7.5 mm), and hormones are in the proper range. This is routinely done at Olive. But we can arrange for satellite care at a fertility clinic closer to the GC.

Progesterone medications are then added. Progesterone is taken both vaginally, and via injection. Vaginal tablets (Endometrin) are taken three times per day, and the progesterone injection (Progesterone in Cottonseed Oil) occurs once every 3 days.

Please note: There may be other meds.

5 days after starting progesterone, the embryo transfer is scheduled at Olive Fertility Centre. The procedure takes roughly 15 min, and once complete, the GC can return home and resume normal activities.

It is recommended that GCs come to Olive Fertility Centre for the ultrasound and blood test and remain until the embryo transfer (roughly 1 week in Vancouver).

A blood pregnancy test is done 2 weeks later!