



## Gestational Surrogacy

At the Kelowna Regional Fertility Centre we are pleased to help couples who require gestational surrogacy to have children. Gestational surrogacy is regulated in Canada and it is important that you have the relevant information about this process.

There are two types of surrogacy:

**Traditional Surrogacy** is when a woman (called a surrogate mother) carries and delivers a pregnancy conceived with her eggs for a couple. After the birth she gives the child to the intended parents with whom she has a legal contract. This is an option for a woman who does not have functioning ovaries or a functioning uterus. Examples of causes include:

- After a hysterectomy that includes removal of the ovaries
- Previous radiation or other treatment that has damaged the uterus and ovaries.

We refer to the woman and her partner as 'intended parents'. The intended mother will not be genetically related to the child as the surrogate's egg is used with the intended father's sperm to create the child. Once the medical, psychological and legal components are in place, the surrogate mother undergoes intrauterine insemination (IUI) with sperm from the intended father.

**Gestational Carrier Surrogacy** is when a woman (called a gestational carrier) becomes pregnant after an embryo is transferred into her uterus. The embryo was created from the intended parents egg and sperm, and so the gestational carrier is not genetically related to the child. After birth, she gives the child to the intended parents.

A woman who has healthy ovaries but who cannot carry a pregnancy for one of the following reasons would require a gestational carrier:

- Absent uterus (e.g. after a hysterectomy)
- Uterine abnormalities (e.g. severe scarring)
- Medical reasons that make pregnancy unsafe

Once the medical, psychological and legal components are in place, the intended parents undergo in vitro fertilization (IVF) and the resulting embryo(s) are transferred into the carrier's uterus.

Under the Assisted Human Reproduction Technology Act passed in 2004, a surrogate mother or gestational carrier may NOT receive payment for carrying a child. She may be reimbursed for expenses such as prenatal vitamins and costs of traveling to the doctor.

Commercial surrogacy is a form of surrogacy in which a surrogate or gestational carrier is paid. This procedure is ILLEGAL in Canada. Consequently there is no list of surrogates available at the Kelowna Regional Fertility Centre. By law we cannot put couples needing surrogacy in contact with potential surrogates, rather, the couple must find a surrogate themselves.

Recommended selection criteria for a potential surrogate includes the following:

- Age 35 or younger (maximum age is 40)
- BMI <30 (optimal BMI 18-25)
- History of at least one healthy pregnancy and delivery
- Non-smoker
- Stable Social Environment
- No Drug use
- No Health Problems

In addition, the potential surrogate (and her partner if applicable) will need:

- Infectious Disease Blood work screening
- Letter of approval from her family physician stating no medical contraindication to being a gestational carrier
- Psychological Screening and counselling
- Willingness to have a legal agreement drawn up and signed by a Lawyer with expertise in third party reproduction.
- Possible Urine Drug Screening
- Assessment of Cervix, Uterine Cavity and Mock Medication Cycle/Transfer to ensure optimal chances for successful embryo transfer.

Both parties will need:

- Legal contract between themselves and the potential surrogate.
- Independent legal counsel and legal contract.
- Separate counselling session (must be in person) prior to starting treatment from an approved Reproductive Psychologist/Counsellor (Mandatory)

We provide consultation for both parties, a thorough screening process, commitment to safety, and full disclosure of the risks and successes of surrogacy. Due to the complicated nature of these treatment cycles, and the need to follow Canadian Fertility and Andrology Society Guidelines and well as Health Canada Regulations, it often takes 2 - 3 months before a potential gestational carrier cycle can have an embryo transfer. We are here to support both the gestational carrier, her partner (if applicable) and the intended parents throughout this process.