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Pathway to Parenthood

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GESTATIONAL SURROGACY

Reference to surrogacy can be found in the bible ("when Abraham took Hegar as a concubine"). The field has been slow to evolve, however, and surrogacy is not universally accepted or practiced throughout the world. In a survey conducted by the International Federation of Fertility Specialists in the late 1990's, surrogacy was accepted or practiced in only 15 of 37 countries responding to the survey. In the United States, surrogacy is not legal in all states, and laws vary widely from state to state. In-vitro fertilization (IVF) surrogacy involves the transfer of one or more embryos derived from the infertile woman's eggs and from sperm of her partner (or an egg and/or sperm donor) into the uterus of a surrogate. In this case, the surrogate provides a host womb but does not contribute genetically to the baby. While ethical, moral, and medico-legal issues still apply, IVF surrogacy appears to have gained more social acceptance than classic or traditional surrogacy (when the eggs and uterus of the same woman are used).

Candidates for IVF surrogacy can be divided into 3 groups: (1) women born without a uterus or who because of uterine surgery (hysterectomy) or diseases (congenital malformations, severe adhesions, multiple fibroids) are not capable of carrying a pregnancy to full term; (2) women who have been advised against undertaking a pregnancy because of systemic illnesses, such as diabetes, heart disease, and hypertension, severe musculoskeletal abnormalities, Rh isoimmunization, or certain malignant conditions, necessitating the use of chemotherapy, or associated with contraindications to the extremely high levels of estrogen associated with pregnancy; (3) same sex male couples or single men who desire children.

As in preparation for other assisted reproductive techniques, the biological parents undergo a thorough clinical, psychological, and laboratory assessment prior to selecting a surrogate. The purpose is to exclude sexually transmitted diseases that might be carried to the surrogate at the time of embryo transfer. They are also counseled on issues faced by all IVF aspiring parents, such as the possibility of multiple births, ectopic pregnancy, and miscarriage.

All legal issues pertaining to custody and the rights of the biological parents and the surrogate should be discussed in detail and the appropriate consent forms completed following full disclosure. We recommend that the surrogate and biological parents get separate legal counsel to avoid the conflict of interest that would arise were one attorney to counsel both parties. Furthermore, since many cases of surrogacy are performed on International Couples, it is important that the legal team is well versed in family law, international laws and knowledge of how to expedite the birth certificates. Experience in this area is one of the keys to arriving at a successful outcome.

Selecting the Surrogate: Many infertile couples who qualify for IVF surrogate parenting solicit the assistance of empathic friends or family members to act as surrogates. Other couples seek surrogates by advertising in the media. It is extremely important that in such situations, appropriate counseling of the surrogate be undertaken, to ensure that she has well intentioned motives. We would go so far as to say that the less professionals have been involved in procuring the surrogate, the more stringent should be the psychological screening of the candidate by a competent professional, to avoid significant problems down the road. Many couples with the necessary financial resources retain a surrogacy agency to find a suitable candidate. We direct our patients to a reputable surrogacy agency with access to many surrogates. As alluded to above, reputable agencies, usually work with competent professionals, capable of uncovering "unhealthy motives" in advance, thereby enabling them to eliminate unsuitable candidates. Working with agencies provides a layer of "safety" to this potentially hazardous matching process. Because the surrogate gives birth, it is rarely possible or even realistic for her to remain anonymous. Furthermore, a well written surrogacy contract, frequently provided by the agency, or else required to be constructed through private legal counsel, must address important topics such as: a) amniocentesis and what to do in the event of an abnormal result, b) what to do in the event of a High Order Multiple Pregnancy (selective reduction) c) nutrition and travel during pregnancy, d) compensation for unanticipated prolonged periods of bed rest or absence from work due to medical complications in the pregnancy and e) anticipated and acceptable contact and involvement after the delivery.

Screening the Surrogate: Once the surrogate has been selected, she will undergo thorough medical and psychological evaluations, including:

1. A cervical culture and/or DNA test to screen for infection with chlamydia, gonococcus, and other infective organisms that might interfere with a successful outcome.
2. Blood tests (as appropriate) for HIV, hepatitis, and other sexually transmitted diseases. She will also have a blood test performed to ensure that she is immune to the development of rubella (German measles) and will have a variety of blood-hormone tests, such as the measurement of plasma prolactin and thyroid-stimulating hormone (TSH).
3. A Uterine assessment. This can take the form of a sonohysterogram, a hysteroscopy and or a hysterosalpingogram. It is important to exclude polyps, fibroids or adhesions prior to the commencement of treatment.

Whether recruited from an agency, family members, or through personal solicitation, as mentioned, the surrogate should be carefully evaluated psychologically as well as physically. This is especially important in cases where a relatively young surrogate or family member is recruited. In such cases, it is important to ensure that the surrogate has not been subjected to any pressure or coercion.

The surrogate should also be counseled on issues faced by all IVF aspiring parents, such as multiple births. She should also visit with the clinical coordinator, who will outline the exact process step by step. She should be informed that she has full right of access to the clinic staff and that her concerns will be addressed promptly at all times. She should be aware that if pregnancy occurs, she will be referred to an obstetrician for prenatal care and delivery.

In the event that a viable pregnancy is confirmed by ultrasound recognition of a fetal heartbeat (at the sixth week), there is a better than 90% chance that the pregnancy will proceed normally to term. Once the pregnancy has progressed beyond the 12th week, the chance of a healthy baby being born is upward of 97%. In our setting, we anticipate approximately a 50% birthrate every time embryos are transferred to a surrogate, provided the biological mother (the egg provider) is under 35 years old and the surrogate

has a healthy uterus. The birthrate declines as the age of the egg provider advances beyond 35. It is important to note that there is no convincing evidence to suggest an increase in the incidence of spontaneous miscarriage or birth defects as a direct result of IVF surrogacy.

If the surrogate's blood pregnancy tests are negative, treatment with estrogen and progesterone is discontinued, and she can expect to menstruate within four to 10 days. In the event that the pregnancy test is positive, estrogen and progesterone therapy will continue for about six weeks.

After the evaluations and counseling of both the couple and the surrogate have been completed, the three of them will meet. Once all the evaluations have been completed, the couple will select a date to begin treatment.

Follicular Stimulation and Monitoring the Egg Provider: The procedure used to stimulate the female partner giving the eggs with fertility drugs, and monitoring her condition, strongly resembles that used for an egg donor. In order to stimulate ovulation of enough eggs to increase the chances of a viable pregnancy, she will be stimulated with gonadotropins (injectable FSH and LH). To prepare the ovaries, approximately seven days after ovulation occurs, GnRHa is administered daily. With the onset of menstruation approximately 7 to 12 days later, the female partner is given a blood test and baseline ultrasound examination to confirm that the ovaries are prepared and to exclude the presence of ovarian cysts. The decision is made then about when gonadotropins therapy should commence.

The first day of gonadotropin injections is referred to as cycle day 2. On cycle day 9, the program will begin intensive near daily monitoring by means of blood hormone measurements and ultrasound examinations. Usually, one to three additional days of gonadotropin therapy will be required. Once monitoring confirms that the female partner's ovarian follicles have developed optimally, she is given an injection of the ovulatory trigger hCG or Ovidrel. Then, in order to capture the eggs prior to ovulation, they are harvested 34-36 hours after the hCG injection by transvaginal ultrasound needle-guided aspiration.

Synchronizing the Cycles of Surrogate and Aspiring Mother: The surrogate will receive estrogen orally, by skin patches, or by injections, and then progesterone to help prepare her uterine lining for implantation. As with preparing the recipient for IVF/ovum donation, we use biweekly estradiol valerate injections in our program. GnRHa is administered for a period of 7 to 12 days in order to prepare the ovaries prior to administration of estradiol valerate. The duration of GnRHa therapy is adjusted to synchronize the cycle of the woman undergoing follicular stimulation with that of the surrogate. Once the prospective mother commences follicular stimulation, the surrogate will be given estradiol and progesterone while continuing GnRHa therapy. In the uncommon event of poor endometrial development, the couple will be given the choice of either having the aspiring mother's eggs harvested, fertilized, and frozen for transfer to a surrogate's uterus in a subsequent cycle, or canceling the procedure.

The egg provider then undergoes a routine transvaginal ultrasound-guided egg retrieval, egg fertilization and embryo culture.

Transferring the Embryos to the Surrogate's Uterus: Approximately 72-120 hours following egg retrieval, the embryos are transferred to the surrogate's uterus. She rests for approximately 30 minutes

and is then discharged from the clinic. Strict bed rest is not necessary and has not been shown to improve clinical outcomes.

Management and Follow-up After the Embryo Transfer: The surrogate will be given twice daily vaginal progesterone suppositories and estrogen supplementation in order to sustain an optimal environment for implantation, and approximately 10 days after the embryo transfer, will undergo a pregnancy test. A positive test indicates that implantation is taking place. In such an event, the estrogen and progesterone will be continued for an additional four to six weeks. In the interim, an ultrasound examination will be performed to definitively diagnose a clinical pregnancy. If the test is negative, all hormonal treatment is discontinued, and menstruation will ensue within 3 to 10 days. If the surrogate does not conceive, the aspiring parents may have their remaining embryos (if any frozen) thawed and transferred to the uterus of a surrogate at a later date. If in spite of both the initial attempt and subsequent transfer of thawed embryos the surrogate does not conceive, the infertile couple may schedule a new cycle of treatment. At this point, consideration could be given to interventions such as PGD or other markers of embryo competency.

Anticipated Success Rates with IVF Surrogacy: Like the pregnancy rates for egg donation, the rates for surrogacy have traditionally paralleled those achieved through conventional IVF. In the case of surrogacy, where the age of the egg provider cannot be controlled, success rates are influenced by the age of the egg and embryo quality. The birthrates are greater than 50% per embryo transfer when the eggs are derived from women under 35 years of age.

The Bioethics of IVF Surrogacy: The determination of ethical guidelines has not kept pace with the exploding growth and development in IVF. We agree with the following suggestion made by William Andereck MD, who in a presentation called "Ethical Issues in the New Reproductive Technologies" cited what he terms the "two-out-of-three rule" as applied to gestational surrogacy:

> "*The genetic combination of the male and the female provide two of the essential elements which, along with gestation, are necessary to produce a human being. The two-out-of-three rule basically looks at these three elements: the egg, the sperm, and the gestational component. If at all possible, I recommend that at least two of these three components be contributed by the intended parents. If they can only contribute one, by all means please try not to get the other two contributed by the same person."*

IVF surrogacy provides the only means by which a same sex male couple or single male can achieve biologic parenthood. In addition, same sex female couples may decide to achieve a pregnancy using one partner's eggs and the other partner's uterus, which is also a form of IVF surrogacy.

In conclusion: Gestational Surrogacy is a complex treatment modality. However, it provides intended parents a realistic and viable option for establishing a pregnancy using their own gametes. Consider the case of a patient who required a hysterectomy for cervical cancer at a young age. She and her family have had to confront many uncertainties and fears on the road to recovery. It seems unnecessarily punitive to forbid such a patient and her partner from reproducing using a successful treatment modality simply because legal beaurocrats and policy makers, who are sometimes ignorant of what the medical procedures entail, frown upon this proven treatment modality. The sooner those states and countries would lift their ban on this procedure, and follow the examples of those who have practiced surrogacy successfully in countless couples, the happier those who would benefit from the procedure would

become. In this day and age, it seems unreasonable to have to witness young couples travelling across the oceans with a tank of frozen embryos, to be replaced into a surrogate abroad, simply because their home country forbids the procedure. There are significant benefits for all parties involved, including the commissioning parents, the surrogate who can enjoy a lifetime of personal gratitude from this extraordinary act of selflessness, the medical team and last but by no means least, the many children conceived by these procedures.The following is a piece written by a Surrogacy Lawyer. This article brings up important points for anyone contemplating Surrogacy:

A "Meeting of the Minds" Behind Every Successful Surrogacy Arrangement

After spending over a decade assisting intended parents and surrogates in their surrogacy arrangements, I have learned that beyond the psychological and medical aspects of surrogacy, there is something so much more at stake. Yes, the medical and psychological screenings will initially determine who can be a surrogate and who cannot, but more importantly the expectations, both contractually and what lies in one's heart and mind, are what drive a successful arrangement between two people (or three or four, for that matter).

And, just to be sure, this is not another piece screaming the need for a written agreement (well, not exactly, but I am still telling you to have one), instead this piece is a cautionary tale that requires the parties (whether the surrogate or the parent) to take the time to consider what they each want out of the experience – emotionally, morally, ethically, and, yes, even financially.

Without belaboring any specific point in the text of a surrogacy agreement, I am finding more and more people not taking the time to consider what they really want out of the process (yes, I know a baby fits in there somewhere) and how to make certain that the other party's wants and needs mirror yours in most ways. And, whether it is because of a time crunch that exists because your doctor is leaving on vacation or you absolutely must start medications in two days before you will lose your donor, everyone really needs to take a step back and think about these issues before a true crisis erupts after a pregnancy is achieved.

For example, I have heard one too many surrogates state that they didn't have time to thoroughly work through any of their hot button issues in the contract, such as abortion or selective reduction to name a few, because they had promised their intended mother that they would start meds the next day. I do understand that need to make the process work out smoothly, but what happens when she is not really comfortable with a selective reduction from two to one fetus? And, the parents relied on her assertion in the agreement and transferred two embryos because she said she would reduce to one.

What happens here? Does the surrogate violate the terms of her agreement and essentially force her intended parents to become the parents of twins, which they never wanted? Or, does she set aside her own needs, wants and wishes in order to do as her contract demands? In this situation, a therapist will tell you that a surrogate giving in on this point once pregnant is not a positive situation for this arrangement, as the relationship will likely be damaged in some way as the surrogate has given a piece of herself that she never intended.

On the other hand, I have seen plenty of intended parents agree to financial terms that they never initially wanted to agree to because they have already paid for their surrogate to be screened, their surrogate has already started medications, and they want to please their surrogate and keep everyone happy and on good terms. Well, what happens when those additional financial terms become a reality

and are due and payable? What happens if these are costs that they never actually budgeted for? Again, anger and regret may set in and the relationship may be damaged on some level, which is not what anyone wants.

Then, there is the issue of the relationship between the parties, if any, both before and after the delivery. Every person is different, and some prefer more of a close relationship than others, but it is important to make certain that the two parties clearly understand the needs and wants of the other in terms of any relationship before the contractual agreement is finalized. Do you want to attend each doctor's appointment with your surrogate? Do you want that as a surrogate, or would you prefer to only have the parents attend appointments that are significant, such as the 14-16 week ultrasound or even an amniocentesis? What about if there is a selective reduction? Do you as the surrogate want the parents present? There is no right answer to these questions, but they are important when determining if the other party is a good match for you, and they are a starting point for thinking through and discussing potential areas of problems and/or areas where the other party may be sensitive on certain issues.

Speaking of sensitivity, a good agency, lawyer and/or clinic facilitator should be a part of this process, whereby each party has a support person that they can contact for advice and understanding right from the beginning – from the relationship between the parties during the pregnancy, birth plans, contacts with the medical providers – and the list goes on and on. No one wants their surrogate to agree to undergo a selective reduction during the contract process when she did not even understand the procedure and/or the implications and then later find out that she is unwilling after you transferred three embryos in reliance on this. What if she only agreed because she did not want to cause waves during the contract process, and/or she was afraid she would have to pay you back for the extensive and costly medical screening that already took place before contracts were signed?

Another final point to make regarding your arrangement that is actually more in the realm of psychology than legal is the process of withdrawing from your surrogate as the pregnancy moves forward and/or making promises to your surrogate at the beginning of the process that you do not intend to or cannot keep. For example, some parents will shower their surrogates with attention or promises (either in the form of gifts or attendance at appointments) in the beginning and then withdraw from the relationship to some extent as they begin planning the start of their new family. Yet, it is during the pregnancy itself that your surrogate needs your steady support most, and this withdrawal will often causes great anxiety because, as with anyone, your surrogate may be concerned that she has done something to upset you. My advice? Start out your relationship with your surrogate slow and steady, and then build up your relationship over time if that is what fits your style. Otherwise, stay steady – as it is always better to give more time and attention later than to pull back from what you have already been doing; it is not fair to your surrogate, to you or your baby. And, no one likes promises that are not kept. Ultimately, deciding on a match with a surrogate or intended parents is something that is not to be taken lightly. Everyone's needs are important – advocate for yourself and make certain you start your journey off on the right foot. Remember, nothing in life is perfect, but it is always good to be prepared. And, it is always good to make certain that your agreement is in writing, drafted by an attorney, and reviewed by your own attorney who will advocate on your behalf. Yes, I had to say it - you didn't think I would write something without reminding you of that once again, did you?

Lawyer quoted above served as a board member of the American Fertility Association, as well as a member of their Legal Council, and has been involved with the AFA since 2004.

Here is a piece by Ellen Speyer, which also discusses important aspects of building a successful surrogacy arrangement.

Surrogacy: Keys to Building a Successful Surrogate, Couple Relationship

By: Ellen Speyer, M.A., M.S., MFT - Member of the AFA Mental Health Advisory Council

Entering into a surrogacy relationship as both a surrogate carrier and a recipient couple is a major life decision. It represents an all-encompassing personal commitment on behalf of the fulfillment of one's highest goals and family ideals. Bringing together individuals and families whose paths may never have met, in service of common but distinctly different goals, is the first and foremost task. Exploring the long-term implications of surrogacy for each partner in the relationship and coming together on a decision to work together is the most important step. The decision to move ahead deserves to be thoroughly examined from the personal, psychological, physical and financial impact this decision carries. What is often overlooked in this process is an understanding of the key emotional elements of a satisfying and positive surrogacy relationship. The emotional commitment and willingness to accommodate to these important understandings are vital to the success of the surrogacy arrangement. Therefore, they need to be addressed and reviewed at the very beginning of the decision making process when the expectations for the arrangement are being considered. Surrogate carriers and recipient couples have lifetimes of experiences that have shaped their understandings of themselves and others. Reviewing prime emotional elements can provide insight for each partner in the relationship and contribute to the overall success of the experience. Surrogate carriers and recipient couples come to this arrangement as a way to fulfill significant intrinsic goals and ideals. It is the responsibility of the professionals consulted during this process to provide their own verbal or written list of important elements for consideration by each at the start of the arrangement. Typically, having an understanding of the psychological concerns and expectations of each other proves invaluable in avoiding different levels of conflict and negative feelings. Mental health counselors are called on during known and previously unknown surrogacy arrangements to foster communication and conflict resolution. Counseling on some important psychological considerations at the beginning as well as during the experience provides a safer and richer foundation from which to begin.

This article addresses building the surrogacy relationship between the couple and the surrogate carrier, previously unknown to each other. We can address the relationship within a family or working with a known, directed, surrogate carrier at another time. As such, we will be moving ahead over the initial steps in getting to this point. The process of choosing surrogacy as a family building option as well as selecting and psychologically evaluating a surrogate carrier are critical items that we know have come before in this process. This counselor advocates professional and legal guidance as a mandatory part of the selection process.

As I have discovered in my work with surrogacy, there are concerns that are important for the couple to understand and act in accordance with, for the surrogate carrier to feel connected and positively valued. This is key to the creation of a successful relationship.

Likewise, the couple has major considerations that the surrogate ought to understand and value. Increasing the understanding on both sides is the single most effective approach to work together with a strong level of success and satisfaction.

Although at the outset of the arrangement it can feel strange to both the couple and the surrogate working together, with time, patience and a willingness to be open and accepting, both the couple and the surrogate can create a close and fulfilling relationship. It is so wonderful when the surrogate and the couple come to like each other and share a mutual respect and satisfaction with the relationship. I submit these considerations in service of promoting the enjoyment of the experience for all of the members of both families which will share and receive the joy of the gifts of surrogacy.

The most important considerations that the recipient couple should know regarding their surrogate carrier.

Honest, consistent communication is necessary as the basis for a successful relationship.

It should be self evident, shouldn't it? However, when the stress and strain of creating a precious family is the main objective, couples don't always adhere to this. Surrogate carriers have been screened and evaluated with directives to be honest about their lives, their goals and their expectations for the relationship . Surrogate carriers depend on what the couple similarly share. Inconsistencies and secrecy are detrimental to building a safe, open relationship which will ultimately be in the best interests of both and the child. A surrogate and her family carry great respect for their intended parents and typically begin their long term relationship with high regard. Being diligent in following through with appointments, phone calls, and visits to the doctors protects that respect and loyalty in all ways. Couples that continually schedule visits, or phone calls which are cancelled or rescheduled or forgotten leave a surrogate feeling disregarded.

Respect the surrogate carrier's schedule when planning medical appointments. This is especially important to remember. Sometimes, participants have highly demanding professional careers and expect to be able to make the appointments around their work schedules. Often, a carrier might not feel entitled to ask for more consideration of her schedule. Maybe she feels that as a stay at home mom or working at a lower income level, she is not permitted to make such requests. Working as a team to negotiate the scheduling leads to positive feelings and a stronger relationship.

Allow the carrier private time with the physician at a medical appointment. It's a sensitive dilemma, however, it's important that the carrier can ask her personal questions in privacy. Asking for private time can set up anxiety in the couple feeling that something might be kept from them. Pregnancy brings strange surprises and women would like some time alone with their physician.

Include the surrogate's family in the relationship. Remember that the woman carrying the pregnancy does so with the entire family supporting her commitment. This includes her extended family as well. Sometimes it's a little harder for her mother to accept the surrogacy than maybe a husband or children. Feeling that her daughter, the surrogate, is carrying a child that should be their grandchild may surface. It is crucial that recipient couples are caring and inclusive of her family as well even though the focus is often solely on their family . It is imperative that the surrogate's children be allowed to see the new baby(ies) with their new family. Excited new parents are often anxious and fear that the surrogate or her family will have extended grief or anxiety if they see or enjoy the new baby. Conversely, the anxiety and fear surfaces when the children of the surrogate do not witness the new family together and in turn,

fantasize about where the babies disappeared to after their mom had carried them for so long. Couples do not need to suspect that their carrier or family will not be able to separate from the new baby. In addition, they must grant the surrogate a chance to be alone with the baby if desired and an opportunity for the children to have a supervised viewing of the new baby and family together.

Both partners (if its not a single parent surrogacy) should be available and willing to talk with the surrogate.
Understandably, the tendency is for the wife in a traditional marriage to manage the communications with the surrogate carrier. Women have shared with me that when they call or meet for an appointment, they like to be acknowledged by Dad as well. Typically, if they call the home the response is, "Hold on, I'll get my wife." Surrogate carriers are happy to carry the child for Mom and Dad and its important for the both partners to be available to talk and share.

Show trust that the surrogate carrier can make good choices regarding the pregnancy and consult with her when possible regarding ongoing decision making.
There are few things more anxiety producing than entrusting another person to care for your child for many, many months. Its an especially anxious time for couples who have experienced a very painful history of loss and disappointment. Surrogacy is never a first choice for couples wanting to have their baby. The carrier, however, needs to feel the couple's trust that she can carry successfully and will care for this child(ren)to the best of their ability. It's a balance to show interest in how they are feeling, physically and to be able to contain the anxiety if they do share any physical or emotional issues.

Include the surrogate carrier if possible in your own social event such as a family get together or baby shower.
How considerate it is to invite the surrogate carrier to be part of your life in a social way. The highest compliment would be to be included at the parents' baby shower, carrying the precious baby(ies).
There would be no better way to build a successful relationship than to be attentive in this way. Surrogates enjoy the attention that comes from this choice, it could be the highest motivator for choosing to carry and relinquish a pregnancy. Therefore, showing your pride by including her and her family with your own is an integral part of creating a strong relationship.

Consult with a counselor or case manager or support personnel regularly to receive support and help handling any issues that might arise. As a competent woman, a surrogate might resist any requests for help, attention or consideration from their case manager or psychological support professional. A regularly scheduled, psychological support session should be part to the program because a surrogate often has a difficult time asking for extra sessions which may cost the couple hourly fees. It is optimal for the surrogate to be able to contact the counselor in confidenceabout any issues that are bothering her.

Kindness and thoughtfulness can be shown in small ways which carry meaningful feelings. A surrogacy arrangement is a financially huge commitment. Even so, it is important throughout the relationship, to show acts of kindness and thoughtfulness. This could be having a meal together after a doctor appointment or gifts for a birthday or sending over a meal or housekeeper to help the surrogate and her family manage while she is carrying the pregnancy. At certain times, these last ones will be mandated by the terms of the agreement. It is even more special when the massage or the out to dinner invitations come when they are not required.

A long lasting gift at delivery represents something special that the surrogate carrier can take home when the couple goes home with their new baby.

Undoubtedly, couples become overwhelmed with the constant outpouring of expenses to be covered during a surrogate pregnancy and the extra financial responsibilities that need to be paid. Even so, when a couple brings home their beloved baby(ies) it is crucial to have a special gift for the surrogate . Sometimes it is a small piece of jewelry and can have the birthstones of the two moms or baby's birth month. Sometimes the gift is annual passes to a favorite theme park that the surrogate family enjoys. A favorite gift is a weekend hotel reservation for the surrogate to enjoy and begin to reconnect with her partner or husband. A gift that speaks to the surrogate mother is an important one and not to be overlooked as it helps with the post partum adjustment to completing the surrogacy and the special relationship that she enjoyed.

This article will be continued in the next issue of Connect. An optimal surrogacy arrangement is a special and balanced bond. It starts out as emotionally uncharted territory and at its conclusion, all of the individual members that started out on different sides of the arrangement are now joined and forever changed by the experience. Always uppermost has been the dream held by both the carrier and the parents..the dream of the new life that has been created.

Ellen Speyer, MFT has been a practicing psychotherapist for twenty five years. Ellen is happy to share that as a therapist working with surrogacy for eighteen years, she has helped almost two hundred happy babies go home with their families after being given a wonderful start by their devoted surrogate carriers.

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This handout is intended as an aid to provide patients with general information. As science is rapidly evolving, some new information may not be presented here. It is not intended to replace or define evaluation and treatment by a physician.