

Traditional Surrogacy Medical Overview

In Traditional Surrogacy, the Surrogate Mother becomes pregnant through Intrauterine insemination (IUIs) and/or home insemination (not allowed in our program). The eggs used during a Traditional Surrogacy are that of the Surrogate Mother. The Sperm is usually that of the Intended Father.

Medical Screening

Traditional Surrogates recruited by Simple Surrogacy, LLC are carefully screened by your clinic of choice using the guidelines provided by The American Society for Reproductive Medicine. The screening encompasses a review of their detailed medical history, a physical exam, comprehensive laboratory testing and medical screening. Multidisciplinary consultations with internists and specialists, psychologists, geneticists may also be required.

If there has been no previous work-up or if the testing is outdated, the Traditional Surrogate's work-up may include:

Traditional Surrogate Screening

- Initial consultation with a Reproductive Endocrinologist
- Physical examination
- Gynecological Exam
- Blood count and chemistry
- Blood type and RH
- Drug toxicology
- Screening for rubella, cytomegalovirus, , toxoplasmosis
- HIV Antibody
- Hepatitis A, B and C Surface Antigen
- RPR for Syphilis
- Cytomegalovirus (CMV)
- Cervical Cultures for Gonorrhea, Chlamydia, Ureaplasma, and Mycoplasma.
- Genetic Testing for Cystic Fibrosis, Tay Sachs Disease, Sickle Cell Disease, and Thalassemia.
- FSH - cycle day 2 or 3
- Group B Strep
- Hysterosalpingogram or Sono-hysterosalpingogram
- Consultation with the IVF nurse coordinator regarding the treatment protocol, medication and teaching of injections. Review and sign the consent forms.

Intended Father Screening

Your primary physician may have already performed the work-up of the genetic father referred for surrogacy. The philosophy at Simple Surrogacy is not to duplicate testing, thus, Intended Parent(s) are encouraged to obtain copies of their previous testing to avoid duplication. Testing for the Intended Father includes but are not limited to psychological evaluation, std testing, hysteroscopy, mock transfer, mock cycle, and blood work.

If there has been no previous work-up or if the testing is outdated, the Intended Father's work-up may include:

Intended Father Screening

- Initial consultation with a Reproductive Endocrinologist
- Physical examination
- Blood type and RH
- HIV antibody
- Hepatitis B and C surface antigen
- RPR for Syphilis
- CMV
- Genetic Testing for Cystic Fibrosis, Tay Sachs Disease, Sickle Cell Disease, and Thalassemia.
- Semen analysis (within the past 6 months)
- Sperm Count
- Motility

Counseling

The role of counseling is to prepare all parties involved in the treatment and to consider all factors which may influence the outcome. Counseling ensures that everyone is confident and comfortable with their participation and trusts each other. Counseling also minimizes foreseeable risks, thereby avoiding the placement of unacceptable burdens on any of the parties, including the future child. Some clinics will require that a Minnesota Multiphasic Personality Inventory (MMPI) be completed by a Traditional Surrogate Mother before entrance into their medical program. The MMPI is one of the most frequently used personality tests in the mental health fields. This assessment, or test, was designed to help identify personal, social, and behavioral problems in psychiatric patients. The test helps provide relevant information to aid in problem identification, diagnosis, and treatment planning for the patient.

Traditional Surrogate/Intended Father Suggestions

During the treatment cycle both the Traditional Surrogate and Intended Father should eat healthy food, take vitamin supplements and refrain from smoking, drinking, and drug use. All parties should not take any additional medication other than that prescribed by the Reproductive Endocrinologist/Physician.

- Be open and honest regarding expectations and hopes throughout the process.
- Refrain from sexual intercourse during the cycling process.

Treatment of the Traditional Surrogate's Cycle

In general, Traditional Surrogates do not have to be on any special medications. They keep track of their own menstrual cycle and time the inseminations around when they naturally ovulate. In some cases, intended parents and their surrogate will choose to use mild fertility drugs, such as Clomid, to fine-tune the timing of ovulation or increase the chances of twins. Through charting their Basal Body Temperature, watching their cervical mucous, and using ovulation predictors or fertility monitors, and/or through ultrasound monitoring by a clinic, the surrogate can pinpoint when she's most likely to ovulate and schedule the IUIs to coincide with this.

There are a few ways of actually performing the inseminations: doctors may perform intrauterine inseminations (IUIs) or cervical inseminations (ICIs) depending on the quality of sperm, whether they're working with fresh or frozen sperm, and personal preference. ICIs are basically the "turkey baster" method one imagines when speaking of artificial insemination, although it's actually a small catheter used to actually deposit the semen by the cervix. IUIs are done only with washed sperm - that's semen that's been sent through a centrifuge and spun until the seminal fluid is removed from the sperm, and only the strongest little swimmers remain. A catheter is threaded through the cervix into the uterus, and the sperm are inserted through it directly to the uterus.

Another method of Inseminations is home Inseminations. We do not permit home inseminations in our program.

Either way you decide to do inseminations, hopefully within the next 14 days your Surrogate will get a positive pregnancy test. But that does not always happen the first try. In most cases, it can take up to 6 attempts to achieve pregnancy. As long as the surrogate and intended parents keep an open mind and be honest and open with one another, surrogacy can be a very rewarding and fulfilling experience, for everyone involved!

The information provided above is for general information purposes to the Clients of Simple Surrogacy and should not be construed in any way as health or medical advice or treatment recommendations.