

THE *Insider's Guide* TO BECOMING A SURROGATE

- Are You Ready to Become a Surrogate? 7 Questions to Think Through Before You Begin
- 9 Awkward Questions You're Dying to Ask
- Tips for Talking to Your Family and Partner About Surrogacy
- Top 10 Myths About Becoming a Surrogate
- A Beginner's Guide to Infertility Acronyms
- Step-by-Step Overview of the Surrogacy Process
- 7 Questions to Ask Intended Parents Before Matching
- QUIZ: What's Your Surrogate Score?

ARE YOU READY TO BECOME A SURROGATE?

7 QUESTIONS TO THINK THROUGH BEFORE YOU BEGIN

1. What do you envision your surrogacy journey looking like?

2. What kind of relationship do you hope to have with your intended parents? How frequently would you like to communicate with them?

3. Do you have preferences on the type of intended parents you would like to be matched with? Location? Religion, race, or ethnicity? Age? Sexual orientation?

4. What are your thoughts on terminating a pregnancy? Are there circumstances you would consider terminating the pregnancy?

ARE YOU READY TO BECOME A SURROGATE? 7 QUESTIONS TO THINK THROUGH BEFORE YOU BEGIN

5. Do you feel emotionally prepared to carry a child for someone else?

6. Is your family supportive of your decision to become a surrogate? Do you have a stable support system in place?

7. Are you in a good shape, healthy, and take care of yourself?

9 AWKWARD QUESTIONS YOU'RE DYING TO ASK

1. How much will I be compensated?

Making such a time intensive, heartfelt commitment to bring a new human into the world and to make such a massive difference in someone's life goes far beyond money... but we understand that the financial aspect is an important piece of the puzzle. On average, you can receive between \$60,000 and \$80,000 as base compensation, plus allowances for monthly expenses, maternity clothes, and travel. Compensation is pre-determined and varies according to your particular circumstances. Many factors impact compensation, including your location, multiples, medical insurance and prior surrogacy experience. Find out an estimate of what your compensation may be using our [Compensation Calculator](#).

2. Will I be required to abstain from sexual intercourse?

It's not required for the entire pregnancy, but at different points of time throughout the surrogacy journey, you may be required to abstain from sexual intercourse. This is obviously a big ask, and you need to be honest if it is something you, as well as your partner, are willing to agree to do.

3. Will I be required to terminate the pregnancy?

This conversation needs to go beyond surface level Pro-Life or Pro-Choice, and delve into expectations during a variety of scenarios. You may have personal beliefs on abortion and termination for your personal pregnancies. However, will you expect to enforce those beliefs for a child that isn't yours? Are you comfortable with the intended parents making the decision to terminate or not? Will you feel comfortable with terminating the pregnancy under certain medical circumstances? Don't be afraid to get specific – talk through each and every scenario. It is important to ensure you and the intended parents agree on when and if a termination would occur.

4. Will I be required to have sex with the intended father?

No, absolutely not. As a Gestational Surrogate (aka Gestational Carrier) you will take medication to prepare your uterus for an embryo transfer. The embryo (created with the egg of the intended mother or a donor egg and the sperm of the intended father or donor sperm) is fertilized in a lab and then transferred into your uterus.

9 AWKWARD QUESTIONS YOU'RE DYING TO ASK

5. Will the intended parents attend OB/GYN appointments and be present in the delivery room?

Each relationship between a gestational surrogate and her intended parents is different. , Expectations on how you would like your relationship to be during and after delivery must be determined at the onset. The expectations set early will minimize hurt feelings or uncomfortable encounters. Talking through how you each see the journey unfolding – including communication and involvement – will ensure a smoother journey for everyone.

6. Are the intended parents allowed to touch my belly whenever they want?

No! It's their baby, but it's your body. When and if someone can touch you is your decision. There may be a time when the intended parents ask to touch your pregnant belly or feel the baby kick. Having these important discussions to openly discuss boundaries early on and express your wishes for the journey is imperative.

7. What happens if the intended parents change their mind?

You will have no legal responsibility for this child, and you'll never be asked to assume guardianship. A stringent legal process involving a Gestational Surrogacy Agreement, and petitions with the court including a Pre-Birth Order or Post-Birth Order will ensure legal parentage of the intended parents, as well as terminating any legal parental responsibility of you or your partner/spouse.

8. How do I explain to people that it is not my baby?

Surrogacy is a fascinating topic and everyone will have some kind of opinion on it – but remember when it comes to strangers who aren't personally involved in your journey, it usually isn't necessary to explain your surrogacy decision or the process, or even that you're a surrogate at all.

9. I don't have health insurance, does that mean I can't be a surrogate?

Medical health insurance is a must in surrogacy, but don't worry. Whether your own personal medical insurance doesn't cover a surrogacy pregnancy or whether you don't have medical insurance at all, the intended parents are required to purchase a medical insurance policy on your behalf. The policy will cover your medical care for the prenatal, delivery, and postpartum visit. Surrogacy is a major financial undertaking for the intended parents and the idea of unchecked medical costs could also be downright terrifying. Therefore, for the protection of both the surrogates and the intended parents, we require every match that we facilitate carry insurance.



TIPS FOR TALKING TO YOUR FAMILY & PARTNER ABOUT SURROGACY

One of the biggest hurdles in becoming a gestational surrogate is broaching the subject with the people closest to you – your partner, children, extended family, and friends. Most likely, you’ve been thinking about becoming a surrogate for a while now... the average woman considers surrogacy for YEARS before ever pursuing it. During this time, you’ve thought through different scenarios you may encounter, wondered how awesome it would be to give the gift of parenthood, and perhaps how the compensation would benefit your own family. But one thing you may not have considered? How to explain surrogacy to someone completely unfamiliar with the concept.

Let’s start with one of our favorite quotes: ***How can anyone follow their ‘what if’s’ if they need someone else to approve of it first?***

You’ve been called to become a surrogate. And that is reason enough to explore it further. We’re not saying you don’t need the support of your family and friends – a strong support system is critical to a successful surrogacy journey. But having support is much different than seeking approval from the most important people in your life. Before you even begin down the path of applying to become a surrogate, you’ll want to explain the purpose of surrogacy, the process behind it, and what to expect along the way to those closest to you. Once everyone is educated and on-board, they will become as excited as you are about the journey you are about to embark on – not to mention, the pride they will feel knowing what an amazing, selfless, and courageous woman they get to call Wife, Mom, Sister, Daughter, or Friend!

TALKING WITH YOUR PARTNER OR SPOUSE:

- ✓ **Don’t avoid the awkward questions**

You will be carrying someone else’s child, and that’s understandably a REALLY big deal. What is the process like? What will be required of you and your partner? Will you be the genetic mother to the child? How will the medications affect your body? How will you be protected? Will you have to abstain from sexual intercourse while pregnant? Who will see and touch your body throughout this process? What if the parents change their mind – will we have to keep the baby? These are normal concerns that any partner may have. Don’t judge and let him/her ask whatever is on their mind.

- ✓ **He/She is worried about your health and wellbeing**

Acknowledge the potential health risks and walk through the medical and emotional challenges involved in surrogacy and how you will deal with each one.

- ✓ **Share information from other surrogate partners**

Blog posts and podcasts that feature the partners of surrogates are a great place to start. Here are a few recent posts from the husbands of past surrogates:



TIPS FOR TALKING TO YOUR FAMILY & PARTNER ABOUT SURROGACY

- [A Surrogate Husband's Point of View on Surrogacy – Chris's Blog](#)
- [A Surrogate Husband's Point of View on Surrogacy – Joe's Blog](#)
- ✓ **Discuss the compensation you will receive, and how it will contribute to your family's financial goals**
- ✓ **Discuss together how you will approach other family members, friends, and coworkers**

Your decision will have an impact on your partners life as well. It is important to talk through each aspect and be prepared for the questions each of you will receive.

TALKING WITH YOUR CHILDREN:

- ✓ **Tell them early**

Psychologists tell us that when children feel like they are a part of the decision-making process, or at least as though their thoughts and feelings are taken into consideration, they manage well with “big” news. Surrogacy is certainly big news! We encourage you to tell your children about surrogacy early, especially if they're old enough to understand pregnancy. You don't want them to feel as though you kept a secret from them. When you tell them about your choice early and frame it as a family choice, you give validity to their questions and concerns.
- ✓ **Encourage their questions**

Allow your children to ask questions and respond with respect and patience. The answer should never be, “Because we decided that we were doing this.” Focus on the good that comes from this. The good that comes to your family, the intended parent's family, and the world as a whole. Be kind, patient, and empathetic to their concerns. Know that as the belly grows, so too will the questions. Let your children know that you'll respond to new questions as they arise and that no questions are off limits.
- ✓ **Build a relationship**

If your intended parents and your spouse are comfortable with the idea, consider an introduction. When your children can put faces to the names of the parents, they become real. Consider framing a photo of the parents and keeping it in plain view during your pregnancy. This gives them a firm foundation in the reality that the baby growing inside your belly has a home as well as parents that already love the child and are eagerly awaiting his or her arrival.

TIPS FOR TALKING TO YOUR FAMILY & PARTNER ABOUT SURROGACY

✓ **Be age appropriate**

Don't expect to share this news with your 15-year-old and your 5-year-old at the same time. Their reactions will be quite different, and so will their questions. You'll want to share information about the process that is appropriate for the age, and use language that suits your child's maturity level as well. Younger children don't need to know about the intricacies of IVF in the same way that a teenager, who understands how babies are made, may need to have explained to them. Additionally, expect older children and teens to meet you with more suspicion and disapproval at first. Give them age-appropriate space, but don't minimize their reaction to your news.

✓ **Make it a Family Affair**

"We are not a family with a surrogate in it. We are a surrogate family." Everyone in your family will play a role in this life-affirming journey. Allow your children to be a part of the experience and encourage them to be excited about how they can help. You may find that they identify with this journey and begin to positively identify themselves as part of this community as well.

TALKING WITH YOUR FAMILY AND FRIENDS:

✓ **Decide who you'd like to include on your journey**

You will want to share varying amounts of surrogacy information with different people. Not everyone will be open to the idea of surrogacy and may require more educating than others. Be prepared with sources of information to send them to, such as podcasts, blogs, and news articles.

✓ **Be proud of your decision**

You should feel proud of your decision to become a surrogate, and it should be a story you feel confident talking about with friends and family members.

✓ **Acknowledge that surrogacy can be a fascinating and mysterious process for outsiders – invite them into your journey**

Walk through your decision-making process and emphasize that it was a carefully thought-out choice that will be beneficial for the intended family as well as your own.

✓ **Friends and family will ask the awkward questions too**

Share as much as you feel comfortable with, but don't feel like you must tell every single detail of the IVF process, your compensation, or your relationship with the intended parents. Ultimately, their questions are stemming from a lack of knowledge on the topic – be patient and educate them with facts.



TOP 10 MYTHS ABOUT BECOMING A SURROGATE

Everyone has an opinion about surrogacy. Most of them are the result of myths. Before you buy into the things being said about surrogacy on the internet, here's a look at the top ten things the world gets wrong about surrogacy.

1. Anyone can do it.

Nope. Surrogates face extensive medical, psychological, and lifestyle screenings to ensure that only the healthiest, most stable, and most reliable women go on to become surrogates. Guidelines are set in place to not only protect the child and the intended parents – but you as well. Agencies follow the guidelines set forth by clinics as well as other governing boards. While almost any woman can become pregnant, less than 10% of applicants can become surrogates.

2. You don't have a voice.

Yes, you'll sign a contract that outlines a code of conduct. But no one is going to tell you that you must eat only kale and plain chicken breasts for nine months. Once the embryo has been transferred, your needs and wants are (within reason) paramount. It is, however, essential you follow your doctor's orders and cooperate with your intended parents and agency to make sure that you and your intended parents are happy and comfortable throughout the pregnancy and delivery.

3. Online legal forms are good enough.

Surrogacy is a big deal. Together as a team, you and your intended parents will be creating a life. It is crucial that you and the intended parents work with your own attorneys who are versed in reproductive law to formulate legally binding documents that protect you and the intended parent's parental rights.

4. You are assigned intended parents.

Wrong again. The choice over who you will help to become parents is up to you. Or at least it should be. If you're talking with an agency that is trying to influence your matching preferences, maybe it's time to seek a different agency.

5. You may have to pay child support or want to keep the child.

Likely made popular by a few outrageous news stories and TV movies, this idea is very far from the truth. Not only will you have no legal grounds to keep the child, but it's extremely unlikely that you will want to. You will have no legal responsibility for this child, and you'll never be asked to assume guardianship.



TOP 10 MYTHS ABOUT BECOMING A SURROGATE

6. If your tubes are tied – or if you’ve had a C-section – you won’t qualify.

Again – false. In fact, you don’t even need to have tubes to become a successful surrogate. They serve no purpose in IVF pregnancies. Additionally, if you have had no more than two C-sections, you can still apply to become a surrogate. We actually prefer those who have had their tubes tied or their husbands have had vasectomies - it takes the pressure off of an accidental pregnancy!

7. Surrogates make big bucks.

Will you be compensated for your gift? Yes. Will it be enough to buy you a house in the Hollywood Hills? No. The best surrogates are motivated by altruistic intentions, meaning the compensation is a nice bonus, but not the catalyst for their desire to help. If you think surrogacy is a way to get rich quick, you’re going to be very disappointed.

8. Dropping an agency saves your intended parents cash.

Going through the process independently only saves the intended parents the agency fee cost, while leaving both parties open to the legal and financial complications of the process that an expert could help you avoid.

9. The surrogate must have sex with the intended fathers.

Um, no. In gestational surrogacy, you will go through an in-vitro fertilization (IVF) procedure in a medical clinic. That means that the embryo (the egg of the intended mother or a donor egg and the sperm of the intended father or donor sperm) is fertilized in a lab and then transferred into your uterus. No hanky panky required.

10. All agencies are the same.

It’d be closer to the truth to say that NO two agencies are alike. While each agency has certain guidelines and criteria in place, most reputable agencies follow similar guidelines set in place by clinics as well as the Assisted Society for Reproductive Medicine. That’s about where the similarities end, though. Agencies can differ greatly regarding compensation, communication, support, and how the various processes are handled. Talk to lots of agencies. Ask lots of questions. Read reviews. You’ll start to notice differences quickly. Only work with an agency that feels like the right one for you.



A BEGINNER'S GUIDE TO INFERTILITY ACRONYMS

Fertility message boards and social media groups can be a huge help when you're coping with infertility, helping you to feel understood and less lonely on this journey. But all these acronyms and lingo can make you feel like you need to invest in IVF Rosetta Stone just to make sense of it all. The good news is it's not another language – just abbreviations to help from having to type out or say ridiculously long words and medical terminology – and you'll be seamlessly weaving them into online and offline conversations before you know it (whether you like it or not).

As the old adage goes, knowledge is power. So, to help you from infertility #noob to #IVFWarrior status ASAP, here is a list* of the most commonly used acronyms in the world of fertility. *Compiled using information from VeryWellFamily.com, ARC Fertility, and What To Expect.

ACOG: American Congress of Obstetricians and Gynecologists.

ACA: Anti-Cardiolipin Antibodies.

AF: Aunt Flo or Flo, also known as your period. (Outside of infertility circles, AF stands for “as f#%k” ... which really is just as appropriate from a trying to conceive context!)

AFNW: Aunt Flo Not Wanted.

AFSA: Aunt Flo Stay Away.

AH or AZH: Assisted Hatching, an IVF technology.

AI: Artificial Insemination.

ANA: Antinuclear Antibodies.

AO: Anovulatory.

APA: Antiphospholipid Antibodies.

ART: Assisted reproductive technology such as IVF.

ASRM: American Society for Reproductive Medicine.

ATA: Antithyroid Antibodies.

AWOL: A Woman on Lupron, referring to the mood swings that sometimes accompany this fertility drug.

BA: Baby Aspirin.

BBT: Basal body temperature: temperature upon first waking, ovulation can be tracked using a special thermometer as temperature rises around the time of ovulation.

BCP: Birth Control Pills.

BD: Baby Dance, a reference to having sexual intercourse during on your most fertile days; OR, Baby Dust, a sort of good wishes or good luck phrase meant to hope you get pregnant.

Beta: A pregnancy test that measures the levels of hCG (pregnancy hormone) via blood work.

BFN: Big Fat Negative, refers to a negative pregnancy test.

BFP: Big Fat Positive, refers to a positive pregnancy test.

BMS: Baby Making Sex.

BOB: Baby on the Brain, or thinking about having a baby all the time.

BV: Baby Vibes, same thing as Baby Dust, something you “give” to someone in hopes they'll get pregnant.

B/W or BW: Blood Work.

CB: Cycle Buddy, someone who either started the cycle with you, ovulated around the same time as you, or is planning to take a pregnancy test at about the same time as you.

CCCT or CCT: Clomiphene Citrate Challenge Test, a fertility test.

CD/CDI: Cycle day, which is the number of days into the cycle counting the first day of bleeding as CDI: Ovulation usually occurs around CD12-18

CL: Cover Line, refers to a line drawn on a body basal temperature chart. Temperatures “above the cover line” occur after ovulation.

CM or CF: Cervical Mucus or Cervical Fluid, a topic you may have never imagined talking



A BEGINNER'S GUIDE TO INFERTILITY ACRONYMS

about, but in a fertility forum, may find yourself chatting about with unexpected enthusiasm. In detail, no less!

CMV: Cytomegalovirus.

CNM: Certified nurse midwife (a nurse — usually an R.N. — who has completed graduate-level programs in midwifery and is licensed by the state and usually has a collaborative relationship with a physician)

CP: Cervical Position, another topic you probably never imagined talking about with strangers.

CY#: Cycle Number, since TTC or since starting a treatment.

DE: Donor Eggs.

DES: Diethylstilbestrol.

DF: Dear fiancé.

DH: Dear husband.

DHEA: Dehydroepiandrosterone.

DI: Donor Insemination, as you would have with IUI along with a sperm donor.

DTD: Doing the Deed, or Doing the Dance, a reference to sex.

DP: Dear partner.

DPO: Days post-ovulation, e.g. 5DPO, usually used when someone is waiting to take a pregnancy test.

DPR: Days Past Retrieval, or the number of days since you've

had the oocyte (egg) retrieval during IVF treatment.

DPT: Days Past Transfer, or the number of days after embryo transfer in an IVF treatment or embryo donation cycle.

DW: Dear wife.

E2: Estradiol, a hormone sometimes measured during fertility testing and treatment.

EB, EMB: Endometrial Biopsy.

EDD: Estimated Due Date.

ET: Embryo Transfer, done during IVF.

ENDO: Endometriosis.

EWCM: Egg White Cervical Mucus, or the most fertile kind of cervical mucus.

FE: Frozen Embryo.

FET: Frozen Embryo Transfer, referring to an IVF cycle using previously frozen embryos that have been thawed and then transferred.

FHR: Fetal Heart Rate.

FF: Fertility Friend, referring to the charting website FertilityFriend.com.

FM: Fertility Monitor, used to detect ovulation at home.

FMU: First Morning Urine.

FSH: Follicle Stimulating Hormone.

FTTA: Fertile Thoughts to All.

FX: Fingers Crossed for a BFP or that the pregnancy “sticks”.

GIFT: Gamete Intrafallopian Transfer, a form of assisted reproductive treatment.

GS: Gestational Surrogate.

hCG: Human Chorionic Gonadotropin.

HPT: Home Pregnancy Test, like what you buy at the drug store.

hMG: Human Menopausal Gonadotropin.

HOM: High Order Multiples, a pregnancy with three or more babies.

HSG: Hysterosalpingogram.

ICSI: Intracytoplasmic Sperm Injection.

IF or IFer: Infertility or a reference to someone with infertility.

IM: Intramuscular Injection.

IPS: Imaginary Pregnancy Symptoms, when you feel pregnant but you're not.

IR: Insulin Resistance.

IUI: Intra-uterine insemination: placement of “washed” sperm directly into the uterus, rather than the vagina, through a small tube passed through the cervix

IVF: In-vitro fertilization: procedure where an egg is fertilized with sperm outside the womb, then implanted in a woman's uterus



A BEGINNER'S GUIDE TO INFERTILITY ACRONYMS

IVF-DE: IVF with Donor Eggs.

LAP: Laparoscopy.

LH: Luteinizing Hormone.

LMP: Last Menstrual Period.

LPD: Luteal Phase Defect.

LSC or LSP: Low Sperm Count.

M/C: Miscarriage.

MF: Male Factor Infertility.

MS: Morning Sickness.

O or OV: Ovulation.

OHSS: Ovarian Hyperstimulation Syndrome.

OPT or OPK: Ovulation predictor test or kit using urine or saliva to detect an upcoming ovulation 12 to 50 hours before it happens

P4, Prog, or Progesterone: Hormone that supports the lining of the uterus to develop each month so that an embryo can implant and start a pregnancy. Also required for pregnancy to continue.

PAF or PANFERT: Pregnancy after infertility.

PCT: Post-coital test – infertility test that looks at how sperm and cervical mucus interact.

PCO, PCOS, or PCOD: Polycystic ovary syndrome: a condition where female sex hormones are out of

balance, which can prevent regular ovulation, making it more difficult to get pregnant.

PG: Pregnant.

PGD: Pre-implantation Genetic Diagnosis.

PI: Primary Infertility, or infertility without any previously born children.

PID: Pelvic Inflammatory Disease.

PIO: Progesterone in Oil.

PNV: Prenatal Vitamin.

POC: Products of Conception.

POF, or POI: Premature Ovarian Failure, or Primary Ovarian Insufficiency.

POAS: Pee On A Stick, or take a pregnancy test at home.

PUPO: Pregnant Until Proven Otherwise.

RE: Reproductive Endocrinologist, a kind of fertility specialist.

RI: Reproductive Immunologist, another kind of fertility specialist.

RPL: Recurrent Pregnancy Loss.

SA: Semen Analysis.

SART: Society for Assisted Reproductive Technologies.

SB: Stillborn.

SHG: Sonohysterogram, a fertility test.

SI: Secondary Infertility.

SM: Surrogate Mother.

STIMS: Stimulating Hormones, usually referring to injectable fertility drugs like gonadotropins.

SP: Sperm Count.

SOD: Sex on Demand, or sex on schedule or during fertility treatment.

SubQ, or SC: Subcutaneous Injection.

TWW or 2WW: Two Week Wait.

TCOYF: Taking Charge of Your Fertility, a book by Toni Weschler on fertility awareness.

TESE: Testicular Sperm Extraction.

TI: Timed intercourse.

TL: Tubal Ligation.

TMI: Too Much Information, something fertility forum goers don't seem to shy away from too often!

TTC: Trying to Conceive.

TS: Traditional Surrogate.

U/S: Ultrasound.

VR: Vasectomy Reversal.

ZIFT: Zygote Intrafallopian Transfer, a kind of assisted reproductive treatment.



STEP-BY-STEP GUIDE TO THE SURROGACY PROCESS

Our process is built on love, support, and compassion for both our surrogates and our families. We guide you through every step of the surrogacy process with our expert knowledge and hands-on approach. We at Family Inceptions Surrogacy Agency understand that the journey for surrogacy is a long one, but it can be turned into a fulfilling, soul-enriching experience with a step-by-step process and the right people by your side.

From matching you with the best-fit intended parents to making sure your medical bills are being paid on time and you're well taken care of, we'll be there for you every step of the way.

The entire surrogacy process takes about 13-18 months from the moment you apply to the time of delivery. Here is an average timeline of what to expect and when to expect it. Please remember that like every pregnancy, every surrogacy is unique, so the process may vary from case to case.

STEP ONE: START YOUR ONLINE APPLICATION

Our application is broken down into two parts:

- **Part 1 – Registration and Pre-Screening:** This part of the application process asks for basic demographics (name, age, contact information, etc.), as well as ensures you meet the [individual, medical, and financial qualifications](#) to become a gestational surrogate based on requirements laid out by the American Society for Reproductive Medicine (ASRM). **Time to complete: 5-10 minutes.**
- **Part 2 – Full Application:** This part asks for more in-depth information about your health history including past pregnancies. It also covers your personal history including education, employment, family, personality, and expectations for the surrogacy journey. **Time to complete: 60-90 minutes.**

STEP TWO: COMPLETE THE INTERVIEW

Once we receive your application to become a surrogate, we'll schedule a one-on-one video or in-person meeting to share with you a detailed overview of gestational surrogacy journey, what to expect, your match preferences, your compensation plan, and the next steps. You will be encouraged to discuss your fears and ask us any questions you may have. Surrogacy is a two-way process – you support the family in need while we support you. **Time to Completion: 2-3 hours**

STEP THREE: PRE-SCREENING PROCESS

Before we approve and welcome you as a surrogate with Family Inceptions, you'll go through a pre-screening process. This pre-screening process includes personal and medical checks, including a psychological evaluation for you and your spouse/partner, a home visit, review of your pregnancy and health records, as well as review of your medical insurance (if applicable –



STEP-BY-STEP GUIDE TO THE SURROGACY PROCESS

health insurance is not a requirement to become a surrogate!). **Time to Completion: 3-4 weeks**

STEP FOUR: MATCHING WITH INTENDED PARENTS

After a successful pre-screening process, the next step is to find the best-fit intended parents for you, so you can help the family you are meant to help. This starts by us keeping your values, beliefs and expectations at the forefront and matching you with the right intended parents! We are proud to tell you that Family Inceptions has a high success rate on an impeccable match the very first time. **Time to Completion: 1-3 weeks**

STEP FIVE: MEDICAL SCREENING

To move forward, next we would need to get a green light from the intended parents' fertility clinic. Necessary medical evaluations will be done to make sure we are good to go. Please note: The intended parents will be bearing all the expenses related to the surrogacy journey, so you have nothing to worry about! **Time to Completion: 1-2 months**

STEP SIX: LEGAL CONTRACTS

Once we've found the best-fit Intended Parents match for you, and the medical screening checks out, we'll legalize the entire process by establishing the terms of surrogacy and all the nitty-gritty. Our expert attorneys draft the legal agreement, a Gestational Surrogacy Agreement (GSA) for you, your partner/spouse and the intended parents. Each party will have their own separate legal counsel. Your attorney will review the GSA with you in detail. Upon the legal process completion, our experienced case expert will share the timeline + procedure details with you. **Time to Completion: 2-4 weeks**

STEP SEVEN: MEDICATION AND EMBRYO TRANSFER

As a surrogate, it's necessary for you to undergo a medical procedure called In Vitro Fertilization. You will be prescribed medication to prepare your body to accept the embryo created by the intended parents. You'll be notified of all do's and don'ts during this period. Family Inceptions along with the fertility center will make the necessary preparations, to ensure you are ready for the embryo transfer. **Time to Completion: 1 month**

STEP EIGHT: PREGNANCY AND DELIVERY

After you've conceived, Family Inception and the intended parents will stay in close contact with you, helping you with anything that you may need, supporting you in every possible way to make this an easy, enjoyable and an extraordinary experience for you. With the prayers, well-wishes and our complete support, we'll help plan the BIG DAY, the moment that will have everyone excited and smiling from ear to ear. Together, we'll welcome the newest member to the world. **Time to Completion: 9+ months**



7 QUESTIONS TO ASK INTENDED PARENTS BEFORE YOU MATCH

Getting matched with intended parents may seem daunting. There's a lot that goes into the process, including ensuring your goals align and both parties desire the same outcome.

When you work with an agency, a lot of the pressure of matching is taken off your shoulders. But that doesn't mean you have no say in the final match.

To ensure you and your intended parents would be a good match, you will have several opportunities to speak to them and meet them. In preparation for your first match call, you may want to consider some questions to ask them. Here is a list to get you started.

1. Why have you chosen to work with a gestational surrogate?

This question is a version of "tell me your story" that centers on the reasons your intended parents are seeking surrogacy. Whether the parents are struggling with infertility or have chosen surrogacy for another reason, it's good to understand why they have chosen to complete their family this way.

2. What kind of relationship do you wish to have with your surrogate?

Understanding what your intended parents expect from their relationship with you is important before proceeding. You may desire closeness that they're not open to, or vice-versa. You'll want to make sure you're on the same page before making any final matching decisions.

3. What do you expect from the delivery?

Some intended parents want to be present for the delivery. Many surrogates are particular about where the intended father intends to be in the delivery room, and in particular, where he will be positioned. This is a valid question, and it's important to address this topic specifically and be clear about your wishes regarding modesty during delivery. You need to determine what you're comfortable with this and whether your desires align with theirs.

4. What are your thoughts on multiples?

When conceiving via IVF, the chances of multiples are much higher than in a traditional pregnancy. It's important to understand your intended parents' thoughts on multiples and whether you'll be expected to carry them should the situation arise.



7 QUESTIONS TO ASK INTENDED PARENTS BEFORE YOU MATCH

5. What do you plan to tell your child(ren) about surrogacy as they get older?

While your role in the child's life is very important pre-birth, it's good to gauge how the parents will discuss your role in their life as the child grows.

6. Under what circumstances would you seek to terminate the pregnancy?

This is obviously an extremely sensitive topic, but it's not something to tip-toe around. In fact, pregnancy termination will be discussed at length before you finalize your match with intended parents in a Gestational Surrogacy Agreement. It is critical you and the intended parents agree regarding under what, if any, circumstances would lead to a pregnancy termination.

7. What are your plans for the birth? Will you request an induction?

A due date is not set in stone, and a baby's arrival can never be predicted 100%. You'll want to discuss the birth plan, and how/when the intended parents will be within driving distance of the hospital. Some intended parents prefer to set an induction date to ensure they are present for the birth, although this must be cleared by your doctor and hospital and will be dependent on the health of the baby.

QUIZ: WHAT'S YOUR SURROGATE SCORE?

You're thinking about becoming a surrogate. But are you ready? Find out your Surrogate Score and see if you have what it takes to take on this role of a lifetime.

[TAKE THE QUIZ](#)

