

# :S: The SAI Surrogacy Guide

A Handbook for Prospective Surrogates and Intended Parents

Surrogate Alternatives, Inc.

'Building Tomorrow's Families Today'



# Welcome

So.....you're considering surrogacy, either as a potential surrogate or as an option to help you expand or start a family of your own, but you have questions. It's a big decision, and you need reliable, practical information to help you make the right choices. Friendly, helpful people in a positive and upbeat environment would also be good, right? Well, relax, because you have definitely come to the right place!

## ABOUTME

I formed Surrogate Alternatives in 1998 when I became inspired to share my own surrogacy experience with others. Two years prior, I spent all of my time and energy researching infertility and third-party reproduction. I met with industry professionals to strategize and find ways to make Surrogate Alternatives successful. Built from the ground up when there were only a handful of



agencies located in California, Surrogate Alternatives has become known and recognized worldwide as one of the leading surrogacy and egg donation agencies in the United States.

The goal I had in mind when choosing my career path was to implement the strong morals and values I grew up with and build something my employees, and I could be proud to be a part of. Over the past 20 years, Surrogate Alternatives has grown from a single person operation to a team of 12 experienced and dedicated employees. Surrogacy and egg donation was a field of personal interest to me. I know first-hand, the pain of infertility, as a close family friend of mine was unable to become pregnant due to her late-stage diabetes. It wasn't fair that the joy of parenthood could be stolen from her so quickly. It's a human right to procreate and to know what it feels

like to love someone so wholly and unconditionally, I knew I had to do everything and anything I could to help others if I was able. I've personally been a surrogate twice and given birth to three babies. I've also been a five-time egg donor which has resulted in the birth of seven babies, and it's through these experiences that I continue to make the creation of families a priority.

I have spent over a decade and a half perfecting the complicated process of building families through surrogacy and egg donation with the knowledge and experience I have gained and shared with my staff. I want to share that knowledge and experience with you, so I created this Surrogacy Handbook to provide you with an overview of the process and (hopefully) to address some of your questions and concerns directly. After you read through the handbook, we hope you reach out to us to answer any specific questions you might have or even to get you started on your first surrogacy journey. Thanks for taking the time to visit our website and for reading this handbook. This business is very personal to me, so I like to keep my finger on the pulse of the company I created and have nurtured for the last 20 years. I still try to personally meet every surrogate who signs up with us, and every Intended Parent who visits our office. If you sign up with SAI, chances are high that we will meet in person someday. I look forward to getting to know you better when that day comes.

Diana Olmeda, CEO & President of Surrogate Alternatives, Inc.

# SURROGACY IN THE UNITED STATES

### What to Consider

Surrogacy involves many legal, ethical and financial considerations. Usually, potential parents pay the surrogate a fee for carrying the child, along with her medical expenses. Costs can start at \$20,000 or more, and go as high as \$120,000. Legal contracts are required before the process begins to protect the rights and specify the responsibilities of the parents, surrogate, and intended child. Both the surrogate and intended parents (IP's) should have separate legal counsel.

### Who Is A Surrogate?

A surrogate is a woman who carries a child or children for another person. A surrogate may carry for an individual or a couple that they have met through the help of a third-party surrogate agency, an online forum, a personal friend or a family member. Many surrogates are compensated for their time and sacrifice during the surrogate arrangement, this is referred to as compensated surrogacy.

At SAI, our surrogates are the lifeblood of our agency. We provide guidance, support, and assistance to our surrogates, through a legally compensated surrogate arrangement, and act as a proxy for our IP clients who are unable to be physically present during essential events of the surrogacy journey. We go to doctor's appointments when IP's cannot. We lead monthly Support Group meetings to encourage our surrogates to bond, ask questions, or just spend time with other surrogates in fun, food, and fellowship. We have quarterly, special meetings that include fun outings or DIY art projects. SAI hosts twice-yearly weekend retreats specifically for the surrogates where we pamper them, play group games with them and spend some time getting to know them a little better. We even host a Family Day special event that is designed to thank our surrogates' families for all the sacrifices they make during a surrogacy journey. Because we understand how important surrogates are to the equation, we treat our surrogates like the precious resource they are, and we recognize that their families are an integral part of the equation. Our philosophy is simple - treat our surrogates well. Care for them in the absence of their IP's, because happy, well-cared for surrogates produce happier, healthier babies. both types of surrogates.

### Traditional Surrogate:

In the late 1700's, a Scottish-born surgeon named, John Hunter impregnated a woman during her natural ovulation cycle using her husband's sperm; resulting in a successful pregnancy. This technique is now known as Artificial Insemination.

A traditional surrogate is a woman who agrees to become pregnant using her own ovum/eggs for another person through a medical procedure known as Artificial Insemination (AI or IUI). The sperm is provided by either the intended father or a sperm donor and is safely inserted into the traditional surrogate mother's uterus during either her natural or medically enhanced ovulation cycle with the assistance of a physician. A traditional surrogate **is** biologically related to the child she carries and gives birth to.

### Gestational Surrogate:

In 1978, a hospital in Great Britain welcomed the birth of Louise Brown, the world's first "test tube" baby born through a medical process known today as In-Vitro Fertilization (IVF). A gestational surrogate is a woman who agrees to become pregnant for another person through a process called In-Vitro Fertilization. A gestational surrogate is **not** biologically related to the child. Embryos are created within a laboratory using the ovum/eggs of either the intended mother or an egg donor and the sperm of either the intended father or a sperm donor. The ovum/eggs are retrieved from the woman's body through a medical procedure called an egg retrieval. The mature eggs are then fertilized with the sperm provider's sperm, creating an embryo. Afterward, the embryos are then safely transferred into the uterus of a gestational surrogate with the assistance of the IVF Physician. More detailed information about the IVF process is provided for you a little later in the handbook.

### Legal Comparison:

In other countries and within the United States, many states do not recognize traditional or gestational surrogate arrangements and will recognize the surrogate as the legal parent until a full adoption is completed, after the surrogate gives birth to the child. However, in the State of California, a woman who enters in to a proper legally represented traditional or gestational surrogate arrangement and gives birth within the State of California, can relinquish her biological and legal rights to the child or children and appoint the intended parents as the rightful and legal parents before the child or children are born. For this reason, California is often referred to as the most "surrogate friendly" state in the U.S. Prior to the surrogate becoming pregnant, a legal surrogate agreement between the intended parents and the surrogate will be signed, reflecting the surrogates intent to become pregnant for the intended parents.

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During the surrogate pregnancy, a third-party reproduction attorney will complete a legal process referred to as the "Parental Establishment Process". Once this process is completed, the intended parents will be provided a certified Pre-Birth Order (PBO) approved by the State of California which will allow them to be listed on the U.S. birth certificate as the rightful and legal parent once the child or children are born; an adoption will **not** be necessary.

Although California recognizes both traditional and gestational surrogate arrangements, many intended parents prefer gestational surrogacy to assist them in creating or expanding their families. Gestational surrogacy allow the intended parents the opportunity to have a child that is biologically related to one or both of them and take full advantage of numerous IVF medical advances. Over the years, SAI has proudly seen these medical advances help people from all over the world who have struggled with infertility for many years or been led to choose third-party reproduction assistance to achieve their dream of having a family.

When is the assistance of a Surrogate needed?

An individual or a couple may choose a surrogate to assist them in building or expanding their family for various reasons such as:

- •Diagnosed or unexplained infertility (see common terms below)
- •Medical conditions preventing a woman from carrying a pregnancy without risking her own life
- •Loss or absence of reproductive organ
- Hysterectomy (uterine loss)
- •Antibodies
- Repeat miscarriages
- Failed own IVF and IUI cycles
- •Age
- Sexual orientation
- Sterility
- Tubal Ligation or Vasectomy
- Blood disorders
- Heart conditions
- •Genetics (choosing to avoid passing genetic traits/conditions to their child)
- •Gender selection preferences
- Failed or denied adoption



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### 1. Has given birth to and be raising that child

This is the number one requirement to become a surrogate with Surrogate Alternatives as well as all IVF clinics. The reason is that once a woman gives birth, it shows she is able to become pregnant easily and establishes fertility. The IVF clinic will also require delivery records from the surrogates previous pregnancies, so the IVF physician can review them to make sure the surrogate had an normal and uncomplicated pregnancy. The reason Surrogate Alternatives likes to know you are raising your child is that it shows stability as not only a mother but also in life.

### 2. Has a healthy lifestyle

This is very important to all parties involved. Our surrogates must live a healthy lifestyle to be given the trust to take care of someone else's child. Intended parents basically want to make sure their surrogate is taking care of the pregnancy like they would if it was their own child they were carrying. We all know as mothers, that it's important to eat healthy and exercise while we are pregnant to avoid possible complications. This also ensures that the baby has a great start in life. SAI is able to assist our surrogates with making healthy nutritional choices. We stay in touch with our surrogates throughout their pregnancies to answer any health questions they may have and to connect them with professionals in the health and wellness field when needed.

### 3. Be financially stable

It's important to Surrogate Alternatives that our surrogates are financially stable and not collecting government assistance. The reason that this matters to us it that we have to make sure they are becoming a surrogate for the right reasons and just not relying solely on the funds they will receive to live. Women who sign up with our program understand that it takes sacrifice and time to be a surrogate. It's also a great way to receive extra money for your future goals, whether used to go back to school or save for a down payment on a first home.

### 4. Responsible lifestyle

Surrogate Alternatives feels that the two above requirements fit into this category. We feel a surrogate must live a stable lifestyle in order to qualify for our program. This means no drugs of any kind, whether it is street or prescription pills without your OB's consent. The child you will be carrying is the most important part of the surrogacy process and ensuring that child's health and wellbeing is expected.

### 5. Be a non-smoker

This is an important requirement when you sign up to become a surrogate. Smoking during pregnancy can cause stillbirth, premature delivery, and low birth weight. It will also cut the oxygen supply off to the baby by narrowing blood vessels throughout your body, including the ones in the umbilical cord. This is why we do not accept smokers into our program.

### 6. BMI under 32

IVF clinics have become very strict in regards to the body mass index (BMI) a woman must be, in order to become a surrogate. The reason for this is, if you are over the normal BMI you are at a greater risk of developing medical complications such as diabetes, which can be a risk not only to you but also, to the child. SAI cares about the health and wellbeing of all parties involved in the surrogacy process. We work with both IP's and SM's throughout their journey to monitor and encourage healthy choices and a positive outcome for everyone.

### 7. No history of mental illness

To be a surrogate, you have to be able to schedule appointments, remember to attend them and take the proper medication when instructed. You have to also be able to read and understand the legal contract you will be entering into with the intended parents you are helping. Being a surrogate requires you to relinquish your rights to the baby before you deliver, as you are only the carrier and not the biological or legal parent. We have to be sure you are stable enough to be able to do that.

### 8. Your age is between 21-38

During our 20 years of experience in operating a surrogacy and egg donation agency, we feel that our surrogates need to be at least 21 years of age; this is also an IVF clinic requirement. We accept surrogates up to the age of 38 since of course, it's the egg donors or intended mothers who provide their eggs, and not the surrogate.

### 9. The surrogate must agree to psychological & drug screenings

This is one of the standard requirements of our program and also the IVF clinic. The IVF clinic not only requires it, but it is important because you will be carrying someone else's child and we must make sure you are healthy mentally. The intended parents must put their trust in you, a complete stranger, and this only helps them through this emotional process.

### 10. *IUD's will have to be removed*

If you have an IUD for birth control, you will have to schedule an appointment with your OB or primary care physician to have it removed. You cannot proceed with an IVF cycle if you have an IUD, as the IVF doctor will need to look at your uterus to make sure there is no scarring or fibroids and he cannot do this with an IUD in place. You also cannot have an IUD in you while attempting an embryo transfer.

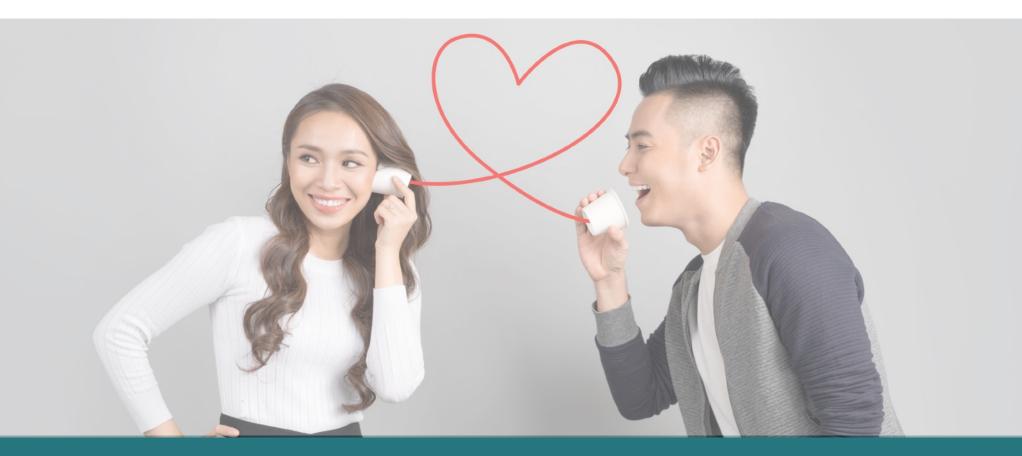
#### 11. Tubal ligation is OK

It's ok if you have had your tubes tied. As a surrogate, your eggs will **not** be used, only your uterus as the carrier.

### International

Surrogacy is illegal, restricted, unrecognized and unaccepted in many countries around the world. Therefore, many people come to the United States to receive fertility assistance to create their families. The United States is preferred due to its established, liberal, legal and medical structures. Having children in the United States is relatively easy for international intended parents. Many international intended parents have been pleasantly surprised at how easy it is to create their families with the help of Surrogate Alternatives. As international intended parents, you are required to travel to the United States a minimum of twice during the process, this includes the birth of your child or children. All children born in the United States are considered U.S. citizens. International intended parents may return to their country within 3 to 4 weeks of their baby or babies' release from the hospital, with birth certificates and passport in hand.

SAI is with you every step of the way. We have been assisting international families for over 20 years, so we are very familiar with the laws and legal procedures required by our country to navigate your surrogacy journey successfully. We can also help you find the necessary resources and professional assistance you need, both in your country and in the U.S.





Getting Started

### **Choosing an Agency**

When deciding which agency to work with, there are a number of factors to consider:

*Reputation and history* - many agencies come and go, and you do not want to trust a delicate process like this to just anyone. SAI has been in business for over twenty years. We are members of several professional associations for fertility professionals. We have a network of other professionals that we can call on when we need them. Between our CEO/President and our staff, we have a combined total of more than 50 years of personal, first-hand experience in the surrogacy field.

Screening Process - SAI performs comprehensive medical, psychological, and legal screenings on surrogates before they enter into any medical procedure. We also conduct criminal background checks and we require that each surrogate participate in a personal interview with one of our Intake Directors before they can be added to the roster of available surrogates. We do not recommend that you work with any agencies that do not offer all of the above-listed services as part of their standard package.

Legal Issues - ask your preferred agency if they are involved in any lawsuits or have ever had any surrogates or clients involved in legal disputes. This information can help you evaluate their professionalism and ability to navigate the matching process.

*Costs and Fees* - Ask for a detailed estimate of all costs associated with the process and compare agencies to determine your best option. Make sure you compare the level of service you get with each price range and that dedicated 24 hour support, case management, and trust administration services are included in your package. Remember that agency fees may also include surrogate's fees and known expenses, lawyer's fees, fertility specialist's fees and insurance costs, should that be required. SAI believes in providing our clients with as much information as possible but streamlining that information, so it is not overwhelming. Take as much time as you need to understand the process and the fees associated with each step.

Insurance - most standard health insurance plans exclude coverage for a surrogate pregnancy and delivery. SAI recommend that in addition to or in lieu of standard insurance, you also work with a specialty insurance agency that can provide insurance coverage for assisted reproduction (*includes surrogacy, egg donation, and preservation*). We have an experienced agent in our network who works with insurance carriers that provide this coverage every day. You will never have to navigate this unfamiliar journey on your own.

### **Choosing a Surrogate**

Once you have completed the agency's admission process, you will be given profiles of surrogates who fit the criteria you have specified. A dedicated Client Services Director works with you to narrow down your choices until you have found the one you would like to select. A "Match Meeting" between you and the surrogate to see if it is a good fit, will then take place.

Factors that may impact your final decision include:

Surrogate's medical history, particularly the circumstances surrounding her previous pregnancies and births as well as Psychological history and results of screening.

*Personal history* - you want a surrogate who has a supportive community around her. We require that our surrogates' entire families agree to the surrogacy and understand the impact that surrogacy may have on them and their families. Surrogates should be financially stable, with no criminal history. In our experience, surrogates with strong financial incentive as the primary reason they choose surrogacy, are usually not the best choices.

*Relationship* - SAI strongly encourages our IP's to maintain an open and supportive relationship with their surrogates. Anonymous surrogacy arrangements are **not** recommended or accepted at SAI. We advise you to be as involved as possible with regular communication, setting clear expectations on both sides, attending medical appointments if possible, or working with an agency like SAI who provides a designated Support Team to accompany your surrogate to significant events in your absence. Important milestones like the embryo transfer, the heartbeat ultrasound, wellness checks and regular OBGYN appointments if needed, and monthly, in person or virtual Support Group meetings for the benefit of both the surrogate and the IP's. Our Support Coordinators are available to respond 24 hours a day, 7 days a week, in case of emergencies, or even if a surrogate just needs an understanding shoulder to cry on or vent to.

We know that in general, the more involved you are, the better the surrogacy journey is for all parties, and the less problems occur in the journey. We also know that IP's cannot always be available, especially at the drop of a hat. SAI bridges that gap, so your surrogate is always cared for, and keeps you informed about all aspects of the pregnancy as they occur.



Donation and In Vitro Fertilization (IVF)

### Egg Donation

Many women who have not been able to conceive but want to experience pregnancy and childbirth turn to egg donation. Poor egg quality, due to a woman's advanced age, is the most common reason why single women and couples turn to egg donation. A woman's egg quality drops when she's over the age of 35, and significantly declines after age 39. Egg donation is commonly used by:



•Couples, in which the woman has poor quality or no eggs, but who want a biological child using the husbands sperm

•Women with no ovaries, but an intact uterus

•Women with genetic factors that they don't want to pass on to their children

•Women over the age of 39

The first known pregnancy achieved with a donated egg occurred in 1984. Today, an estimated 10,000 babies a year are born worldwide from donated eggs.

#### The Process:

Eggs, called acolytes, are surgically retrieved from healthy young women, generally between 21 to 30 years old - at their reproductive prime and old enough to give informed consent. Egg donors undergo psychological and medical screening, which includes a thorough medical history and workup. Donors are paid anywhere from \$5,000 to \$15,000 on average.

Next, donors receive hormone injections to induce super ovulation (five or so eggs versus one, which women naturally release each month). A doctor then surgically removes the eggs from a donor's ovaries. The lab will attempt to fertilize several eggs in vitro (in a laboratory) using the partner's or donated sperm. Fertilized eggs (embryos) are then inserted into the recipient's uterus. If successful, the embryo will attach to the uterine lining and develop into a healthy baby.

Commercial egg donor agencies like SAI recruit, screen and match healthy donors with couples and individuals. We maintain a robust roster of available egg donors with a diverse selection of traits to meet our clients' needs. If you do not already have an egg donor selected, SAI can assist you with choosing one. Some Infertility clinics also offer donated eggs or embryos from couples who have produced excess eggs or embryos and their family is complete.

Success depends on many factors, including the age of the egg donor, retrieval process, quality of semen, and the recipient's overall health. A major risk factor is multiple births - twins, triplets or more - since more than one embryo is generally inserted into the recipient's uterus to increase pregnancy odds. As with all third-party reproduction processes, recipients should seek counseling to explore emotional concerns and an experienced attorney to protect their and their potential children's rights.



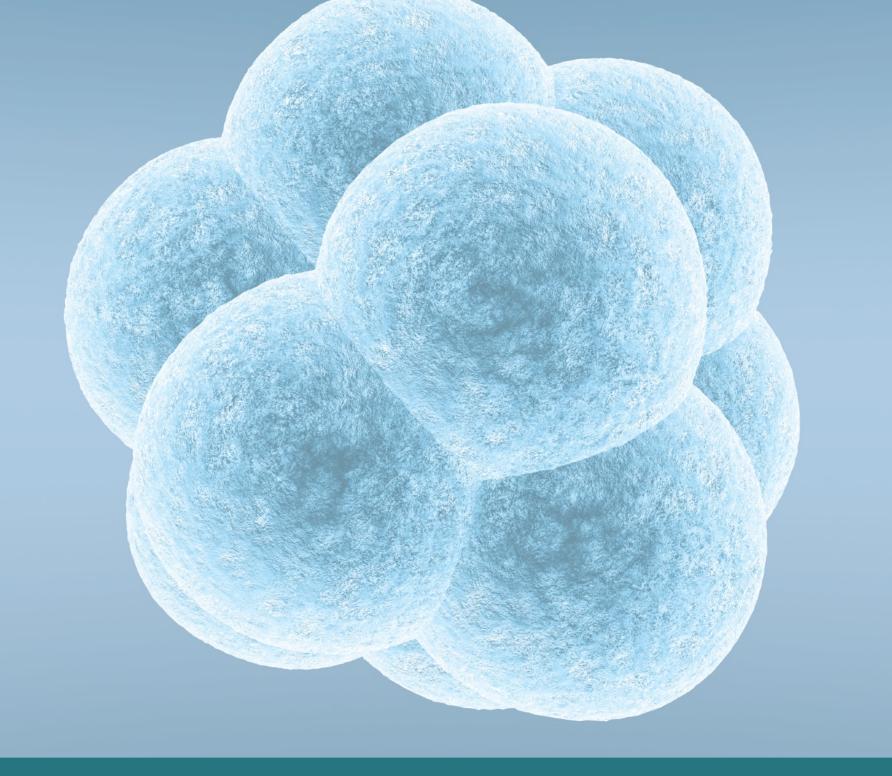
### For Those Considering Egg Donation:

If you're exploring the egg donor route to parenthood, you've probably struggled through various fertility treatments. Your doctor has likely informed you that the problem lies with your egg quality and has recommended you use donor eggs as the next step. While coping with your anger, anxiety, and grief, you must now consider plunging deeper into assisted reproduction, which is a difficult task to undertake.

Exploring these questions with your partner may help:

- •How important is having a baby with a genetic connection to one of you?
- •Is adopting a baby an option? Why? Why not?
- •Can we afford additional fertility treatment?
- •Do we want to take another chance, facing possible disappointment?
- •How many IVF-Egg Donor treatments are we willing to undergo? •If we choose this route, do we want a known or anonymous egg donor?
- •If we're successful, will we tell our child, when older, of his/her donor egg conception? Why? Why not?
- •How will I feel carrying and nurturing a child who is genetically my husband's and not mine?

Conflicting feelings are expected and should be welcomed as part of your decision-making process. Most women who choose egg donation believe their connection to their babies will come from pregnancy, birth and nurturing their child. Many women focus on what they treasure about their husbands (e.g., sharp intelligence, beautiful blue eyes, etc.) that they hope their baby will inherit. Accept the fact that the process of getting to 'yes' also requires mourning the loss of your dream - a baby created from both of you. We strongly recommend that you explore those feelings with a therapist trained in third-party reproduction, or with an infertility support group. SAI structures our program to include that option.



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### In Vitro Fertilization (IVF)

In vitro fertilization (IVF) is a method of assisted reproduction in which a woman's egg (or a donated egg) is fertilized in a laboratory with her partner's sperm or donated sperm. The resulting embryo is then transferred to the uterus to develop naturally.

IVF is usually the treatment of choice for a woman with damaged or absent fallopian tubes. IVF is also used to treat infertility caused by endometriosis or a male factor. IVF can also be used to treat couples with unexplained infertility who have failed to achieve pregnancy with other infertility treatments.

IVF was successfully used for the first time in the U.S. in 1981. In 2006 alone, 57,569 babies were born in the U.S. because of this technique.

### IVF consists of five basic steps:



- •Ovarian follicle development: Medications are administered to the women to stimulate the maturation of multiple eggs.
- •Egg retrieval: Eggs are usually recovered in an outpatient surgical setting using a
  - Transvaginal, ultrasound-guided aspiration procedure.
- •In vitro fertilization: The eggs are then fertilized with sperm in the laboratory.
- •Uterine embryo transfer: The embryos are transferred into the woman's uterus using a tiny catheter.
- •Monitoring and support: During this phase, the woman will be monitored to check for blood levels to assess the quality of the uterus lining. If a pregnancy is achieved, an ultrasound two weeks after a positive result can determine the fetal heartbeat and number of fetuses.

While many assisted reproductive technology (ART) cycles proceed normally, not all are without complications. Some problems can occur and cause cycles to be delayed or canceled. It is important to be aware of these potential problems before undergoing treatment. Those problems include:

- •Ovarian cysts or Fibroids
- •Poor response to stimulation drugs
- Hyper-stimulation
- •A drop in your estradiol level
- Few or no eggs retrieved
- Poor fertilization
- Illness

Although canceling a cycle can be very disappointing, it is often a necessary course of action. Abandoning a cycle may help you avoid more severe complications and ensure a better chance of success in the future. If canceling the cycle becomes necessary, you will be asked to schedule an appointment with your physician to make decisions regarding future treatment.



### Egg Retrieval

After stimulating the production of additional eggs in the ovarian follicles with a hormone regimen, the doctor retrieves the eggs before ovulation occurs. Retrieval is usually scheduled between 34 and 36 hours following the HCG (human chorionic gonadotropin) injection. The egg retrieval procedure usually takes about 20 minutes, and a woman may leave the facility after an hour of recovery. Some women may experience residual side effects, such as nausea, from the anesthesia, and cramping and spotty bleeding is also possible. After the day of the procedure, women may resume normal daily activities.

### Fertilization

Eggs: Test tubes containing the eggs that were retrieved are transferred to the clinic's laboratory. Technicians use a microscope to help them separate the individual eggs. After being bathed in a medium that removes any impurities, the treated eggs are moved to a carbondioxide incubator in separate Petri dishes. Fertilization

may take place anywhere between two and six hours after the retrieval process, because some eggs may need more time than others to mature.

Sperm: The sperm collected at the clinic is also transferred to the laboratory to be prepared for insemination. A high concentration of sperm is placed around each egg in dishes with another type of growth medium. They are left together overnight (in an incubator) to allow "natural" fertilization to take place.

Embryo Development: These dishes go back into the incubator, and an embryologist starts monitoring their development 18 hours after fertilization. During the next 24 hours, viable embryos divide from two to four cells. At this stage, an embryo may be transferred to a woman's uterus. However, sometimes it is preferable to incubate embryos for three to five days.

At three days, the embryo is usually at the six or eight-cell stage. At this point, the embryologist can determine additional factors that affect viability. By five days, the embryo has divided into 12 or 16 cells and is called a blastocyst. Using a blastocyst is more likely to result in successful uterine implantation for women with prior miscarriages or unsuccessful IVF attempts.

### Embryo Transfer

Transferring embryos to the womb are one of the most delicate and critical procedures performed in the in vitro fertilization (IVF) process. It is usually performed on an outpatient basis, with minimal sedation. Between two and six



embryos may be transferred, depending on the woman's age and the stage of embryonic development. Transferring several embryos increases the risk of producing multiple pregnancies. Thus, implanting fewer embryos dramatically reduces the possibility of triplets or higher order multiples. Although embryos with the most even appearance and least fragmentation are more likely to attach to the uterine wall, less regular-looking embryos may still result in healthy babies. After the transfer, most women are prescribed progesterone to increase the chance of implantation, which occurs three to four days after transfer.

### Embryo Quality

The quality of the embryo is an important factor, although not the only one, in the success of an IVF pregnancy. Once the embryologist has determined that fertilization has occurred, usually between 16 and 18 hours after the eggs and sperm are placed together, it can develop for another 24 to 36 hours. Forty-eight hours after fertilization, the clinician evaluates the size and number

of the divided cells, as well as the degree of fragmentation, the thickness of the shell surrounding the embryo, and the number of nuclei per cell, among other indicators, to determine potential viability. At this point, there should be at least two evenly sized and shaped cells (four are preferable), with a minimal amount of fragmentation. In some instances, the embryo may be transferred at the four-cell stage on Day 2, or at the six cell stage on Day 3. However, some women may have a better chance of becoming pregnant when the embryo becomes a blastocyst, usually on the fifth day of development. Other factors, such as the smoothness of the embryo transfer, are critical to achieving a full-term pregnancy, and it is not easy to predict an outcome solely based on embryo quality.

# What do I do now?

You've been given so much information to process and are probably wondering, "Ok what's next?". If you're interested in surrogacy and are looking to become a surrogate or intended parent then contact the following people to begin your journey today!

To become a Surrogate contact: Rebecca Deegan at 619-397-0757 ext. 126 or by email at <u>rebecca@surro.com</u>

To become an Intended Parent contact: Ann Miranda at 619-397-0757 ext. 125 or by email <u>ann@surro.com</u>



### In conclusion from Diana Olmeda...

I hope this handbook provided you with information that you find useful in your exploration of surrogacy. There is no way to include everything you may have questions about in one handbook. If you've read through all of this and you want to discuss your questions or concerns with a human, we hope you'll pick up the phone or type out an email and send it over. I know that one of my friendly, knowledgeable, experienced staff members will gladly assist you with whatever you need. There are a lot of things to consider when you are contemplating surrogacy, either as an intended parent or as a surrogate. It can be overwhelming, and intimidating, and there are a lot of scientific terms and medical procedures to absorb and understand.

Please remember, you are not alone. I chose each and every one of my employees personally, in part because they have each participated in a surrogacy journey themselves. I believe they are more empathetic, more understanding, more experienced and they genuinely get where you're coming from. That makes them better Case Managers, better Support Coordinators, and Better Client Services Directors. They have lived these journeys themselves and have the life experience and professional skills you'll need to help you navigate the ins and outs of the surrogacy world. Call us...email us... now you can even chat with us directly from our website! We look forward to speaking with you when you're ready.

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### Contact Us



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# Feeling social?

We'd love to know what you're up to! While you're at it, add our exclusive hashtag, **#SAlagency**, to any of your posts and who knows, you might be randomly chosen for a special prize.



Follow us now and like, love, comment and share!



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