Gestational Carrier & Intended Parent Information

This information package is designed to answer some common questions surrounding third-party reproduction with a gestational carrier and gives an overview of the process. It is important for both the gestational carrier and intended parents to have and understanding of what this process entails. Please take the time to read the information and if there is anything you are uncertain about you should contact an AART team member.

What is a Gestational Carrier?

AART recognizes that for some individuals or couples using a gestational carrier will be necessary for them to achieve their dream of having a family. This means that the embryo provided by the intended parents is placed in the uterus of the gestational carrier, by way of a frozen embryo transfer. If a pregnancy results, the gestational carrier then carries the pregnancy to term. The gestational carrier makes no genetic contribution and provides only the uterus for the development of the baby. The baby is the responsibility of the intended parents upon birth.

This process must be undertaken of the gestational carriers own free will, without undue pressure from the intended parent(s) or other individuals (family, friends, etc.) and without the promise of gifts or financial compensation for acting as a gestational carrier.

Gestational carriers may be known to the intended parent(s) or be connected with the intended parent(s) via an agency. Intended parent(s) are required to disclose whether their gestational carrier is known or from an agency because Health Canada requires specific testing depending on if the donor is known or anonymous.

What is the Difference Between a Gestational Carrier and a Surrogate?

As outlined above, the gestational carrier makes no genetic contribution. A surrogate donates their ova as well as carries the pregnancy. AART does not offer surrogacy cycles which means if donor ova are required for treatment, the donor and the gestational carrier need to be two different people.

When Would a Gestational Carrier Be Used?

Gestational carriers may be used when the intended parent:

a) Does not have a functioning uterus.
b) Has acquired disorders that make their uterus unsuitable for pregnancy such as extensive fibroids, scarring of the uterine cavity or adenomyosis (when the inner lining of the uterus grows into the wall of the uterus).
c) Has a medical condition that puts them at significant medical risk if they become pregnant.
d) Has a history of recurrent pregnancy loss.
e) Is part of a same-sex male couple or is a single male.

Note that AART does not support the elective use of a gestational carrier without a medical reason.

What is the first step in the gestational carrier process?

The first step is to meet with one of our physicians. Your family doctor can send a referral to AART, or you can self-refer on our website aart.ca. We will contact you as soon as we have an appointment available.

What is Required to be a Gestational Carrier?

The gestational carrier must:

a) Be between the ages of 21 and 50. 51 is the natural age of menopause so that is why the upper limit is 50.

b) Complete a health assessment to ensure they are healthy both medically and psychologically and able to carry the pregnancy.

c) Complete appropriate pre-embryo transfer investigations such as infectious diseases testing blood work, pap test, swabs for gonorrhea and chlamydia, and uterine cavity assessment (sonohysterogram or HSG). Results must be consistent with the clinic and national standards.

d) Meet with a psychologist/psychiatrist or infertility counselor for psychological screening and implications counseling that meet the Canadian Fertility & Andrology Society (CFAS) guidelines, prior to starting a cycle. If more than 1.5 years passes from the date of the assessment it will need to be done again. If re-assessment is declined, treatment will be declined.

e) Be providing an altruistic service and not receiving payment other than that associated with specific expenses incurred and reimbursable under the Health Canada Regulations regarding the reimbursement of gestational carriers.

f) Sign a waiver of liability absolving AART of any liability from potential complications of pregnancy, congenital abnormalities and inheritable diseases as well as a communication of risk to acknowledge they have been informed of any risks to their health and safety that have been identified through the testing. Consents to release health information to the intended parent(s) and to undergo an embryo transfer will also be signed.

g) Have a written legal agreement with the intended parents in place that at a minimum includes the number of embryos to be transferred and any requirement for prenatal screening and genetic testing and decisions to be made both prenatal (e.g., fetal reduction, diagnostic testing) and postnatal (e.g., support for postnatal complications).

h) Acknowledge the embryo may be quarantined, after which time repeat bloodwork on both the egg and sperm providers of the gametes may be carried out. Alternatively, the gestational carrier must consent to the theoretical risk of infection by the embryo. The

gestational carrier will be informed of any risks pertaining to the donor gametes and will sign the communication of risks form.

What Screening and Testing Will the Gestational Carrier and Their Partner Undergo?

As a registered primary establishment with Health Canada, AART screens and tests all gestational carriers for suitability, according to Health Canada's Safety of Sperm and Ova Regulations. The gestational carrier will be required to undergo screening for genetic and infectious diseases which are reviewed by the attending physician and/or the medical director. Gestational carriers will also require an up-to-date pap smear. The gestational carrier's partner (if applicable) is also required to undergo infectious disease testing. These documents, along with all medical records, are kept strictly confidential.

Gestational carriers must also undergo a Sonohysterogram or Hysterosalpingogram (HSG) to ensure the uterus has no abnormalities. Your physician will recommend one of these procedures. Below, you will find information on both of these tests. *The gestational carrier will only need one of the below tests completed*

1. SONOHYSTEROGRAM

A sonohysterogram is a special ultrasound procedure, which helps visualize the inside of the uterus and endometrium. This is often done to rule out fibroids or polyps or any other abnormality of the uterine cavity which could potentially interfere with pregnancy. It is similar to a hysterosalpingogram (HSG) but does not use radiation.

HOW IS IT DONE?

The patient will be positioned on a stretcher with stirrups - much like preparing for a pap smear. Using a speculum, the physician will locate the cervix and cleanse it with an antibacterial substance.

A small special catheter will then be gently advanced through the cervix and into the uterus. A small balloon will be inflated to keep the catheter in place. At this time the speculum will be removed and the transvaginal ultrasound probe will be placed in the vagina in order to first confirm catheter placement. Once catheter placement has been confirmed, approximately 10 ml of warm sterile normal saline will be injected through the catheter into the uterus. As the saline solution fills the uterus, images and measurements will be taken aided by the ultrasound.

Repositioning of the catheter and transvaginal probe will continue for a few minutes along with further injections of saline until all areas of the uterus have been examined. The physician may also take the opportunity to check for tubal patency and ovarian cysts. You may experience mild to moderate cramping while the uterus is being examined and this might

persist for a few hours following the procedure. An anti-inflammatory medication can be taken prior to or following the procedure as per the attending physician.

HOW LONG IS THE PROCEDURE?
The procedure usually takes between 15 and 30 minutes to complete, although the actual saline injection only lasts a few minutes. You should allow at least 45 to 60 minutes for the entire clinic visit.

HOW DO I PREPARE FOR THE PROCEDURE?
Call the nurses line with your day 1 of your cycle and they will book your sonohysterogram.

- Abstain from intercourse from day 1 until after your sonohysterogram.
- Fasting is not required. A light meal should be eaten a few hours prior to the procedure.
- The attending physician may advise you to take an anti-inflammatory medication prior to the procedure.
- You are not required to have a full bladder for this procedure, but MUST come able to give a urine sample for a pregnancy test prior to the procedure.

ARE THERE ANY COMPLICATIONS WITH THIS PROCEDURE?
Complications are very rare. They may include bleeding or infection.

WHAT SHOULD I EXPECT AFTER THE PROCEDURE?
It is not a requirement, but you may want to arrange someone to drive you home.

You may have mild cramping and / or bleeding for 1 to 3 days. Acetaminophen or an anti-inflammatory may be used as required. You can resume normal daily activities.
Call the clinic or your doctor if you have heavy bleeding (more than a period), a fever, or severe abdominal pain.

2. HYSTEROSALPINGOGRAM

It is a type of x-ray of the uterus and fallopian tubes using contrast media (dye). Its purpose is to see if your tubes are open (patent), and to see if the inside of the uterus (uterine cavity) is normal. Complications of the procedure may include pelvic infection, an allergic reaction to the dye or bleeding.

HOW IS IT DONE?
The hysterosalpingogram is performed in the Diagnostic Imaging Department at the IWK Health Centre.

You will lie down on an x-ray table and be positioned as if having a pap test. A speculum (duck-bill-shaped device) will be placed in your vagina. An instrument called a tenaculum will be used to hold your cervix still. A plastic tube (cannula) will be inserted into the cervix.

The physician will inject the contrast fluid through the cannula. The contrast will flow into the uterus and out through the fallopian tubes. The radiologist will follow the flow of the contrast and take several x-rays during the procedure.

HOW LONG DOES THE PROCEDURE TAKE?
The procedure itself only takes a few minutes.

HOW DO I BOOK A HYSTEROSALPINGOGRAM?
Call the IWK clinic on Day 1 of your period (902-470-7432, choose hysterosalpingogram line)

- State your name and spell your last name.
- Leave a phone number where you can be reached.
- State when your period started, approximately how long it will last, and who the physician who referred you is.
- State if this is your first, second, third, etc attempt at booking.
    - Your call will be returned only if an appointment time is arranged
    - The HSG is performed after your period has finished but before you ovulate.
    - HSG's are performed on Fridays
    - Due to the volume of patients, you may not be able to have your procedure done right away. It may take a few months to have the procedure.

HOW DO I PREPARE FOR THE PROCEDURE?
On the day of your appointment, register at the registration desk located on the 6th floor of the IWK Health, Women's Site.

Please drink 2 glasses of water prior to your appointment, you will be asked to perform a urine pregnancy test to make sure you are not pregnant. You may wish to take some over the counter pain medication one hour prior to the procedure such as Ibuprofen (Advil), Take this medication as directed on the bottle. Be sure to bring a sanitary pad with you.

IS IT PAINFUL?
Some people feel mild discomfort from the tenaculum that is placed on your cervix. You may also feel some cramping. The cramping will be minimal and should be relieved with over-the-counter medications.

WHAT DO I DO AFTER THE PROCEDURE?
You may go home immediately after the procedure and resume normal activities. You may have menstrual-like bleeding or watery discharge after the procedure.
Call your doctor if you have any of the following: fever, heavy bleeding, severe cramping, skin rash. If you are unable to contact your doctor, go to the nearest Emergency

Department. If you have any concerns, you may call the clinic nurses at **902-470-4732 Nursing Line Extension,** Monday-Friday 8:30am to 3pm**.**

What is In Vitro Fertilization and When is a Gestational Carrier Involved?

In vitro Fertilization (IVF) is a technique which involves removing ova from the ovaries of the intended parent and fertilizing the ova with sperm of the intended parent, in the laboratory. The embryo(s) are then frozen and transferred into the uterus of the gestational carrier in a Frozen Embryo Transfer (FET) cycle, with the goal of achieving a pregnancy. There is no guarantee that the embryo(s) will implant in the uterus of the gestational carrier.

When and How Will the Embryo(s) be Transferred?

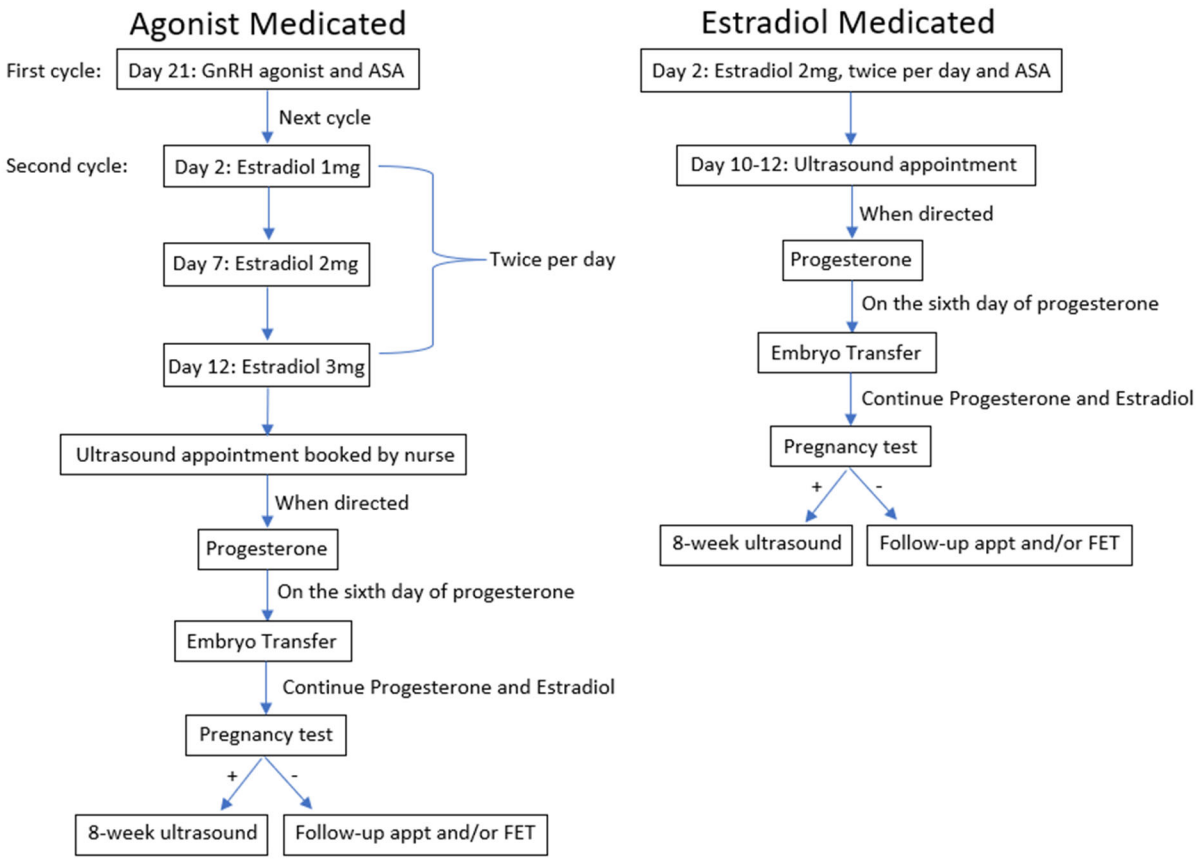
Once the embryo(s) are frozen and all of Health Canada's conditions are met, planning for the Frozen Embryo Transfer can begin.

The gestational carrier is required sign a consent to undergo a frozen embryo transfer and waiver of liability. The intended parents are required to sign a consent to transfer embryo(s) to a gestational carrier and a consent to thaw frozen embryo(s).

Frozen Embryo Transfer

A Frozen Embryo Transfer (FET) refers to the thawing and transfer of embryo(s) that are stored in AARTs cryobank. Embryos are selected and thawed by AART, with the best quality embryo(s) being thawed first unless otherwise specified.

At AART, there are 2 main protocols used for FET cycles. Your physician may make modifications to these or recommend another protocol. One protocol spans over two menstrual cycles and the other is one cycle. To begin any cycle, please contact the nurses with the day 1 of your period.



- **GnRH Agonists*: Supprefact (Buserelin Acetate)* or Lupron (*Leuprolide Acetate*):** Administration of Suprefact or Lupron causes suppression of ovarian function by shutting down hormone secretion by the pituitary gland. Suprefact is administered by subcutaneous injection and Lupron is administered intramuscularly. Side effects associated with these medications are uncommon. Occasionally patients experience hot flashes, a decrease in libido (sex drive), or a local reaction at the injection sites.
- ***Estrace***: Estradiol (Estrace) is a hormone which is produced by the developing oocyte and then the developing pregnancy. There is some evidence that additional support may increase success in an IVF cycle and there is no evidence of any detrimental effects. Estrace is taken orally or vaginally. Estrace is to be continued everyday until 11 weeks of pregnancy or the result of a negative pregnancy test.
- ***Progesterone***: Progesterone is the hormone which is produced naturally after ovulation occurs in a normal cycle. It is responsible for supporting and maintaining the lining of the uterus, as well as creating a lining of the uterus that is receptive to embryo implantation and growth. Progesterone is given by vaginal suppository. Patients are given progesterone vaginal suppositories commencing the day after the oocyte ("egg") retrieval procedure. Side effects associated with progesterone include fatigue, dizziness, bloating, and breast tenderness. These are to be continued every day until 11 weeks of pregnancy or the result of a negative pregnancy test.

For all FET procedures, patients will have a lining check scheduled by the clinic when they alert the nurses with their day 1. The lining check is scheduled during the second menstrual cycle during the Agonist medicated cycle. A vaginal ultrasound will be used to check your lining. If your lining is at least 8mm thick your FET will be scheduled and the nurses will direct you on when to start or stop any medications.

What are the Side Effects and Complications of Being a Gestational Carrier?

There is a small risk of infection occurring as a consequence of the embryo transfer. There is also a risk of multiple pregnancy (25 - 35% across IVF clinics in Canada) including triplets and higher order multiple pregnancies especially when transferring more than one embryo. There are risks associated with pregnancy and child birth apply to a gestational carrier including miscarriage, preeclampsia, gestational diabetes, preterm labor, caesarian section, etc.

Should I Consider a Gestational Carrier Cycle?

The decision is not an easy one. There are emotional aspects to consider for both the intended parent(s) and the gestational carrier. It is important for the donor not to feel pressured or obligated to become a gestational carrier. It is important for this person to make their own decision without any pressure from family, friends or others. Even though the individual has not been asked directly, they may feel there is an expectation to help. This could result in future problems and ill feelings.

The gestational carrier needs to consider how they will feel about carrying a pregnancy for someone else and then parting with that child at birth to be raised by the intended parent(s). The intended parent(s) need to consider how they are going to feel about using a gestational carrier. If the gestational carrier is a relative or close friend, you will need to give some thought to how you expect them to relate to the child resulting from the gestational carrier cycle. It is recommended to have at least one session with a counsellor, who will go into some of these and other issues more in depth. It is recommended that the gestational carrier and intended parent(s) have separate sessions and then a session together. Everyone involved should take as much time as they need to decide if a gestational carrier cycle is right for them. You may need several sessions with a councilor, appointments with your physician, appointments with your lawyer or discussions with a nurse before deciding whether or not you are comfortable with the process. Above all, it is essential that all persons involved make their own decision. For more information about implications counseling, see the section below.

For same sex male couples, single men and other patients who require ova (egg) donation, there is the added complexity of an anonymous or known ova donor. Please read the document on Ova Donation for additional information and considerations.

Implications Counselling

What It Is:

Implications Counselling is designed to help guide clients through the complex issues associated with the use of donor eggs, sperm, embryos, and gestational carriers. The intent of Implications Counselling is to promote healthy outcomes for all parties involved and create an opportunity for informed consent. It is not an assessment or judgement of an individual's desire to create family.

The Implications Counselling guidelines were approved by the Canadian Fertility and Andrology Society. They are consistent with guidelines for Implications Counselling established by the American Society for Reproductive Medicine and the Human Fertilization and Embryology Authority in the UK.

Why It's Recommended:

It is considered to be an important step for clients using donated gametes or gestational carriers by fertility clinics around the world, to ensure that they have sufficient information to make decisions about their treatment path. It is also important for potential donors and gestational carriers to evaluate if this is a right fit and promote better overall outcomes.

Who Needs It?

People who are intending to use known sperm, egg or embryo donors and gestational carriers are asked to complete Implication Counselling before starting the cycle. This includes those who found each other through social media, apps or internet searches. A letter outlining the areas covered, and any issues that may need to be addressed is sent to the fertility clinic and will be placed in your chart. This letter must be on your chart before the cycle proceeds.

People that are using frozen donors from a bank would benefit from an opportunity to discuss the complex issues that are involved but they do not require a letter.

What to Expect:

For Intended Parents, Implications Counselling provides an opportunity to discuss a wide variety of short and long-term psychological and social implications for them, their relationships, and their potential child.

Issues discussed include: risks and benefits using anonymous, open identity or known donors, disclosure (who to tell, how to tell, when to tell or do you tell at all), coping strategies, feelings about genetic ties, complicated feelings that arise throughout and after the treatment process, questions around identity for the potential child, ethics around knowing ones genetic roots, boundaries with donors/gestational carriers, the implications of doing a double or single embryo transfer and what to do with surplus embryos.

Donors and Gestational Carriers engage in a similar process in addition to screening for psychological wellbeing to rule out any potential barriers to informed consent. A detailed history is also conducted to rule out any issues that might interfere with the process.

Written consent is obtained to share identified barriers and recommendations with the individuals involved and the Fertility Clinic. The recommendations are created to address barriers before moving ahead with the chosen fertility treatment path.

Who Does It?
Implications Counselling is conducted by a psychologist, registered clinical therapist or social worker specially trained in issues related to infertility.

How Long Does It Take?
Implications Counselling typically takes:

- one to two sessions for Intended Parents using frozen sperm or eggs from a bank.
- two sessions for Intended Parents using for known donors or gestational carriers.
- two sessions for Known donors or Gestational Carriers.
- It can take longer depending on the number of people involved in the treatment process and the issues that arise. A session with all parties in known donor or gestational carrying arrangements may be necessary.
- It is best to book all the appointments needed to complete Implications Counselling when you first contact the Counsellors office. If all of the sessions are not required, they can be cancelled without cost if done 24 hours before the appointment. If only one is booked and a second is required, there may be a wait time before the next appointment.
- Letters generated from the session are sent to the clinic. There are separate letters for the Intended Parents, Known Donors, or Gestational Carriers. Each letter ranges in cost between $100-$195. Letters are completed in a timely manner upon completion of Implications Counselling.

In the event that Intended Parents decide to use a different donor or gestational carrier, a brief update is required for them before proceeding. Full Implications Counselling is recommended for the new donor or gestational carrier. Reports generated following Implications Counselling are valid for one year.

Why Does It Take So Long to Get In?
It can take up to three months to get your first appointment. Currently there is one person in Atlantic Canada that is trained to do Implications Counselling. Training of other clinicians is ongoing. There is one other clinician based in Vancouver B.C. and she is licensed to provide services in Atlantic Canada.

In Atlantic Canada: Lori Parker, M.A. Registered Psychologist
Fenwick Psychology and Wellness Associates
902- 421-7514
hello@fenwickwellness.ca

In-person and virtual secure video appointments are available

In Vancouver: Holly Yager, M.Ed., RCC
Reproductive Health and Fertility Counselling
reprohealthfertility.com

Do I Need to Consult a Lawyer?

Yes. You will be required to have legal documents drawn up and signed prior to donation.

We work with:
Terry Sheppard of Boyne Clarke Lawyers.
99 Wyse Rd, Suite 600, Dartmouth, Nova Scotia, B3A 4S5
Phone number: 902-460-3401
email: tsheppard@boyneclarke.ca

Why do I need Legal Counselling?

Whenever an individual or group of individuals enter into a third-party reproduction relationship, it is important to have legal counselling and documentation, to ensure that all parties understand their roles and responsibilities. A donor, for example, should not be expected to be responsible for ongoing care and financial costs of raising a child created from their gametes, nor should they expect to have a say in how that child is raised. The recipient may or may not want the donor involved in the child's life. A gestational carrier does have some input into what procedures they are willing or not willing to undertake during a pregnancy.

Depending on the province/country, the gestational carrier is recognized at birth as the child's legal guardian, and an adoption process must ensue for the intended parents to become the child's guardian. It is extremely important to have discussions around any potential legal issues, to have agreements or contracts drafted, and the legal documentation signed prior to embarking on any form of third-party reproduction.

Can gestational carriers be paid in exchange for donation?

No. It is important to remember, that according to Canadian law, there can be no payment for the services of a gestational carrier. However, the intended parents are expected to pay for drug costs and direct costs of the Sperm Donor Cycle. For more information on this subject, please visit the following link on the Health Canada website https://laws-lois.justice.gc.ca/eng/regulations/SOR-2019-193/index.html

Can the gestational carrier change their mind?

The gestational carrier has the right to withdraw their consent until the time of the embryo transfer. After that point in time, consent can no longer be withdrawn.

Checklist for a Gestational Carrier Cycle

To undergo a gestational carrier cycle at AART, there is a checklist of testing and other clinic items that must be completed prior to beginning. Unless otherwise stated, testing is valid for 1 year.

For the Gestational Carrier:

- Cavity check within 2 years
- Up to date pap test (3 years unless you have had an abnormal pap in the past)
- Swabs for chlamydia and gonorrhea
- FSH, TSH, Estradiol blood tests
- Infectious disease blood tests (rubella, HepB, HepC, HIV, syphilis)
- Blood type
- Genetic and Infectious Disease screening questionnaires
- Legal Counselling
- Implications Counselling

For the partner of the gestational carrier (if applicable)

- Infectious disease blood tests (HepB, HepC, HIV, syphilis)
- Legal Counselling
- Implications Counselling

Prior to beginning, all involved parties must complete a consent package. The intended parents will also have to pay for the cycle in full prior to beginning the gestational carrier cycle. It is recommended to contact us a month prior to beginning to ensure all of your checklist items are complete and on file.