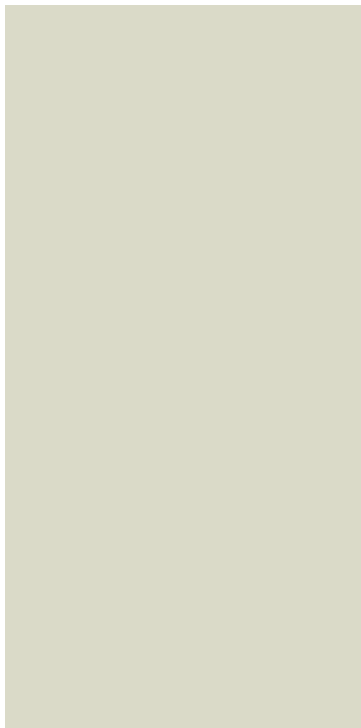
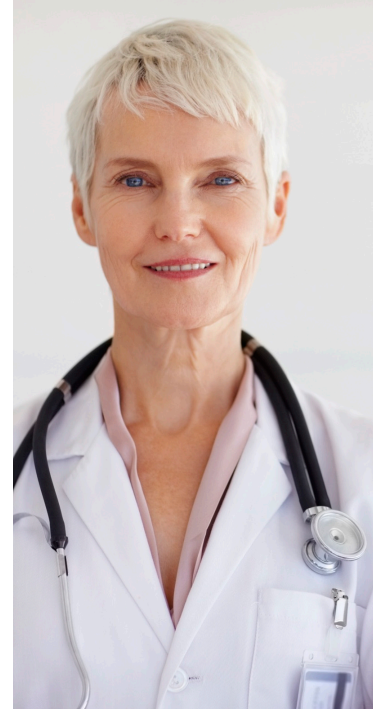


The Reproductive Science Institute
of Suburban Philadelphia, P.C., Explains...
Gestational Surrogacy



Reproductive Science Institute
of Suburban Philadelphia, P.C.

Dear Patient:

At The Reproductive Science Institute, we offer gestational carrier services.

We've developed this short guide to give you more information and education to read and, if applicable, share with your family.

Throughout the following pages, you'll learn more about:

- What Gestational Surrogacy Is
- The Types of Gestational Surrogacy
- Potential Outcomes and Long-Term Effects of Gestational Surrogacy
- Gestational Surrogacy Legal Considerations

All information contained within this guide should be considered an overview. As such, it is intended to be supplemented with discussions with your physician, a critical component in providing you with a clear and realistic picture of your own medical situation.

To find out more about our other ART services, please visit our website at www.RSIInfertility.com.

Thank you for choosing the Reproductive Science Institute.

WHAT IS GESTATIONAL SURROGACY?

Gestational surrogacy is an option for women who are unable to become pregnant or carry a pregnancy to term for various medical reasons.

Some of the indications include but are not limited to:

- Women who do not have a uterus
- Congenital abnormalities of the uterus
- Uterine fibroids
- Recurrent pregnancy loss

A woman who has had one or more uncomplicated births may not necessarily experience an easy, uncomplicated pregnancy in later births.

TYPES OF GESTATIONAL SURROGACY

There are different types of surrogacy services that may be available to patients.

Traditional Surrogacy

Traditional surrogacy occurs when the eggs of a surrogate are fertilized through artificial insemination using the sperm of the intended father. The surrogate then carries the resultant pregnancy until delivery.

Gestational Surrogacy

Gestational surrogacy is utilized in cases which a woman agrees to carry embryos that were formed through in vitro fertilization (IVF) using the eggs and sperm of the intended parents, which are then transferred into her (gestational carrier/embryo recipient's) uterus. The gestational surrogate then carries that pregnancy to delivery, but is not genetically related to the baby.

Another option for women who can neither carry a pregnancy nor conceive a pregnancy with their own eggs is to utilize an anonymous egg donor and a gestational surrogate. In this case, eggs are obtained from an egg donor, fertilized and then transferred into the uterus of the gestational carrier.

POTENTIAL OUTCOMES AND LONG-TERM EFFECTS

All of the participants in Gestational Carrier Services such as Gestational Surrogacy must realize that the establishment of a pregnancy cannot be predicted or controlled. In fact, pregnancy occurs in the minority of cycles in both natural and assisted reproduction.

Furthermore, pregnancy entails risks to both the mother and baby. Even pregnancies which are progressing normally may encounter complications, some of them inconvenient, such as the need for bed rest, others serious or even life-threatening.

Cesarean section (surgery to deliver the baby) may be required for the health of the mother or the baby; this is practically routine for twins or triplets. Additionally, it may be necessary to avoid intercourse during early or late pregnancy to protect the health of the mother or baby.

Sexually Transmitted Diseases and Gestational Surrogacy

The embryo recipient, her partner (if applicable) and the intended parents will be screened for sexually transmitted diseases such as HIV (the virus that causes AIDS), hepatitis and syphilis.

Because these tests (the HIV testing in particular) are not always accurate and reliable in detecting the presence of these diseases, there is a risk that an embryo resulting from the Gestational Carrier Service will be infected despite relevant test results that indicated that the genetic parents were not so infected. Rarely, this causes the recipient to become infected as well. Conversely, an infected recipient could transmit the infection to the embryo or any resulting child.

There have been no known reported cases of HIV transmission through gestational surrogacy.

Psychological Considerations of Gestational Surrogacy

Since the ability to transfer an embryo into the uterus of an unrelated mother is relatively new in human experience, there is very little information about the psychological consequences of gestational carrying.

While it would seem desirable for the intended parents to have a baby that is a product of their genetic heritage, there is little information on the consequences to them emotionally or on their subsequent relationship with the child.

Similarly, the gestational carrier has no genetic relationship to the child, but has an intimate connection in other respects.

The gestational carrier may not believe that it will be emotionally difficult for her to relinquish the child to the intended parents after birth, but there have already been legal actions which highlight the reality that it has been difficult for certain women to sever their connections to their babies.

Since the gestational carrier may be a close friend or related to one or both of the intended parents, there may be an ongoing social connection between the recipient, her partner, the intended parents and the child. The long-term impact of this arrangement on any or all participants has not been established.

GESTATIONAL SURROGACY LEGAL CONSIDERATIONS

Patients (i.e., intended parents) who are considering using a gestational carrier first undergo medical screening with one of our Reproductive Endocrinologists.

If surrogacy seems an appropriate option, the physician will discuss which type of surrogacy program may be best for their individual cases. Due to the very complex legal and financial issues involved with any type of gestational surrogacy (e.g., those which are state-specific), partners will be required to have legal counsel before being matched to a gestational carrier and before any treatment begins.

RSI can recommend a lawyer well-versed in third party reproduction (e.g., surrogacy, egg donation) or you may utilize your own counsel.

We strongly recommend that the gestational carrier/embryo recipient has her own legal counsel which is independent from the intended parents.

Once legal negotiations are well underway, the intended parents and the gestational carrier/embryo recipient (and her partner, if applicable) will undergo a thorough medical and psychological workup before initiation treatment.

Although great care will be taken to screen both intended parents and carriers as early in this process as possible, it is still a possibility that something may occur or be learned during the process (either on the intended parents or the carrier's side) that would lead to abandonment of the treatment cycle.