



Surrogacy Qualifications Summary: The must haves to be a Surrogate

To become a gestational surrogate, you must meet specific physical, emotional, and legal criteria. Here are the key qualifications:

- **Enjoy pregnancy** – A strong desire to be pregnant is essential. While there are financial benefits, there must be an altruistic motivation to help others via surrogacy.
- **Willingness and ability to travel** – Many candidates can opt not to travel yet that might limit the intended parent options available for them. Otherwise, travel may be required for medical screening and embryo transfer, though most appointments will be local. Travel for delivery of newborn will never be requested.
- **BMI limit** – Healthy height/ weight ratios vary by clinic; most common range is 18-34% body mass index.
- **Pregnancy history** – Candidates must have had at least one uncomplicated pregnancy and be currently raising at least one child. To keep you safe, most clinics prefer less than 6 pregnancies with no more than 3 c-sections. Fallopian tubes are not required 😊
- **Lifestyle** – Must be a non-smoker and drug-free and able to pass a drug and nicotine test. Partner will need to consent to drug test and STI panel also.
- **Location** – Must live in a surrogacy-friendly U.S. state and be a U.S. citizen or permanent resident.
- **Background check** – Clean criminal record for you and your partner (if applicable); honesty is encouraged regarding past issues as a background check is performed, and not all offenses disqualify candidates.
- **Mental health** – Psychological evaluation is required; many clinics require no use of antidepressants or anxiety meds in the past 6 months (some flexibility possible).
- **Financial status** – Must not be on government assistance and should be financially stable (children can continue to receive services).

Every applicant is unique—questions and open communication with your intake coordinator is encouraged. These criteria help ensure a positive and successful surrogacy journey for both the surrogate and intended parents.



Preparing for the Journey: Important Considerations Before Becoming a Surrogate

Surrogacy is a profound and life-changing commitment—one that requires emotional, physical, and logistical preparation. Before you begin this journey, we want you to feel informed, confident, and supported. Here are some important questions to consider:

Is Your Family Complete?

Pregnancy always carries a level of risk. If you're still considering growing your own family, it may be best to wait. Although most surrogacy journeys are smooth, complications—while rare—can impact future fertility.

Can You Travel?

Travel is a regular part of surrogacy. Fertility clinics, transfer centers, or legal appointments might not be local. Are you able to:

- Take day trips out of state for medical appointments?
- Arrange childcare and leave home for a 3-day embryo transfer?
- Travel alone if necessary?

Travel Restrictions

Later in pregnancy, travel becomes limited. Your contract will outline specific restrictions—commonly, no travel more than 50 miles from your delivery hospital after 34 weeks. Are you comfortable staying close to home during that time?

Medical Appointments

Routine ultrasounds, blood draws, and check-ins are essential. These typically happen at your local fertility clinic. Is your schedule flexible enough to accommodate regular medical visits? Do you have a support system that could help you care for your family if needed?

Vaccinations

Are you open to receiving pregnancy-related vaccinations such as: MMR booster, Varicella booster, Tdap booster? These may be required or recommended during the process.

Preparing for the Journey: Important Considerations Before Becoming a Surrogate Continued....

Hormone Injections

In preparation for embryo transfer, you'll take estrogen and progesterone medications—often through injections you will be trained to administer at home. Sometimes, this means up to two shots a day. Are you comfortable with self-injection, or do you have someone who can help? Are you comfortable with taking hormones to support a pregnancy for 3 weeks before embryo transfer and 7-8 weeks after transfer?

Carrying Twins

There is a 1-2% chance of a single embryo transfer (SET) splitting into identical twins. While single embryo transfers are encouraged, occasionally intended parents may request a double embryo transfer (DET). This increases the chance of twins and triplets, which also increases the chance of bedrest or pregnancy complications and is generally not recommended. The chance of carrying twins can be reduced but often not eliminated.

Views on Termination

Surrogacy can involve emotionally complex decisions. If complications arise, or if a baby is unlikely to survive outside the womb, are you comfortable allowing early delivery or termination? We will always make sure your beliefs align with the intended parents and your life and safety always comes first.

Commitment to Match

Once matched with intended parents, they are counting on you. Are you fully ready to commit to the journey—from initial match all the way through embryo transfer and beyond?

Surrogacy is a selfless and incredible gift. By taking the time to reflect on these questions, you are making sure that both you and the intended parents are set up for a successful and supportive experience.



Please read over a Sample Compensation and Fee Package. Your figure requests are your choice, yet out of range requests might not be feasible. We do not negotiate fees and request that you only ask for what you feel is an important amount to compensate for your time and energy. The gift of helping a family is priceless!

Base compensation: Baby heartbeat is detectable about one month after transfer, around 7 weeks gestation. If the transfer is successful, base compensation is divided into eight equal payments starting at 8 weeks and continuing every 4 weeks as long as baby continues to grow. Surrogates will be paid in its entirety if the baby is born after 34 weeks gestation (for a single pregnancy) and 32 weeks' gestation (for a multiple pregnancy). If there is a miscarriage or still birth, no payment is ever expected to be repaid as you are compensated for your time being pregnant, not for a healthy outcome.	Average \$55-65K for first time carriers and \$70+k for experienced carriers, GC sets their own compensation
Monthly Allowance After signing legal contracts, gestational carriers receive an allowance per month that does not require receipts to help pay for their lost wages, childcare, gas or time to attend local appointments. It begins the first of the month following contract signing and ends the first of the month after birth or at the termination of the surrogacy contract. It does not include the time off needed for embryo transfer or appointments requiring travel.	\$200/month
Additional Monthly Allowance Starting with the 28th week of pregnancy, gestational carriers will receive an additional non-accountable monthly allowance to cover their choice of doula, housekeeping, chiropractic care, massage, and/or additional childcare.	\$200/month
Multiples Fee Given a set of twins or triplets, this amount is for each additional fetus the gestational carrier is carrying. This fee will be added to the base compensation fee starting with the second base compensation disbursement in seven equal installments.	\$5,000/fetus
Medication Start Fee To be paid upon the commencement of cycle meds for each transfer cycle, excluding birth control	\$500
Transfer Fee To be paid at the time of each transfer of an embryo(s) to the gestational carrier.	\$1,000
Dropped Cycle Fee This fee is to be paid if the intended parents cancel the cycle without medical recommendation or the cycle is canceled after the start of progesterone due to no fault of the gestational carrier.	\$500
Mock Cycle Fee If requested by the RE or Intended Parents, this fee will be paid for any mock cycle performed.	\$500
Maternity Clothing Allowance Gestational Carrier will receive an allowance for maternity clothing on the first of the month following the 12th week of pregnancy (by gestation).	\$500/single \$750/multiple
Minimally Invasive Procedure Fee If the gestational carrier undergoes a minimally invasive procedure (Endometrial Receptivity Assay, Cytotec-induced miscarriage) she is eligible to receive this fee.	\$750/procedure
Invasive Procedure Fee If the gestational carrier undergoes an invasive procedure (D&C, ectopic pregnancy, selective reduction, cerclage, amniocentesis) this fee will be due.	\$1,500/procedure
Loss of Organs Fee This amount to be paid in the event the carrier loses one or more reproductive organs directly related to a pregnancy complication.	\$5000/loss of uterus \$1500 per tube/ovary
C-Section Fee If gestational carrier undergoes a C-section for the birth of the baby, she will receive this fee to cover pain and suffering and unaccountable childcare or housekeeping expenses..	\$5,000

<p>Surrogate Lost Wages 1) In the event of lost wages for medical screening appointment or transfer and clinic ordered days of rest post- transfer, regardless of location of clinic, carrier will receive lost wages. 2) In the event of physician ordered bed rest or work restriction, the carrier is to be paid lost wages during the bed rest period. 3) Lost wages are to be paid for time missed from work for the post birth recovery period; 6 weeks for a vaginal delivery and 8 weeks for a c-section delivery; regardless of outcome.</p>	<p>Paystubs will be required to calculate gross lost wages</p>
<p>Spouse/Partner Lost Wages Lost wages for spouse/partner limited to ten (10) days or 80 hours during the surrogate journey. Hours reset each transfer if applicable.</p>	<p>Paystubs will be required to average gross lost wages</p>
<p>Bedrest In the event of physician ordered bedrest, in addition to lost wages the surrogate will receive this fee to cover additional childcare and housekeeping.</p>	<p>\$300/week</p>
<p>Breastmilk Compensation This fee to be paid if the surrogate is willing to pump breast milk for the baby after birth and the IP requests to receive breast milk. Providing colostrum in the hospital alone will not be compensated. If pumping continues outside the hospital, weekly schedule will begin from birth date for compensation. IP agrees to provide GC two week notice to wean or compensate an extra two weeks if notice is not provided. GC will provide weekly pump log for compensation or opt for flat fee. Monthly allowance shall continue during active pumping phase. No one will ever be required to pump breast milk</p>	<p>\$1.00 per ounce or \$250 per week, whichever is greater, plus pumping supplies and shipping costs. Monthly allowance continues with pumping schedule.</p>
<p>Life Insurance Premiums Intended parents will provide a life insurance plan coverage of a minimum 500k paid to the GC's choice beneficiary. Plan will be payable before GC starts cycle medications and will need to be in place through 3 months postpartum. If a non viable pregnancy or loss occurs, IP can request a prorated refund 3 months postpartum or 3 months post termination of contract</p>	
<p>Travel Costs Travel costs to be paid for any overnight travel or day travel more than 75 miles round-trip. Mileage is only to be paid for the number of miles exceeding 75 miles. Meals to be prorated if applicable. Travel for transfer, medical procedures, and medical screening to include reimbursement and/or prepaids for a travel companion if a support person is required by the medical provider.</p>	<p>Mileage: \$.70/mile or current IRS rate Childcare: \$200/day for overnight care Food: \$75 per person/day Airfare, hotel, and ground transportation at actual cost.</p>
<p>Health Insurance Premiums We will help check your insurance policy to determine if it can be used or if the Intended Parents need to purchase a new policy for you. If the GC plan is surrogate friendly, through her or her spouse's employer, she is expected to pay her own premium costs, while IPs cover any liens and out-of-pocket costs until the plan's maximum is met. That max out-of-pocket amount will be listed, and the full plan booklet will be available upon request. IPs should be prepared to fund a temporary marketplace "overlap" policy until the friendly plan is confirmed to have no exclusions or liens if pregnancy extends to a new coverage period. If the GC's existing plan does not cover surrogacy, IPs will pay for a new policy until cleared by OB after delivery and any out-of-pocket expenses. Gap plans may be used for interim coverage until marketplace plans take effect. If the Agency purchases a Marketplace plan before match, IP will reimburse the Agency for premiums from start of plan placement upon medical clearance.</p>	



While we are always in a hurry up and wait mode and delays can occur, here is a typical timeline and process visual to help prepare you for what is to come!





Welcome to Your Surrogacy Journey

We're so excited to support you on this meaningful path. This guide outlines each step of the process so you know what to expect and can feel confident every step of the way.

1. Intake Process

To begin, we'll need a few things to help us get to know you and ensure you're medically and emotionally ready for the journey.

What's Included:

- **Medical Records Release:** We'll ask you to complete forms so we can collect your OB care, delivery, and pap records.
 - **Background Check:** Required for you—and your partner, if applicable.
 - **Psychological Evaluation:** You and your partner (if applicable) will meet with a licensed mental health professional. This is to support your readiness and provide you with helpful guidance.
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2. Match Call

Once you're ready, it's time to meet your potential Intended Parents!

What to Expect:

- **Zoom Meeting:** You'll have a video call where you can share your story and hear theirs. Don't worry—an agency coordinator will be present to help guide the conversation.
 - **Paperwork You'll Receive:**
 - **Match Sheet:** Indicates your intent to work with the Intended Parents.
 - **Compensation Sheet:** Outlines your agreed-upon financial terms.
 - **Terms of Match Sheet:** Reflects everything discussed during the call.
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3. Medical Screening

Your health and safety are top priorities. You'll have a full day of screening at the Intended Parents' fertility clinic.

Details:

- **Travel:** You may need to travel unless the clinic is local.
 - **Tests:** The clinic will perform a saline sonogram and take bloodwork to make sure you meet their surrogate health requirements.
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4. Legal Clearance

Once medical clearance is complete, we'll begin the legal process to protect everyone involved.

Here's How It Works:

- **Independent Legal Counsel:** You'll have your own attorney (paid for by the Intended Parents).
 - **Contract Creation:** Your match documents will be used by the parents' attorney to draft the **Gestational Carrier Agreement**.
 - **Review & Sign:** After both parties have reviewed and agreed on the terms, you'll sign the final version to move forward.
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5. Embryo Transfer

Once everything is officially cleared, it's time for the exciting part—embryo transfer!

What You Need to Know:

- **Scheduling:** The clinic will contact you and the Intended Parents to confirm the date.
 - **Travel:** Plan for up to 3 days of travel for the procedure.
 - **Medications:** You'll receive detailed instructions and medications from the clinic to prepare your body.
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Final Note

Thank you for your courage, compassion, and commitment to this life-changing journey. You're not doing this alone—we're here to support you at every step. If you ever have questions, please don't hesitate to reach out.