Surrogacy for Gay & Single Men
More than 100 years of Combined Surrogacy Experience

Sydney Australia 2018 Conference
## Eligibility for Surrogacy

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<th>Gay Couples</th>
<th>Single Men</th>
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Domestic Surrogacy

Pros
• Birth in Australian hospital
• Legal
• Your names on Aust birth certificate
• Legal recognition of parentage
• egg donors available

Cons
• No assistance in locating a surrogate
• Long counselling/ approval process
• You pay for all medical, legal, psychological costs
What you will need

• Financial resources
• Project Management skills
• Patience/ Commitment
• Ability to put trust in others
• Flexibility
Project Management

• Set a budget
• Understand the steps & processes
• Be pro-active in recording what you’ve paid & when
• If you want things to move faster
  ➢ follow up
  ➢ be organised with documentation
  ➢ decide ahead on important issues (e.g., egg donor characteristics)
  ➢ be prepared to compromise
Donor Options

- Friend or family member
- From a donor community
- From an IVF clinic (local or international)
- From a Donor database (international)
Egg Donor Options

**Known Donor** – ideally
- age 21-35
- has had children previously
- fit, healthy, non-smoker
- mandatory counselling
Egg Donor Options

Frozen eggs (oocytes) shipped for fertilization and transferred to your surrogate.
Compensated Surrogacy
Medicare Rebated is our Goal

A 2016 study lead by Monash IVF’s Kelton Tremellen showed Australians generally very supportive of compensated surrogacy in this country.

The overwhelming majority support same-sex couples accessing surrogacy.

We are hopeful that our profession can “lobby governments and help develop guidelines” to allow better –supported surrogacy in Australia, supported by Medicare.
Getting Started…

- GP referral to IVF Specialist
- Initial appointment – intended parents +/- surrogate
- Screening tests
- Referral for counselling and legal advice
Surrogacy Counselling

- The counselling process is complex in surrogacy
- You and your partner will need to see an independent counsellor not affiliated with our clinic
- The surrogate and the surrogate’s partner will also need to see this counsellor
- You will also be required to see our own donor counsellor, as will your donor and surrogate, prior to starting treatment
Egg Donor

- If known donor, a separate appointment with IVF specialist will be arranged for donor
- Screening tests arranged
- Counselling appointment required with clinic counsellor
- Once screens etc complete, donor may undergo IVF cycle
What Next?

Checklist

• screening tests
• counselling – independent AND clinic counsellor appointments
• legal appointments
• consents

You then return to see your specialist and meet the clinic nursing staff to start planning your upcoming treatment cycle
Sperm Retrieval

• May be surgical due to:
  ➢ Obstructive or congenital azoospermia
  ➢ Spinal injury
  ➢ Vasectomy
• Percutaneous or (Testicular Sperm Aspiration may be required
• A concentrated preparation of the motile sperm extracted from the semen sample
Insemination Methods

Standard IVF

ICSI/Microinjection
Embryo Culture

Day 1 – Fertilization Check

Day 3 – Check for growth and progress of embryo (about 8 cells)

Day 5 - Day of transfer – embryo is now about 200 cells: a blastocyst
Embryo Culture

The embryos are kept in specialised incubators that are temperature, gas and light controlled. Opening of the incubator can affect development of the embryos (keep to a minimum).

During culture embryos are grown in specialised media designed to mimic its natural in vivo environment.

Embryos are sensitive to changes in their environment so they are only looked at once on day 3 (media change) and on the day of transfer (for selection) to minimise stress.
Selection for Transfer

On the day of transfer lab staff will assess the embryos and select the best for transfer.

- Based on published methods for assessment of embryos
Embryo Transfer