



Gestational Carrier Applicant Criteria

Exclusions Include:

- Age: 21-45. Age 38 and older single embryo transfer only
- BMI: ≥ 18.5 , ≤ 32.0
- Acceptable psychological evaluation
- At least one prior, uncomplicated term delivery
- No more than 3 previous cesarean sections
- Recommend no more than 5 total previous deliveries— if greater than 5, up to MD discretion
- Non-smoker. If history of smoking, must pass nicotine test at pre-cycle testing and cycle start testing
- Immune to varicella/rubella
- No medications Category C or greater
- No psychiatric medications, including all SSRIs (Prozac, Zoloft, Celexa, Wellbutrin, etc.)
- Does not live in a rural area (distance to NICU must be acceptable) if transferring two embryos
- 12 months from delivery to transfer for twins or c section or complicated vaginal birth
- 9 months from delivery to transfer for normal singleton vaginal birth
- If not a US citizen, must have document from lawyer confirming she will have legal residency in the US throughout entire pregnancy and delivery time period

No previous obstetrical history of the following:

- Severe Preeclampsia or Eclampsia
- Mullerian anomaly
- Severe thrombocytopenia
- H.E.L.L.P. disorder
- Disseminated Intravascular Coagulation
- Preterm delivery (unless subsequent term births)
- Intrauterine fetal demise
- Intrauterine growth restriction diagnosed by reverse Doppler flow
- Hyperemesis requiring hospitalization
- Placenta Previa
- Vasa Previa
- Placental abruption
- Gestational Diabetes requiring medication
- Severe shoulder dystocia : greater than 2 minutes, poor neonatal outcome (provider discretion)
- Cholestasis of pregnancy (high recurrence rate)
- Recurrent pregnancy loss (3 or more SABs or bio-chemicals)
- Two or more failed embryo transfers with euploid embryos (neg. beta, bio-chem, ectopic or SAB)
- Two to three failed transfers with untested embryos and ARA in egg donor- MD to review
- Deep vein thrombosis in self
- Pulmonary embolus

- DVT or PE in primary family member- per provider discretion may require genetic testing/hematology clearance
- Seizure or Stroke in antepartum, intrapartum, postpartum period
- Significant history of seizures
- Postpartum psychosis
- Previous C section with T incision
- Essure
- Abnormal antibody screen

No medical history of the following :

- History of Cardiac, Liver, Kidney, Neuro, Neuromuscular, Endocrine, Hematological, Respiratory or Immunological disease (per MD discretion)
- Chronic Hypertension
- Infectious disease in surrogate or partner
- Unmanaged/untreated CIN II/III (cervical dysplasia)
- Chronic Pelvic Pain
- Chronic Pain with recent (last year) narcotic use
- Advanced endometriosis
- Bariatric surgery
- Urethral Bladder Sling
- Two or more excisional cervical procedures (Two LEEPs, one LEEP + one cone biopsy)
- For laser (not Loop) or scalpel cone biopsy, MD must see size of biopsy
- Cancer
- Unstable financial situation
- Unstable personal relationships
- History of recent domestic violence (last 2 years)
- Use of drugs or alcohol in pregnancy, including marijuana
- History of drug or alcohol abuse
- Own child or children with autism
- Developmental disorder or birth defect in previous own child and/or child born from previous surrogacy must be reviewed by genetic counselor
- Psychiatric disorder, including recent history of an eating disorder (reviewer discretion re: depression/anxiety)

Other Notes:

- If records indicate candidate was prescribed or refilled a psych med in the last year, must have an MD note verifying that the applicant has been off the psych med (includes Adderall) for three months with no issues, prior to approval
- Must always have a height and weight recorded in the last year
- If history of smoking, must have quit a least one year prior to approval. If quit <= 3 years from application, cotinine test prior to approval. Will do cotinine test at baseline as well.
- If applicant currently smokes MJ frequently, she will be denied. If she states on her application she smokes "occasionally" we will run a UDS at first visit, must be negative to proceed.
- If history of GDM, we will require current (normal) HgA1C and fasting glucose prior to approval
- May require specialist records- e.g. cardiology, neurology, endocrinology-- for various health issues

- We require most up-to-date pap result and if follow up for an abnormal result is currently due, will require the pap to be done and resulted and normal prior to medical record approval.
- If applicant has no history or remote history of an abnormal pap, and pap is due in next several months, will sign approval with understanding the candidate must have the pap done prior to cycle and it must be normal.
- We require all follow up treatment records of all abnormal pap(s)
- Must have records of an annual exam in the last three years (a postpartum exam counts). Should include problem list, current medications, surgery Hx, Gyn Hx, OB Hx, full set of vitals including height/weight, and a physical exam.
- Developmental disorder or birth defect in previous own child and/or child born from previous surrogacy: Agency must share with IP our legal statement written by our genetics counselors about small increased risk to subsequent pregnancies