



ORM FERTILITY

Gestational Carrier Applicant Criteria

Age: 21-45. Age 38 and older single embryo transfer only

BMI: ≥ 18.5 , ≤ 32.0 ; for sibling journeys with same IP, BMI must be 35.0 or less.

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 per ASRM guidelines— if greater than 5, MD must review

Non-smoker, at minimum quit 3 months prior

Immune to varicella/rubella

No medications Category C or greater

No psychiatric medications, including all SSRIs (Prozac, Zoloft, Celexa, Wellbutrin, etc)

No history of weight loss medications in last three months

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, 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 (unless 2 or more subsequent pregnancies without any hypertension)
- Eclampsia
- Mullerian anomaly
- Severe thrombocytopenia
- H.E.L.L.P. disorder
- Disseminated Intravascular Coagulation
- Preterm delivery (unless subsequent term births, see PTB algorithm)
- Intrauterine fetal demise
- Intrauterine growth restriction diagnosed by reverse Doppler flow
- Hyperemesis requiring hospitalization
- Placenta previa
- Vasa previa
- Significant placental abruption
- Gestational Diabetes requiring medication
- Severe shoulder dystocia : (greater than 2 minutes, poor neonatal outcome)
- Cholestasis of pregnancy (high recurrence rate)
- 3 or more SABs, 3 or more biochemicals
- Two or more failed prior embryo transfers
- 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)
- Deep Vein Thrombosis
- Pulmonary embolus
- Chronic Hypertension
- Multiple or frequent recent sexually transmitted infections 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)
- One 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
- Psychiatric disorder, including recent history of an eating disorder (reviewer discretion re: depression/anxiety)

Other Notes:

- If records indicate candidate was recently prescribed or refilled a psych med, the candidate must sign our ORM psych med verification form verifying she has been off all psych meds (including PRN meds and Adderall) for the three months prior.
- May require specialist records- e.g. cardiology, neurology, endocrinology-- for various health issues
- Must always have a height and weight recorded in the last year
- DVT or PE in primary family member requires genetic testing and/or hematology clearance
- If history of smoking, must have quit a least 3 months prior to application. ORM draws a cotinine test at all baseline GC labs. If it is positive, she will be delayed three months and retested after three months.
- 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 in most recent pregnancy, we will require current (normal) HgA1C and fasting glucose prior to embryo transfer. These labs will be drawn at her baseline visit at ORM.
- We require that we have her most recent pap result records and if follow up for an abnormal result is currently due, we will require the pap to be done and resulted prior to medical record review completion.

- If applicant has no history or has a very remote history of an abnormal pap with normals since, and pap is due at the time of application, the applicant can move forward with medical screening understanding the candidate must have the pap done prior to her transfer cycle and it must be acceptable.
- We require follow up treatment records of abnormal paps (colposcopy, LEEP)
- Must have records of an annual exam in the last three years (prenatal records or postpartum exam in the last three years count toward this requirement). Annual exam ideally 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 (if multiple birth defects, genetics counselor should review on case by case basis)