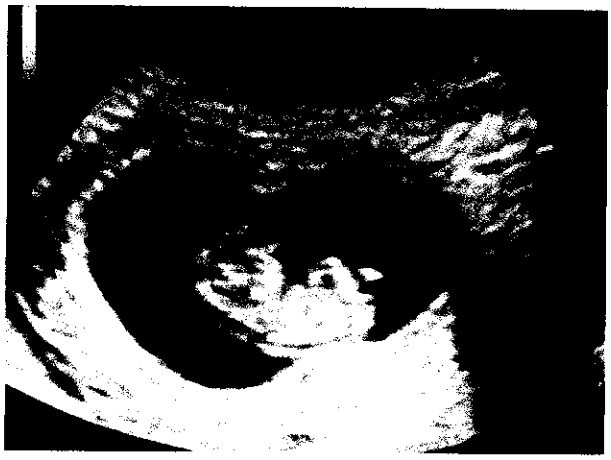

DALLAS CHILD: Surrogate Moms — A Personal Collaboration

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Sometimes the final stop on the path to parenthood involves renting another's woman's womb

By Elaine Rogers

Elizabeth Standridge, 33, is one of those women who loves being pregnant. Her friends who complain incessantly about swollen ankles, nausea and heartburn don't get much sympathy from her. For the North Richland Hills mom, the gestation process feels like a natural state of being.

"I'm just one of those people who would rather be pregnant than not," she says. "It's so empowering to know you're bringing a new life into the world and to feel the baby growing and kicking inside of you. Everything about it is just easy for me. I don't even think about the potential complications or risks of childbirth."

Standridge gave birth to her own child, a son, three years ago but carried another couple's daughter to term as a surrogate and is in the process of trying to do so again for a Fort Worth couple experiencing fertility issues.

With a day job as a merchant services adviser at a local bank, the single mom is also a full-time student taking classes online with the University of Texas of the Permian Basin. And shortly after her son turned 1, Stanridge added gestational carrier to her resume, signing up with DFW Gestational Carriers, a small surrogacy agency, to make extra income by renting her womb.

"I had a friend at church who was considering [becoming a surrogate] and I said, 'That's so amazing. I could totally see myself doing that,'" she remembers. "I loved being pregnant with my own son so much, and I thought it would be such a wonderful gift to be able to do this for others who want a child but can't do it on their own. ... Ultimately, my friend decided not to do it, but I was all in."

Paired in 2014 with a couple from Wichita Falls who had frozen their fertilized embryos, Standridge delivered their healthy baby girl in March of last year. She told her own son that she was carrying a baby for another woman who couldn't do it herself.

After the first successful pregnancy and birth, Stanridge and the Wichita Falls family tried three more times for a second child using additional sets of the couple's embryos, but none of the pregnancies took.

An Unusual Enterprise

The United States is actually one of the few developed countries where commercial, or paid, surrogacy is allowed — it is illegal in Canada and most of Europe (all forms of surrogacy are prohibited in France, Germany, Italy and Spain). But surrogacy laws here vary widely by state: In Texas, commercial surrogacy is permitted, with restrictions. And there are only a handful of organizations in the Dallas-Fort Worth area to help guide couples with fertility issues through the often complicated legal and logistical maze of hiring a surrogate, which can be as overwhelming as a 10,000-piece jigsaw puzzle.

Guidelines recommended by the American Society for Reproductive Medicine (ASRM) involve psychological and physical screenings for women interested in becoming gestational surrogates. In addition, gestational carriers must be between the ages of 21 and 45, have at least one biological child but have had no more than five vaginal births, and come from an emotionally supportive and financially secure home environment.

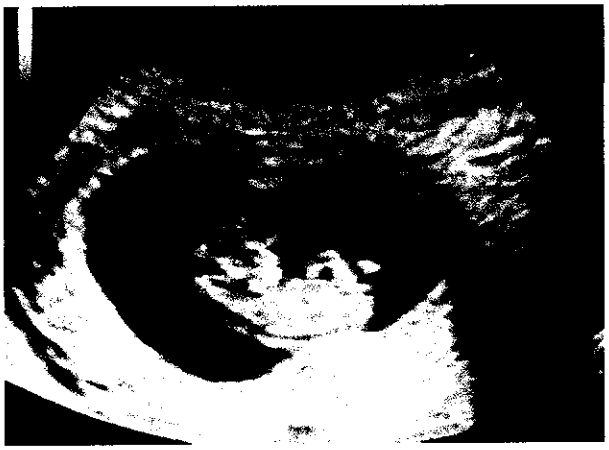
The fees associated with hiring a surrogate are sort of all over the map, but intended parents can typically expect totals to exceed the $100,000 mark. The agency fee alone at Shared Conception in Dallas costs $16,000, for instance. The gestational carrier then makes $24,000–$26,000. The agency fee at Simple Surrogacy, also in Dallas, is $22,000, and their gestational carriers set their own fees, with rates averaging $30,000–$40,000. And at DFW Gestational Carriers, the agency fee is $8,000 and the gestational carrier makes $21,000 –$30,000.

Intended parents also pay medical bills — health insurance seldom covers a third-party pregnancy, plus there's the high cost of in vitro — child care costs (for the gestational carrier's biological children) if bedrest is required, even maternity clothes. And there's no tax credit for surrogacy.

Despite the high costs, however, Stephanie Scott, executive program director at Simple Surrogacy and a one-time gestational carrier, says the commercial pregnancy business is booming. Her agency handles 70–100 surrogate pregnancies each year, a 60 percent increase from the company's start 15 years ago. Clients come from cities and towns across Texas; from places such as New York and Michigan, where surrogacy is prohibited; and from other countries too.

Even smaller surrogacy outfits have seen growth. Gayla Wilson, who has been a gestational carrier three times, founded her one-woman DFW Gestational Carriers in North Texas 10 years ago. She only handles 8–10 matchups annually, but she says that's double what she was doing even a few years ago. The business could easily expand, she admits, if she were willing to take on more clients.

"[Some surrogacy] companies may view this simply as a business, a way to make money [using] womens' bodies," Wilson says. "But it's such a personal choice to be a gestational carrier and to do this for others. Your heart has to be in the right place."



And frankly, so does your head. You're likely too young to remember the case of Baby M, which gained national attention in the '80s. In 1986, Mary Beth Whitehead, a high school dropout and mother of two, gave birth to a baby girl she conceived through artificial insemination with William Stern, whose wife had multiple sclerosis and was afraid to risk pregnancy. Once the baby was born — her biological daughter — Whitehead felt attached and fought to keep Baby M. A long, ugly legal battle ensued. Ultimately, the Sterns were awarded

custody and Whitehead was granted visitation rights. And though traditional surrogacy still exists, where the carrier is also the egg donor, it's fallen mostly out of favor.

Gestational surrogacy, the new norm, is far more clear-cut. It removes the biological connection, meaning the gestational carrier is just that, the carrier; the eggs don't belong to her.

Still, since Baby M, psychological screenings of surrogates have become more sophisticated too, and experts claim women seem better able to compartmentalize and keep the lines unblurred when the fetus has no relation to them.

Standridge admits that prior to carrying Emily Grace (the name the Wichita Falls parents bestowed upon their baby girl) she was nervous about developing a bond with the baby growing inside her.

"I didn't want to call her by her name for fear of getting attached," Standridge admits. "After childbirth, I loved her but realized the connection wasn't there like it had been with my son, my own biological child. ... I ought to wear a T-shirt with the slogan that says, 'Just my oven; not my bun,' because that's really how it is."

A Parent's Perspective

Keva Montrose, 31, and her husband Dan, 42, struggled with infertility for nearly seven years. The Montroses have actually successfully conceived six times. Keva even carried three of the babies — Stella (born August 17, 2009 at 21 weeks), Conal (born March 15, 2010 at 20 weeks) and Declan (born February 13, 2012 at 19 weeks) — into a second trimester before delivering them heartbreakingly early and subsequently burying her children.

"Twenty-one weeks is the longest I can make it," she says. "After that, the baby just gets too heavy. We'd been through everything with all our fertility treatments and surgeries. Basically, my doctor finally told me, 'That's it. It's time to try something else.' So, we knew it was either adoption or surrogacy."

As fate would have it, Montrose won Dallas fertility clinic Sher Fertility's Facebook contest. Keva and Dan made a video about their tear-jerking journey to become parents (you can watch it below). As winners, they received a free round of in vitro fertilization (IVF) treatments to freeze Keva's eggs, making the surrogacy choice — to have a biological child — more affordable and viable.

Then came finding the right agency, which honestly, left Keva feeling a bit apprehensive. "The profit motive seemed pretty strong [at the first agency]," she says. "And the gestational carriers there didn't seem that well informed about the process or the meds they have to take or the responsibility of doing this."

But Keva finally found a happy fit with DFW Gestational Carriers, and through Wilson's coordination, a gestational carrier in Amarillo delivered the Montrose's healthy baby boy three years ago. Now the couple is hopeful that Stanridge can help make them parents a second time. The first implant in January of this year didn't take; prayers that the second implant, done just as this issue went to print, did.

Making a Baby

The Society for Assisted Reproductive Technology (SART), an organization that reports gestational surrogacy in terms of gestational cycles, not all of which lead to live births, reports that only about 40 percent of surrogate implantations result in successful pregnancies and births.

"It's all about the egg," says Dr. Robert Kaufmann, a reproductive endocrinologist at Fort Worth Fertility. "Your chances of having a successful pregnancy with surrogacy isn't about the uterus as much as it is about the egg. ... For example, if the egg is from a 25-year-old donor (intended maternal parent), you're probably looking at an 80 percent chance of a successful pregnancy, but if the donor is 41, that rate is closer to 20 to 25 percent. There are a lot of variables."

Here's how it works if it's successful: First, Mom and the gestational carrier take medications to sync their cycles. Mom also takes pre-

scriptions to stimulate the development of eggs; the surrogate may be prescribed oral estrogen and progesterone injections to help prepare her uterus and may have to have blood drawn weekly to ensure adequate hormone levels. Next, Mom's eggs are fertilized using Dad's sperm, and the embryos are cultured in the lab. Finally, the fertilized embryos are implanted in the gestational carrier's uterus.

Controversial Considerations

Like so many other hot-topic women's issues, surrogacy is not without its fair share of critics.

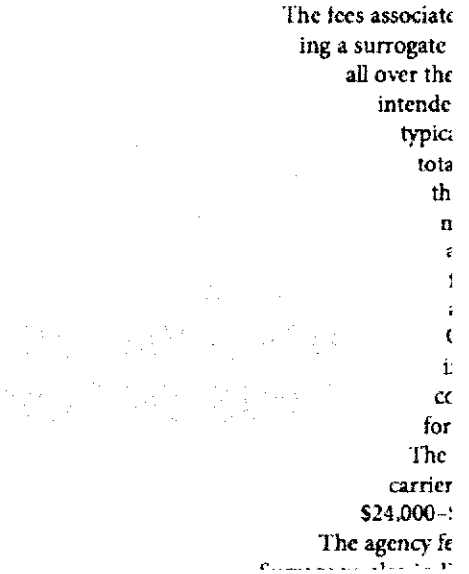
The Center for Bioethics and Culture Network (CBCN) leads a national campaign trying to make commercial pregnancy illegal. Among the criticisms: children's rights, the exploitation of poor and low-income women, using a woman's body as a commercial transaction, among others.

"Women who choose to [be gestational carriers] should already be financially stable and not in any sort of desperate situation," Scott advises. "No one should be doing this because they need the fee to pay their electric bill."

Another point of contention? The unknown dangers associated with using hormones and other fertility drugs to prepare the surrogate's uterus and jump-start the pregnancy. But experts contend that the low-dose hormones are natural (the body starts producing them anyway during pregnancy), administered over a short period of time (about 10 weeks total) and are safe for a gestational carrier in good health.

"[These gestational carriers] have been heavily screened for their health," Kaufmann adds. "They've been picked because they have greatly reduced risks for developing problems like high blood pressure or diabetes during pregnancy."

Surrogacy vs. Adoption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Surrogacy opponents advocate for hopeful couples to choose adoption over surrogacy. But for parents like the Montroses, it's just not that simple. Keva and Dan didn't have a problem getting pregnant; they wanted and still want biological children. And their happy 3-year-old is definitely the spitting image of his mom.

"We only have two transfers left," Keva says of the implantations taking place this month with Stanridge. "If they don't work, we'll have to try the egg retrieval again, but with my diminished ovarian function, I might not have enough left. ... After that, we might have to look into adoption instead. We'll cross that bridge if we have to."

But it's not her first choice.

Another big difference between surrogacy and adoption? Birth mothers typically choose the couple they want to parent the child they give birth to. In a surrogate situation, the matchup tends to be a bit more mutual: Intended parents pick from the profiles of prospective gestational carriers, and if the surrogate agrees, the intended parents have

the opportunity to get to know the would-be gestational carrier before committing.

Then there's the legal contracts that spell out everything — from how long a surrogate must abstain from sex care to how much of a bonus she will be paid for twins — get signed even before there's a baby in utero.

After Adoption, birth mothers can also request post-placement contact, either in an open or semi-open arrangement. Gestational carriers, on the other hand, don't typically stay in touch with the child's intended parents unless, of course, they want to try for more children using the same surrogate.

For now, Montrose isn't weighing the pros and cons of adoption because she's hopeful that this implantation takes and results in the birth of another healthy baby.

And Standridge foresees moonlighting as a gestational carrier as long as she possibly can (most gestational carriers stop by their early 40s). She looks at it not necessarily as a job but something she's been called to do, her mission in life. "If God gave you the opportunity to be part of a miracle, to help make something like this happen for others, wouldn't you want to do that? It just makes sense for me."

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