Reproductive Facts

Patient fact sheet developed by the American Society for Reproductive Medicine

Gestational Carrier (Surrogate)

What is a gestational carrier?

A gestational carrier (GC), also called a gestational surrogate (GS), is an arrangement where a person with a uterus carries and delivers a child for another couple or person (intended parent[s]). When using a GS, the eggs used to make the embryos do not come from the gestational surrogate. Because the eggs will be retrieved from one person and implanted in another, this technique requires the use of in vitro fertilization (IVF). IVF is when eggs are fertilized in the laboratory and the resulting embryo is transferred into the uterus of the gestational surrogate.

While both terms GC and GS may be seen in the literature, 'carrier' has a negative connotation in the medical context as it brings up images of disease-carriers or carriers of deleterious negative traits like the genes that cause sickle cell anemia or cystic fibrosis.

What are the indications for a gestational surrogate?

A GS may be recommended when an intended parent or couple wants to have a child and either does not have a uterus or has a medical condition that would prevent carrying a pregnancy safely. Also, a GS may be considered if there is a significant problem with the uterus such as scarring, a uterine abnormality that may increase the risk of complications, or a history of recurrent pregnancy loss or IVF failure, particularly when the uterus is thought to play a role, that can otherwise not be treated. Single men and gay couples may also use a GS to build their family.

Who can be a gestational surrogate?

The ideal GS is healthy between the ages of 21 and 45 and who has had a successful term pregnancy and has a supportive family environment to help cope with the added stress of pregnancy. Ideally, the GS should have no more than five previous vaginal deliveries or two previous cesarean deliveries. Prior to becoming pregnant, the GS should talk about the risks of treatment and pregnancy with a healthcare provider or reproductive endocrinologist.

What type of medical tests does a gestational surrogate need to have?

The GS should have a complete history and physical examination performed. The American Society for Reproductive Medicine (ASRM) recommends that all carriers be tested for viral infections, including HIV, hepatitis, gonorrhea, chlamydia, syphilis, and cytomegalovirus. They may also undergo imaging of their uterus and additional blood testing to screen for any health concerns before pregnancy. The GS should also meet required potential FDA and state requirements for testing.

Does the gestational carrier have to undergo psychological testing?

A GS and their partner (if appropriate) should have psychoeducational counseling with a mental health professional, who specializes in reproductive medicine. They will discuss the potential psychological risks associated with the treatment process, including managing relationships with their partner, children, employer, and intended parents. Psychological testing may be performed at the discretion of the counselor.

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Do the intended parents need any testing?

The intended parents should have a complete history and physical examination. Infectious disease testing and screening of the intended parents are required by the Food and Drug Administration (FDA) when embryos are transferred to a GS. This is typically completed in one visit and includes a physical exam, blood and urine testing and a questionnaire and must be completed within 30 days of the egg retrieval and within 7 days of the sperm collection. Additional tests may include ovarian reserve testing and blood testing to screen for health conditions that may impact egg or embryo quality. In addition, the intended parents should be offered genetic carrier screening.

Should the intended parents have a psychological evaluation?

Psychoeducational counseling with a mental health professional is recommended for the intended parents. The counselor should evaluate the couple for any unresolved or untreated addiction, abuse, or mental illness. The evaluation also should include an exploration of the couple's expectations and relationship with the surrogate and their family, plans for any relationship with the surrogate after delivery, and plans to disclose the use of a surrogate to the child that is born. While disclosure is always at the discretion of the parents, not disclosing can lead to a fear that the child will find out and makes it harder for the family to share openly and honestly about the child's birth story. Additionally, if the relationship with a GS is kept secret and the child finds out, that can send the unintentional signal that there is something to be ashamed of and can break some of the trust in the parent-child relationship.

What are the legal implications of using a gestational carrier?

The laws regarding GSs vary for each state in the United States. It is recommended that the GS and the intended parents have independent representation by lawyers who are experienced with GS contracts in the states where the parties live, intend to receive obstetrical care, and intend to deliver.

The contract may address issues regarding the number of embryos to be transferred, testing of the fetus during pregnancy, and contingency plans for abnormal test results. These decisions should be made after appropriate counseling with the infertility specialist and/or obstetrician.

Are gestational carriers compensated?

A GS is generally compensated for the time, effort, and risk involved in fulfilling this role. Compensation to the GS should be agreed upon before any treatment begins. The amount of compensation can be prorated based on the procedures performed. The compensation agreement should be documented in the contract between the surrogate and the intended parents.

Revised 2023