Ep #77: Inside the Surrogacy Industry: Protect Yourself and Your Baby with Susan Baldomar

Full Episode Transcript

With Your Host

Devon Clement

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Susan: I realized very quickly that there was no one between a doctor's diagnosis and a biological need - say if you're two men, neither of you has the uterus - and an agency selling you services in a largely unregulated industry. And that is not to say that there are not good agencies out there; there are very good agencies, there are very good attorneys. But if you fall into that 15-20% where things go wrong or you're with an agency that cuts corners and you don't know what those corners are, that ends up really making what should be a very wonderful opportunity very painful and scary for you and scary for your unborn child. And you don't want your child being carried around that amount of stress. So that is how I started.

Welcome to *Parenthood Prep*, the only show that helps sleep-deprived parents and overwhelmed parents-to-be successfully navigate those all-important early years with their baby, toddler, and child. If you are ready to provide the best care for your newborn, manage those toddler tantrums, and grow with your child, you're in the right place. Now here's your host, baby and parenting expert, Devon Clement.

Devon: Hello, and welcome back to the *Parenthood Prep* podcast. We have another guest for you today that I am so excited about. It is Susan Baldomar, and she is a surrogacy consultant. Is that what you call yourself?

Susan: A consultant and an advisor.

Devon: Advisor. I love that. And she works with families that are using gestational carriers and going through that process to be able to grow their families. We have chatted before, and it's just so fascinating, and I'm really excited to get into it. So Susan, why don't you tell us a little bit about how you got into this and what your background is?

Susan: First, thank you for having me, Devon. I am the founder of Chelsea Surrogacy Advisors, and it's a long way from my background in advertising. My daughter was born via gestational carrier, and she is now 15, so this was a long time ago. It wasn't really quite as popular as it is now. And there were safety

measures, but there wasn't the information, there wasn't the access with the internet. And even then you're getting very broad opinions.

So in our situation, we had no choice to build our family this way and had been through a lot of pain and infertility. And we went through an agency, and sadly, they did not vet the carrier very well, nor did they own the responsibility for it. And so essentially, my daughter was put at risk of neurological damage.

Devon: Oh, wow.

Susan: We found that out when the carrier was 11 weeks pregnant with our daughter, and we were horrified.

Devon: Sure.

Susan: And she was what we call non-compliant. And the larger issue of this is that we would speak to different professionals, how can we help? The woman needed to have certain medical procedures done in order to ensure the safety, and she was unwilling. The agency was not willing to own their lack of due diligence. And a lot of people at that point were, "Oh, I don't want to get involved because so-and-so is a client and we do business together." So it really became an issue of money and relationships over people seemed to forget there was a baby born.

Devon: Yeah.

Susan: There was one person who stepped in. To this day he's my hero. His name is Andy Vorzimer on the West Coast, and helped guide us. And our doctor, who's the OB, essentially convinced this woman to eventually do the right thing, but we didn't know until the very end whether or not she would do that and if our daughter would be healthy. So it was terrorizing. And for someone to have gone through so much pain.

Devon: Yeah.

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Susan: To do this to someone is unconscionable. So when I was interviewing people and agencies, and I said that I'm very honest, I will do everything in my power to make you comfortable. I said, "I will not be played." We all hear these stories. And everyone's like, "Oh, we're so honest, so honest," and so on and so forth. And when we found out about the carrier's, let's say, issues, we had said to her, maybe you got yourself into something you couldn't handle. Let us help you. But she really was not. This was planned in her mind. So essentially, I had my baby, and then people would come up to me and say, "Oh, I didn't know you were pregnant. You look fabulous," because I didn't have any baby weight or anything like that. So I came out with the new, and word got around.

Devon: Sure.

Susan: And so people started coming to me and asking me questions, saying, "I'm so scared. I don't know what to do. I'm afraid of something happened to me." Because generally, you also don't hear the good stuff. We hear a lot of the horror stories, and there are horror stories.

Devon: For sure.

Susan: And I realized very quickly that there was no one between a doctor's diagnosis and a biological need, say if you're two men, and neither of you has a uterus, and an agency selling you services in a largely unregulated industry.

Devon: Yeah.

Susan: And that is not to say that there are not good agencies out there. There are very good agencies, there are very good attorneys. But if you fall into that 15-20% where things go wrong, or you're with an agency that cuts corners and you don't know what those corners are, that ends up really making what should be a very wonderful opportunity very, very painful and scary for you and scary for your unborn child. And you don't want your child being carried around that amount of stress.

Devon: Yeah.

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Susan: So that is how I started.

Devon: And I could see as you're saying that, it kind of reminds me of what we do as newborn care specialists. You're going through this experience you've never been through before. You have your medical professionals, your OB, your pediatrician that you see occasionally, but they're busy. You don't get a ton of time with them. You want someone to kind of guide you through the process and shepherd you on a more personal level and be there for the logistical questions. When you're freaking out, you want someone who's been through it before, who knows what they're doing to support you.

And lots of people have had babies. You have your mom, your sister, your friends, you're this, you're that, which for better or for worse, but something like this, everything is brand new. I mean, I know a fair number of people who have used surrogates and gestational carriers, but that's partly because of my field, and most people, I think, don't even realize that it's an option or that it's so prevalent. So just having someone who's been through the process and has guided other people through the process has got to be so wonderful and helpful.

Susan: It is rewarding. And like your service, no two families are the same. So someone may want someone who comes into their home that's very quiet and just takes direction. And someone else might, "Someone like, please lead me here." In this situation, you have some people who I do not want a relationship. I want to be respectful, but mentally, I can't handle that where some people, I want to be the best friend. I want an agency that is full service that's going to be 24 hours a day, or I want somebody who is just going to set things up. I'm going to figure out the rest on my own. And also comes down to things like geography. Where do you want to have this baby? Is it legal to have that baby in the state? All these different things. What you're doing, I consider the fourth trimester, which is wonderful.

Devon: Yeah.

Susan: Right? Because it's so, so important, and you want that be equally as perfect as what I say when you're entering into gestational surrogacy, finding the

agency, carrier, doctor are your first steps to parenthood. They're your first steps to really getting on the right road. And they should, and I'm a firm believer in doing things right the first time.

Devon: Absolutely, especially with something like this that's so high stakes.

Susan: Very high stakes and very, very expensive. So you don't want to find out midway that something should have been addressed that wouldn't. So it could be anything, it goes back to screening, right? Screening and education.

Devon: So wait, let's just pause for a second. Let's backtrack a little bit because I think a lot of people don't really understand how the process works. So you start off, you are in a situation where you've decided to move forward with a gestational carrier. And I know for some people, that's because they've had fertility struggles, they haven't been able to carry a pregnancy themselves for whatever reason, whether they had a health problem or they just, unexplained. Or like you said, maybe you're two men, like my baby daddies, who you also worked with. You know that you need to use a gestational carrier for whatever reason. What do you do now? What's your first step?

Susan: Right. So your first step really should be is getting a doctor who, first of all, that is culturally appropriate for you. So in the case of working with two men, you want someone who, thankfully in the metro New York, we don't have that problem, but there are other parts of the country that are not quite as engaging on that level. The beauty for male couples is the fact that generally they use an egg donor, and that generally, the likelihood of they're getting pregnant is much higher than, let's say, somebody who's been through lots of fertility issues and is now 39, 40 years old and has to really undergo certain testing. And basically, when she's creating embryos, the yield will be lower, more likely than if someone were 27.

So for that woman, finding a doctor who is known for helping older women getting pregnant is essential. And I often tell people, so if someone's calling me from a different part of the country and they're saying, "I'm going with my local

clinic, I really like this person," and I say, "Well, what are their stats? What are their stats in your age group?" And I have them ask a variety of questions.

And there were lots of wonderful doctors all over the country. But if you have a really tricky issue, maybe you should come to a large city like New York or West Coast, Boston, and find somebody who has done so many of these, right? Practice does make perfect. It is about the labs so that you're doing this transfer hopefully once, right, and not twice. And so the money you're spending on travel is not even going to equate what you spent on a transfer having to do it twice. So if you think about that, it's just again, reducing all that anxiety to whatever level.

And in the case of men, you also need someone who is still very good. You would look at stats of donor egg cycles and see where the success rate is. So and that's usually a very good indicator of the success for them. The tricky part is you also need to know when they make exceptions. Some clinics will not make an exception for a donor that's over 27, unless it's a known situation. And so that can skew the stats. So you really need to know how to understand those stats. And I recommend if someone wants to really speak to an embryologist who could take you through those.

Devon: Yeah.

Susan: So it's like looking at somebody's accounting files. It's just very, unless you really know what to look for, it's going to be a little daunting.

Devon: Yeah.

Susan: So that would be my first step. And then I would find out, well, I'm going with XYZ clinic. They're very strict. She has to have a BMI of 30 or under. There are guidelines by ASRM.

Devon: And you're referring to the carrier or the surrogate in this situation?

Susan: Yes. So she would need to meet the guidelines at the very least of ASRM, and then in some situations with some clinics, they're stricter. And

understanding that going in so when you do find that agency, you're not saying, "Oh, I want to," make sure that they work with certain clinics because they're going to be attracting a certain level of surrogates. Or there'll be sometimes situations where there are a couple of clinics that, as I say, the golden uterus that they're looking for really doesn't exist. And you can wait a couple of years.

Devon: Yeah.

Susan: And that may be fine for some people, but for a lot of people, they want to have this baby yesterday.

Devon: So you're basically working with two entities. You've got your fertility clinic that's going to be doing the medical piece, the creating embryos and the transfers. And then the surrogacy agency is separate, and they're more like a legal sort of thing where they're matching you with the surrogate and then doing the contracts and all that kind of stuff.

Susan: Well, they, yes. So they will find you the carrier.

Devon: Okay.

Susan: And that carrier needs to, at the very least, they should be showing someone that meets your clinic's guidelines, which you provide for them, or they call in advance.

Devon: Okay. So you would bring your clinic's guidelines to the agency and say, "I need someone that meets these requirements."

Susan: Exactly. Exactly. And then what ends up happening is so let's say they find someone, and the agency will provide a brief overview. They're not going to give you all of her medical history. It's a lot of privacy here.

Devon: Yeah.

Susan: And say, you know, she meets it. She's only had two pregnancies, no C-sections, so on and so forth. Healthy lifestyle, married, stable home life. And

then they meet and if they kind of hit it off, and hopefully they do. It's always a little awkward. It's like a dating, it was like a blind date with someone with a moderator in the background. It's like a date with mom. The parties go away and they decide, "Yes, we'll work together."

And that's when they start the screening process. And they talk a little bit. The first piece on that screening is a psychological piece. And the reason is the medical is so much more expensive than the psychological piece. So you don't want to invest all that money in the medical to find out that she hasn't passed the psych.

Devon: Sure.

Susan: And the psych is not to, it's really for everybody's protection, but especially hers, right? So if somebody, I wrote a blog a couple of years ago with Dr. Andrea Braverman, who is, as I say, the godmother of psychological evaluations for surrogates. And she said, you want to make sure that she herself is in very good mental and physical shape. A lot of people are very willing to do this, but you don't want to put her in a situation where she's taking care of a sick mother, she's already stretched to her limit. This is not good for her. You almost need to protect her from herself.

Devon: Yeah.

Susan: Make sure she's in a stable environment. Those are very, very important things. And then there is testing to make sure that she doesn't have a major mental health issue.

Devon: Sure. 'Cause pregnancy can really exacerbate that, and postpartum can really exacerbate that and make it worse. And the last thing I would want to do is put someone in a precarious mental health situation.

Susan: That's right. That's exactly right. You know, and then she has your baby and then she's left, you know, with postpartum depression. You don't want that. But you also want someone who is in a situation where she is, like I had a

situation once where the woman was a school teacher at a Catholic school. And very interesting. So she did not go forward with this because they were asked her, "Well, how are you going to feel when the other parents are asking you, oh, Miss Devon, I didn't realize you were having a baby." And she realized you're carrying a baby for two men. How are you going to respond to that? Are you going to be able to keep your job? And so these are the things that people who are willing to help, you need to protect them as well. And also, obviously, protect the baby. As I keep reminding people, there are all these lawyers and medical things and cost and cost. It's like there is a baby involved and that is ultimately why we need to be as careful and pragmatic as possible.

Devon: Yeah.

Susan: And I know when I did the egg donation, we had to do the psychological screenings as well, both them and me, and then all of us together. So it was very thorough.

Devon: Yes. We got a gold star.

Susan: I'm sure you did. I'm sure.

Devon: She said we were, she said we were fabulous. But they, you know, they really wanted to make sure that I was not going to feel overly attached or overly maternal. Spoiler alert, jokes on them. I am so attached. But only because I love and adore her as my friend's child.

Susan: Right. Right. I think you have is a very unique and beautiful situation. I think it benefits everybody.

Devon: Well, and their surrogate was someone known to them as well. So it was just so great to just have everybody kind of together with that. But I can also see how if you were someone, especially if you were a woman who wanted to get pregnant on your own and struggled and struggled and struggled and couldn't do it, that you might want a different relationship with your surrogate, that you might want a different relationship with your donor or whoever, that it would just

be a different situation and that, I think, psychological screening is an important piece, like, how would you cope with someone who has had the trauma of repeated miscarriages or that kind of a thing? And it's important to, I think, ask about that.

Susan: And that's a very, very good point. It's very different generally for male couples versus hetero couples where the woman has suffered tremendously. And often, you'll hear a carrier say something like, "Well, I had a miscarriage. I told them and I haven't heard from them." And what you have to explain is that they are grieving this loss.

Right? And it may take them a little bit of time to get back to you, but meanwhile, she has emotions running through her. She's disappointed. She has hormones. So really understanding that. And sometimes for the intended mother, who's the woman whose child it will be, it's very hard for them to watch somebody else do what they had hoped their body would do. Right? So it's a very painful process. And that goes back to when we talked about screening, to your point, it's just not about the carrier, it's really about everybody. Is this woman really ready to fork over this ability to somebody else? Is she going to be able to handle it and not create unnecessary strife with herself and so on and so forth? And generally, by the time people have thought this through, they are, but it's very good to check in on that and understand that.

And then to the other point of understanding where each person is coming from, what I generally do is, particularly for male couples, it's a little bit more painful for female couples, but especially for male couples, I have them read pregnancy books. And the reason I do that is because they should really understand what this woman is going through to have some compassion, but also to really prevent, you know, any types of abuse because it can happen with right, someone saying, "Oh, I need a massage every Friday. That's what I got." And it's like, "Well, that's really not what the dad." I mean, there's individual cases, right? But really understanding where she's coming from and that she understands where they are coming from, whether it's a gay couple or, you

know, a woman who has, you know, had late-term losses or can't carry or who has had cancer.

Devon: Yeah.

Susan: It's very important to look from each other's standpoint and understand that each party needs to be protected. Right? So once, let's say everyone clears medical, right? Everyone's fine. The intended parents or the intended fathers and intended moms are screened medically, as is the carrier and her partner if she has one. And then you move on to the legal documents, and that's the contract.

Devon: Yeah.

Susan: And the intended parents are responsible for providing legal help for the carrier. So the contract is written and it will say things such as this person is willing to carry, they know it's not their child, all this legalese, and agreeing on things such as how many embryos? And this day and age, generally, unless there's an unusual situation, you really only transfer one. Will you do something called selective reduction if the embryo splits or let's say you have to have two and one baby's life is at risk for the other? What are you going to do in advance? And these are conversations that people have in advance.

And the importance of having these conversations in advance is to make sure, do you really understand what that means? Right? Think that through psychologically. So in the case of the woman from the Catholic school, she was also under the impression, this is years ago, that the embryo had been tested and there would be nothing wrong with it. So there would never be the issue of termination or anything. And that's not true. We can only test for certain things. You know, putting her payment, her fee schedule in line, understanding that she's allowed money for bedrest or lost wages and really to protect her. I mean, every party should go in this with as much informed consent as possible.

Devon: Absolutely.

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Susan: So that also prevents a lot of problems further down the road, knowing what you're getting yourself into, having a lawyer that is paid for by your parents. So there could be a little conflict of interest, but most in this industry, when you find the right people are not going to let that happen.

Devon: Yeah, we did the same. I had a separate lawyer for, even though our contract was very smooth and very clear, it was just really nice to have my own representation and just make sure that everything was, you know, that everybody was looking out for everybody.

Susan: That's right. And that's the reason there are professionals, right? Because there are things that you wouldn't think of.

Devon: Absolutely.

Susan: It's protection and troubleshooting for people.

Devon: Sure. And I think a lot of people, and we'll talk about this a little bit more, but a lot of people who go into the surrogacy process as a surrogate are not necessarily people with a background in the legal profession or really any experience in any of this other than wanting to help a family, being good at being pregnant, and wanting to do this for somebody. And not necessarily, I say, you know, it's funny, we help people hire nannies a lot of the time when they're done with their newborn care and they move on to the nanny stage. We help them hire their nannies. And part of the reason I started doing that is because I wanted to advocate for the nannies in the negotiations process of the employment contract because a lot of people who go into this field because they care about kids and they want to take care of kids are not people who are going to be great at standing up for themselves when it comes to like, "What's your time off? What's your hours? What's your overtime?" I'm not a lawyer, but like, I've done this kind of stuff before where I'm like, this is what you have to give your nanny.

Susan: Well, that's exactly right. And so understanding things that with the nannies, I always see these things, "Well, I want someone who can stay for 24

hours." And I'm like, "Wow, can you stay up for 24 hours?" Because I can't with a baby, and that doesn't even sound safe for anybody.

Devon: No, it's not. It's not. Yeah, or like, they live in, so I don't want to count their hours. I just want them to be like available when I need them. I'm like, "That is, madam, that is a slave. We are not doing that. That's not how that works." But, you know, same thing with this, and I'm sure that parents come into this with different expectations of what the surrogate will do for them and what they will do for her, and so on and so on.

I know that at my age, we're exploring the possibility of having a baby, and I'm older, and I think surrogacy might be the route we end up going. And I'm already thinking, like, I am going to treat this woman like a queen. Like, whatever she wants, because I would be giving it to myself if I was the one, if I was the one giving birth. Anything I would be giving myself, she can have because they're just doing so, so much.

Susan: And that's exactly how it should be. And in fact, that's how we went into this because surrogacy was not legal in New York at the time, we had to go to Massachusetts. And we had a lot of family there. And you know, I come from this kind of big family. We're kind of like Saint Bernards, you know? We kind of like jump all over people. And I thought we would kind of really be surrounding this woman with love, right? And so, unfortunately, that didn't happen. But that is the way that you want to, right? You want to give her as much, but also know the boundaries, right?

Like, so that's where your legal document comes in or some counsel of maybe not talk about these different things. But you're right, they need to be protected. And I have found that over the years, when asking a carrier questions, it's like, "Oh, I didn't think about that." So in other words, you're right, I can't do that. And it really is to make everyone, especially her because she is vulnerable. She really is. And understanding when as far as the parents in terms of treating them, as I always say, even if it's a very transactional, if people have that kind of

personality or a job that's very transactional, she's not your employee, right? And so she should not be treated as such.

And in most situations, you should have a sense of, "Well, how often do you like to be contacted?" Right? Or you tell somebody, if you're the parents, "I, you know, I get very anxious when you have a doctor's appointment. Could you please call me on your way back to work?" Right? Open communication lends a lot as does respect and understanding that she also is carrying your baby and doing the best that she can if it's a good match, but she needs your support and understanding. And she also needs to understand when you get a little crazy like, "Oh my God, you didn't call me," that this is so anxious-provoking for somebody who's gone through a lot or has mortgaged their home to get this, right? So there's so much involved. There's so, so much involved.

Devon: It really does run the gamut. I've worked with families that have used surrogates. I have some friends, some personal relationships that have done it, and you see everything from, "My surrogate was on the other side of the country and I flew out there for every single ultrasound, every single appointment," to like, "Our surrogate lived an hour away and we went to nothing." Like, just depending on the relationship you want to have. Those ones in particular were kind of weird. They also handed their babies over to me as soon as they were born and were like, "See you in a couple of months." But I, you know, I do think there's a spectrum of, you know, how much involvement you want in the process, and certainly, I think, in the vast majority of situations, people want to be involved as much as possible in the appointments and things like that. But also sometimes it's not practical if you have other kids at home, like, when it's your first baby or babies versus your second or your third, I'm sure you're going to be, you know, when you're pregnant with your third, you barely make it to all of your appointments, never mind going to somebody else's. So, you know.

Susan: Right.

Devon: Where are we in that process? We worked with a family a few years ago who just secondary infertility, they had their son, were not able to get pregnant

again, struggle, struggle, struggle. A family member of theirs agreed to do a surrogacy. They did the transfer, two babies, amazing. And then guess what? Guess what, Susan? I bet you can guess. Mom got pregnant naturally, surprised.

Susan: Oh, yes. Yes.

Devon: So they had three babies.

Susan: Oh my God.

Devon: But the poor mom, I felt so bad for her because, you know, her babies are, her twins are being born and she's like on hospital bed rest with her pregnancy. So it was like, oh my gosh, it was such a nightmare. But now they have four kids.

Susan: That's like zero to 90. That's crazy.

Devon: Yeah. But I hear it so much now. Like people doing both at the same time or sometimes they're calling it twiblings. This is big now. You do like two surrogates or you get pregnant and the surrogate gets pregnant and you have babies three months apart, which sounds insane to me, but what do I know about newborns?

Susan: Right. And the tricky part with if you are using two surrogates is keep them advised that we are using two. So if you can't come to one birth, they know what's going on, like, "Where are they?" And understanding not everyone goes in for it.

Devon: Yeah.

Susan: But it is interesting. I do know someone who did use a carry, she had twins, and then she had another surrogate a couple of months after. Babies are basically three and four months apart. And we met in Central Park one day, and she also had a four-year-old, and I said, this is, and the kids were kind of crawling around, I said, and she's like, "This is like herding cats." And I was like,

pretty much, you know, because it was just, it was, it was really intense. I mean, it's it's really a lot of fun now, but those early years, you need a service such as yours, right, who can provide the highly energetic, calm person who can take care of four babies.

Devon: And we've done some sleep trainings where you're like kind of juggling babies on different schedules and different needs and like, you know, this is all going to be fine in like two months, but right now it's like going to be chaotic because one baby can be on a schedule and the other one still needs a little more flexibility. And God bless people who are doing that.

And I remember you told me that sometimes the agencies don't do a great job. Sometimes they will kind of rush someone through or try to make something work that's not going to work. And in that case, I think you're advocating for the parents.

Susan: Yes. In that case, yes, I am advocating for the parents. And that can be something as simple as cultural competency, right? Sending perhaps a gay couple to Alabama is not appropriate for a variety of reasons. It may be it is, but you really need to think, you need to inform everybody of that. Usually, when it's rushing, it's, "Let's close this deal." This is not a deal. This is a life we're talking about, not only the babies, but also the carrier and also the parents.

And generally, one of the things that people really need to understand are the different levels of screening. So there are different levels of medical screening. There are some that do almost everything, including blood work, before she is presented, and there are people that just do what we call a paper screen that's very light. They do some background, you know, make sure there's no child abuse, no bankruptcies, driver's license, and that should be done on everybody over the age of 18, right?

So if someone has a stepson that has moved home and is now 20 years old, he or she would need a background check. But understanding that there may be things that trip you up, if that person is cutting corners, situations such as the spouse's W2, right? So you should know that in advance because if you're on

bedrest or he has to help out at home or he or she has to take time off from their job, you need to know what those costs are in advance. Or presenting somebody with what's called the carrier's comp sheet, right?

And this is generally with people who work more on a platform situation where it's a little bit more transactional, like, "Okay, here's Devon's comp. She wants $80,000, she wants this for monthly allowance, she wants this." And then by the time you, and there are certain things that are non-negotiable once you sign up with that agency. And that is not fair because people do not have due diligence.

Devon: So that's interesting. So carriers come in with their own sort of expectations and they might vary. There's not like a standard practice of this is how much you get paid, this is what we will pay for, and that kind of a thing.

Susan: So there are some standard things. There's a base fee, there's housekeeping if you're on bedrest, there are things like heartbeat confirmation. But each agency is very different. Some people will, we don't, you know, work with surrogates who want that level of comp, we cut it off here. Or sometimes people let someone, you know, a couple of years ago after COVID, someone presented a surrogate who was a first-time carrier who wanted $90,000. And I said, no, that's just not appropriate for so many reasons. But they were letting her set her own fee. It took her a little bit longer to match, but there are people are desperate, right? When you want this baby, you want this baby, and you throw all caution to the wind.

So yes, there are certain guidelines that agencies will let you set it to a point, but they hopefully will advise you like, you could be, you know, you want a hundred thousand, you've never done this, and you live in the middle of nowhere and they're going to have to like get a three-wheeler to get you to the hospital because you're in Idaho in the, you know, somewhere in snow country. So it's really a lot of practicality to think about. So yes, there are varying levels.

Devon: Yeah.

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Susan: But having people sign off on something without talking to an attorney or talking to someone in advance of, is this realistic? Right? A monthly allowance, what the carrier gets as soon as she signs the contract. Is that realistic? I mean, I've seen some that are generally 350 is tops. I've seen some with $750 requests for a monthly allowance on top of their fees. You know, there reaches a point that, as I say, people also have to clothe and feed this baby right afterwards. So there's there are some parameters.

Devon: Well, and I think setting expectations, I mean, same thing with a nanny or even the caregivers that work for me. They can ask for whatever rate they want. You may or may not be able to find someone willing to pay that. If someone comes to me and says, "Oh, this, you know, nanny candidate came to us, what do you think of this?" And they want all this money and they don't, they haven't touched a baby in 10 years. I'm like, that's ridiculous. Like, you know, whatever. Or on the flip side, if a family says to me, we want someone who's got an education degree, who's going to do all this stuff, who's going to do chores, who's going to organize, like you're going to pay a lot more for that.

Now with a surrogate, I mean, they're pretty much doing the one job, and there's not really a level of ability, like effort that they can put into that job. But, you know, I mean, I say let people charge what they want, but certainly set the expectation for the parents of what is reasonable and that you don't necessarily have to pay top dollar if that's not something that's comfortable for you.

Susan: That's exactly right. And I will say that experienced surrogates can earn more because they have done it before. And there is something to be said for knowing that someone knows how to take the medications and has done something reliable. It does not guarantee success, though. It doesn't mean because she got successful with someone else's DNA, she's going to get, and that's a misunderstanding that a lot of people have. However, that also, after a certain amount of pregnancies, that experience no longer matters. And in fact, it's really, the more pregnancies you have, the less desirable a lot of clinics will think you are. I mean, six is the max. So it's this very weighted thing. Everyone has to feel comfortable. That's how I look at it.

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Devon: And it's just a basic standard that they would have had successful pregnancies before with their own children.

Susan: That's right. You have to have had a full-term baby, and not even like late prematurity at 37 weeks, full term, and you enjoyed being pregnant. So you didn't have high blood pressure or you know, ending up on excessive bedrest or some something horrible that happened or would put you at danger. Clinics will make exceptions when it is a known, like if your sister wanted to carry or your cousin or, you know, I've never worked with this, but there are people that have had their mothers, right? We've all read those magazine stories about someone's mother.

Devon: Oh, I remember that story a million years ago, like one of the first cases of that woman carrying a baby for her daughter. I was fascinated. But she was super, she was super young. I think she was like in her 40s. Like, and the baby, you know, the daughter was young and married and everything, but yeah, no, I was wild.

Susan: It is wild. It is wild. And in that case, clinics will, with full disclosure, these are your risks at your age and so on and so forth. But I will say that even if it is your sister, mother, whatever, there is still a contract in place.

Devon: Oh, of course.

Susan: To protect everyone.

Devon: Yeah.

Susan: So even if it's done altruistically, there's no payment, she still has rights. So for instance, if you wanted to reduce because the two embryos you transferred split into three, if you still insisted on or wanted to have a termination, reduction, she has to agree to it. And people need to understand that even if someone agrees to it on paper, we know thankfully in this country right now, we cannot force women to do certain things.

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Devon: Yeah, I know someone I know who used a surrogate rejected one of their candidates because they were unwilling to terminate if there was some sort of issue, and the parents in that situation said to me, "We don't even know if we would if there was an issue or something like that, but we want it to be our choice, not their choice, not her choice."

Susan: That's exactly right because she could go on and have that child, right? And then there was a case in Michigan, when Michigan, Michigan's becoming a little bit more surrogate friendly, but it wasn't at the time. And the woman had a baby, they'd cut a lot of corners. It was an independent journey, meaning there was no outside professionals involved. And the baby was…

Devon: Sounds like a recipe for a disaster.

Susan: It is, and the child was very, I don't know what it was, but it basically, you know, short of living in an institution. And the woman adopted the baby, and so those parents had to live with the fact.

Devon: Wow. Well, I know a long time ago, there was more drama around it because traditionally, surrogacy, back before they started doing IVF and all that, was literally the woman's egg as well, right? Like, when this first started.

Susan: That's exactly right. There is the baby M case, which was in New Jersey, and actually, what it was is they did not have the technology to create embryos and transfer to someone else, basically serves as the oven. And this case might have been late 70s, and the woman changed her mind and kept the baby.

Devon: So basically, the woman got pregnant with the husband's sperm, but it was her egg. Her baby.

Susan: Exactly.

Devon: But the understanding was that she would give the baby to the father and his wife, to the intended mother. To the parents. And she changed her mind and decided to keep it.

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Susan: Yes, I believe they ended up with some type of split custody.

Devon: Sure.

Susan: But basically, that case had forced Governor Mario Cuomo, not the previous governor, Andrew, to make surrogacy legal, illegal in the state of New York, saying, "This is not in the best interest of families." And the law was changed in 2020 because the law had not caught up to technology.

Devon: And now, most of the time, that baby belongs to the intended parents genetically and the surrogate is only the carrier. They are not genetically involved.

Susan: That's exactly right, although there are people who will do a traditional surrogacy. It's not nearly as common. It's not something that I would ever work with. I'm just not comfortable with that. And it raises the stakes emotionally for a lot of people, and I think that needs a lot more guidance than I could offer. But it is still done by some people, but not nearly.

Devon: I've seen that and heard of that a little bit more in situations of like queer families where maybe like a lesbian couple wants a baby and their gay male friend wants to be involved. And so they kind of do a little bit of an unofficial surrogacy donation or a gay couple has a female friend that like, you know, whatever. People were like a little bit surprised that I wasn't like also carrying the baby. I was like, "No, no, no, thank you for a lot of reasons."

Susan: Right. Well, right, and because it becomes about attachment to some extent. But it is different in the gay community, but still, I'm finding that most people, even if they're lesbians, are using IVF.

Devon: Yeah.

Susan: And sometimes, this comes down to, I want a child and this is financially prohibitive for me. So, you know, there are a lot of situations where it's like, let's use this person's, you know, calling, "Hey, George, we're college friends, do you

remember me? And dada, would you like to be my sperm donor?" I mean, that does happen.

Devon: I'm sure.

Susan: It does happen. People think out of the box. And then sometimes they're like, you know, after the idea settles, it's like, "Okay, that's not a really good idea." Right? After they start speaking to people. But traditional surrogacy is a little different.

Devon: And that's where when you hear about some of these legal cases from years ago, it was a little bit more of a problem because there was that additional relationship happening.

Susan: Well, because it was biologically her baby, and it's she could change her mind and it's one of the reasons that we didn't pursue adoption is we had several friends who were pursuing adoption whose - the birth mother had changed her mind, as she is well entitled to. But you know, we had been through so much, we thought, "No, we're not going to do this," not realizing what we were stepping into, of course. But obviously, we're still very glad we did it. But it's a hard thing for everybody, adoption. It's wonderful, but…

Devon: And I think unfortunately, adoption and fertility, and we were just talking about this with surrogacy can be a big moneymaker for these companies, these agencies, these lawyers, these doctors, and when they want to make something happen, they want to rush it through, they're not necessarily looking out for the best interests of any of the people involved, the child particularly. There's a lot coming out now about adoption shadiness and things like that have happened in the last however many years, telling the birth mother it was going to be open and then cutting her out and just all kinds of different things. And it's difficult. So I'm glad that people are starting to put eyes on it and say, "We're not going to allow this to happen anymore and allow people to be mistreated."

I know when you take on a surrogate, a gestational carrier, you actually have to put all of the funds up front, right? You have to like put them in escrow so that

you can't just say, "Oh, sorry, we're not going to pay you anymore. We're not, you know, we're not going to do it." We're out of money. We're out of money. Good luck the next six months carrying our baby. See, see you never.

Susan: What a nice gesture. That's exactly right. At a certain point, initially, you, and this is also very important, is you never want to have that money with your agency or a single lawyer. You want a trusted escrow account management company that knows to look at this contract and say, "Oh, at heartbeat confirmation, she gets this bonus. At starting medical shots, she gets this compensation." Someone who knows how to read the contract and can respond, ask questions when necessary, and they are a third party. They're obviously bonded and insured. And there have been situations, you know, in the last year where someone, I don't know why people were using this woman because she really didn't have any credentials, but she walked away with millions of people's money.

Devon: Really?

Susan: So what you do is once you finish contracts, is you put a certain amount of money or slightly before you need money for screening, if you're flying someone from Kansas to New York, you can either pay for it yourself or put it through your escrow. But once those contracts are done, that needs to be fully funded, and it has to have, and this is agreed upon between the two attorneys, the carrier's attorney and the IP's attorney, that they must, the account cannot blow, go below a certain amount of money. So let's say ten thousand dollars. And let's say the baby's born, that money also needs to stay in there for a minimum of six months, generally, because afterwards, the woman could have bills that are not paid by the hospital.

Devon: Yeah.

Susan: They're not paid by her insurance or whatever insurance policy you've bought. And they go to her, and then that's not fair that you know, she's being chased down or her creditors ruined because there's no money to pay these.

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Devon: That's an interesting question. So typically, if you're a surrogate, your own health insurance covers you for the pregnancy.

Susan: It used to, there used to be more situations where a carrier's insurance did have a surrogacy coverage, but as surrogacy has become more popular, more companies have pulled back on that coverage. And so what ends up happening is people will have to purchase a policy for the surrogate. And that adds, you know, an additional expense.

Devon: Sure.

Susan: And so in the state of New York, in the interest of protecting surrogates, not only do you buy her insurance if she doesn't have it, if she has it, you still pay her premiums. If she doesn't have it, you buy her a policy, but that policy must stay intact for one year post-birth.

Devon: Sure. That's good. I'm sure that protects people.

Susan: And New York has a surrogacy bill of rights. And so that's really very important to understand for the carrier to be, you know, very well informed.

Devon: Oh, interesting. And does that cover the rights of both the intended parents and the carrier?

Susan: Mm-hmm. Yes.

Devon: Oh, nice. Nice. 'Cause I'm sure, unfortunately, there's a dark side as well where people might be desperate and in a difficult situation and agreeing to be a surrogate and then wanting to maybe get a little more out of the parents. And then what can you do because they literally have your baby inside them? I mean, it's scary. You're putting a lot of trust in them.

Susan: Yes, you are. And that goes back to the whole point of psychological evaluation and extensive background checks. You know, you want to make sure that she does not have a drug history or a larceny history or somebody in her family does, or that, and this is very important too, is that she is not on any type

of government assistance because you don't want someone feeding their child with this money, meaning that like this is their they're living hand to mouth. They need to have a much more stable environment than that.

Devon: Sure.

Susan: Because that's when things become very precarious. And at the end, they're like, "Well, I need this, I need that." And that's when people really start to be blackmailed. And that does happen. And really, in the case of men, that's another reason why I have them read the books. It's like, you know, so people have come to me and say, "You know, she's asking for A, B, and C, what do I do?" And this is not someone that I've worked with, they've come to me after the fact, and simply what I can say is, you know, use your best thoughts, but also speak to her doctor. Like, is her doctor recommending this? Is following basic instructions?

But yeah, it does happen. It happens with adoption, and it also happens with surrogacy. But thankfully, that's why we never want to cut the corners. Now, you cannot plan for everything. Anything could happen, right? Someone's husband, God forbid, could die in the middle of a surrogacy. They could find out somebody's having an affair, their mother could get sick. And there are other issues like here's a complicated issue that you might not think about. So when a carrier is in this process, once she reaches viability, the paperwork for that baby should be done, meaning the pre-birth order, the parentage order should be ready to go. So if she gives birth at 26 weeks, we know who the parents are, we know who the paperwork is.

But you know, if you have a situation, somebody's 32 weeks long, and the paperwork is set for this baby to be delivered in Ohio, where the woman lives, but her mother is in Oregon and suddenly dying, and you're not supposed to travel out of your jurisdiction, like, how do you manage that?

Devon: Sure.

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Susan: Because if she flies and has the baby in Oregon, well, you need a whole new set of parentage orders.

Devon: Oh, it goes by state?

Susan: Mm-hmm.

Devon: Oh, wow.

Susan: And different states have different situations where you go directly on the birth certificate, or sometimes you have to do what's called a post-adoption, depending on that law. Even with a hetero couple, sometimes the biological mother will go on the birth certificate, but it just happens less and less. In situations where the mother has used an egg donor, she may have to do a post-adoption. Thankfully, we've stopped some of that, what I would call cruelty. But you need, you know, you need to know your baby, you could end up in a hospital that has not dealt with surrogacy. They don't know what to do with this situation, right? There's not the paperwork filed. There's not a birth plan. So, again, so much goes back to trust on both sides.

Devon: Yeah.

Susan: Which is why making a good match is very important.

Devon: Yeah, it's just so many factors that if you're coming into this, never having done anything in the realm before, you could be pretty overwhelming. You think you're just going to get pregnant and have a baby, and that's already so much more complicated than you can imagine.

Susan: Exactly. You know, I mean, you wouldn't go to a co-op board in New York City without a lawyer, right? Or a package to go through. I mean, same thing here. You need to know like, where do you start? I mean, it's no different than if you're planning a trip, where would we stay? Like, I've heard about this hotel. "Oh, but then I went, it was terrible." Right? So reputations change over the years, right? The key players that might have been the key players, are they really the key players now? Are they really following all the ethics? Is it, you

know, so who is really invested? And who's going to be the right personality for you? What agency is going to be really hand-holding and have that type of staffing for you? And what is, I hate to say it, but what is your price point for this?

Devon: Yeah. It's worth thinking about because there's not just the fee, there's also all the additional costs and potential costs. Is it something where there's a lot of variability? I mean, what's kind of the range that people could expect this to cost?

Susan: So, if you're just talking about an agency fee, you can expect at least 25 to 35, and some go as high up as 50 to 60. And that's just to find the surrogate and manage the process. But in general, in this day and age, depending also, factors that are included is, do you have coverage for IVF? Right? Is your insurance covering that? And sometimes for male couples, that is not true. So they have that added expense plus the expense of an egg donor. So I think the low end would be 120. I always say my daughter's not getting an allowance. And so, or you can…

Devon: Right. We spent your college fund before you were even born.

Susan: Exactly. You know, to easily two hundred thousand dollars, depending on the number of transfers, depending on your insurance. It is not something to take lightly. Sure. I mean, parenthood never is, but diving into this, it's an investment of resources and emotion.

Devon: Absolutely. Are you taking time off work to go to these appointments with your carrier? Are you flying back and forth to Utah every six weeks or every month for the checkups or whatever? Yeah, there's a lot to consider.

Susan: There is a lot to consider. There are lots of little pieces to this that, you know, the travel doesn't make sense for you. Do you have somebody closer who's more expensive or should you travel to them? And a lot of this comes down to personal preference. Wanting some people, as you've mentioned, want to be there for every appointment. Some are, "I'm too busy." I mean, I've had situations where I've worked with single moms who, you know, travel

internationally and can't be at every appointment, but don't want the carrier to be, feel neglected in any way. And so I've stepped in as the mom in that situation.

Devon: Oh, that's nice. Yeah.

Susan: Yeah. I mean, and also, you know, it's important to get back to the client, like this is what's going on, this is what you need to address, and you need to understand, she doesn't care if you are in Japan, like, you need to respond. So, really balancing that out. But so much of this comes down to financial realities and also personal preference with the person.

Devon: And even just, you know, traveling to bring the baby back. What does that look like? How far away do you want the person to be? We've gone, we've had families hire us to go with them to be there to bring the baby home with them and get them through those first couple of days. Sometimes you have to stay in the place for a while.

Susan: Yep.

Devon: I had parents years ago bringing their surrogate twins home from Florida like in the middle of Hurricane Sandy. It was awful. They couldn't be in their house. It was a whole thing.

Susan: That sounds terrifying.

Devon: It was a nightmare. But you have to think about these things, you know, what does that look like?

Susan: You do. I mean, who could have ever planned COVID, right? Or thought about COVID, right? And so what that meant for pregnancies and all these different things, which is why you try to figure out in advance what might go wrong, but there's always some little thing. I mean, it's human nature. And people can also have rough spots with like, "Oh God, she's bugging me, or he's bugging me." I mean, just like with a good friend or a partner like, "Really?" You know, and you just need to give each other a lot of grace.

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Devon: Yeah. So, what is one thing that you want just the general public to know about surrogacy and about what you do?

Susan: I think the most important part is to educate yourself and seek advice where someone is impartial about that advice. Right? So if you came to me and you said, "I need a surrogate, this is my criteria, this is my geographical criteria, then this is what I can afford to pay." You know, do you want a fifty thousand dollar agency or do you want a twenty-five thousand dollar agency? Do you want someone matching in three months? Is to find what fits you the best. And it's very important I do not take any referral fees. I cannot say this strongly enough, because it really is about you. And so basically where I sit is, as I mentioned earlier, is between the doctor's diagnosis and the agency selling you services. Because it's very easy to be like, "Oh my God, this is great." There are a lot of great people out there, but whether it works for you or not, and to pause, pause. That's very important. This is an emotional situation and most people, again, want this baby yesterday. So that's what I always say I am. It's like, you know, when you date someone again that you know you probably shouldn't, and you kind of let all caution to the wind, it can happen with this situation.

Devon: Yeah.

Susan: And it's happened to very intelligent people. So it has nothing to do with intelligence. It's just you don't know what you don't know.

Devon: Absolutely. And when you're just, I can imagine, just want this so bad for so long, you just want to like, and that was me with dating for a long time. You know, I just wanted to get it done. I just wanted to meet somebody and settle down, and I was willing to go out on multiple dates with the wrong person just because you never know, maybe, maybe this is it, maybe we can make it work. It's fine. Those aren't red flags. They're, they're pink.

Susan: Right. Exactly.

Devon: Okay, I ask most people this, sometimes I forget, but I bet you have a really good answer. What is like a stupid question that you've gotten, just about

surrogacy in general, not necessarily from a client, but like what is something that people believe about surrogacy that's like, "What are you talking about?"

Susan: The question that I get all the time is, "Is she just doing it for the money?" And I think that just distills it to a very, very negative standpoint. And while money certainly has to be part of the equation, if you looked at what this woman is making, if you amortized those costs over nine months and the pre-once and the medication, she's making, you know, she'd make more at McDonald's.

Devon: I was going to say, I don't think the money is that good.

Susan: So, I think that's a question that I get a lot. But the other big question, and it's not a stupid question, it's a natural question, is, "Will she keep my baby?"

Devon: Sure.

Susan: And the answer is, no, because as a very wise man once told me, everyone thinks their own baby is adorable and brilliant. But the difference is she can have her own adorable and brilliant baby. She doesn't need yours and she doesn't want another child to worry about.

Devon: And I guess that's part of the appeal of someone doing it for the second time or the third time that you say, "Okay, they successfully gave this baby over, cut ties."

Susan: Yes.

Devon: They speak fondly about the parents, but they're not overly involved or whatever level of involvement you want to have. I had a sleep training client once who, we got the baby to bed and we were talking and then everybody was going to go to bed and you know, I was staying there and the dad said to me, "You're not going to take our baby, are you?" And I think the look of like horror on my face was enough to convince him that I was not interested in going home with their baby. I'm sorry, what? No. I am not, no, sir.

Susan: Right. Exactly. So, but if you also look at it from the carrier's point of view and or like the nanny or when she is handing over this baby that she will naturally feel something towards, right? Maybe not maternally she wants to mother it. But she needs to know that these people are going to take care of this baby.

Devon: Oh yeah.

Susan: Right? She feels that responsibility. So it's very important that people get along just like, you know, not the same, but I know that you and I are both big animal lovers and big cat lovers. And when you hand over one of your little kittens, you want to know that those people are legit.

Devon: Yeah. Absolutely. And I love when, you know, someone I know adopts them and, you know, I'm still going to be able to see their progress and stay in touch and stuff like that. It's obviously on a much smaller scale and obviously much lower stakes, but I do think there's some similarities there. You're taking a creature that you've cared for and nurtured and loved, and you want to make sure that's going to continue.

Susan: That's right.

Devon: Well, Susan, thank you so much. This has been so informative. Where can people find you online? Do you have a website?

Susan: I do. ChelseaSurrogacyAdvisors.com. And then I do post occasionally. As my previous boss said, I used to work in advertising, "Will you ever advertise yourself?" And basically all of my work comes word of mouth. So and you can reach me at Susan@ChelseaSurrogacyAdvisors.com.

Devon: And I think it's important that, you know, before I met you through our mutual friend, I did not even know that, I you know, I knew a lot about surrogacy. I did not even know that there were consultants or that there were advisors, and I think it's just so valuable and so important because this is such a complicated process and such an intense process. So to have someone who is not invested

in the agency or the clinic or the doctor and is just totally there to advise and advocate for you is tremendous.

Susan: Well, thank you. And I would really never wanted anyone to go through what we had gone through. And I think that was an outlier of situation, but situations do happen.

Devon: For sure.

Susan: It's really, really unfortunate.

Devon: Well, and even if it's not the worst-case scenario, just wanting to avoid any pitfalls, avoid any potential minor issues and things like that.

Susan: That's right. It's already a loaded enough situation, right? As I said, when you change, when you add money, emotion, hormones, injectable hormones, everything, it gets a little crazy. But at the end, it really is wonderful. You're just both parties need to go in with eyes wide open, education, and really take the time to think it through. So thank you for having me. This has been really wonderful.

Devon: Yes. So thank you again so much. And I'm sure people learned a ton. I know I did, and I already knew some stuff. So the people out there who don't know anything about this and it happens all the time. So it's good to, I think, even if you don't think it's something that you're ever going to be involved with, your friends might, your family members might. So just having a little bit of knowledge can go a long way.

Susan: Thank you.

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