Prerequisites
Gestational Surrogacy with Oocyte Donation

There are very few prerequisites needed. You could complete them within a couple of weeks and be ready to start your treatment cycle.

It may be possible to reduce the cost of your prerequisites by combining two or more prerequisites into a single office visit at Nova IVF. The prerequisites are usually considered a diagnostic part of the treatment and many times your insurance company may cover a portion or most of the cost.

Once you have had your initial consultation, the following prerequisites will need to be completed:

Physical Examination (oocyte donor, intended father and surrogate)

Oocyte donor's physical examination is done as a part of her initial consultation together with a pelvic ultrasound. Surrogate's physical examination, pelvic ultrasound and measurement of her uterus size are also done at the time of her initial consultation to reduce treatment cost. A brief intended father's physical examination is done prior to semen evaluation.

Pathogen Testing

This testing is required by the State of California and FDA. Your egg donor, the intended father and your surrogate must be tested for several pathogens including Hepatitis B-Surface Antigen, Hepatitis C-Antibody, HIV I&II, HTLV I&II, RPR, Chlamydia and Gonorrhea. Some of these tests do not need to be repeated if done within the last 12 months.

Genetic Testing (oocyte donor)

All potential egg donors are screened at Nova IVF for over 100 genetic diseases.

Reproductive Hormone Assay (oocyte donor)

Egg quality can vary in each menstrual cycle. Your treatment should not be started during a cycle in which there is no probability of a live birth or in which the probability is low. The reproductive hormone assay (RHA) can assess the likelihood that normal eggs will be produced.

Follicle stimulating hormone (FSH) and estrogen blood levels are measured in the RHA. FSH stimulates the ovaries to produce eggs. If the ovaries cannot produce normal eggs, the FSH level increases. Estrogen production by the ovaries influences the FSH secretion and is also related to the quality of the eggs.

Most women will have a normal reproductive hormone assay result. An abnormal result does not mean absolutely that normal eggs could not be produced and we typically recommend repeating the test up to three times.

Sonohysterogram (surrogate)

If your surrogate has not had a recent hysterosalpingogram (HSG, X-ray dye study of the uterus and the Fallopian tubes), a hysteroscopy or a sonohysterography, she will need to have a sonohysterogram (ultrasound) to assess the endometrial cavity of her uterus. Presence of polyps, fibroids or scaring inside the uterus can significantly reduce the probability of implantation. If any polyps, fibroids or scaring are found, their removal would require a simple outpatient procedure by her OB/GYN or a specialist.

Trial of Endometrial Lining Stimulation (surrogate)

Your surrogate's endometrial lining must be stimulated to assess its response to estrogen administration. The endometrial response will determine the optimal stimulation of surrogate's endometrium for embryo implantation. She will be taking estrogen in the form of skin patches. We will measure her blood estrogen level and use ultrasound to assess the development of her endometrial lining.

Semen Evaluation

The intended father must have a semen test done at Nova IVF to determine the best laboratory method of fertilization.