



The Lies They Tell @sarahstuartxx

15 Apr 20 • 50 tweets • [sarahstuartxx/status/1250408988207919104](https://twitter.com/sarahstuartxx/status/1250408988207919104)



It's Tuesday 7 April 2020 and there had been c. 800 COVID-related deaths in the UK that day, with similar numbers in Canada and USA.

International travel is all but banned in an attempt to stop the spread of Coronavirus.

No one knows when travel restrictions will

be lifted, or how many subsequent outbreaks governments around the world might have to deal with.

What better time, therefore, to explore one's baby buying options?

I hope that this email finds you well and that you are staying safe and well during the CoVid-19 Pandemic. It has meant significant changes for all of us, with many of us now only able to leave our homes for essential work and travel.

With this in mind don't let having to stay inside stop you from meeting surrogacy and fertility experts from around the world to learn how you can build the family you dream of!

We are excited to invite you to join us for our very first webinar, and the kick off to our 'Ask the Experts' series, an interactive event where you can ask the experts here in the UK and in Canada and the US anything you want to know about this route to parenthood ... all from the comfort of your own sofa!



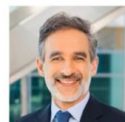
My Surrogacy Options
Empowering your journey

'Ask the Experts' webinar series

[MySurrogacyOptions.com](https://www.mysurrogacyoptions.com) is run by Adam and Chris, a gay couple, who run information events linking people in the UK to Canada's surrogacy market for no apparent financial profit.



Leia Swanberg
Leia@fertilityconsultants.ca



Said Daneshmand MD
sdaneshmand@sdfertility.com



Cindy Wasser
Cindy@hopespringsfertility.com



Andrew Spearman
Andrew.spearman@laytons.com



I decided in the end to use the terminology they used, i.e. Intended Parent (IP) and surrogate, as opposed to Baby Buyers and Gestational Mother, to best reflect their words and the tone.

The sound quality was appalling, hearing responses to questions given several minutes after they were originally uttered.

The time lag was so long (several minutes) I wondered whether some of the presentations were recordings and some other technically difficult had arisen?

CANADIAN Fertility Consulting

Ask the Experts
Canadian Surrogacy for Hopeful Parents in the UK

Thank you for registering for our recent webinar: Canadian Surrogacy for Hopeful Parents in the UK.

We apologize for the sound quality during the webinar! We assure you that this does not reflect our commitment to your journey as an intended parent.

The Canadian Fertility Options' clinic gave advice, explaining the process.

First of all 'intended parents' need to have a general health check, including infectious diseases, by their chosen clinic.


IPs should ask the IVF clinic about their success rates and their oversea

rates, if you need an egg donor do you need to find that on your own? Is the clinic open to working with a surrogate?

Make contact with a fertility lawyer early, and know what the legal situations are in other countries. A surrogacy agency should be an intermediary between the

various organisations involved in the process.

With regards to your surrogate - ask about where she lives? What type of relationship does she want before and after? How would she feel about selective reduction or an abortion for abnormality?



Do you work with all intended parents?
CFC does not discriminate on the basis of medical need, household situation or personal lifestyle. The desire to parent a child is an innate desire in most of us.

How are surrogates selected?

What happens if the surrogate does not get pregnant or there is a miscarriage?
The number of times that the surrogate is willing to attend transfers for her intended parents is part of the negotiated terms in the Gestational Surrogacy Agreement. It is important to remember that as passion-

Adam asked what the best way was to expedite the matching time with a surrogate.

Be open to a surrogate to anywhere in Canada - most generally live in smaller communities.

(I wonder why would that be? Red flag for people trafficking?)

Many IPs apparently hope for a surrogate to be a nurse or healthcare worker who ‘understands this process’, but said Cindy you had to take into consideration that it might cost \$800 per week to cover wages if there was a medical complication and the

recovery period.

Surrogate's Lost Wage Expenses/Bed Rest	Approx. \$6,000
<ul style="list-style-type: none"> Bed rest is significantly more common when a surrogate is carrying multiples but it can occur during a single pregnancy. Should the surrogate be put on bed rest (as directed by a medical practitioner), she may submit for her net lost wages, childcare and housekeeping expenses. The amount for bed rest can vary significantly, depending on whether the surrogate: is employed and qualifies for Employment Insurance benefit; is self-employed (in which case she will not qualify for Employment Insurance benefits); and has a spouse or a close network to assist her with childcare and housekeeping. All surrogates are expected to apply for any income replacement benefits that she may be eligible for. If a surrogate earns a particularly high wage and is not eligible for any income replacement benefits, she may seek lost wages at her normal wage rate for a reasonable recuperation period of a maximum of six weeks after the birth. This amount is not related to bed rest but is a post-birth wage loss expense. 	

surrogate needed to be off work in bed for the duration, (and thereby implying that you really needed a woman to be desperate for the cash). It generally takes 6-9 months to make a match.

Think about your budgetary requirements and then add 20% contingency fee upon them.

The previous pregnancies of surrogate will be reviewed. The surrogate will be reviewed by that doctor to be educated on the entire process.

IVF pregnancies are managed very different in terms of no. of ultrasounds required.

At no point was it mentioned that surrogate were risking their lives and their future health, but tucked away in the written materials emailed after was a costing for the surrogate's will.

Legal Fees for the Preparation of a Surrogate's Will	Approx. \$800
<ul style="list-style-type: none"> These fees include the drafting and implementation of your surrogate's will. 	

Adam asked Dr Said Danashmand (hereafter Dr D) how IPs should approach fertility clinics?

Dr D said he held Skype consultations and that diagnostic tests could be performed in England and had been working like that for 15 years.

It broke down into 3 parts: analysis of sperm, egg donor and the surrogate. Sperm was assessed for concentration, motility, morphology. Often sperm is improved with injections of vitamins, antioxidants, sometimes even *medications* ('washing' HIV+ sperm?), before freezing!

Are you willing to be tested for infectious diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please advise:		
Are you or your spouse HIV positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide additional information:		
NOTE: We do not discriminate against HIV positive clients, however, we are obligated by law to disclose this information to potential surrogates.		
Are you or your spouse Hepatitis A/B positive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide additional information:		
NOTE: We do not discriminate against Hepatitis A/B positive clients, however, we are obligated by law to disclose this information to potential surrogates.		

A saliva test kit would be sent in the post to check for recessive mutations.

Dr D's clinic has their own database of egg donors - all Canadian women - who have all been psychologically tested and a general health check to eliminate genetic illnesses and poor quality eggs.

IPs can be comfortable that they have been prescreened.

An appt will be made in San Diego or New York where the embryo will be made and to meet with the clinic team. IVF cycles will be started after viable embryos have been produced - normally using an injection of a single

sperm into an egg.

When the embryo is about 5-6 days old (about 128 cells) a biopsy is performed to check on chromosomal abnormalities.

Dr D said that there was no difference between 'fresh and frozen' embryos in terms of success rates and health of babies.

You can then start your search for an appropriate surrogate as they recommend freezing the embryo. Surrogates need to be healthy with good previous pregnancies.

Surrogate comes for individual screening at Dr D's clinic - only lasts one day (he meant a couple of hours I expect) and described it as a 'very special visit' where the surrogate gets to meet the team who will 'help her'.

Once the tests show that the surrogate will be useful then you contact your attorneys in Canada to complete the legal contracts.

Then preparation of uterus is begun for embryo transfer.

When 'uterus is ready' the surrogate flies over to the clinic, transfer

takes place and surrogate rests for 24 hours, then flies back, then pregnancy test ten days later.

Surrogate ‘graduates’ after 10 weeks of pregnancy, as there is less risk of miscarriage, and is then referred to healthcare providers in Canada.

Agency and clinic will be in constant communication throughout.

Dr D said his clinic has amazing success, with single embryo transplant with a success rate of 81% pregnancy rate and delivery (which still leaves one-fifth resulting in failure and possible terminations, etc).

Dr D said that he was ‘inspired by heart of the surrogates and the feelings they have in terms of wanting to help IP to create a family’. And that it was inspiring to help IP achieve their goal of creating their families.

Note the cult-like handmaiden language.

Our Surrogates

*With over 300 surrogates currently in our program,
we have a strong and loyal sisterhood of women.*

No one is buying the mala bead making crap.

We do this by hosting retreats in Alberta, Ontario and British Columbia yearly. We spoil the girls by hiring massage therapists, feeding them amazing food all weekend long, sharing in Sacred Surrogacy practices like mala bead making, salt bowl circles and fear releasing. We also host monthly coffee nights in areas all across Canada where they can meet with our surrogates local to them to bond over this journey, connect and build lasting friendships in this sisterhood.

Adam asked was it really the case that fresh embryos weren’t better?

Dr D responded studies had shown no difference and IPs can feel confident pursuing frozen options.

Then Adam said that in terms of logistics it was much easier (he meant cheaper) to transport frozen material.

Dr D said the clinic was developing non-invasive ways of carrying out chromosome analysis of embryos. Currently they do a biopsy. They had a research grant from a major US genetics company to develop a way of analysing the DNA the embryo sheds into the fluid it grows in instead.


Chris then took over - at what stage should IP engage with lawyers?

Cindy introduced herself. She is a fertility lawyer with 11 years experience, based in Toronto. Hope Springs is the largest specialist fertility law firm in Canada with 5 lawyers. Cindy used to be a criminal

lawyer for 20 years, had married late and then 'experienced infertility due to age' (in other words post menopausal 😊).

15 years ago she and her husband used surrogacy and also needed an egg donor too.

Meet Cindy



Cindy's professional background - Cindy Wasser was called to the Ontario Bar in 1987 and practiced as a Criminal Defence lawyer until 2008. During her career she successfully defended many high profile cases at all levels of courts in Canada. She published papers and lectured at law schools and other University courses. Cindy was a founding Director of the Association in Defence of the Wrongly Convicted; the Chair of the Criminal Justice Section of the Ontario Bar Association and; a member of many Law Society, Legal Aid and Criminal Justice Committees.

In 2008, Cindy retired from Criminal Law to become a mom to the first of two perfectly created daughters using the assistance of one ovum donor and two gestational carriers. Her extraordinary journey through the medical and legal world of Assisted Reproductive Technologies (ARTs) led her to start her legal practice in the area of Fertility Law. Cindy provides legal advice and services to intended parents, carriers and donors. Since the RCMP investigation into ART began in February 2012, Cindy has also provided legal advice to other lawyers practicing in fertility law, fertility medical practitioners and, fertility consultant agencies. Cindy has lectured in the area of fertility law at medico-legal conferences and hospitals.

Cindy got involved with the business because she wanted to help other IPs to have a better experience and doesn't just do contract law, but also lobbies local and federal govt and prove to improve the process.

Cindy had personally got the law changed to change immigration law so that IPs can move about internationally with regards to the COVID 19 pandemic for the birth of children and get passports sorted out.

Chris and Adam are her clients.

Chris asked (for possibly the 3rd time) at what point should IP engage with lawyers?

Cindy - contact us! From an ethical perspective a lawyer has the back of the client in the process - most want back up from outset. Offers free consultation at first. You need a surrogate in

a province that benefits you (from a legal perspective I imagine).

Chris - what is the benefit of working with an American clinic when surrogate is in Canada?

Feedback problems meant Dr D's answer wasn't heard in full but he said had had over 20 years experience and had done

research into preventing ovarian-hyperstimulation in egg donors, which could cause serious fluid retention, resulting in admissions, even death, and had developed a protocol using different medications to stop this. Research is key to improving and maximising success rates.

Cindy assembles team that will support you and your surrogate. A therapist is on staff which you will have access to throughout.

In contrast, there is a 'vibrant online community' to support the surrogate and who they can go to ask questions (i.e. no professional support).

To make this sound more meaty, Cindy said during this time of quarantine we are finding out how vital and important online connection is.

Chris mentions that 3-4 years ago, he and Adam 'lost one twin', but due to sound difficulties I couldn't make out more.

When Cindy went through the process herself she was 'insulted that she had to apply to judge be the mother of her husband's child' - so wanted to get that changed immediately, and now there is a 'Declaration of parentage' in which the IPs ask that the surrogate is not to be registered as parent.

Admin process has been changed in British Columbia - a statutory declaration means a court order isn't necessary which works well for those in the UK, as it can be done the moment the baby is born.

Ontario has chosen an 'arbitrary' cooling off period for surrogate of 7 days, however this can be gotten around if the IP and surrogate have a different agreement which was approved by two independent lawyers.

In the current pandemic situation Cindy was keen to emphasise that passports could be processed in one day - there are two emergency passport offices in Canada where it takes just 3 hours.

Once you have a passport, you can return home.

In Ontario frequently allow IPs 14 days post birth, and in some other provinces the surrogate has to be registered as the mother.

Chris said it only took 3 weeks for he and Adam and that in the UK IPs have to apply for a Parental Order, which is fairly

straightforward, but advised that people consult with lawyer in UK and recommended Andrew, who was not available for the webinar and that a follow up webinar would be organised.

'Declaration of Parentage' from Canada is not recognised in the UK

- important you understand the requirements of your countries, to ensure that the surrogate does not have legal responsibilities.

There is a time limit on making the Parental Order application in UK - can't be done within 6 weeks post-birth, but must be done within 6 months.

Cindy said that Canada was leading the way on dealing with surrogacy and the COVID pandemic. Cindy had been in the senate on 12/03/20 listening to the second reading of bill of decriminalisation of surrogacy. It was then announced that schools would close that day.

They called round their clients immediately to get them over ASAP. And then they called other surrogacy agencies, and word spread through the networks.

Most of Cindy's clients managed to get in, despite the travel ban being raised a few days later.

Senior civil servants in immigration were contacted and Hope Springs explained that the immigration act would not allow IP travel.

Within a week travelling for IPs had been approved as 'essential travel'.

Cindy reported that no one was being refused entry into Canada, but that other countries were more difficult (hint, hint, come to Canada).

Cindy said how proud she was of her country that twins destined for Belgium were registered in one day and emergency passport issued and the babies and the IPs were on the next flight out of the country.

Adam and Chris plan on doing more webinars during this UK lockdown, in close association with Hope Springs and Canadian Fertility Consulting.

[@threadreaderapp](#) please unroll

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