

When a pregnancy fails, surrogacy is a second chance

Get married, have children, raise them and send them to college. For Zulma Vega, those were all stages of a full life.

She had done the first, marrying Leonel, in 2003. But the second step of having children was proving difficult. So, in 2017, she undertook in vitro fertility treatment, and her doctor transferred one of four embryos to her womb that May. Months later, the pregnancy ended in a loss due to cervix incompetence, which poses a severe risk of premature birth.

After the failed pregnancy, one of Vega's four sisters, who are all close, spoke to Vega's doctor and offered herself as a surrogate. Vega didn't know it at the time — and didn't even know that surrogacy was an option.

"We had no clue about surrogacy up to that point," said Vega, who is now 42 and lives in San Juan Capistrano. "I think it's one of the things that people don't talk about, or they're afraid to talk about their fertility issues."

The sister who had made the offer, Marisol Cervantes, already had three children with her husband and wasn't planning to grow her own family more when she stepped forward to return Vega's generosity and help give her the family she had dreamed of.

When Vega lost the baby, "that was heartbreaking for everybody," said Cervantes, 37, who lives in Mission

Viejo. "She's a really good person. For all our baby showers, me and my sisters, she's there for us all the time. She's just that person."

At a family gathering soon after losing her baby, Vega announced that one of her sisters had offered to be a surrogate.

"I never planned to do something like this. I never really thought about it until I knew my sister couldn't have kids, and then I jumped in to help her," Cervantes said. "It's such a rewarding thing to do for somebody else, especially if you know their story and how bad they want a family."

That step was just the beginning.

Vega and her husband visited a therapist who confirmed they would be capable parents. Cervantes, like all surrogates, went through both a medical screening to ensure her body could handle pregnancy and a psychological evaluation. Following standard protocol for surrogacies, the two sisters hired separate lawyers for the legal contract, which they each signed along with their husbands.

Cervantes took hormone medications for two months to prepare her body to receive one of the embryos Vega had already created. On the first attempt, she became pregnant.

Women from all walks of life turn to surrogacy when they are unable to have children themselves, says Dr. Jane Frederick, reproductive endocrinologist

at MemorialCare Saddleback Medical Center, who also is Vega's fertility specialist. Some have previous pregnancies that ended poorly. Cancer forces some to have hysterectomies, while others are born with eggs and ovaries but no uterus.

Surrogates have their own reasons for offering to carry another family's baby, and many have altruistic motives, Frederick says, adding that some ask to work with gay couples in particular. Prospective parents should work with an agency to find a surrogate, and not search for one online.

"It's always about how comfortable the intended parents feel and how comfortable is the surrogate working with that couple?" Frederick said.

When Frederick started working on fertility issues 30 years ago, there weren't good techniques for in vitro fertilization or developing embryos in the laboratory, so doctors used the surrogate's own egg and performed artificial insemination. But improving technology made it possible to use eggs from the prospective mother.

"That helped to alleviate any legal issues down the road because the genetic link is to the intended parents," Frederick said. "So, it's less likely the surrogate will change her mind and say that's my baby since she's not genetically related to the baby."

In vitro fertilization methods have grown more



advanced as well, making the process much safer. In the past, women undergoing in vitro treatment were more likely to have a high-risk pregnancy with two, three or even four babies. Today, doctors can select one embryo for transfer.

The whole process can cost prospective parents \$100,000 to \$150,000, including legal fees, psychological evaluation fees, in vitro fertilization treatment and the stipend for the surrogate, Frederick says. The surrogate may receive \$25,000 to \$30,000.

Women choose to become surrogates for their own combination of reasons, including altruism and the monetary compensation, according to Dr. Rachael Lopez, an OBGYN at MemorialCare Saddleback Medical Center, who also is Cervantes' doctor. But the realities of surrogacy — getting paid to carry someone else's baby for nine months

— mean that hired surrogates often come from a lower socio-economic background, Lopez says. Pregnancy always comes with medical risks, and even a small chance of dying.

"If you were a career woman with your own children and a two-parent working family, I'm not sure how easily that would fit into your lifestyle to be pregnant and care for someone else's baby," Lopez said, adding that it's common for military wives to be surrogates. "It's not entirely without risk. For a lot of families, you would have to ask, 'Is this dollar amount worth the risk?'"

Tales of surrogates refusing to give away the baby are less common than people might believe, Lopez says. Counseling prepares them and they know their role in the process.

"I would imagine the mom has to wall herself off a little bit. Growing a baby is such an intimate and personal

experience, feeling those movements. You feel a relationship with that baby that no one else has. You have to put a little wall around your heart," she added.

Parents choose surrogacy for a variety of reasons, usually related to health and often because of severe health problems affecting fertility, according to Lopez. Maybe it's no longer safe for the woman to have higher hormone levels. Maybe she has a chronic disease or auto-immune issues, or blood clotting-related disorders. Maybe surgery or an emergency operation affected the woman's fertility, or a prior pregnancy caused health problems.

For Cervantes, the purpose for her surrogacy was clear.

"A lot of people think that you're going to walk out thinking it's your child," Cervantes said. "If you're doing it for the right reasons,

to help somebody have a family, it just feels really good to do something like that."

Vega's daughter was born in December 2018, and Vega named her Marisol after her sister. Vega also made Cervantes the baby's godmother.

Today, Cervantes is pregnant with Vega's second child, who is due in September. She plans to carry a third child for her

sister as long as everything goes as well as expected.

"It's a unique thing that somebody's willing to do it for you three times — not just once, not just twice, but three times," Vega said. "I want people to know that there are options because it's so painful to go through infertility issues ourselves, as a couple, as a woman, because we have so much love to give." 

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