What medical care is included during a surrogate pregnancy?

Understanding the medical care in a surrogate pregnancy

When a woman carries a pregnancy for another family, the medical care she receives is careful, thorough, and planned from before the embryo transfer until after the baby is born. This type of pregnancy involves more than routine prenatal visits. It requires close coordination between the surrogate, the intended parents, the fertility clinic, and the obstetric team. The care is designed to protect both the surrogate and the baby, while also meeting the legal and emotional needs of everyone involved.

Surrogate pregnancy care begins before pregnancy even starts. The surrogate undergoes medical and psychological screening to confirm she is healthy and ready. This includes blood tests, a uterine evaluation, and sometimes genetic carrier screening. Once cleared, her menstrual cycle is synchronized with the embryo preparation through medications. During the embryo transfer, an embryologist prepares the embryo in a lab, and a doctor places it into the surrogate's uterus using a thin catheter. This procedure is usually quick and does not require anesthesia, though some clinics offer mild sedation.

Prenatal care and monitoring

After a positive pregnancy test, the surrogate receives standard prenatal care, but with a higher frequency of monitoring. She will have regular ultrasounds to track the baby's growth, check the amniotic fluid level, and confirm the placenta position. Blood work is done to monitor hormone levels, thyroid function, and blood cell counts. The obstetrician also checks for signs of common complications such as high blood pressure or gestational diabetes, which can affect any pregnancy but are watched more closely in surrogacy because the surrogate is not the genetic mother and may have a different health history.

Prenatal vitamins and supplements, including folic acid and iron, are typically provided. The surrogate may also need additional medications, such as progesterone and estrogen, to support the uterine lining during the first trimester. These are often given as injections or vaginal suppositories. The care team includes the fertility specialist who manages these medications, alongside the regular obstetrician who handles routine prenatal visits.



Specialist involvement and delivery planning

One key difference in a surrogate pregnancy is the involvement of multiple doctors. The surrogate sees her own obstetrician for most checkups, but the intended parents may also have a relationship with the clinic's medical director or a perinatologist (a high-risk pregnancy specialist). This team coordinates care to ensure nothing is missed. For example, if the surrogate has a history of preterm labor, the perinatologist might recommend cervical length scans or additional monitoring.

Delivery planning starts early. The surrogate and intended parents agree on a hospital and a delivering obstetrician. The hospital is usually one that has experience with surrogacy births. The delivery allowance covers the costs of the hospital stay, including the delivery room, nursing care, and any necessary interventions such as a cesarean section. The surrogate's role is to follow her doctor's instructions, while the intended parents are often present in the delivery room, depending on the arrangement and hospital policy.

Postpartum care and recovery

After the baby is born, the surrogate's medical care continues for a period. She receives standard postpartum monitoring: checking for infection, managing any tears or stitches, and ensuring her uterus returns to its normal size. She may also need emotional support, as the

hormonal changes after delivery can be intense. Some surrogacy programs include counseling as part of the postpartum care package. The intended parents take custody of the baby immediately, but the surrogate's health remains a priority for several weeks.

This entire process - from screening to postpartum - is an example of coordinated surrogate pregnancy care. It requires clear communication and shared medical records between all parties. The surrogate's own health is never secondary to the pregnancy; she has the same right to make decisions about her body as any pregnant woman. The medical team respects her autonomy while also supporting the intended parents' goal of a healthy baby.



What is not included in standard care

It is also important to know what is not automatically provided. For instance, fertility treatments such as IVF, egg donation, or embryo creation are separate from the surrogate's medical care. Those are the responsibility of the intended parents. Similarly, legal fees, travel costs, and lost wages for the surrogate are not medical expenses, though some programs include them in a comprehensive package. The surrogate's medical insurance may also have

exclusions for surrogacy, so it is common for the intended parents to purchase a separate surrogacy-specific insurance policy that covers prenatal, delivery, and postpartum care.

Some intended parents choose a fixed-fee program that bundles all medical care, including the embryo transfer, prenatal visits, delivery, and a set number of postpartum checkups. Others pay for each service separately. The key is that the surrogate should never have to pay out of pocket for any pregnancy-related medical expense.

How the care is coordinated

Medical care during a surrogate pregnancy works best when everyone is on the same page. The fertility clinic typically stays involved through the first trimester, then hands off to the obstetrician for the remainder of the pregnancy. But the clinic may still manage the surrogate's hormone medications until the placenta takes over production. The intended parents often have a case manager or a nurse coordinator at the clinic who answers questions and schedules appointments.

This type of **coordinated surrogate pregnancy care** ensures that the surrogate does not fall through the cracks. She is not just a vessel; she is a patient with her own needs. The medical team treats her with the same respect and diligence as any other pregnant woman, while also accommodating the unique legal and emotional dynamics of surrogacy.



Final practical advice

If you are considering becoming a surrogate or hiring one, ask the clinic or agency for a detailed breakdown of the medical care included. Confirm what is covered from embryo transfer through postpartum, and what is not. Make sure the surrogate has a dedicated obstetrician who understands surrogacy and can advocate for her health. Good

communication between the surrogate, intended parents, and medical team is the foundation of a safe and successful surrogate pregnancy.