Embryo Donation and Adoption

Answers to Frequently Asked Questions



EMBRYO ADOPTION AWARENESS CENTER

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Please note, many answers are based on the Snowflakes® Embryo Adoption Program. You are strongly encouraged to research and accurately compare the services offered by other embryo donation and adoption providers. A list of providers is available on EmbryoAdoption.org.

The Embryo Adoption Awareness Center is a division of Nightlight® Christian Adoptions, as is the Snowflakes® Embryo Adoption Program.

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What is Embryo Adoption?



Q What is a frozen embryo?

A A frozen embryo is a fertilized human egg created in a laboratory outside of the human body. It is created as part of the medical treatment called in vitro fertilization (IVF). Remaining embryos from IVF are often cryopreserved for later use. When a family is ready to achieve a pregnancy using frozen embryos, the embryos are thawed and transferred into the woman's uterus. This is known as a frozen embryo transfer (FET). An FET is the final procedure in an embryo adoption.

Q What is a general overview of the embryo adoption process?

A The process will differ based upon how you choose to get donor embryos. This can be achieved through an adoption agency, various organizations, a fertility clinic or an online matching service. Doing your research is an important first step in choosing a provider.

Every organization that offers donated human embryos for reproduction first has to attract people with remaining embryos to the program. Two of the largest and longest existing organizations are Snowflakes® and the National Embryo Adoption Center.

Important aspects of the matching process with an embryo donor are:

1. Has the embryo donor followed all of the FDA rules and regulations for donating their embryos?

2. How many embryos you will receive from the donor?

3. What type of future on-going communications with the donor family will be mutually agreed upon?

4. How will you legally finalize the exchange of embryos?

5. How will you arrange to get the embryos shipped to the clinic where your frozen embryo transfer will be performed?

6. What type of assistance will you receive from the provider for getting the items listed above completed?

Some fertility clinics and organizations that identify with providing embryo adoption services will require an adoption home study or family evaluation. Be forewarned that not all "embryo adoption" providers are necessarily following the best practices of adoption. These types of providers are primarily providing a venue for helping people with remaining embryos quickly find recipients for their embryos. The home study process has not necessarily been used to vet these recipients.

WHAT IS EMBRYO ADOPTION?

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Q How is embryo adoption different from embryo donation?

A Donation programs are generally offered by fertility clinics, which receive donated embryos from their patients, to be given anonymously to whomever the clinic chooses. You can find a list of clinic donation programs on our website. Most website matching services are not following a true adoption model.

Adoption programs regard embryo donation as equivalent to a traditional adoption process since the hoped for outcome is the birth of a child. The adoption agency provides the same safeguards of the traditional adoption process, providing the donor parents with peace of mind from knowing the adoptive family has been vetted through the adoption home study, as well as providing support and education to the adoptive parents. You also have the opportunity to have a relationship with the adopting family. You can find a list of programs on our website.

Q How do I get started with an embryo adoption? What are the first steps?

A With Snowflakes, the first step is to speak with one of our Inquiry Specialists. They will help you understand the program and help you determine if embryo adoption is the right path for building your family. The next step is the application phase.

You will need to complete a home study. If you already have a completed home study, you may be able to use this for your embryo adoption. If you do not, Nightlight provides an embryo adoption specific home study. We also keep a list of adoption agencies, by state, that families have used in the past.

While you are working on the home study, you can also be working on the other document requirements of your file, including application, physician letter, family profile, agency agreement, etc. If you do some of these things in parallel, once your home study is complete, you may be ready to start the matching process.

Q Why are there age limits to participate in an embryo adoption program?

A Age limitations will be determined by the desires of the embryo donor, the historic experience of the organization facilitating the matching, and/or the medical restrictions of the fertility clinic where the frozen embryo transfer will be performed.

Frequently women over age 45 will have a more difficult time being selected by an embryo donor family. Many donor parents do consider the age and health of the parents adopting their embryos.

Most fertility clinics with an embryo donation program will work with women over age 45 if they determine the woman is in good health. The desires of the donor and the recipient are excluded in these situations because the medical staff do the matching.



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Q Are there social media accounts or YouTube channels about embryo adoption?

A Yes! You can follow the Embryo Adoption Awareness Center's social media accounts for more information on embryo donation and adoption. There are also YouTube Channels created by families who have gone through an embryo adoption:

- Ayla and Caleb
- This Gathered Nest
- Snowflakes in the Mitten
- Ellen and Tim VT



Q Are there any children's storybooks available to help me tell my child their unique adoption story?

A Each year new books are being written about embryo donation and adoption. Many of them are children's books.

There are also books written to help people learn more about third party reproduction. Other books share the personal stories of people who have experienced embryo donation or adoption.

Q Do you have suggestions for how to get more fertility clinics to support this type of program and be more pro-active in informing their patients about embryo donation and adoption?

A This is what we are doing as part of our work at the Embryo Adoption Awareness Center. We have an outreach program to clinics throughout the country. We want to demonstrate to them how working with an agency does not diminish what they are doing; rather, it enhances what they do well – practice medicine and help women achieve pregnancy.

As an adoption agency, we work alongside clinics to take care of the social and emotional aspects of embryo donation and adoption. This allows the clinic to focus on the medical treatment of the patient.

We are working on our outreach program right now and hope to continually see more clinics actively informing their patients about embryo donation and adoption.

If you have an opportunity to encourage your Ob/Gyn or Reproductive Endocrinologist to education their patients about embryo donation and adoption, the EAAC has materials to assist them.

Fees, Insurance & Fundraising



Q **What is the cost of embryo adoption compared to domestic or international adoption?**

A The cost of an embryo adoption ranges from $10,000 to $15,000. This price range includes both fixed and variable costs based upon the program with which you choose to work, home study fees, and clinic and transfer fees.

For comparison, the AVERAGE cost of domestic adoption in the U.S. in 2019 was $43,000, and the average cost of an international adoption ranges from $35,000 to $50,000.

Q **Why does the cost of an embryo adoption vary?**

A The reason for the range in fees is that there are some variable costs in addition to the fixed cost associated with various embryo adoption programs. Many programs provide a list of costs that must be added together to get the total.

Snowflakes has a fixed, all-inclusive program fee. This fee covers the cost of application to the program, matching services, required FDA testing, legal contracts between the donor and adoptive families, shipment of the embryos to the adoptive family's fertility clinic, and lifetime record-keeping that adoption agencies are required to provide by law.

The two Snowflakes variable costs are:

1. The adoptive family home study that averages around $2,000.

2. The cost of the FET procedure at a fertility clinic. This cost varies from $3,500 to $7,000.

FEES, INSURANCE & FUNDRAISING

EMBRYO ADOPTION AWARENESS CENTER

Q **Why such large ranges of fees for the frozen embryo transfer (FET)?**

A The cost depends on the value the doctor puts on the services s/he is providing. Costs on the coasts tend to be higher than costs mid-continent. However, the FET is generally not the treatment generating significant revenue for the clinic – the IVF treatment is a clinic's largest source of revenue.

Knowing about the availability of donated embryos can be an important time and money saver for families faced with infertility, especially if the family is being advised to purchase human eggs to help create embryos. Embryo adoption uses embryos that already exist and are waiting for a friendly womb.

Why make more embryos from donor egg/sperm when there are embryos waiting?

Q **Do the costs fluctuate depending on the number of embryos you receive from one donor?**

A This depends on the program you work with. Each program follows a different protocol for distributing embryos and charges different fees.

The Snowflakes program places all embryos the donor has to donate with the chosen adopting family. There is no "per embryo" fee. If the donor has two embryos to donate, the adopting family receives two embryos. If the donor has ten embryos, the adopting family receives ten embryos.

During the matching phase of the Snowflakes program, the team tries to make sure the adopting family is financially and emotionally able to attempt multiple frozen embryo transfers. If an adopting family only wants one child or can only afford one FET, the family will be matched with a smaller set of embryos.

Q **What is the cost of an embryo adoption if our insurance will cover the medical treatments?**

A If you have an insurance plan that covers medical expenses and infertility treatments, the cost will still average $10,000-$12,000, based upon variable costs. Adoption agency fees and the home study fee will not be covered by your medical insurance plan.

The variable costs include: cost of the home study and the cost of the frozen embryo transfer. Medications may be covered by health insurance. It is certainly well worth inquiring with your carrier.

Q **Have there ever been issues with insurance companies NOT covering the pregnancy or subsequent adopted child?**

A We are unaware of any issues with insurance not covering a pregnancy resulting from an embryo adoption or not covering the health care needs of your child after he or she is born.

Once a woman becomes pregnant, insurance companies will view this as any other pregnancy. Your insurance plan will dictate the coverage you will receive.



FEES, INSURANCE & FUNDRAISING

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Q **Does the Adoption Tax Credit apply to embryo adoption?**

A We encourage you to talk with your CPA about the possibility; they should be able to provide you with accurate tax advice.

In the state of Georgia, legislation passed in 2010 allowing families who have completed an embryo adoption to finalize that adoption in the GA court system. Finalization is optional, not required. However, the services of an attorney will be required.

While law does not require finalization of an embryo adoption, some families have hired attorneys to help them finalize in their local jurisdiction to potentially take advantage of the adoption tax credit.

Q **What is the fee payment plan?**

A To help families, the Snowflakes program fees are divided into three payments, due throughout the process. The home study and FET fees are payable directly to the provider of services.

Other embryo adoption programs follow their chosen fee schedules. Be sure to ask and clearly understand what fees will be due at what time.



Q **Is there an additional cost for each frozen embryo transfer attempt (FET)?**

A Each FET would be considered a separate treatment by a fertility clinic. If you were matched with a family who placed 6 or more embryos with you, you may have enough embryos to have up to three transfer attempts.

Q **If the frozen embryo transfer (FET) does not succeed, what is the cost of re-matching?**

A This will depend upon the program you choose to work with. Some programs will have an a-la-carte pricing structure and will either require you pay the program cost again, or may have an added cost to hold on to an entire set of embryos, so you may complete another transfer.

The Snowflakes program charges $2,000 for re-matching in particular circumstances and no charge in others. You will be able to match with another set of embryos from one donating family. The number of embryos you receive will be dependent on your preferences in the matching phase.

Q **When do we assume responsibility for embryo storage costs?**

A When your embryos arrive at your clinic the clinic will begin billing for storage. This fee is frequently billed on an annual basis and averages about $600.

The general rule is the person who owns the embryos is responsible for the cost of storing the embryos.

Most programs will not ask the adopting family to pay ANY of the past storage fees paid by the embryo donor. The adopting family should NOT be asked to pay for any in vitro fertilization fees paid by the embryo donor to have the embryos created. Please thoughtfully re-evaluate the program if you are asked to pay for either of these items.

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Q **Are there any discounts given to active duty military families?**

A There may be grants available to you through your branch of the military. You should ask each embryo adoption program about any benefits they may have available. Most organizations will be aware of current grants and scholarships that you could apply for nationwide.

Active duty military families may worry about completing a traditional home study, given the possibility they may need to move unexpectedly. Traditional home studies are only valid for state they live in and a new home visit will be required in the event of a move within the same state. The Snowflakes Family Evaluation (SFE) completed by Nightlight employees is valid in any state or country and is easily updated in the event of an unexpected move, often without requiring another visit to your home, and is typically preferred by military families.

Q **Are there grants available for embryo adoption?**

A There are grants and scholarship available for both fertility treatments and adoption. Please visit Funding Your Embryo Adoption for helpful resources on this topic.

You will learn about organizations that offer grants, scholarships, and even low to no interest adoption loans that will accept families who are completing an embryo adoption. Many embryo adoption agencies will have more extensive information available to families that are working within their program to assist in finding the right scholarships and grants for each adopter.



Home Study



Q **Would a domestic home study be acceptable for an embryo adoption?**

A If the provider verifies that the home study is still valid (most home studies expire after one year), it can be updated for an embryo adoption. Your provider will need to send an original, notarized copy of the home study to your adoption agency.

Snowflakes will be able to provide your family with the embryo adoption education requirements that will need to be completed in order to update your home study.

Q **How long does the home study process usually take?**

A A home study may take between 3 and 4 months, depending on the organization and the speed in which you are able to complete the required documentation and education. We do have information about Completing an Embryo Adoption Home Study to help you get a picture of what paperwork may be required.

This video focuses on the Snowflakes Family Evaluation (SFE). If you choose to complete a traditional home study through another agency in your state, there may be additional paperwork and home visits required by that agency or state.

Q **What sort of financial stability is the home study provider looking for? For example, what are they looking for in checking, savings, debt or life insurance?**

A Home study providers want to find out if you are financially able to provide for a family. One step you can take before beginning the embryo adoption process is to connect with the home study provider you are planning to use. When you do so, lay out the details of your situation and ask if they see any reason why they would not approve you for a home study.

We have developed several helpful financial worksheets to assist you in getting your finances in order.

HOME STUDY

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Q **What are the educational requirements or opportunities available to adopting families?**

A Embryo adoption agencies will require the adopting family to complete an adoption home study or family evaluation. A large part of the home study is education. There are many helpful educational webinars available.

There are also many new books available that have been written by professionals and by families who have experienced embryo adoption.

A number of children's books have also been written to help you tell your embryo adopted child about the unique, amazing way they came into your family.

Q **Does the home study have to be through a private agency or would you allow a home study completed through a state foster program?**

A An embryo adoption agency will require an original, signed copy of the home study. Some state foster agencies are restricted by law from releasing the home study document. If your state agency is willing to release this type of home study document, it may be used if it is not expired.

The Snowflakes program will also require additional embryo adoption education. Unexpired home studies completed by other licensed agencies may need to be updated.

Q **Is there a marriage requirement for embryo adoption?**

A Each agency has its own parameters regarding marriage. The reason for asking a couple to be married for a certain number of years is to give an assessment of the marriage stability. Donor families want to place their embryos in homes with permanent parental relationships.

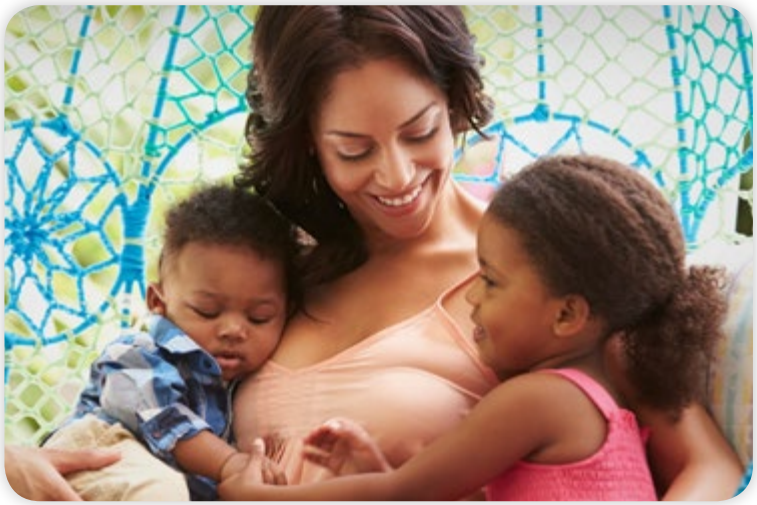
Currently, Snowflakes requires a couple to have been legally married for two years before applying for the program.

Q **Can you be matched with embryos while still completing the home study process?**

A Your completed home study is one of the most important requirements in the program for many embryo adoption agencies. The home study report approves you to be matched, and is what gives donor families peace of mind. We are not aware of an adoption agency that allows recipients to be matched prior to the home study being completed.

If you are concerned about home study speed, it is important to know that you will have a significant amount of control over the speed of your home study process by efficiently completing the checklist of paperwork that will be required.

The Snowflakes® Embryo Adoption Program has an embryo adoption home study called a Snowflakes Family Evaluation (SFE) that most embryo adoption organizations will accept in lieu of a traditional home study. The SFE can be completed both in the United States and internationally.



HOME STUDY

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Q **Because we would receive all leftover embryos and may have enough to have more than one FET, would we have to complete the home study process again for each FET cycle?**

A This situation would occur in the Snowflakes program because you would receive all of the embryos the donor had to give. Once you own the embryos, they are yours and you may have as many FETs as you are able to have, given the number of embryos you received. A home study is not required before each transfer.

Other organizations will require a new home study or home study update between FETs.

Q **Are there any requirements post-birth, like there would be with traditional adoption?**

A Snowflakes requires one post-birth visit/report at 6 weeks, which is usually completed by the person who wrote your home study report. After that, a self-report is due to the Snowflakes program when the child reaches 12 months of age. Other providers will have their own guidelines for post-birth reporting.

Q **How often does our home study need to be updated?**

A The length of time a home study is valid is provided by the agency who completed the study. In most states, home studies are valid for one to two years. The Snowflakes Family Evaluation is valid for two years unless an event has occurred in the family requiring an update or addendum (e.g.: you move to a new home, a new person 18 years or older has moved into the home, etc.).

Embryo adoption programs may require that the home study be updated with each new match or frozen embryo transfer, or when a new baby is born.

In some programs, a family will receive enough embryos in a match to have multiple frozen embryo transfers. You should verify the home study requirements of the embryo adoption providers you are evaluating.



Legal Issues



Q How is embryo adoption handled from a legal perspective?

A Property law rather than adoption law governs the process of embryo adoption. Embryos are considered property in the United States; therefore, when a donor and adopting family agree on a match, it is finalized as an exchange of property.

The Snowflakes Embryo Adoption program was established because the end result of embryo donation is the birth of a child who is not genetically related to the parents. This is the definition of adoption. Therefore, the program applies the best practices of adoption to their embryo donation and adoption program.

The term embryo adoption is recognized by the U.S. Department of Health and Human Services, which established grant funding in 2002 specifically to raise awareness about this important topic. There are very few laws in the U.S. governing assisted reproductive technologies (ART) or embryo donation and adoption.

The U.S. Food and Drug Administration does have established rules and regulations for the donation of human embryos. Make sure any entity you choose to get embryos through follows the FDA rules and regulations and ask how they do so.

Q Can an embryo donor family make a legal claim to a baby born to the adopting family?

A When Snowflakes contracts are signed between the embryo donor and adopting family, the contract contains language stipulating that the embryo donor is relinquishing all of their parental rights and responsibilities.

The U.S. government also classifies the exchange of embryos from one party to another under property law. When the contract is signed, the adopting family becomes the legal "owner" of the embryos.

In addition, the law in the United States identifies the woman who gives birth to a child as the child's legal mother and her name is placed on the birth certificate. The man to whom she is married is identified as the legal father and his name is placed on the birth certificate.

Embryo adoption is a very secure form of adoption and does not require finalization in a court of law because the adopting parents have already been identified as the legal parents on the child's birth certificate.

Q Is it necessary to have a court hearing to legalize an embryo adoption?

A In the U.S., embryo adoption is not governed by adoption law, but by property law. Nightlight established the first embryo adoption program in the world so that the best practices of adoption could be applied to the placement and adoption of human embryos.

When the donor and the adopter are matched, the next step is the contract phase. Both parties sign a legal contract that transfers the ownership of the embryos from one family to the other. The adopting family becomes the legal owner of the embryos and the donor family relinquishes their parental rights and responsibilities as a part of the contract.

Finalizing the adoption in court is unnecessary because in the U.S., the law states that a woman who gives birth to a baby is the legal mother and the man to whom she is married is the legal father. Both of their names will go on the birth certificate at the hospital.

Q If the adopting family has remaining embryos post-pregnancy, can they then donate the remaining embryos to another adopting family?

A Every program will have a unique way for managing this situation. Be sure to ask!

The legal contract signed between the embryo donor and adopting family should reflect the families' desires for remaining embryos in the adopting family.

At Snowflakes, we try to avoid having the adopting family end up with remaining embryos. We want to see the embryos placed into as few families as possible so there can be genetic siblings in as few families as possible.



Health and Age



Q **Is there an age ceiling for a woman to carry an embryo to term? How do you find out if you are able to carry a pregnancy?**

A Programs have different age limits for the adopting mother. Some programs have a cut off at 45 years of age. Other programs do not stipulate an age limit but let the adopting woman know it may take a long time to match with a donor willing to place their embryos with a woman of "advanced maternal age." Remember, in some cases, the donating family is choosing the adoptive family for their embryos – this means many of these families will have a preference of the age of the adoptive mother.

You do not have to have already carried a pregnancy to term to participate. You must get a letter from a physician that says you have no "contraindications" to pregnancy, meaning the doctor sees no physical reason why you cannot carry a pregnancy to term.

Q **Is this a good option for couples who have infertility due to male infertility?**

A This is an excellent option for those experiencing any type of infertility. You may want to watch this video of a family dealing with the issue of male infertility. They chose embryo adoption, and now have a sweet little boy.

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Q **Are there age limitations for adopting father?**

A Some programs do have an age requirement for adoptive fathers. Others do not stipulate an exact age requirement but say the "combined" age of the adoptive mother and father cannot exceed one hundred years. At Snowflakes, we have found that placing families who are choosing an adoptive family for their embryos generally prefer the adoptive father to be younger than 55 years old.

Q **Do donor families typically specify a maximum age for potential adoptive mothers?**

A It is typical for donor families to specify a maximum age for an adopting mother. On average, most families prefer the adopting mother to be younger than 45 years old. Some families prefer a younger couple, while other families have no upper-age limit. Donor families must provide their upper-age preference during the initial matching review with Snowflakes.

People who donate their embryos are thinking about the welfare of the children who will be born. The woman who is matched at 50+ will be well into 70s before her child graduates from high school or college.

Some people remain quite healthy as they age, but age is an important consideration for the donor family.



Matching



Q **Does one need an infertility diagnosis to adopt embryos?**

A If you have never had infertility issues or have had successful pregnancies in the past, you are welcome to apply to the Snowflakes program and we will likely be able to match you with a donor family. Many families choose embryo adoption who are not facing infertility.

Families may have children in their home (biological or adopted) and choose embryo adoption for family expansion. Donor families often prefer to match with adoptive families who only have one child in the home.

Q **What is the average number of embryos placed by a donor?**

A The average number of remaining embryos per donor family is five. Clinics and agencies have different methods for distributing embryos to a recipient. The Snowflakes program places ALL the embryos from one donor with another adopting family. Our desire is to keep genetic siblings as closely grouped as possible. This also allows the adopting family to potentially give birth to genetic siblings.

Clinic programs often limit the number of embryos received by one patient to 1-2.

Check with the program you are interested in to understand how they distribute embryos.

Q **Can you adopt embryos if you are facing secondary infertility?**

A Embryo adoption is a great family building option for couples who are facing secondary infertility.

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Q What is the most common relationship between donor and adopting families?

A The most common communications method is initially via email. Many relationships *evolve over time* as the families learn that they can trust one another. It is exciting for families when they finally decide to meet one another face to face.

We hope you will pursue an open relationship with your matched family.

The matching phase of the Snowflakes program is rigorous. Listen to webinars where families are telling their stories. Many of them will say, "Wow, we are impressed with the match that was made for us" or make mention of how similar they are with one another. Snowflakes takes the matching process very seriously.

Q Do couples get a preference in the ethnicities of the embryos? Are some ethnicities more common?

A Yes, couples may select a preference in the ethnicity of the embryos they are adopting. Most donated embryos are Caucasian because the majority of people using IVF are Caucasian. However, agencies and donation programs do receive donated embryos of various ethnicities and mixed ethnicities.

Providers should be able to tell you about current availability of embryos of any ethnicity. Snowflakes does not "hold" embryos for families who have not completed the application process (including, but not limited to: submitting their application, home study, and family profile).



Q What type of information can we expect to see about the embryo placing family?

A This will be unique to the organization you choose to work with, and so it becomes another great question to ask during your evaluation process.

In the Snowflakes program, the donors supply a three-generation medical history and any medical history connected to the genetic siblings of the embryos who have already been born. There will be a family profile of the donor that includes a description of the family, their faith, their fertility journey, their education and more.

The family profile will also contain photographs so you can see what the genetic siblings of the embryo(s) look like. Most preferences for matching the donor and the adopting families have little to do with physical characteristics and more with family practices. For example, if the donor is concerned with the future education of any children born, they will probably look for an adopting family who values education.

Snowflakes provides as much medical history as possible to the adopting family. If the embryo donors used purchased human eggs/sperm to create the embryos, the available information may be more limited regarding the history of the embryos being adopted. In these cases, any information provided to the embryo donor on the egg/sperm donor will passed along.

There are no forced matches in the Snowflakes program. If the adopting family refuses a match, it may take time to make a new match for them, thus extending their adoption timeline. If a match is refused, the adopting family does not "go to the end of the line." Instead, their preferences are simply reviewed again based upon available donor family preferences.

Q How do we create a family profile?

A We have developed a webinar specifically to assist you in building your family profile. We ask that you create your profile in an electronic format so it is more easily shared with potential donor families.

MATCHING

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Q How many embryos should we seek in a match and how many should we transfer during our FET if we only want one child?

A It is a good idea to let the agency program you choose know how many children/ FET cycles you are willing to have; this allows them to help match you with the right donor.

If you only want one child, we recommend transferring only one or two embryos at most for the FET. Discuss this with your Reproductive Endocrinologist. There have been times when one embryo splits and becomes identical twins. You need to be mentally and emotionally prepared for multiple birth outcomes.

Q Can you discuss how likely it is to see multiple matches, allowing the recipient options for selecting the perfect embryo for their family?

A In the Snowflakes program, family profiles are shown one at a time. Matching is driven first by the desires of the embryo donor family.

As an adoption agency program, Snowflakes is interested in helping families build relationships with one another, which is in the best interests of the children, as well as the placing and adopting families.

Both the donor and the adopting families are able to see multiple family profiles, but only one at a time. The decision of which profiles to show is based upon matching the preferences specified by both the donor and the adopter.



Q Are embryos ever donated anonymously?

A Yes. However, if you are considering an anonymous embryo adoption, it is important to think a few things through:

- Would you want to receive updates from the donor family in the case of a medical emergency?
- Is it important to you have more than minimal details about the embryo donor?
- Do you want to know if your child has genetic siblings in the world?
- Have you thought about how important it will be to your child to know about their genetic origins?

A semi-open adoption allows you to help select the family with whom you will be matched and have some mutually agreed upon future communications plan.

Q Are we able to get additional matches for more donor embryos?

A There are many scenarios where an adopting family may want to match again with a new embryo donor:

1. You had a baby from your first embryo match, but do not have any remaining embryos and you would like to have another baby.
2. You thawed and transferred all of the embryos you received in a match but did not achieve a pregnancy.
3. You thawed all of the embryos you received in a match but none of the embryos survived the thawing process.

Each program manages client re-matching differently. Be sure you ask each program you are evaluating this question.

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Q Does the donor family decide how much contact they wish to have with the child born from the embryo(s) they donate?

A The type and amount of future contact between the families is mutually agreed upon during the contract phase in the Snowflakes program. Preferences for communication are discussed in the matching phase.

With the advent of self-DNA tests and pervasiveness of social media, there is little likelihood for anonymity. At Snowflakes, we encourage our families to make the decision to agree upon some level of open communication for the benefit of all of the children who currently exist or may exist in the future.

Q Is it more difficult to adopt if you have multiple biological children and no known fertility problems?

A The donor family is ultimately the decision-maker about who receives the gift of their embryos. Some donors are open to matching with people in these circumstances, while others are not.

The donor family has the opportunity to state their preferences for the number of children already in the adopting family, along with other preferences such as future contact, faith, education, age and more. Of course, some of these items are more important to them than others.





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Q How is the process different if we find our own embryo donor?

A The biggest difference comes in the matching process – you are already matched! Many self-matched families will come to Snowflakes to use our services and expertise to complete the process.

We highly recommend hiring an attorney in this situation, to review the contract to make sure you are following the legal protocols of ownership transfer. You would not want to discover on your transfer date or later that you missed an important element.

The basics remain the same:

- Did the donor follow the FDA rules and regulations needed to qualify their embryos for donation to another family?
- Where are the embryos now?
- Will you use the same clinic or how will you figure out the shipment of embryos between clinics?

Q If we have applied with other adoption agencies (embryo or other), does it have an effect?

A If you are a couple pursuing embryo adoption while also working on domestic or international adoption, Snowflakes and other programs will want you to choose one program and one agency to work with at a time.

This is because in embryo adoption the matching process can happen quickly. We do not want a situation where we are working to find you a match and then discover you have already been matched with a child through another program. It is emotionally draining for embryo donors who have been shown a particular adopting family profile, get their hopes up, and then find out the match will not work because the adopting family received a placement through another program.

Q How much control does the donor have in the donation of their embryos?

A In a direct donation program such as Snowflakes, the donor is empowered to place their embryos with the family of their choosing. The families they will chose from will be vetted through the adoption home study process

When embryos are donated through a fertility clinic embryo donation program, the process is generally anonymous. The medical staff choose the recipient and neither the donor nor the patient recipient receive information about one another. The recipient may receive minimal medical information about the donated embryos. The donor will receive no information about the recipient and will not be informed about any births from their donated embryos.



Medical



Q **How many embryos are typically adopted at one time, or available for any one family?**

A In the Snowflakes program, the average number of embryos being donated by one family is 5. As part of the matching process, we ask, “How many children do you want to have?” before we match you with a family with a large number of embryos. For example, we would not place ten embryos with a family who only wanted one baby.

Other programs limit the number of embryos you may have for a particular FET cycle and then have you go through the process (and fees) again if a second cycle is needed.

For clinic donation programs, there are often wait lists. When embryos are donated, they are going to serve as many patients on their wait list as possible. As a result, each donor family’s set of embryos is generally split up and each patient is limited to 1-2 embryos from the donated set.

Q **What are disqualifying medical conditions for the prospective mother?**

A It is important to check with your doctor about the health of your uterus. Some conditions do not affect the uterus and therefore do not affect your ability to carry a pregnancy to term. Polycystic Ovarian Syndrome (PCOS) for example, has to do with the ovaries. As long as only your ovaries are affected, there may not necessarily be a problem with carrying a pregnancy to term. This family with premature ovarian failure went through the Snowflakes program and was able to successfully achieve pregnancy and carry to term.

Regarding unexplained infertility, each scenario is different. We have had families with issues of unexplained infertility who went through the embryo adoption process and had successful outcomes. You can find videos and stories of these families on both Snowflakes.org and EmbryoAdoption.org.

EMBRYO ADOPTION AWARENESS CENTER

Q **Would our doctor give us the needed letter regarding our ability to carry a pregnancy to term if I have not done so in the past? How does the doctor make this determination?**

A The key to start the embryo adoption process is for a doctor to verify you have no contraindications to pregnancy. If a fertility specialist or Ob/Gyn examines you and believes there is no reason you would be unable to carry a pregnancy to term, that is what most programs will require.

Q **When you are tested for the ability to carry a child, how long is the test valid?**

A This is an answer determined by your fertility clinic and the program you select. Clinic standards may vary, and the age of the woman carrying will have an impact. If you have not had testing done within the past year, you may have to have another exam.



Q **What are successful frozen embryo transfer to pregnancy success rates for embryo adoption?**

A The two primary professional organizations for Assisted Reproductive Technologies (ART) are SART (Society for Assisted Reproductive Technologies) and ASRM (American Society for Reproductive Medicine). SART has this to say on their website:

"Success varies with many factors. The age of the woman is the most important factor, when women are using their own eggs. Success rates decline as women age, specifically after the mid-30s. Part of this decline is due to a lower chance of getting pregnant from ART, and part is due to a higher risk of miscarriage with increasing age, especially over age 40.

Success rates vary with the number of embryos transferred. However, transferring more and more embryos at one time does not increase the chance of live birth significantly, but may only increase the risk of a multiple pregnancy, and its associated risks. The impact of the number of embryos that are transferred also varies with the age of the woman."

The physician and the patient decide upon the number of embryos transferred for any particular FET. Doctors are looking at ways to reduce the number of embryos to transfer at a single time. Transfers of only one or two embryos are now the norm.

Read the most recent national ART report from the U.S. Centers for Disease Control.

Q **How long before we would like to become pregnant should we begin the embryo adoption process?**

A On average, a family can complete an embryo adoption and begin preparing for their FET within 6-12 months of beginning the process.

EMBRYO ADOPTION AWARENESS CENTER

Q If we were to adopt and transfer three embryos, what are the chances we would have triplets?

A The American Society of Reproductive Medicine (ASRM) provides suggested guidelines for the number of embryos to transfer in an FET. Typically, you will not transfer more than two embryos because of the increased risk of a multiple pregnancy.

Multiple births do happen more often when using assisted reproductive technologies (ART) compared to natural conception. It is good to be aware of this and to consider the recommendations of your Reproductive Endocrinologist regarding how many embryos to thaw and transfer.

We encourage you to transfer no more embryos than you would be comfortable carrying at one time. If you are not comfortable with the thought of carrying twins, do not transfer two embryos. Of course, embryos have been known to split and create identical twins!

Q What is the probability of giving birth to multiples?

A There is always the possibility of multiple births if you transfer more than one embryo. Of course there is always the possibility that one embryo will split resulting identical twins.

This is why an important aspect of embryo adoption is your relationship with your doctor because you will determine together how many embryos should be thawed and transferred in any given FET cycle.

Q What are the statistics on birth defects in embryo adoption?

A There is no research demonstrating that birth defect rates for children born through a frozen embryo transfer are any higher than in a normal pregnancy. The U.S. Centers for Disease Control and Prevention provides information on this important topic.

Q What are the risks of adopting embryos with possible health concerns?

A Some donor parents test positive for various diseases. This does not mean the embryos carry the disease. You should talk with your doctor about concerns you see in the donor family's health history. Humanity is permeated with health issues and none of us is immune. All of us will find medical issues in our health and family's health history.

Embryos may also be graded by the embryologist. Medical personnel are trying to help the family pursuing IVF to choose the "best" quality embryos for their first transfer. However, they really do not know if a grade 'A' embryo will become a baby nor if a grade 'C' embryo will not.

At Snowflakes, we believe that each embryo should be given an opportunity to be born and have seen the miraculous births of many perfectly healthy babies who, according to medical science, should never have been born.



EMBRYO ADOPTION AWARENESS CENTER

Q If we get pregnant from a donor embryo but find out the child has serious health concerns, are we able to terminate the pregnancy?

A This is an excellent question to ask of the programs you are investigating for embryo adoption. The two largest embryo adoption providers would not allow for termination unless the life of the mother is at risk.

Q After a failed transfer, how long should you wait before trying for a second or third time?

A This will be a discussion between you and your medical professional and the condition of your body and spirit. How much time does your body need to heal? Are you mentally prepared to try again?



Q Am I able to do a natural cycle frozen embryo transfer?

A This is a question to ask the doctor (RE) who will be performing the FET procedure. Some Reproductive Endocrinologists will allow you to do a natural cycle transfer, while others may advise against it. If this is an important preference for you, do your research and find a clinic that 1) works with your embryo adoption agency and 2) will allow you to do a natural cycle transfer.

Q How will the Reproductive Endocrinologist (RE) prepare a woman's womb for transfer?

A There may be two options available to you. In most cases, it will be recommended to use a medicated cycle. Some clinics may offer an option for a natural cycle, where you would not need to use as much or any medication in preparation for your Frozen Embryo Transfer (FET). This option is not available at all clinics, and will be a discussion you need to have directly with your RE.

Since there is a lot of variety in how in how an FET may be handled, we recommend you contact the clinic you will be working with to ask about their specific FET protocol. If you want to get a better picture of how some FET prep goes, a couple in Canada created a vlog for their embryo adoption journey and talk extensively about their unique protocol.

Donors will first complete their own family before making a decision to donate remaining embryos. Three or more years may have passed before the donor is able to decide that their family is complete. It is more likely that you will see embryos created 4 to 10 years prior to when they are donated, and that multiple genetic siblings exist in the donor family.

The accuracy of PGS testing is continually being debated. The embryo adoption program you choose will be able to tell you what requirements they have for medical information from their donating families and what type of information you may receive.

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Q **What if we cannot find a Reproductive Endocrinologist (RE) who is willing to work with the agency in our local area?**

A One option is to travel to the clinic where the embryos were created and are stored, and have the FET performed there. Depending on the distance from your home, you may work with a local clinic for outside monitoring.

If the clinic you are traveling to requires specific bloodwork, or ultrasounds leading up to the transfer, you may do this monitoring with your local RE. The results can be sent to the clinic where you will complete your FET. This is a common practice, since many embryo adoption agencies have one specific location or locations where they complete their FETs.

Q **If we choose to go to the fertility clinic where the embryo was created, how often will we need to visit?**

A The number of visits depends on the fertility clinic and the Reproductive Endocrinologist with whom you are working. If the clinic requests that you take any medications to prepare for the FET, you may be able to find a local provider to monitor this for you.

In most cases, a clinic will require a new patient to visit twice.





Embryo Quality & Shipping



Q **Is it true that remaining embryos are not as viable as the embryos used for the fresh transfer cycle?**

A The RE and the embryologist will use what they believe are the "best" embryos for either the fresh cycle or future FETs. However, if children have been born from a set of embryos being donated to you, it is a sign of the viability of the remaining embryos.

Here is another interesting statistic based on scientific research. The success rate of a FET is about 3% higher than a fresh embryo transfer!

Q **Is information about the embryo quality, freezing method, etc. made available to the adopting family?**

A Yes, any information provided by the clinic where the embryos were created will be made available to the recipient's fertility clinic.

Q **What assurance is there as to the health of the embryos we are adopting?**

A The FDA requires that certain testing be done on all donors of human gametes. Tests include infectious disease screening and often genetic screening of the egg or sperm donor. All test results are provided to the adopting family's clinic physician during the matching process.

Known health concerns are clearly communicated in a three-generation medical history from the donor.

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Q How do programs acquire embryo donations?

A Clinic embryo donation programs only accept embryos from their patients. The embryos donated by their patients were created, frozen and stored by clinic personnel. Clinic embryo donation programs often have a shortage of donations in comparison to the list of patients wanting to use donated embryos.

Embryo adoption programs such as Snowflakes attract embryo donors who are interested in having some control over the placement and future communications with an adopting family.

Q What is the impact of the maternal age of the embryo egg provider?

A The age at which women pursue in vitro fertilization varies considerably. Most couples will create embryos using their own eggs and sperm first, in hope of having a genetic child. When they do not have success, their physician may recommend using purchased egg and sperm.

Embryologists agree that the maternal age of the egg is a determining factor in the transfer to pregnancy success rate.

The Snowflakes program was established to help families with remaining embryos choose a family for those embryos using an adoption process. The worldview of Nightlight Christian Adoptions is that life begins at conception. The families who are donating through Snowflakes are doing so to give each of their remaining embryos an opportunity to be born. Our program is committed to helping each embryo donated find a friendly womb.

All programs will have underlying values for providing embryo donation and adoption services.



Q Do you accept embryos that were created using donor egg and/or sperm?

A Yes, embryos created with donor gametes are regularly accepted into most programs and are actually quite common. Nearly half of the embryos created during IVF were created using donor egg and/or sperm.

A reputable program will provide you with as much information as possible regarding the embryo egg and/or sperm donor. Proof demonstrating that the embryo donor has legal permission from the egg and/or sperm donor is necessary.

EMBRYO QUALITY & SHIPPING

EMBRYO ADOPTION AWARENESS CENTER

Q **Does the age of the embryo affect the pregnancy success rate?**

A A shelf life identifies a number of years at which frozen embryos will die in storage. Currently, no known-shelf life has been determined for embryos. Children are regularly born from embryos that have been frozen for more than 10 years. Some have been born after 20 years of storage. An embryo's success in thawing relates more to whether crystals formed when the embryo was initially frozen.
The current record for length of time frozen is a healthy little girl that was frozen as an embryo for 24 years. Since IVF is a relatively new science, it should not be unexpected for that record to be passed in the coming years.

Q **Do the embryos remain frozen during the shipping process?**

A The embryos remain frozen during shipment. They are shipped using special containers that maintain the very low temperature necessary to keep them frozen.

The embryos remain frozen until they are thawed for the frozen embryo transfer.

Q **Is there a potential for damage to the embryos during the shipping process?**

A Damage in shipping happens rarely. If the embryos have been damaged, it is likely during the freezing process that the damage occurred. If shipping is a concern, you may have the option of traveling to the clinic where the embryos are currently stored and have your FET completed there.



Gestational Carriers (a.k.a. Surrogacy)



Q What is the difference between a surrogate and a gestational carrier?

A A surrogate is carrying a baby that was created using one of the surrogate's eggs. A gestational carrier is a woman who is carrying a baby that has no genetic connection to her. A gestational carrier is used in an embryo adoption.

Q Where can I find a gestational carrier?

A Specific state laws regulate gestational carriers and surrogacy. You may have agencies in your state that provide these services. You may find an agency online. Be sure to ask the embryo adoption providers you are evaluating if they allow adopting families to use a gestational carrier.

GESTATIONAL CARRIERS (a.k.a. SURROGACY)

EMBRYO ADOPTION AWARENESS CENTER



Q **Do we have to provide a letter from a physician regarding the gestational carrier's (GC) ability to carry a pregnancy?**

A Snowflakes would require a letter from a physician indicating that the carrier has no contraindications to pregnancy. A copy of the gestational carrier agreement is also required. The GC would need to complete information requested by the clinic where the frozen embryo transfer will be performed.

Check with the organizations that you are interested in working with to see if they allow you to use a gestational carrier.

Q **Since the gestational carrier is giving birth to our baby, does her name go on the baby's birth certificate at the hospital?**

A You will be following the laws of your particular state regarding the use of a gestational carrier.

Q **Will the embryo donor family need biographical information on the gestational carrier we plan to use?**

A When you are creating your family profile you should plan to include some information about the fact that you are using a gestational carrier, how you came to that decision, how you chose the GC and some biographical information about her. The release of information is most likely discussed in the gestational carrier agreement.

Single Women



Q **What are some things that single women should know about their ability to adopt embryos?**

A Not all embryo adoption programs allow single women to adopt. Be sure to ask if you are single and interested in adopting embryos.

- Are available donors interested in matching with a single woman?
- How old are you? If you are over 40 years old, it may take additional time to find a willing donor.
- If you are willing to accept a more difficult to match set of embryos, you may find a donor more quickly. [single embryo, duo embryo set, particular medical conditions]
- Donors who have larger sets of embryos may be less interested in matching with a single woman.
- Online matching programs may provide for faster matches for single women.
- What are your preferences in a match with an embryo donor? Are they so particular that it will make it more difficult to find a match?

Q **If the adopting mother is single, whose name(s) are placed on the birth certificate?**

A The mother's name will be on the birth certificate even if she is not married to anyone. After giving birth, she will be asked if she wants to name the birth father on the certificate, but is not obligated to provide the father's name.

The Snowflakes program will be encouraging the single mother and her placing family to establish a plan for future communications for the benefit of everyone involved in the adoption, but especially for the child.