

Becoming a Mom

My Experience with Gestational Surrogacy

By Allison London, DMRF Board of Directors

Spoiler alert: This story has a very happy ending.

I am a mom. I. Am. A. Mom. Those four words once seemed like a given, but then dystonia hit. Diagnosed at 30 with truncal dystonia, I was at the time physically unable to care for myself let alone a child, even with lots of assistance. Yet the possibility of not being a mother did not really sink in until a year later, when my movement disorder specialist confirmed what we already knew deep down: I should not (or was it could not?) carry a pregnancy.

The reasons why made so much sense—from my forward flexing posture and spasms posing potentially serious risks to both me and the fetus, to the unknown effects on pregnancy of deep brain stimulation (DBS), which I was hoping to undergo. Still it was the second biggest gut punch of my life, the first being the dystonia diagnosis itself.

Dystonia had taken a lot from my husband Dan and me in the five years since it had crept into our lives. But parenthood was non-negotiable. Two weeks later I was in a fertility doctor's office discussing gestational surrogacy. A gestational surrogate (or carrier) is a woman who carries a pregnancy that is not biologically her own. That is the path we chose to take.

To create embryos, we started the process of in vitro fertilization (IVF). Different than typical IVF, though, the embryo created would ultimately be transferred into the gestational carrier's uterus instead of my own. The embryos we made were frozen, waiting to be used post-DBS when my dystonia would, hopefully, be improved.

Nine months later I underwent DBS surgery and, 10 months after that, we were ready to start trying. We now had to choose a surrogacy agency, essential for many reasons, chief among is that it is the agency's job to find the right carrier. Our fertility doctor had relationships with two highly reputable agencies. After researching, we scheduled an appointment to meet with one. At that first meeting, the



DMRF Board Member Allison London with husband Dan and daughter Daisy.

agency captured us with their incredibly thorough carrier screening process and additional services. We retained them.

While they went to work, we did too, with marching orders given to us by the agency. We spoke with their lawyer about the legal aspects of gestational surrogacy. We spoke with a high-risk obstetrician since IVF pregnancies can cause complications. We spoke with the agency's psychologist. We created a profile about ourselves for potential carriers to review. Then we waited.

On September 11, 2013, one year to the day of my DBS surgery, we met our would-be carrier at the agency's "match meeting." It was surreal. We were there to decide whether this stranger was the right woman to entrust with the biggest responsibility we had ever asked of anyone.

Two days later we decided to move forward. Sadly, after three embryo transfers, she did not become pregnant, and according to stipulations in our contract, the agreement was terminated. We were inconsolable, a feeling that had become all too common, but we were not giving up. We waited. Again.

Two months later we met Iesha, the woman who will forever have our gratitude. I went through additional rounds of IVF egg harvesting to create more embryos. Iesha got pregnant. Dan and I shouted the news from the rooftops, including that our daughter was in another woman's belly. Though I was unable to drive and uncomfortable in long car rides, I did not miss an obstetrician appointment. We texted frequently and got to know her kids, who found out we were having a girl before our own family did. We appeared before a judge in Family Court to obtain a pre-birth order, naming Dan and me our unborn daughter's parents.

Our agency did so much behind the scenes including making the hospital aware this was a gestational surrogacy situation and all that entailed. The hospital was informed that we wanted our last name on our daughter's medical bracelet and bassinet upon birth, and that we would like a room at the hospital of our own, to spend that first night with her. The due date was getting closer and our obstetrician let us know that he thought our daughter would arrive a few days early. We got a hotel room near the hospital and waited. On December 27, 2015, Dan and I were in the delivery room at Iesha's side as our daughter came into the world. Dan cut the umbilical cord. Lots of tears were shed. Our entire family, as well as Iesha's, were gathered in the waiting room.

Choosing to start a family via gestational surrogacy is a decision fraught with sleepless nights. It is expensive and a true test of your determination and relationship. But if like me, you do not want dystonia to define you, this may be a viable option.

After all, I am a mom and Dan is a dad. Our daughter, Daisy, is sunshine personified, our seemingly impossible wish come true.

DMRF Merchandise to Promote Awareness

Have you checked out the DMRF online store lately? You'll find many practical items to promote dystonia awareness: face masks, tote bags, pop sockets, pins, key chains, and more. For details and to order visit: dystonia-foundation.org/merch



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For more information, please contact
Director of Development
Debbie Durrer at
ddurrer@dystonia-foundation.org
or visit dystonia-foundation.org/legacy