SURROGACY AGENCIES — GUIDE

Timeline of a Surrogacy Journey: From Match to Birth

A step-by-step timeline of a typical US gestational surrogacy journey, from agency selection through post-birth parentage. Includes typical durations, milestones, and decision points.

Updated November 1, 2026

This timeline reflects a **typical US gestational surrogacy journey with an agency**. Durations vary by agency, clinic, surrogate availability, and state law. International journeys add 3–6 months for legal coordination.

Phase 1: Agency selection and onboarding (1–3 months)

| Step | Typical duration | Key actions | |------|------------------|-------------| | Research and interview agencies | 2–8 weeks | Use the "Questions to Ask an Agency" guide; compare 3+ agencies | | Select agency, sign agreement, fund escrow | 1–2 weeks | Agency services agreement; initial escrow deposit (often $10K–$25K) | | Complete intended parent screening | 2–4 weeks | Medical review, psych eval, background check, financial verification | | Create profile for matching | 1–2 weeks | Photos, letter to surrogate, preferences (location, contact level, etc.) |

Decision point: You can pause here if not ready to fund full escrow.

Phase 2: Matching (1–6 months)

| Step | Typical duration | Key actions | |------|------------------|-------------| | Agency presents surrogate profiles | Ongoing | Review medical, psych, social summaries | | Match meeting (video or in-person) | 1–2 hours | Meet surrogate (+ partner); assess fit | | Mutual commitment | 1 week | Both parties confirm; agency formalises match | | Fund escrow for surrogate compensation | 1 week | Escrow funded per schedule (often 50% at match) |

Factors affecting match time: Your preferences (location, experience, contact level), surrogate pool size, agency caseload.

Phase 3: Medical and legal clearance (2–3 months)

| Step | Typical duration | Key actions | |------|------------------|-------------| | Surrogate medical screening at clinic | 2–4 weeks | Physical, labs, infectious disease, uterine eval (SIS/hysteroscopy) | | Surrogate insurance review finalised | 2–3 weeks | Confirm coverage or secure surrogacy-friendly policy | | Legal: Gestational Carrier Agreement (GCA) | 3–6 weeks | Each party retains independent counsel; negotiate and execute | | Escrow fully funded | Per GCA schedule | Remaining compensation and reimbursement reserves deposited | | Cycle synchronisation planning | 1–2 weeks | Clinic coordinates intended parent/egg donor and surrogate cycles |

Critical: Do **not** start medications until GCA is fully executed and escrow is funded per the agreement.

Phase 4: IVF cycle and embryo transfer (1–3 months per attempt)

If using intended mother's eggs (fresh cycle)

| Step | Typical duration | |------|------------------| | Intended mother ovarian stimulation | 10–14 days | | Egg retrieval | 1 day | | Fertilisation and embryo development | 5–7 days | | PGT-A (if elected) | 2–3 weeks for results | | Surrogate endometrial preparation | 2–3 weeks (overlaps with embryo development) | | Embryo transfer | 1 day | | Post-transfer monitoring | 10–14 days to beta hCG |

If using frozen embryos or donor eggs (FET cycle)

| Step | Typical duration | |------|------------------| | Surrogate endometrial preparation | 3–4 weeks | | Embryo thaw and transfer | 1 day | | Post-transfer monitoring | 10–14 days to beta hCG |

Timeline per attempt: ~4–6 weeks from cycle start to pregnancy test.

Pregnancy confirmation: Beta hCG > 100 mIU/mL at ~10–14 days post-transfer. Ultrasound confirmation of fetal heartbeat at ~6–7 weeks gestation.

Phase 5: Pregnancy (9 months)

| Trimester | Weeks | Key milestones | |-----------|-------|----------------| | **First** | 0–13 | - Heartbeat confirmed (~6–7 wks)
- NIPT or first-trimester screening (10–13 wks)
- Surrogate compensation installments begin per GCA
- Intended parents may attend ultrasounds | | **Second** | 14–27 | - Anatomy scan (~18–22 wks)
- Pre-birth order petition filed (in supportive states, typically by 20 wks)
- Maternity clothing allowance paid
- Discuss birth plan, hospital, NICU level | | **Third** | 28–40 | - Pre-birth order granted (if applicable)
- Third-trimester screening (GBS, growth scans)
- C-section allowance paid if scheduled
- Hospital bag, travel plans finalised
- Life insurance confirmed |

Communication: Agency typically provides weekly updates; intended parents may communicate directly with surrogate per agreed protocol.

Phase 6: Delivery and immediate postpartum

| Event | Timing | Notes | |-------|--------|-------| | Labour and delivery | ~40 weeks | Intended parents typically present; hospital pre-registered | | Birth certificate | Within 24–72 hours | Pre-birth order states intended parents; otherwise surrogate listed initially | | Surrogate discharge | 24–48 hours (vaginal); 48–72 hours (C-section) | Final compensation installment paid ~7 days post-delivery per GCA | | Newborn care | Immediate | Intended parents assume care; NICU if needed | | Breast milk (if agreed) | Per GCA | Pumping, storage, shipping arranged |

Phase 7: Post-birth parentage (1–6 months)

| Scenario | Process | Typical timeline | |----------|---------|------------------| | **Pre-birth order state** (CA, CT, DC, etc.) | Order obtained during pregnancy; birth certificate issued with intended parents | Complete at birth | | **Post-birth order state** | Petition filed after birth; hearing

scheduled | 2–8 weeks | | **Adoption required** (traditional surrogacy or restrictive states) | Adoption petition; home study; hearing | 3–12 months | | **International intended parents** | Parentage order + passport/CRBA + immigration | 2–6 months; coordinate with immigration attorney |

Summary timeline (typical US agency journey)

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Month 0–3    : Agency selection, onboarding, profile creation
Month 1–6    : Matching (highly variable)
Month 4–7    : Medical screening, legal (GCA), insurance, escrow funding
Month 6–9    : IVF cycle, embryo transfer, pregnancy confirmation
Month 9–18   : Pregnancy (9 months)
Month 18     : Delivery
Month 18–20  : Post-birth parentage (if not pre-birth order state)
Total        : 14–24 months
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Common delays and how to mitigate

| Delay | Cause | Mitigation | |-------|-------|------------| | Matching takes 6+ months | Narrow preferences, low surrogate pool | Broaden location/contact preferences; consider multiple agencies | | Surrogate medical disqualification | Uterine anomaly, lab abnormality | Agency should pre-screen; have backup surrogates in pool | | Insurance issues | Surrogate's policy excludes surrogacy | Early insurance review; budget for surrogacy policy ($10K–$30K) | | Legal negotiation stalls | Disagreement on GCA terms | Use experienced ART attorneys; set negotiation deadline | | Failed transfer | Embryo quality, endometrial receptivity | PGT-A; ERA testing; consider additional attempts | | Pre-birth order denied | Court scheduling, judicial discretion | File early; experienced local counsel |

Budget timing (when money leaves escrow)

| Milestone | Typical escrow release | |-----------|------------------------| | Match signing | Agency fee (partial), surrogate match bonus | | GCA execution | Surrogate base pay installment 1, legal fees | | Medication start | Surrogate medication/transfer fees | | Embryo transfer | Surrogate transfer fee | | Heartbeat confirmation | Surrogate base pay installment 2 | | Monthly thereafter | Monthly base pay installments | | Delivery | Final base pay, C-section/multiples allowances | | 7 days post-delivery | Final base pay installment |

Checklist for intended parents

- [ ] Agency agreement signed, initial escrow funded
- [ ] Intended parent screening complete
- [ ] Surrogate matched, mutual commitment signed
- [ ] Surrogate medical screening complete and cleared
- [ ] Insurance confirmed or replacement policy in force
- [ ] GCA executed by both parties with independent counsel
- [ ] Escrow fully funded per GCA schedule
- [ ] IVF cycle protocol confirmed with clinic
- [ ] Embryo transfer scheduled
- [ ] Pregnancy confirmed (beta hCG + ultrasound)

- [ ] Pre-birth order filed (if applicable state)
- [ ] Birth plan and hospital registration complete
- [ ] Post-birth parentage process initiated
- [ ] Passport/CRBA application (if international)

Sources:

- CNY Fertility, "Surrogacy Cost – The True Price of Using a Surrogate Mother", 2022-03-11 (cost and payment schedule reference).
- ASRM, "Recommendations for practices using gestational carriers: a committee opinion", Fertil Steril. 2022;118(1):65-74 (screening and medical timeline).
- SEEDS, "Ethical Standards for Surrogacy Agencies" (process standards).
- Uniform Law Commission, "Uniform Parentage Act (2017)" (parentage timeline reference).

Frequently asked questions

How long does the entire surrogacy process take?

Typically 14–24 months from agency signing to birth. Matching: 1–6 months. Medical screening and legal: 2–3 months. IVF cycle and transfer: 1–2 months per attempt. Pregnancy: 9 months. Parentage: 1–3 months post-birth.

What happens if the first embryo transfer fails?

Most agreements include 2–3 transfer attempts. After a failed transfer, the clinic reviews the cycle, may adjust protocol, and schedules a frozen embryo transfer (FET) in 4–8 weeks. Additional costs apply for each FET.

When do we become the legal parents?

In supportive US states, a pre-birth order can be obtained during pregnancy (often by 20–28 weeks), making you legal parents at birth. In other states, a post-birth parentage order or adoption is required, taking 1–6 months after birth.