

Adoptions are arranged through an agency or with the help of an adoption lawyer.

- Adoption agencies may be public or private. An agency caseworker is often involved in matching the birth parents with the adoptive parents. The match is based on what the birth parents are looking for in adoptive parents and in the characteristics of the child the adoptive parents are hoping to adopt.
 - Public agencies are part of the state Department of Social Services. They usually work with children who have been taken away from their birth parents due to alleged abuse or neglect.
 - Private agencies may handle domestic adoptions, international adoptions or both. Each agency has its own standards about who they will accept as adoptive parents. Children adopted through private agencies are usually younger than children adopted through public agencies. With a private domestic agency, you can adopt a newborn child.
- Lawyers can also arrange private adoptions. Adoption laws vary by state, so it is important to work with a lawyer who specializes in adoption and is licensed in the state in which you want to adopt.

There are several ways to find an adoption agency or attorney:

- To find an adoption agency, go to the National Foster Care and Adoption Directory website at ChildWelfare.gov/NFCAD/. Select your state and the type of agency you are looking for (such as public, private domestic or private intercountry).
- To find agencies that focus on international adoption, search the Intercountry Adoption website at Adoption.State.gov.
- To find an adoption lawyer, search the American Academy of Adoption Attorneys website at AdoptionAttorneys.org.

The amount of information shared between birth parents and adoptive parents can vary. In the past, closed adoptions were common; birth parents and adoptive parents did not know each other's identity and had no direct contact after the adoption. Now, open or semi-open adoptions are more common. These allow some contact between the birth parents, the adoptive parents and the child after the adoption. Everyone involved agrees on the type and amount of contact.

Before you can adopt, a social worker will do a home study to assess your ability to care for a child. The social worker will ask you things that may seem very personal. This is to make sure you understand what is involved and are ready to proceed with an adoption. Your agency or lawyer will tell you the best time to schedule the home study. Once the child is placed in your care, the social worker will stay in contact to help with any issues that may arise.

The following resources can help you learn more about adoption:

- Adoptive Parents Committee (AdoptiveParents.org)
- Adoption.com
- Adoption.net
- Adoption.org
- Adoptive Families (AdoptiveFamilies.com)
- Building Your Family (BuildingYourFamily.com)
- Child Welfare Information Gateway (ChildWelfare.gov)
- Joint Council on International Children's Services (JointCouncil.org)

For more information about the Fertility Preservation Program or to speak to a fertility preservation advance practice provider, please call 786-527-8825 or visit MiamiCancerInstitute.com.

SAMPLE



MiamiCancerInstitute.com

Alternatives to Family Planning for Cancer Patients



BAPTIST HEALTH SOUTH FLORIDA

Not all cancer patients may have the opportunity to preserve fertility before treatment or are not successful in having a child using their frozen sperm or egg. Other ways to build a family include using donor sperm, using donor eggs, using donor embryos, surrogacy or adoption.

Donor sperm

If a man is faced with infertility after cancer treatment, using donor sperm is another way for infertile men to become a parent after cancer. This involves using sperm from another male to impregnate your female partner. Young, healthy men provide their sperm to a sperm bank for donation. Most donors are anonymous, but some are willing to have the child contact them when they reach adulthood. You can select a donor based on various characteristics and traits that are shared on the sperm bank website. Major sperm banks in the United States collect sperm from young men who go through a detailed screening of their physical health, educational and emotional history, family health history and even some genetic testing. You may also have a relative or friend who is willing to donate sperm for you. On average, using donated sperm costs \$300–\$750 per vial (in addition to the costs for IUI or IVF).

Donor eggs

If a woman is unable to become pregnant after cancer treatments but would like to use her partner's sperm and carry a pregnancy, the use of a donor egg may be an option. The resulting baby will be genetically related to the partner whose sperm was used and the egg donor.

Eggs can be donated to you from a known donor, such as a friend or relative. They also can be donated from an anonymous donor. Egg donors can be found through your fertility clinic or through an egg donation agency. It is important to ask how candidates are screened, as some centers do more extensive tests and background checks than others. A thorough evaluation of each potential egg donor is of critical importance.

The eggs are retrieved from the donor, fertilized with sperm from the recipient's partner (or donor sperm) and transferred to the recipient to achieve pregnancy. Prior to the transfer, the woman may be required to take medications to build the lining of her uterus so that the embryos will implant and grow. Additionally, hormone support will continue for approximately eight to 10 weeks after the transfer or until blood work shows that the placenta is self-sufficient.

The success rates of using donor eggs range from 35 percent (using frozen eggs) to 55 percent (using fresh eggs). The price of a donor egg cycle averages \$22,000 for IVF, which includes the donated eggs, costs of fertility treatments and medications. Donor egg agency fees may also increase these costs.

Donor embryos

If a woman is unable to become pregnant after cancer treatments but would like to use your partner's sperm and carry a pregnancy, the use of a donor egg may be an option. Embryo donation is relatively new and allows a couple to experience pregnancy and birth together but neither will have a genetic relationship to the child.

Most commonly, donated embryos come from another couple undergoing assisted reproductive technologies. Multiple embryos are frequently frozen, and when the couple chooses not to use their extra embryos, they may decide to donate them to another couple. It is less common to create embryos strictly from donor eggs and donor sperm. Either way, a thorough evaluation or screening of each potential egg donor is of critical importance, whether the donor is known to the recipient (e.g., a sister) or anonymous.

Any woman with a viable uterus who can sustain a pregnancy can try to achieve pregnancy with donor embryos. However, many IVF programs limit the upper age to 50-55 for medical and social reasons. Most recipients require hormonal treatments to predictably mature the lining of the uterus for the precise timing and coordination of the embryo transfer. Recipients with ovarian failure will require uterine preparation with estrogen and progesterone since they lack ovarian function. The embryos are thawed and transferred to the recipient to achieve a pregnancy. Following the transfer, the recipient continues hormone support until blood work shows that the placenta is self-sufficient, usually at eight to 10 weeks.



There is limited information regarding the success rates of embryo donation, thus it is important to understand the IVF success rates of the centers you research. Frozen embryo transfer success rates vary by maternal age and average a 30 to 40 percent live birth rate.

The price of donor embryos averages \$5,000. The cost of using them to achieve pregnancy, as well as any necessary medications, are additional.

Surrogacy

Surrogacy is an option for women who cannot carry a pregnancy, either because they no longer have a working uterus, or would be at high risk for a health problem if they got pregnant. There are two types of surrogate mothers:

- A gestational carrier is a healthy female who receives the embryos created from the egg and sperm of the intended parents. The gestational carrier does not contribute her own egg to the embryo and has no genetic relationship to the baby.
- A traditional surrogate is usually a woman who becomes pregnant through artificial insemination with the sperm of the man in the couple who will raise the child. She gives her egg (which is fertilized with his sperm in the lab), and carries the pregnancy. She is the genetic mother of the baby.

Surrogacy can be a legally complicated and expensive process. Surrogacy laws vary, so it's important to have an attorney help you make the legal arrangements with your surrogate. You should consider the laws of the state where the surrogate lives, the state where the child will be born and the state where you live. It's also very important that the surrogate mother be evaluated and supported by an expert mental health professional as part of the process.

A reproductive endocrinologist will plan the timing of your embryo transfer to the surrogate. Throughout the pregnancy, you and your surrogate will communicate as you have both agreed. You may even be allowed to be present at the birth.

Adoption

Having a history of cancer does not prevent you from being able to adopt as long as you are healthy now and have been cancer-free for at least a few years. In fact, some states do not allow agencies to discriminate against prospective parents based on a history of cancer. You may need a letter from your doctor confirming that you are healthy enough to raise a child. You also need to be a United States citizen or legal permanent resident to adopt in this country.

Adoptions can be domestic (the child is born in the United States) or international (the child is born and lives outside of the United States). International adoptions are highly regulated, and policies vary by country and often change. Some countries do not allow people who have been treated for cancer to adopt.