Surrogacy with Kelila Green

Episode 172 · April 16, 2020 · with Kelila Green

IN THIS EPISODE

Kelila Green joins Dr. Elliot Berlin, DC for a deep dive into surrogacy from the point of view of a recent surrogate. After a lifetime of working with babies and three uncomplicated pregnancies of her own, Kelila wanted to help people struggling with fertility achieve their dream of a family. She walks through how surrogates and intended parents find and choose each other, the medical, legal and emotional decisions they navigate together, and what it really feels like to carry a baby you know from the very beginning is someone else's.

About this transcript: *This transcript was created with AI-assisted transcription and reviewed by our team. It may not be 100% accurate — names, medical terms, and phrasing can occasionally be mis-transcribed. For exact wording, please listen to the episode audio.*

DR. ELLIOT BERLIN, DC: Welcome to the informed pregnancy and parenting podcast. I'm your host dr Elliott Berlin in this episode we'll be discussing surrogacy from the point of view of a recent surrogate Our guests have spent most of her life working with babies starting as a mother's helper at age 11 She continuously garnered knowledge about pregnancy birth and raising children from the family She was working with later after having three kids of her own and feeling grateful and fortunate for uncomplicated Conception pregnancy and birth she yearned to help others who were struggling with fertility to achieve their dream through surrogacy Khalilak green welcome to the podcast. Thank you so much. Thanks for being here

DR. ELLIOT BERLIN, DC: I mean surrogacy is not as common as I thought it was when I was just like doing a little googling around where I get All my accurate information Of course, I saw that there's somewhere around 5,000 surrogate babies a year in the United States and there are four million births of the year in the United States

KELILA GREEN: A tiny percentage it really is. I don't know what the exact numbers are So I'm gonna take your word for it. Okay, but it is something where even as I said to people, you know People say oh you're pregnant. It's so good to see that you're having another baby or whatever. It might be I would say Oh, it's not mine. What's my favorite phrase and they would say what do you mean? It's not yours and I would tell them that I was a surrogate and then the first thing they would

say is oh I've never met a surrogate before and in all the places I went to I think one person Had said that they had known somebody who either had a surrogate or was a surrogate somebody who knows somebody Right and it was something crazy

KELILA GREEN: So many people get pregnant on a monthly basis or daily basis Whatever it might be that you would think that more people would have known a surrogate since you said that probably three or four people

DR. ELLIOT BERLIN, DC: Got pregnant probably Let's start at the beginning Where are you from?

KELILA GREEN: Originally from Pennsylvania. Oh and then by way of Boston came out to LA in 2003. That's an interesting route Yes, well school was in Boston and then I was sick of the cold weather So LA it was and my parents at that point had actually moved to Utah. So there was really not going home to me Oh go visit the ski exactly, which is what we do now. And then I did a bunch of odd jobs in LA I was working at a recruiting firm I worked at a non-for-profit organization and never found something that I was passionate about Until I started having my own kids and my whole life I've been passionate about working with kids and working with babies and learning as much as I can about

KELILA GREEN: Pregnancy and labor and baby products and everything that goes into that and When I had my own I realized that was really where my passion lied and I became a homeschool mom So I'm home with my kids every day, which people think I'm crazy for anyway

DR. ELLIOT BERLIN, DC: Well, you might be crazy, but here's the thing We homeschooled for a couple of years also and one of the first things I noticed at the beginning of homeschool Is that when school starts the kids don't leave what do you mean? Yeah, they stay home

KELILA GREEN: All day long no They actually I mean there's a lot of things that we do that are outside the house I think homeschooling is a whole other topic we could go off on for sure we could

DR. ELLIOT BERLIN, DC: But it definitely takes the kind of person or people that really like being around their kids

KELILA GREEN: Yes, it's not easy even if you love it, but it's it's really cool It has some very cool benefits to it But it's very true and I know my kids very very well because of it and they know each other really well And they don't come home and have to compete hard for your attention because they only get two hours over the day There's a lot of benefits to it and there's a lot of challenges with it

DR. ELLIOT BERLIN, DC: I think some people do it better than other people with one of my kids I was hoping to transfer her to a different homeschool But anyway, the point is you love being around kids.

KELILA GREEN: I do.

DR. ELLIOT BERLIN, DC: And it started early, like, as a mother's helper. It's one thing to have a job and help somebody, either because you're doing a kindness or getting paid for it, but to really enjoy it at that age is kind of a sign of your maternal insights.

KELILA GREEN: It was. My mom, when I was little, always used to say that she didn't have baby jeans. I'm an only child. She was good with one kid, and that was it. And for me, I wanted brothers and sisters. I wanted babies. And she worked with people. My mom owned a travel agency, so she had people around her that were having babies for a long time. And every time a baby would be born, or every time we found out someone was pregnant, the first thing I said was, can I go be with them? Can I go stay with them? I want to see what's going on. So it was very much something that I was passionate about from a very young age.

DR. ELLIOT BERLIN, DC: Yeah, also, I just wonder, we're the only kids, if it just, if that gets in your head, like, this craving to be around other kids. Maybe. I don't know.

KELILA GREEN: I don't know. My best friend was an only child, and she's the exact opposite of me, so, yeah.

DR. ELLIOT BERLIN, DC: Oh, really? She hates kids?

KELILA GREEN: Not that she hates them, but she only has one, and I think she's also good with an only child.

DR. ELLIOT BERLIN, DC: Oh, in that way. I see what you're saying. Yeah. Yeah, so for you, I mean, when you were ready to have kids, it seems like it wasn't difficult for you.

KELILA GREEN: Thank God it really was not difficult in any way. When I remember working for the non-for-profit, there was somebody that I worked with who knew how passionate I was about kids, and said, I only wish for you that it's easy for you to get pregnant, because I know it's going to be a disappointment if you have to go through something as horrible as infertility. That's challenging. And literally, my daughter was born almost exactly nine months to the day.

DR. ELLIOT BERLIN, DC: Oh, after that conversation.

KELILA GREEN: No, well, when my husband and I got married.

DR. ELLIOT BERLIN, DC: Oh, I see.

KELILA GREEN: Our anniversary is August 29, and her birthday is May 28. So it's literally nine months almost to the day.

DR. ELLIOT BERLIN, DC: Wow, OK, so it's just a few minutes.

KELILA GREEN: Yeah, seriously.

DR. ELLIOT BERLIN, DC: And then how was your pregnancy?

KELILA GREEN: Thank God. My pregnancies are so easy. I know that I sound like.

DR. ELLIOT BERLIN, DC: Like you're lying.

KELILA GREEN: Yeah, so people look at me, and they think, but you get bigger, and you gain a lot of weight, and your ankles get swollen, and your face gets puffy, and you have all the normal pregnancy symptoms. And a lot of them, yes, I get. And a lot of them, I don't get. My face doesn't get

puffy. My ankles don't really get swollen. I don't get a lot of morning sickness. I don't really get the aches and pains that most people get of being pregnant.

DR. ELLIOT BERLIN, DC: That's incredible. I got all those things with all of our pregnancies.

KELILA GREEN: I'm sure.

DR. ELLIOT BERLIN, DC: It's rough on everybody. It's not easy for me. Yeah, I think that this is what I do for a living. I see pregnant people all day long. Probably a dozen sessions a day of prenatal care. And I see some people who get every single one of those symptoms, and it doesn't bother them at all, either because they just love being pregnant and love that little child inside them. And all those nuisances is what they would call them. All those nuisances are just worthwhile. So they can, in their mind, choose to focus on the part that they love or the part that they don't love, and they focus on the part they love. But it's much, much more challenging for some people either because of certain things, like morning sickness is such a vague term.

DR. ELLIOT BERLIN, DC: It can affect people in such different ways. Sometimes it's just a little nausea and vomiting. Sometimes it's a lot of nausea or llama volume. Sometimes it's just a few weeks. Sometimes it's the whole pregnancy. And sometimes it turns into something much worse, like hyperemesis, graviterum, which is a totally different thing. And it's really, really torturous. So it's not to say, oh, you have nausea and vomiting and you can just look the other way. It affects people in different ways. The weight gain affects people in different ways. Even just thinking, somebody who's 100 pounds and gains, let's say, 35 pounds, that's a lot. That's a 35% increase for them versus someone who's 200 pounds against 35 pounds.

DR. ELLIOT BERLIN, DC: It's a different strain on their muscles and bones and joints and things like that. So there's so many factors that go into how you experience a pregnancy. But for you, it just seems like you really love being pregnant.

KELILA GREEN: I do, I really do. I call it my superpower.

DR. ELLIOT BERLIN, DC: Yeah, it really is. And I think that nobody should feel bad about themselves for not liking elements of pregnancy and hating elements of pregnancy, frankly. But it's just experienced by different people in different ways. So you're definitely one of those people that, I would even say the same thing. I'm gonna get hate mail for this. But I would say the same thing about hiking. Some people love hiking, even though it's hard and you're out of breath and your ankles hurt and your feet hurt, they love it anyway. And they wanna go back and do it again and again. And I don't even like driving to the hike. I suffer, every footstep is horrible for me.

KELILA GREEN: I mean, it's like marathon running also, where if you've got a marathon runner, they tell you every single time they would do it over and over and over again. Even though.

DR. ELLIOT BERLIN, DC: And I look at them and I'm like, you're running over 23 miles, you're crazy. Yeah, I literally don't have the stamina to drive that far. But they will tell you it's very challenging and it's hard and it's a mind game and it's a physical game, but they love it. So pregnancy, that's you for pregnancy. You sign up for a new pregnancy every other week, if you could.

KELILA GREEN: I mean, the second the baby was born, I had said, I wanna do it again. Why was everybody ready?

DR. ELLIOT BERLIN, DC: And for your births of your babies, did you also enjoy that process?

KELILA GREEN: most part I enjoyed the births and the labor. I mean the labor is obviously the more difficult part because birth is really just the baby coming out whereas the labor in and of itself I would say of course it's hard that wouldn't be called labor if it wasn't hard but it's so worthwhile and it you know that your body's doing something incredible and natural and something that people have done for thousands of years I mean we all wouldn't be here if we all didn't have somebody who gave birth so I feel like it's just part of that link of connecting to the past generations. And for you were your births

DR. ELLIOT BERLIN, DC: like so some people give birth and then they won't have another baby and like that birth but they kind of put it into the back of their mind they get pregnant again but as it gets closer it's like I gotta do that birth thing

KELILA GREEN: again. No my births were definitely like oh I could do that again. Yeah looking forward like I'm excited for another one yeah okay yeah yes definitely and even after my third my husband said you might not want to tell this to a lot of people because it sounds crazy I'm gonna say it anyway when he came out I had ended up getting an epidural with him and I said to him I want to do that again because I really want to try it unmedicated but

DR. ELLIOT BERLIN, DC: you can't just push him right back in. No no that's not only if you sort of videotape it then you could rewind it but it's not the same. No it's not the same. Yeah okay all right so after you had your three when does the concept and how does the concept of surrogacy again it's so rare it's not

KELILA GREEN: that common how do you fall into that? So I had always thought about it I went to a very liberal arts school for college and I had a lot of friends who came out of the closet and so one of those things that I had thought about as I was getting older was how are they gonna have a baby if it's two men two women obviously it's very easy one of them can get pregnant they have a donor sperm no problem. They have two carriers. Exactly. Rock, paper, scissors. Exactly or even both could be pregnant at the same time. I've seen that too. Yeah but with a lot of my guy friends I really thought in my head how are they gonna do this and there was three specifically that I had said even before I'd met my husband if you

KELILA GREEN: ever want to have kids I will carry them for you. Wow. And I'd never been pregnant I didn't know what it was like. I didn't even know you were gonna like it. Exactly but I knew how much I loved babies and how much I loved families that I wanted to do that for them without even thinking about it and ironically enough being a surrogate I wasn't even a surrogate to one of them it was somebody who I'd never met before. Oh really but the idea was already with you. Yeah the idea had been with me for a long time. That's like kind

DR. ELLIOT BERLIN, DC: of incredible that you would even think that for this other person to say like you're gonna need a uterus. Yeah I'm passionate about the whole process. And it's before you knew that you're gonna really like pregnancy and birth. Wow that's really special. All right now there's

a lot more to the story so I'm gonna take a little break and we're gonna come back and jump into the meat of it don't go anywhere we'll be right back with Welcome back to the Informed Pregnancy Podcast. We are talking about surrogacy with a recent surrogate, Galila Green. Welcome back to the podcast.

KELILA GREEN: Thank you so much.

DR. ELLIOT BERLIN, DC: So you make this decision that you want to help other people achieve parenthood. And how do you find who you're going to work with?

KELILA GREEN: There is really one way to find a couple in terms of the most popular way and that's through a surrogacy agency. There are times where I've heard that people can be recommended and say, oh, this person or this couple is looking for a surrogate. Do you happen to know anybody? But it's very rare that that happens.

DR. ELLIOT BERLIN, DC: It's usually that the person who is wanting to be a surrogate will go to the agency and the person or people who want to have a baby with a surrogate will go to the agency and then they'll start to match people. Right. Do you have a say in the intended parent or parents that you work with?

KELILA GREEN: You do. What they do is they have you fill out with either yourself or your partner a very long questionnaire, which is about five pages. And it goes into various different questions of what you're comfortable with in terms of your own pregnancies. Were your pregnancies healthy? Did you have any issues? All different kinds of backgrounds with you and your husband and you and your partner and how you had your own babies. And then when you do that and you're accepted to be a surrogate, they then give you a profile that they think they could match you up with.

DR. ELLIOT BERLIN, DC: Do they do like physical medical health testing, psychological health testing?

KELILA GREEN: They do after you're matched.

DR. ELLIOT BERLIN, DC: Oh, really? Not until you're matched?

KELILA GREEN: Yes.

DR. ELLIOT BERLIN, DC: Why would they wait till you're matched to find out if you're...

KELILA GREEN: Because every couple or every person has a different fertility agency that they're going to. OK. And you have to go to their fertility agency. To do your medical and mental health testing? Exactly. They have their own psychologists. They have their own testing.

DR. ELLIOT BERLIN, DC: Seems like it would be better if the surrogacy agency had it only because they could rule things out before there's potential.

KELILA GREEN: So I think that they do look for the fact. Part of what we answered was a little bit more of a medical background from my perspective and my history, making sure that I had healthy pregnancies, making sure that I went full term, I didn't have preeclampsia, things like that, that are general health of you and the babies. No miscarriages, no abortions, things like that. And then once

they know that there's a general baseline that they can work from, then they say, OK, we know you're healthy. We know we want to accept you to be a surrogate. Now let's match you with the right person or right couple. And we can then work with their fertility agency on all the things that are required.

KELILA GREEN: Also, because sometimes insurance doesn't work with one fertility group versus another. For example, my insurance only kicked in after my first trimester versus other fertility groups. Might have been earlier, but this was who my, the couple that I ended up working with, who they were working with.

DR. ELLIOT BERLIN, DC: OK, so you met your couple. I mean, you made a match with your couple. Do they, do you generally meet early on or?

KELILA GREEN: You do. You meet very early on. When you both say that you want to meet the other person, it's almost like a dating profile where you get their information and they get your information and you can see sort of what their goals are for their family and what they want out of or having a surrogate. And you have the same thing for them. And you say, OK, we want to meet. If they're not in the same state or even in the same country, which is very often the case, you then Skype with the agency involved. So it's not just them saying, OK, good luck. They then have you meet by Skype with all four little boxes on the computer and you talk to the intended parent or parents and you talk with the mediator.

KELILA GREEN: And after that conversation, you can then say for sure, yes, we connected with this person or no, we didn't connect with this person. And you move forward.

DR. ELLIOT BERLIN, DC: Well, it's like speed dating.

KELILA GREEN: It is. It very much is like dating somebody.

DR. ELLIOT BERLIN, DC: So you ended up working with a couple. I did. Was it a gay couple?

KELILA GREEN: It's not. It was a man and a woman.

DR. ELLIOT BERLIN, DC: Your original thought was I'm going to help out a gay couple. But it also people use surrogacy because sometimes for various different reasons, they either are unable, don't want to medically can't carry the baby, but they can oftentimes use their own sperm and egg to make the baby. And then was your couple local?

KELILA GREEN: They were not. They are in the United States, but they're not in California.

DR. ELLIOT BERLIN, DC: So that happens a lot, I guess also because there's not so many surrogates that you end up working with people that are not too close to you.

KELILA GREEN: It's true. And also there are other states that have different laws about surrogacy. It's becoming more popular, but only in the last few years where there was really only two states that had very strict surrogacy laws on the books or even clear or even clear surrogacy laws. Exactly. And now it's becoming a little bit more popular that more states have accepted the idea of surrogacy. And it's not just paying a woman for the use of her body. And so it's legal in more states.

DR. ELLIOT BERLIN, DC: Yeah, I remember 15, 16 years ago, a very close friends of ours needed to use a surrogate and it was a hellish process.

KELILA GREEN: Sure.

DR. ELLIOT BERLIN, DC: Trying to find one. eventually did and it went well, but there were so many devastating moments along the way of getting close, and also the legalities in that particular state. There just were no clear laws on the books.

KELILA GREEN: Right. And now, fortunately, lawyers are getting much more experienced in this, and a lot of times a family law lawyer will be experienced enough that they can either refer you to a specific surrogacy lawyer or family adoption lawyer. They're all sort of the same idea. They're in the same genre.

DR. ELLIOT BERLIN, DC: So you guys decided to hit the button and accept each other. You were going to be their surrogate. They were going to be your intended parents.

KELILA GREEN: Yes.

DR. ELLIOT BERLIN, DC: That sounds weird, but I think we all know what I mean. And what's the next step after that?

KELILA GREEN: The next step is hopefully meeting face-to-face. Obviously that's a little bit more challenging if the couple is out of the country. Sure. Or even out of state, sometimes hard. Out of state, ironically it's not as hard because I feel like people who get into knowing that they want to have a surrogate have a lot of money put away. They might not be rich, but they have some money put away because they know that this is what they're investing in. Right. And so they know that they want to meet the person who's then going to carry their child. Right. So if it's not face-to-face, a lot of times it's just a lot of phone talking and a lot of Skyping or FaceTiming, things of the sort.

KELILA GREEN: And then you have to make sure that you know that you're close to an area that you can get to their fertility group because they need to then obviously make sure the embryos are close. They need to be able to start doing all of their medical tests, make sure that you're healthy, your uterus is healthy, and then move on into the next stage of starting medication. And once you've gotten all the contract signed, doing the actual science part of it.

DR. ELLIOT BERLIN, DC: There's a lot of different ways to do this. It could be that you're using even a donated embryo sometimes. That's not from this couple or his sperm and somebody else's egg or your egg and somebody else's sperm. In your case, was it both intended parents, sperm and egg?

KELILA GREEN: It was. And that was actually one of the things I would say all the time people would say, but you're just carrying the baby. It's not yours. And I would say, no, genetically, it's not mine or my husband's in any way, shape or form. It is all the intended parents.

DR. ELLIOT BERLIN, DC: Right. And for them, it's the opposite. It's totally our gametes, you know, just like any other couple that gets together and have a kid. Exactly. It's genetically very similar. It's the same, but just conceived very differently. Right. And incubated differently. Right. So you're essentially doing IVF.

KELILA GREEN: Yep.

DR. ELLIOT BERLIN, DC: And let's say IVF has let's say without a surrogate, a couple is going to do IVF. So you need to get sperm and usually it's washed and analyzed and cleaned. And you need to get eggs through the procedure, which is essentially stimulating the intended mother to make more eggs than usual and then to retrieve them with a little process where they essentially, I'm simplifying all this, but essentially go in and suck all the little eggs out. Right. And then you kind of also can analyze those a little bit. There's actually different ways to get the eggs and the sperm together. They can all just swim together and see who meets up, or you can actually inject the sperm into an egg.

DR. ELLIOT BERLIN, DC: But either way, then you see how they grow and then sometimes hopefully have several embryos to choose from. Right. And you pick one or more embryos to then transfer. So the second part of the IVF is now we have made these embryos with this couple. And in a typical IVF, it would be transferred back into. So you would take that embryo and put it into the womb and hope for the best. And generally speaking, in a couple of weeks, you know if an embryo is going to start growing or not. And then it's like a general pregnancy, any other pregnancy.

KELILA GREEN: I mean, I guess it is in terms of the fact that with IVF, I had never done IVF before. So you have to continue your medications to the end of the first trimester and they slowly wean you off of them. So for me, that was a little bit different.

DR. ELLIOT BERLIN, DC: Oh, you did. Yeah, but I was just talking about a regular IVF. But yeah, and then so here the major difference is the second part, they do the first part just the same, right? And the second part, instead of putting the embryo into the intended mother, they put the embryo into the surrogate, which in this case is you. Right, whew, right. And so the embryo transfer can either be done fresh or frozen. So fresh meaning it never gets frozen. They just take the sperm, take the egg, wait till it grows into a certain stage where it can be implanted, and then do it right then. Or they can freeze a bunch of embryos and at a time that's right, then they can thaw it out and transfer it. Did you guys do fresh or frozen?

KELILA GREEN: We did frozen, because all of their embryos were actually made where they're from and were flown to California, which is where I-

DR. ELLIOT BERLIN, DC: Oh, you flew them from there to here.

KELILA GREEN: Yes.

DR. ELLIOT BERLIN, DC: They already got frequent flyer before they were born.

KELILA GREEN: Seriously, yes.

DR. ELLIOT BERLIN, DC: Okay, and then did they come in for the transfer?

KELILA GREEN: So we did two transfers because the first one didn't work and they were here for the first one.

DR. ELLIOT BERLIN, DC: Oh, meaning they transferred and you waited to see if a pregnancy would happen. And it didn't take. There was no pregnancy. Right.

KELILA GREEN: Which I think I actually took harder than they did.

DR. ELLIOT BERLIN, DC: Really?

KELILA GREEN: I mean, the reason they went to surrogacy is because they had been through infertility. for almost three years and so for them it was just sort of another hopes up and then losing it so for them it was more of that rollercoaster for me thank God I've never had to deal with that I've never had a miscarriage I've never had that emotional connection with the child and then lost it and I think I took it harder than they did when I found out I wasn't pregnant because I was so sure that it would be so easy and it was your only experiences that it happens it happens and they're only experiences that doesn't happen right so so I think when I got off the phone with the doctor I was crying hysterically and

KELILA GREEN: my husband was comforting me and my oldest daughter was comforting oh wow and it took me a few days to then say okay I want to try again how old were your kids at that time my kids at the time were seven and five and two well and did you already explain to them ahead of time what was going on I had had very long conversations with my seven-year-old who seemed to understand what was going on she's very mature I mean she's a girl and she's the first one so obviously the territory and homeschooled and so she definitely understood the idea that because I could grow babies very well and because I had three healthy pregnancies that I was doing this for somebody else but one of the questions that she had asked a few

KELILA GREEN: different times a few months apart were if there's more than one baby do and I kept having to say no if we have more than one none of them are ours doesn't matter if there's five oh my gosh Wow or if there's one they're not

DR. ELLIOT BERLIN, DC: are you guys just putting in one embryo they did to you did to the both times yes okay so also if you're not familiar with assisted reproductive technology oftentimes you have to make a choice if do you want to put in one embryo or two there's always a decent chance that an embryo is not gonna take so you make a choice do you want to just put in one or do you want to increase your odds that there'll be a pregnancy by putting more than one right and there's a lot of factors that go into that decision so you put in two and it didn't take and then you did two more we did

KELILA GREEN: two more but the parents weren't here that time okay the mom made it very clear that it was emotionally too difficult for her oh wow and that she wanted to be at home removed and if it worked then I would let her know okay and so fortunately two weeks later when I went for the blood test and we got the positive results we all sort of celebrated on the phone but you also kind of knew there was a chance for multiples I did and I was okay with that that's the other part of it where I've always loved twins and I've always thought that I'm gonna have twins yeah exactly when I told my parents that I wanted to be a surrogate my mom said I am going to laugh so hard if you have twins for someone else yeah we have an episode of

DR. ELLIOT BERLIN, DC: the podcast with my colleague another car parker in the office who they did IVF and they had to make a choice did they want to put in one embryo or two and they said you know what we'd rather just put in one and take the chance that it won't take rather than risking multiples and so they just put in one and it's split in there so funny yeah so there you go good thing

they didn't want to they could have had quads yeah so wow it's already time to take another break I do want to ask one question before we get there this is the beginning of because that decision do you put in one or two affects both of you it affects them because it increases or decreases their odds of a pregnancy at all but it affects you because it

DR. ELLIOT BERLIN, DC: increases and decreases the odds of multiples which I guess really affects all of you so is that a decision that you make together it was a decision

KELILA GREEN: that we made together where as long as I was comfortable with it then they were going to put two embryos in and so I think the decision really fell on myself and my husband to say yes we know the risks we know the bed rest idea later on we know that there are different health risks that come with a multiple pregnancy and we were all willing to take that so it is something that you become very close with your intended parents because of all these decisions that need to be made along the way yeah and that's sort of my

DR. ELLIOT BERLIN, DC: opening question because I'm just thinking all throughout pregnancy how many decisions we had to make and through labor and delivery how many decisions we had to make that kind of effect both the mother and the baby so I'm sure that'll be thing that comes up in segment three when we talk all about your pregnancy birth and postpartum don't go anywhere we'll be right back welcome back to the informed pregnancy podcast we are talking to Kaleela Green about surrogacy from the point of a surrogate so now you are pregnant and you did say the first trimester is a little different were you taking like progesterone and things to just... progesterone I had an

KELILA GREEN: estrogen patch I had a pill that I had to take my husband would help me out with the progesterone shots because those you have to do in the glute in the bum yep thick oil in the bum yes and they had left marks all over my hips and it was it was that was the only part that I would say was rough bonding experience yeah so my husband doesn't mind the needle part of it so that's good yes but my kids all got involved as well because they would say isn't it time for your medicine don't you have to take your stuff now do we have to be because we have to do this and this and so it was very cute to see them getting so involved and also every time we would do it we would say this is for the

KELILA GREEN: intended parents this is for the baby that's hopefully very healthy so what's

DR. ELLIOT BERLIN, DC: that moment like when you call the parents and tell them it's a go they I

KELILA GREEN: think got the call first because technically it's their baby oh so they found out you were pregnant before and the fertility company warns you not to take a pregnancy test because you could get false negatives and they don't want you to do that discouraged and so you going so you take a test and only they see the result because it's a blood test you do a beta yes so you do the blood test once at the hospital that's closest I guess to you that has a diagnostic area and then once they get the confirmed pregnancy then you go back two days later to make sure that the numbers have doubled and go back two days later to make sure that again and then you go into the doctor to say okay now let's check the embryo and see what's going on

KELILA GREEN: so they got the call first and then she called me okay so it was a very weird experience to have somebody else be like we're pregnant it's not your right and it was fun it was really

from that moment on I think we were bonded just to know that I had their baby and that I was gonna take care of it and when you go for routine doctor versus would they come in for those or just they didn't I actually didn't see them from the time of the first transfer until two weeks before I gave birth oh wow so the whole pregnancy really was just like it was a fairly normal pregnancy the only difference was that I would FaceTime them a lot when I would be there at the big ultrasounds of the structural exactly and I would text them everybody would

KELILA GREEN: say well what do you do when you leave the doctor's office didn't your husband want to know what was going on or don't you text your parents and no they're not the first people I call the first people I call the intended parents and I give them the whole report and every time I would leave the doctor's office I would then call the mom and say this is everything that happened everything's healthy this is what's going on or I take a picture of the ultrasound and text it to her and then I would call my husband and say by the way everything's fine that was it just

DR. ELLIOT BERLIN, DC: coincidentally um I remember the first time a surrogate couple came into the office and I know where did they tell me verbally or in the paperwork that this was a surrogate intended parent relationship two women came in I've had many two women couples having babies I started to talk to them and I feel like what happened was the baby was breech and they were wanting to have a vaginal birth and so we started to talk about the different things that we do to try to open up space and whatnot but it was weird how the questions were going and I didn't get it right away when I would ask a question I give kind of a risk factor as part of the informed consent this is one of the risks that could happen maybe

DR. ELLIOT BERLIN, DC: bruising or swelling or discomfort the person who was carrying the baby would answer the question and when we were talking about maybe risks to the baby or different things that might be affecting the baby the other partner would answer the question and it wasn't till at least halfway through this initial consultation that it occurred to me this is a surrogate relationship was the first one for me but what actually I'm trying to take out of that is that there are decisions that have to be made all the way through that effect sometimes the baby sometimes the surrogate in your case or sometimes both so are all those decisions made together is there from the beginning like an agreement on who has say over these decisions there

KELILA GREEN: is I mean the contract in and of itself is over 30 pages long Wow and so it goes into all the little minutiae details of what happens even from the perspective of God forbid you need to have an abortion or you need to have a fallopian tube removed or you need to have an ovary removed or or even to go so far as to say that the baby isn't healthy and now you're losing your uterus God forbid there every little tiny detail is in the contract and so before you even get pregnant you know the decisions that have to do with the baby are to them and anything that has to do with your own personal body

DR. ELLIOT BERLIN, DC: is to you well but sometimes it would be built like in the case of a breech baby they might decide to do an external cephalic version where they manually turn the baby that's really gonna affect both of you right

KELILA GREEN: and then it would be something that you would talk to together I think there was only a few times where I had them on the phone in the doctor's office or on FaceTime in the doctor's

office and most of those were for the structural ultrasounds and we did find out that there was a slight issue with a kidney and so I had to go back to the larger ultrasound tech multiple times and every time I would make sure that they were on FaceTime so that if the doctor had any questions they could ask them directly if I needed to do any amniocentesis that would be a conversation between all of us

DR. ELLIOT BERLIN, DC: right exactly was there any difference to you I guess physically but maybe you can't separate mind and body carrying a baby that wasn't yours?

KELILA GREEN: There was. People asked me a lot, isn't it going to be hard to give up the baby? And in my head from the very beginning, I kept saying, this isn't my baby. It's not my genetics. It's not the way that I have conceived in the past. It was a whole different process from the start. So I think that helped in mentally understanding that it wasn't mine. But there was a point towards seven or eight months into the pregnancy where I thought, what is going to happen when this baby comes out? Am I going to feel attached to it like I do my own or am I going to be detached from it? Towards the end, it definitely was also much more in front of my face, of my belly was huge and the kicks were something that I was counting

KELILA GREEN: like I would my normal pregnancies. But I wasn't feeling the same attachment and I kind of felt that towards the end that I was like, okay, I'm ready to give this baby to its parents. I'm ready to say, when I'm done with the pregnancy, I'm not going to have to wake up at two o'clock in the morning and four o'clock in the morning and worry about nursing all the time and worrying about diapers and worrying about, oh my gosh, what are we going to do in terms of college and all that kind of stuff? So it was a little bit easier to then separate again as the pregnancy really progressed and I was very close to labor that this was not mine.

DR. ELLIOT BERLIN, DC: Did they come in for your birth?

KELILA GREEN: They did. They were here about two weeks before I went into labor to make sure that they weren't going to miss it and they were here for two weeks after to have us all be able to be together.

DR. ELLIOT BERLIN, DC: So they were both in the delivery room with you?

KELILA GREEN: They were both in labor and delivery until a certain point and then the dad stepped out and then the mom was there and again, it was one of those decisions that we had said at the very beginning, I want you to be in the room, but I need you to stay north of the body. And so even my best friend was in the room as well and I had a doula and my best friend kept saying, come, come, see the baby being born and the mom kept saying, no, no, we talked about this. I don't want to be that close. I'm going to stay up here by her head, which I had sort of tuned out at that point. She could have been anywhere and I have cared, but she was very respectful of that, which I appreciated.

DR. ELLIOT BERLIN, DC: Yeah, and then was the birth any different for you than other births, your other births?

KELILA GREEN: The birth was the best out of my four, to be honest. It was very strange to have that, that I was like, it's not even my baby and this was the best birth. I used a doula, which I had wanted to do in my other pregnancies and my other labors, but just timing and money didn't work out

properly. And then we were in a different situation for this. So towards the end of the pregnancy, it wasn't in our contract. And so I knew it was something that my husband and I would have to pay for, but I was very adamant about the fact that since my husband was going to be home with our kids, he was not going to be at the hospital.

DR. ELLIOT BERLIN, DC: Oh, he wasn't with you.

KELILA GREEN: Nope. That I needed a doula. I knew my best friend was going to be good support, but she's not trained in this. She's a lawyer. She has no idea how to help with birth and labor. And so when I found the doula that I worked with, I knew that she was going to be the best person in the room for me and hopefully keep the labor to be what I wanted it to be, even though it wasn't my baby. So it was a very, very quick labor. I ended up having to be induced because for a full week, I was going into pre-labor and never progressed to full labor. And so finally, two days after my due date, my doctor said, I think we should probably start Pitocin and see what happens. And so I went in at four o'clock in the morning

KELILA GREEN: and by about six o'clock, my doula was there and I could feel the contractions coming stronger. And then the doctor came in and this was where we were all making decisions together that the doctor said, look, I can break your water and the labor is going to progress extremely quickly. And I deferred to the parents. I said, look, it is their decision. This is their baby. If they are comfortable with that happening, then by all means, I'm okay with that. And so we all made the decision together and they said yes. And two hours later, the baby was out.

DR. ELLIOT BERLIN, DC: Oh, that's so fascinating. Yeah. This whole process is so fascinating.

KELILA GREEN: The last part that really threw me for a loop, which I didn't expect was in our contract and in talking to my doctors, all the doctors and nurses knew that I was a surrogate and the parents were there with us. I thought they were gonna give the baby directly to the mom. They actually put the baby on me first. And I think if somebody had taken a picture, my first reaction was my face was just complete shock because I looked down and I was like, this isn't my baby. Why isn't it with her? And that was a little jarring, but it also helped.

DR. ELLIOT BERLIN, DC: I was thinking in my mind that exact question, where does the baby go right after birth?

KELILA GREEN: I think it probably depends on how long the umbilical cord is, to be honest. I don't know how long it was, but I just know that they put the baby right on me. They dried him off. They covered me up. And then they brought the father in to cut the cord. And then we did the afterbirth. So once they cut the cord, then they gave the baby to the mom. And then I was free to birth the placenta and make sure that was healthy and everything like that. And then once I was really covered and cleaned up, the dad was then allowed to come in and be a part of the room for the rest of weighing the baby and all that kind of stuff.

DR. ELLIOT BERLIN, DC: So did you provide milk for the baby at all?

KELILA GREEN: I did. I actually have just stopped weaning yesterday.

DR. ELLIOT BERLIN, DC: Oh, really? No kidding. So you've been pumping.

KELILA GREEN: I have been pumping. And it's expensive to be able to fly the milk to where it needs to go. And so after about six weeks or so, we decided that it was probably better for me to wean because it was just too difficult to get the milk to them. And fortunately, they have somebody where they live locally that has milk that's extra from their own pregnancy. So they have somebody that they can get milk from, which is great. When I first had the conversation with the dad about stopping to pump, it was harder than I thought it was going to be because we're very close. They send me pictures all the time. I send them pictures of our kids. They're kind of like the aunt and uncle to my kids. I'm an only child. So this is really the only opportunity

KELILA GREEN: for them to have cousins and aunts and uncles like that. And so it was a little bit harder than I thought it was going to be when the dad said, we don't need you to pump anymore. But over the last few weeks, it's been a little bit easier. And yesterday, I pumped, I think, for the last time. It's been 24 hours, and I'm not in pain. So it's off to a good start. But I'm glad that I could provide the milk for them for as long as I did.

DR. ELLIOT BERLIN, DC: I learned a lot. I'm sure. In this episode, things that just never even thought about. And there's a million more questions and so many details. We didn't even go down those paths. Yeah. But it's a really informative conversation. I appreciate you for doing it. I wonder two things. One is, how have your kids been with you coming home? Because your first two, they saw you go through pregnancy and come home with a baby. I know they knew it wasn't going to happen. But did they take it as you thought?

KELILA GREEN: My oldest did. She had time with the baby in the hospital and really got a chance to get to know the family very well. The last two weeks that they were here before I gave birth, we were together every day. And she took it very well. She likes seeing pictures. She likes FaceTiming with them. She understands completely that my body still needed to heal even though the baby wasn't home with us. My third child, also to him, it was, doesn't everybody's mom have a baby and then give it to somebody else? So he also just easily took it for granted and said, OK, we're done. And when I was pregnant, he would say, I want to help with hearing the baby. Or I hear the baby's heartbeat. Or he would take his little pretend stethoscope

KELILA GREEN: and put it on my belly and say, I'm going to meet the baby soon. And we're going to give it to the parents. And he knows the parents' names and is very close with them. My middle child, I think, had the biggest adjustment to it.

DR. ELLIOT BERLIN, DC: Yeah, you know those middle kids.

KELILA GREEN: I know.

DR. ELLIOT BERLIN, DC: Those middle ones give you the trouble.

KELILA GREEN: When I first came home, he started acting out a little bit like I would have expected him to if I had just had a baby and come home with a baby. And I couldn't quite put my finger on what the deal was because I felt like I was almost back to normal. I healed very quickly, thankfully. But at the same time, I knew I needed to give my body more time that I couldn't run around with them right

away. I couldn't do all the things like jumping on the trampoline that I did before I got pregnant. But he was acting like a middle child who had just had a sibling, even though the sibling wasn't there. And it wasn't until we actually went to the house that they stayed in for Airbnb just with him that he got a chance to be with the baby

KELILA GREEN: and be with the parents that it connected for him. And after that point, I could almost see it in his head that it turned a corner and he has been back to his normal self.

DR. ELLIOT BERLIN, DC: Wow. It's hard at that age. I think it's hard for a lot of adults. It is. My last question would be, would you do it again?

KELILA GREEN: I would do it again in a heartbeat. The second the baby came out, we all said, so when's the next one?

DR. ELLIOT BERLIN, DC: Do they have more babies embryos?

KELILA GREEN: They do, thankfully, yes.

DR. ELLIOT BERLIN, DC: So it could happen in the not too distant future.

KELILA GREEN: It could.

DR. ELLIOT BERLIN, DC: Very cool. And then you have such a wealth of information and experience that a lot of people don't have. You are going to put this down into a book. I am. What's the time frame on your book?

KELILA GREEN: I'm hoping before I get pregnant with the next baby, so within the year.

DR. ELLIOT BERLIN, DC: OK. I'll be looking out for it. Definitely. All right. Thanks again, Kalila, for coming. And at home, thanks for listening to our podcast. If you like the program, share us with your friends, leave us some feedback, and send us some topic suggestions at informedpregnancy.com.

Enjoying the Informed Pregnancy Podcast?

Visit us at **informedpregnancy.com** for episodes, articles, and resources for pregnancy, birth, and beyond.

Want more? Subscribe to **Informed Pregnancy+** at **informedpregnancy.tv** for films, series, and exclusive content.