

Order of the Ministry of Health of Russia dated July 31, 2020 N 803n "On the procedure for using assisted reproductive technologies, contraindications and restrictions on their use»

V. Surrogacy

70. Surrogacy is the gestation and birth of a child (including premature birth) under an agreement concluded between a surrogate mother (a woman carrying a fetus after transferring a donor embryo for her) and potential parents whose sex cells were used for fertilization (hereinafter - the genetic mother and genetic father), or a single woman (hereinafter also - genetic mother), for which carrying and giving birth to a child is impossible due to for the following medical indications:

- a) the absence of a uterus;
- b) deformation of the cavity or cervix, when correction is impossible or does not give effect;
- c) pathology of the endometrium (synechiae, obliteration of the uterine cavity, endometrial atrophy), when correction is impossible or does not give an effect;
- d) diseases (conditions) included in the List of Contraindications;
- e) absence of pregnancy after repeated attempts at embryo transfer (3 or more attempts at transferring good quality embryos);
- f) habitual miscarriage not associated with genetic pathology.

71. A contraindication for the transfer of embryos to a surrogate mother is the presence of diseases (conditions) included in the List of Contraindications. Female, married, registered in the manner prescribed by law of the Russian Federation, can be a surrogate mother only with written consent spouse.

A surrogate mother cannot be an egg donor at the same time. For fertilization in the cycle of surrogacy, can be used donor oocytes and donor sperm in relation to a man and a woman, who are potential parents, or donor oocytes for a single woman, who is a potential mother, as well as the use of donor embryos not having a genetic relationship with a man and a woman (potential parents) or a single woman (potential mother) for whom gestation and birth the child is impossible for medical reasons, in accordance with paragraph 70 of this Procedure.

72. Transfer of embryos by a surrogate mother from potential parents, infected with HIV or hepatitis C and B, is allowed after receiving informed voluntary consent, after consultation with an infectious disease doctor Center for the Prevention and Control of AIDS and Infectious Diseases and providing her with full information about the possible risks to her health.

73. Examination of a surrogate mother is carried out in accordance with paragraph 6 of this Procedure.

74. Additional mandatory medical documents for a surrogate mothers are:

- a) a certificate from a neuropsychiatric dispensary;
- b) a certificate from a narcological dispensary.

75. When implementing a surrogacy program, conducting of an ART program consists of the following stages:

- a) synchronization of the menstrual cycles of the genetic mother (or oocyte donor) and surrogate mother;
- b) ovarian stimulation of the genetic mother (or oocyte donor);
- c) puncture of ovarian follicles of the genetic mother (or oocyte donor);
- d) fertilization (IVF or sperm injection into the oocyte cytoplasm) of oocytes of a genetic mother with specially prepared sperm from a husband (partner) or donor, or oocyte donor with specially prepared sperm of the husband (partner);
- e) the cultivation of embryos;
- f) transfer of embryos into the uterine cavity of a surrogate mother (should not be transferred more than 2 embryos).

76. Stages 75a - 75d may not be available in the program using cryopreserved embryos.