

HOW I HAD A BABY WITHOUT MY UTERUS

They'd only been dating for three months, but Heather Norden and Bill Wertz knew they were falling in love.

Then, at the age of 30, Norden was diagnosed with an extremely rare uterine cancer -- endometrial stromal sarcoma.

"I wouldn't have been surprised if he had wanted to bow out," Norden said.

Treating the cancer would require a full hysterectomy. But there was still a chance that Norden could have biological children in the future -- something she knew she wanted. She would have to undergo fertility treatments to harvest her eggs before having her ovaries and uterus surgically removed to stop the spread of her cancer.

Norden underwent two hysterectomy surgeries, two cycles of in vitro fertilization (IVF) treatment, and two egg retrieval procedures -- all in one year.

She could freeze her eggs until she was ready for a baby with a future partner or with the help of a sperm donor down the line.

"I only had one shot at this, there was no going back if it didn't work," Norden said. "Bill and I really talked it through and we decided we did want to be together, we did want children down the road."

Together the couple made five embryos using her eggs and his sperm.

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"I think my friends had a harder time with it than we did," Norden remembered. "People were concerned that we were rushing into something or we were making a choice that we couldn't take back."

When it comes to freezing the embryos created in a lab through in vitro fertilization, rather than transferring them to attempt a pregnancy right away, there's a host of moral and legal considerations:

What happens if you never use them? Will you keep them in storage indefinitely and continue paying annual fees? Will you destroy them? Donate them to another hopeful parent? Donate them to science?

Norden and Wertz froze their embryos and got married the following year. Because Norden had a full hysterectomy to get rid of the cancer, having a child with one of the embryos meant hiring a surrogate.

"I was worried that I might feel a little jealous that she would get to experience all these things that I had so much wanted," Norden said.

"It does bring up some of those societal expectations," she explained: "Am I still a woman? I can't do that thing that, in the past, has defined what makes a woman a woman. It adds another level of loss, because it makes you question your identity."

In addition to the emotional toll, there's the added stress of a steep financial burden. After thousands of dollars spent out of pocket on fertility treatments, Norden and her husband spent close to \$100,000 on their surrogacy journey -- a typical price tag can run from \$80,000 to almost \$200,000.

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It was a sum of money that impacted every other major financial decision in their lives. Instead of their dream home, they bought Norden's parents' house with the help of a no-interest loan directly from her folks.

"Our baby was our dream," Norden said, "so we put less money into our home so we could afford to buy it outright, and then mortgage it to take out our loans for our baby."

So, why not adopt? It's significantly less expensive, ranging from \$20,000 on the cheaper end of private domestic adoption, to \$50,000 on the pricier end of international adoption. Foster care adoptions often cost next to nothing, and surely, there are plenty of children in need.

It's a question Norden's familiar with, and on some occasions, a criticism that was whispered behind her back -- one that she says illustrates a double standard.

"Nobody ever asks a mother carrying her own child if it's selfish for her to bring another child into the world," she said. "Everybody has a right to create their family in the way that makes the most sense to them."

More and more women are faced with these choices: according to the [CDC](#), over 11% of women of childbearing-age in the United States have used infertility services.

Creative Family Connections, a surrogacy agency in Norden's home state of Maryland, matched Norden and Wertz with Brandy Kolek, who lived in Ohio. Kolek would be a gestational carrier for the couple -- a surrogate who has no biological connection to the baby she's carrying.

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Between 2004 and 2014, the number of babies born via gestational carrier more than tripled from 738 to 2,236, according to the American Society for Reproductive Medicine.

On the day of the embryo transfer surgery, Norden held Kolek's hand while their husbands sat in the waiting room and Norden's pastor prayed in the lobby. That night, the Koleks stayed at Norden and Wertz's house, and they all bonded over Chinese take-out.

The transfer was a success on the first try, and over the subsequent months, Norden did her best to vicariously experience the pregnancy through Kolek, despite the 350 miles between them. It was central to the type of relationship she wanted with a surrogate, someone who would be happy to share the details of her morning sickness, her food cravings, her pregnancy dreams.

It meant finding a surrogate who was in it for altruistic reasons, not for the paycheck.

Gestational carriers are typically compensated between \$20,000 and \$35,000 depending on how many surrogacies they've done. If she's carrying twins, it's an extra \$5,000.

One of the primary functions of a surrogacy agency is screening and matching women applying to be surrogates with intended parents. For this service, and for facilitating communication and psychological support between surrogates and parents throughout the process, surrogacy agencies charge between \$20,000 to \$35,000 -- a separate fee from the amount paid to the surrogate.

At Creative Family Connections, the agency Norden hired, only 2% of all applicants are qualified to be surrogates. They must already be mothers raising their own children, have at least a high school diploma, and they cannot be on government assistance. From there, the vetting process includes physical exams, psychological testing, financial screenings, and home surveys.

The demand for gestational carriers far outpaces the supply, an issue that keeps costs high. That is further exacerbated by the fact that compensated surrogacy contracts are only legally enforceable in certain parts of the country.

As Norden built her relationship with the woman who was carrying her child, she questioned her future relationship with her son. She knew he was biologically hers, but would he know that, having grown inside another woman's womb?