

TWICE CHOSEN

A Black Woman's Honest Guide to Fertility, Surrogacy, and Motherhood

A Book Proposal

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Book at a Glance

Working Title	Twice Chosen: A Black Woman's Honest Guide to Fertility, Surrogacy, and Motherhood
Genre	Narrative Memoir with Practical Chapters
Word Count (est.)	75,000–85,000 words
Primary Audience	Women of Color, ages 30–45, navigating fertility and surrogacy
Status	Proposal stage — manuscript in development
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Overview

Society leads us to believe that women of color have no fertility struggles — that our bodies are resilient where others are fragile. In communities of color, fertility challenges and options are rarely discussed with young women who may consider motherhood in the future. That silence has consequences. This book ends it.

TWICE CHOSEN is a memoir-with-mission: part intimate personal narrative, part unflinching exposé of a fertility industry not designed with Black women in mind, and part practical roadmap for every woman who comes after. It is the story of one Black woman and her husband navigating a path to motherhood that most people in her community had never seen, and no one had ever explained to her.

Through two surrogacy journeys and more than a decade of trying, Valencia L. Parker shares what she did not know, what the system failed to tell her, and what she wishes every woman between 30 and 45 understood before she needed it. This book is the modern-day birds and bees' conversation that never happened. This book is the one about fertility realities that are quietly reshaping the lives of women of color across America.

The fertility memoir genre exists. But it is largely White, largely quiet about systemic inequity, and largely separated from the practical realities of cost, access, and race. TWICE CHOSEN changes that.

Why This Book, Why Now

Assisted reproductive technology is more visible than ever, yet access remains profoundly unequal. CDC data show that 435,426 ART cycles were performed at 457 reporting U.S. clinics in 2022, underscoring both the scale of demand and the growing number of people navigating fertility care. At the same time, Black women remain less likely to access treatment and more likely to encounter delayed diagnosis, lower-quality care, and worse outcomes. Uterine fibroids are part of this author's story; and part of a larger pattern that disproportionately affects Black women and can complicate fertility care and decision-making. And still, there is no widely visible book that speaks honestly and practically to the Black intended mother navigating infertility, IVF, and surrogacy.

This book is timely for four reasons:

- **IVF is the new front line of reproductive politics.** Since 2024, IVF has become a culture-war flashpoint — targeted by state legislation, executive orders, and court decisions treating frozen embryos as persons. In October 2025, the White House issued a federal initiative to reduce IVF costs, yet reproductive justice advocates note that equity gaps for Black and Brown women remain entirely unaddressed. This book enters that conversation with the perspective that has been missing from it.
- **Surrogacy costs are rising and the system is getting harder to navigate.** Overall surrogacy costs are projected to increase 20–25% by end of 2025. Legal complexity is growing state by state. For Black intended mothers — who already face the wage gap, later diagnoses, and less access to quality care — the system is becoming harder, not easier. A practical roadmap written by and for a Black woman has never been more needed.
- **The silence in Black communities is finally cracking — and this book meets that moment.** Black and Latina gestational carriers have grown from 3–4% of the gestational carrier population in 2020 to 13% in 2023 — a fourfold increase in three years. More Black women are speaking publicly about fertility struggles. But they are speaking into a void: there is still no book that walks with them through the full journey from diagnosis to surrogacy to motherhood.
- **Black women's fertility realities are gaining long-overdue public attention.** Conversations about infertility, delayed diagnosis, unequal access, and culturally competent care are becoming more visible across media, advocacy, and healthcare. This book meets that moment with a perspective that is both deeply personal and urgently practical.

The fertility memoir category exists, but it remains overwhelmingly White and too often disconnected from the practical realities of cost, access, culture, and race. *Twice Chosen* fills that gap with lived experience, clear guidance, and a perspective the market still lacks.

Why Valencia L. Parker

Valencia L. Parker is uniquely positioned to write this book because she brings three forms of authority to the page: lived experience, professional discipline, and trusted community leadership. She is a Black woman from Griffin, Georgia, who built an accomplished life and career, then found herself confronting a fertility system that had not prepared her—and was not built with women like her in mind.

That combination is precisely what makes her the right person to tell it.

The readers who most need this book are not looking for a celebrity memoir or a clinical handbook. They are looking for a voice they recognize: a high-achieving, faith-rooted, community-connected woman whose path to motherhood did not unfold as expected. Valencia's credibility is not theoretical. It is experiential, hard-won, and deeply relatable to the women this book is written to reach.

She also offers something rare in this category: experience across two gestational surrogacy journeys, with two different carriers and two distinct sets of medical, legal, and emotional realities. Combined with more than 25 years of solving complex problems in a global corporate environment, that experience enables her to do more than bear witness. She can turn a deeply personal story into a useful roadmap for readers facing their own decisions.

Her leadership across Alpha Kappa Alpha Sorority, Incorporated, the National Black MBA Association, the Links, Incorporated, Cavalry Baptist Church, and STEM mentoring networks places her within the very communities where this conversation is already happening—often quietly, and without a guide. This book gives those conversations language, visibility, and direction.

About the Book

The Central Story

This is not a single surrogacy story. It is a lifetime story of dreams formed in childhood, plans made and deferred, a career built, a marriage made, and a family finally arrived through paths the author never anticipated. Valencia Parker takes readers from a small town in Griffin, Georgia to the waiting rooms of fertility clinics in Detroit; from the early confidence of a well-made life plan to the quiet devastation of learning that plan had a gap in it no one had prepared her for.

Running through the book are two surrogacy journeys — two different women who carried two children into being, separated by two years and a profound shift in what the author understood about race, trust, the fertility system, and herself. The first journey involved navigating questions of cross-racial intimacy, power dynamics, and the particular exhaustion of being a Black patient in a predominantly White medical space. The second, with a Black carrier, was different in ways that were quieter but equally profound.

Structure

The book alternates between immersive memoir chapters and shorter ‘Field Guide’ sections — practical, data-informed chapters that give readers the tools the author wishes she had had. Every personal chapter is shadowed by a systemic reality: this is not just her story; it is the story of a system.

Part One: What I Didn't Know	What I Didn't Know. Childhood dreams, the single years, early health signals, and the fertility realities no one explained
Part Two: How I Got to the Decision	IVF trials, the decision to pursue surrogacy, and what the system tells you at each junction and what it omits
Part Three: What Happened Along the Way	The surrogacy journeys: finding carriers, cross-racial and same-race dynamics, the legal process, the wait, and two births
Part Four: What You Can Do	Policy, advocacy, and the systemic changes needed — alongside motherhood at 50, what to tell the children, and the epilogue
Field Guides (woven throughout)	IVF and surrogacy explained; reading clinic success rates; racial disparities in fertility care; finding and vetting a surrogate; legal rights; financial strategy

About the Author

Valencia L. Parker, BME, MBA, is an award-winning business leader, community advocate, wife, and mother whose path to parenthood took her through the complex, costly, and often isolating world of fertility treatment and gestational surrogacy—twice.

Born and raised in Griffin, Georgia, she earned a Bachelor of Mechanical Engineering and an MBA in Operations and Information Technology from the Georgia Institute of Technology, where she also studied in the Netherlands. For more than 25 years, she has built a distinguished career with one of the world's largest automakers, leading work in strategic planning, change management, process improvement, and supplier development.

That background shapes the distinctive promise of her writing: Valencia is not only telling a deeply personal story, but she is also translating a confusing and emotionally charged process into something readers can understand and navigate. Her lived experience with infertility, IVF, and two gestational surrogacy journeys, and with the broader health questions that intersected with that path, gives her rare authority in a space where Black women are still underrepresented, underserved, and too often left without a roadmap.

Her leadership extends well beyond the workplace. She is a proud Silver Star member of Alpha Kappa Alpha Sorority, Incorporated, a Lifetime Member of the National Black MBA Association, where she served as Detroit Chapter President from 2010 to 2014 and led the chapter to Chapter of the Year honors, and a member of the Oakland County Chapter of the Links, Incorporated. She serves on the Links' National STEM Ready Committee, helped charter NSBE Jr. chapters in Jamaica and Ghana, and is a member of Cavalry Baptist Church of Detroit.

Valencia became a mother through gestational surrogacy after years of pursuing answers the medical system did not readily offer. Through *Twice Chosen*, she writes to the younger version of herself, and to the many Black and Brown women still searching for honest, culturally resonant guidance about fertility, surrogacy, and motherhood. Her work is driven by a clear mission: to break silence, demystify the process, and make sure other women do not have to walk this road without information, language, or support.

She lives in the Detroit area with her husband and children and enjoys traveling and spending time with her family. *Twice Chosen* is her first book.

Target Audience & Reader Demographics

Primary Audience

The author is writing this book to the younger version of herself: to provide the knowledge no one offered her about fertility and the paths to motherhood that exist beyond the expected. She is between 30 and 45. She has the career she worked for, a title, a passport full of stamps, a circle of friends she would do anything for. She travels when she can, reads widely, and rarely misses a good conversation over a good meal. She follows the right accounts, listens to the right podcasts, and learns from books, from good conversations, and from the women in her circle who have been where she is trying to go. She is fashionable without being consumed by it. She shops at Nordstrom and Zara but also knows exactly which boutiques in her city carry what she wants. She is the friend who arrives looking like she planned it for two hours and got ready in twenty minutes. She put her career first and did well. Now she is ready for the next chapter — and discovering that ready and possible are not the same thing. She may be partnered or she may be intentionally single. She is not waiting for permission to build her family. She is research driven. She has already found the Reddit threads, the fertility podcasts, the Instagram accounts of women who went before her. But what she has not found is a woman who looks like her, who built a life like hers, talking about all of it honestly: the fibroids, the waiting rooms, the financial reality of IVF, the complicated intimacy of surrogacy — without celebrity resources or a highlight reel. She is educated and accomplished, likely holds a college or graduate degree, and may be navigating fertility challenges alone or with a partner.

Critically: she is a Black or Brown woman who has felt invisible in fertility spaces — in the waiting rooms, in the clinical language, in the books on the shelf. She has Googled her questions at 2am and found content that doesn't reflect her. She is who this book was written for.

Although the primary audience is women of color, the men and family members who love them, and others struggling with fertility, will find the information equally valuable.

Age	30–45
Race / Ethnicity	Black, Latina, or woman of color
Education	College or graduate degree
Career Stage	Early career through mid-management; upwardly mobile
Income	\$60K–\$200K+ (fertility care access)
Status	Partnered or single mother by choice
Mindset	Research-driven, community-seeking, justice-aware, tech-savvy
Where She Lives (Digital)	Instagram, TikTok, Facebook fertility groups, Reddit (r/IVF, r/Infertility), podcasts
Where She Lives (Physical)	Major metros — Atlanta, Detroit, Houston, Los Angeles, Chicago, NYC, D.C.
Trust Signals	Peer recommendations, community word-of-mouth, authentic voices over advertising

Secondary Audiences

- **Gestational carriers** and women considering becoming gestational carriers who want to understand the intended mother's perspective
- **Fertility professionals** — OBs, REIs, nurses, counselors, and social workers seeking to better understand and serve the Black patient experience
- **Policy advocates** — reproductive justice organizations, insurance reform advocates, and legislators working on fertility access equity
- **General memoir readers** — those drawn to parenthood, identity, and resilience narratives, particularly fans of Black women's memoir
- **Men and family members** — partners and loved ones navigating this process alongside a woman they care about

Market Size

IVF cycles in U.S. (2023)	432,641 — each representing at least one patient actively navigating this process
Americans connected to IVF	42% of U.S. adults (Pew, 2023)
Black women of reproductive age	~14 million — the core underserved audience
Surrogacy cycles (U.S., growing)	~5,000+ per year; 370% growth since 1999
Black women less likely to seek treatment	70% less likely than White women to receive fertility treatment

Comparative Titles

The following titles demonstrate market appetite and the gap this book fills:

Choosing Family by Francesca T. Royster (4.07 stars; Hardcover and Kindle; Harry N. Abrams, 2023)	A non-celebrity Black woman's memoir of building family outside convention — through adoption, in an interracial household, in her 40s and 50s. Praised by Kirkus Reviews and Publishers Weekly. Demonstrates strong market appetite for honest Black maternal narrative from non-celebrity authors. TWICE CHOSEN serves the heterosexual, fertility-focused reader and adds the surrogacy process and practical field guides.
Pregnant While Black by Monique Rainford (Hardcover and Kindle; Broadleaf Books, 2023)	Documents maternal health disparities for Black women with strong institutional credibility — written by a Yale Medicine OB-GYN and published by a traditional press. Shares the systemic critique; TWICE CHOSEN adds the personal narrative arc and the surrogacy-specific roadmap.
Hold On to Hope by Stacey L. Edwards-Dunn (Paperback; limited distribution)	A collection of personal stories from Black women facing infertility. They are inspiring but focused on faith and community, not surrogacy or systemic critique. Small but loyal readership. TWICE CHOSEN adds the surrogacy roadmap, the racial-dynamics lens, and the practical field guides.
Our Future Fertility by Adrienne R. Smith (Paperback and Kindle; self-published)	A Black woman's IVF memoir with limited distribution that nonetheless demonstrates demand for this voice and the gap in quality execution. TWICE CHOSEN provides the surrogacy continuation, broader systemic analysis, and the reach of traditional publishing.
Expecting Better by Emily Oster (4.18 stars; 1M+ copies sold; Paperback, Hardcover, Kindle, Audiobook; NYT bestseller)	Data-driven pregnancy guide with over one million copies sold, demonstrating strong appetite for practical, research-grounded content. Entirely white perspective. TWICE CHOSEN fills this gap for women of color navigating fertility and surrogacy.
Full Surrogacy Now by Sophie Lewis (~3.7 stars; Paperback and Kindle; Verso Books, 2019)	Academic feminist text on surrogacy — no personal narrative, no Black voice, no practical guidance. TWICE CHOSEN fills this gap entirely.

Marketing & Publicity Strategy

Core Positioning

The fertility book that finally tells the truth about being a Black woman in the surrogacy system — and gives every woman the roadmap she deserves.

The marketing strategy is built on three pillars: trusted community engagement, targeted media visibility, and mission-aligned partnerships. It is designed to meet readers where they already gather—through women's organizations, faith and professional networks, fertility communities, podcasts, and Black maternal health spaces—while building the author's public profile in a focused, credible way ahead of publication.

Pillar 1: In-Person & Community

- **Community events and conversations** — independent bookstores, sorority and Links chapters, churches, and fertility-related community spaces where trusted word-of-mouth matters most
- **Surrogacy agency partnerships** — particularly agencies serving BIPOC clients; include book in intended parent welcome materials
- **Fertility clinic and agency partnerships** — outreach to clinics, surrogacy agencies, and patient-support organizations that serve intended parents and women seeking culturally relevant resources
- **Black maternal health organizations** — Black Mamas Matter Alliance, National Birth Equity Collaborative, RESOLVE: The National Infertility Association

Pillar 2: Social Media & Digital

- **Digital thought leadership** — LinkedIn, Instagram, and guest articles or essays that position the author as a clear, trustworthy voice on fertility, surrogacy, and Black maternal health
- **Podcast outreach** — conversations with shows focused on motherhood, women's wellness, fertility, and Black women's lived experience, where the author's story and practical guidance can resonate in long-form format
- **Newsletter / Substack** — 'The Roadmap,' a monthly resource for Black and Brown women navigating fertility. Target: 2,000 subscribers before launch
- **Facebook and community groups** — authentic seeded excerpt strategy in Black Women's Fertility groups and surrogacy communities

Pillar 3: Press & Publicity

- **Targeted media outreach** — women's media, Black media, wellness platforms, podcasts, and regional outlets that cover fertility, motherhood, health equity, and personal narrative
- **A lead personal essay** — a publication-timed first-person piece in a major outlet to introduce the author's voice and establish thematic relevance ahead of launch
- **Awareness-week alignment** — National Infertility Awareness Week (April); International Fertility Awareness Week (April 20–26); National Women's Health Month (May); World Health Day (April 7); SexPlus Week (February 10–16)

- **Awards** — NAACP Image Award (Outstanding Literary Work — Debut), Hurston/Wright Legacy Award, American Book Award

Launch Timeline

18 months before pub	Launch author website and 'The Roadmap' newsletter; activate Instagram and BlueSky accounts to complement existing Facebook and LinkedIn presence; begin building relationships with surrogacy agencies, fertility clinics, and BIPOC maternal health organizations; target 1,000 newsletter subscribers before the 12-month mark
12 months before pub	Circulate advance materials to an advisory circle of fertility advocates, maternal health professionals, and community leaders; secure 8–10 endorsements from voices in reproductive justice, Black maternal health, and women's leadership; submit to speaking consideration at RESOLVE and Black maternal health conferences; target 2,000 newsletter subscribers
6 months before pub	Begin podcast outreach targeting fertility, motherhood, and Black women's wellness shows; pitch targeted media including Essence, The Root, Well+Good, and regional outlets in Detroit, Atlanta, Houston, and D.C.; finalize clinic and agency partnership materials; prepare book club discussion guide and reader resource packet
Launch month	Target publication for late March or early April to align with two consecutive national observances: Black Maternal Health Week (April 11–17, led by the Black Mamas Matter Alliance) and National Infertility Awareness Week (April 19–25, RESOLVE). These two weeks create a built-in media and advocacy window perfectly aligned with the book's dual focus. Publish a first-person lead essay in a major outlet ahead of launch; activate podcast and media appearances; host a launch conversation event with community partners; distribute reader discussion guide to book clubs, sorority chapters, clinic waiting rooms, and surrogacy agency welcome materials; leverage AKA, Links, and National Black MBA networks for targeted outreach
Post-launch	Submit for NAACP Image Award (Outstanding Literary Work — Debut), Hurston/Wright Legacy Award, and American Book Award; speaking tour at RESOLVE: The National Infertility Association, Black Mamas Matter Alliance events, and reproductive justice conferences; paperback edition adds expanded reader discussion guide and updated Field Guide data; assess Substack and community growth for potential companion digital resource

Chapter-by-Chapter Outline

Prelude

The author stands in a delivery room — not in the bed, but beside it. A young woman is in labor. The room is full. The author is catching a child with one glove on and one half on. The scene establishes the book's central emotional paradox before the reader understands what they are witnessing: a mother who did not give birth, present and absent at once, inside a system that was not built with her in mind.

Part One: What I Didn't Know

Chapter 1 — The Plan

Opens with the childhood blueprint — the baby dolls, the timeline, the quiet confidence of a girl who had it mapped out. Traces the years that followed: career first, the right person arriving later than expected, and a body already sending signals she did not yet know how to read. The cultural weight of fertility in Black communities runs throughout: the silence around struggle, the old wives' tales that substitute for medical information, and the particular difficulty of asking for help in communities where strength is the only expectation. The chapter closes on the moment the plan met its first real obstacle: she is married, she is ready, and her body is not cooperating the way she assumed it would.

Field Guide insert: What No One Tells Women of Color About Fertility Before They Need to Know

Chapter 2 — The Body Keeps Its Own Time

The honest reckoning. Age, more than any single diagnosis, was the force quietly narrowing her options — and this chapter names that directly. Fibroids are present as context, part of the fuller picture of what her body was navigating, but not the headline. The author examines what it means to do everything right — career, partnership, preparation — and still arrive at a door that is narrower than expected. The medical system appears here too: waiting rooms that look nothing like her, language that assumes a patient who already knows the terminology, a label, advanced maternal age, delivered without adequate explanation of what it actually means for her options. The chapter ends with clarity: natural conception is not the path forward, and she must decide what is.

Part Two: How I Got to the Decision

Chapter 3 — Pills and Injectors

The physical reality of IVF: the hormones, the needles, the pre-dawn monitoring appointments, the waiting rooms, and the exhaustion of hope that has to be rebuilt after every failed cycle. The

author does not romanticize the process. She describes what it costs — financially, physically, emotionally — and what it feels like to hand your body over to a system that treats conception as a clinical problem to be solved, one protocol at a time. She is honest about the information she was not given, the questions she did not know to ask, and the moment she realized that trying harder was no longer the answer. What IVF taught her was not failure. It was clarity.

Field Guide insert: Reading Your Clinic's Success Rates Honestly

Chapter 4 — Regroup, Research, or Bust

The decision points that follow IVF: continuing treatment, exploring adoption, considering donor eggs, and the moment surrogacy enters the conversation as a real possibility rather than a last resort. The author examines what the system tells you at each junction and, more importantly, what it omits. Who has access to these options, who can afford them, and who gets to make these choices freely are questions that run beneath every practical consideration in this chapter. The chapter closes on the decision to pursue surrogacy — not as defeat, but as a deliberate choice made with full information for the first time.

Field Guide insert: Your Financial Options in Fertility Care

Chapter 5 — The Decision to Pursue Surrogacy

Choosing surrogacy is not only a medical and financial decision — it is a cultural one. This chapter examines what that choice meant within her community, her marriage, and her own sense of self. The stigma is real and she does not minimize it. She also traces the practical entry point: the agencies, the process, the paperwork, and the two potential carriers — Avery and Robin — whose matches did not come to be. Those near misses are not failures. They are the first lessons in what matching actually requires, and what the system gets right and wrong when it brings two strangers together around something this consequential.

Part Three: What Happened Along the Way

Chapter 6 — Finding Peachie

The matching process and the arrival of her first gestational carrier — a White woman she calls Peachie. The author is honest about what this relationship looked like from the outside and what it required on the inside: two women brought together by an agency, across racial lines, with a contract and a hope between them and very little script for what came next. The chapter examines the awkwardness and grace of beginning this kind of intimacy — not friendship exactly, not family exactly, but something that required the trust of both.

Field Guide insert: Finding and Vetting a Gestational Carrier

Chapter 7 — Cross-Racial Intimacy

What it is to be a Black woman whose child is being carried by a White woman. The author does not resolve this into something comfortable. She examines the tenderness, the power dynamics, the things that went unsaid and the things that were said carefully. This chapter is one of the book's most significant contributions — an honest account of a relationship the surrogacy industry facilitates regularly and addresses rarely. It is not a chapter about race as abstraction. It is a chapter about two specific women navigating something neither of them had language for.

Field Guide insert: Your Legal Rights as an Intended Mother

Chapter 8 — The Wait

The two-week wait after embryo transfer is one of the most recognized and least discussed experiences in fertility care — a period of suspended time in which hope and dread occupy the same breath. The author examines what it means to have transferred everything she has into a process she cannot control and then be asked to simply wait. A positive test does not end the anxiety. It opens a new chapter of it. This chapter is honest about what the wait required of her marriage, her faith, her work, and her daily ability to function — and about the particular loneliness of carrying an experience that few people in her life fully understood.

Field Guide insert: Managing the Emotional Toll of IVF and Surrogacy

Chapter 9 — Birth

The delivery. The room full of women. One glove on and one half on. The author returns to the scene opened in the prologue — but now the reader understands everything that led to this moment. What it felt like to become a mother in that room: the complicated joy, the gratitude that the word gratitude does not quite hold, and the first hours of a life she had worked years to bring into the world.

Chapter 10 — Motherhood, Year One

The reality of parenting after surrogacy — and no one prepared her for all of it. The author does not skip the hard parts: the bonding questions strangers feel entitled to ask, the ones her own family asks quietly, and the ones she asks herself in the middle of the night. The identity shift of becoming a mother outside the conventional narrative is real, and this chapter examines it without resolution. There is also the marriage to tend to, the grief of a process finally over, and the gratitude that keeps arriving in unexpected forms. Somewhere in the first year, quietly and without announcement, a question begins to surface: could she do this again?

Chapter 11 — Why I Went Back

The two-year space between journeys is not empty. It is where she becomes a mother, learns what that means for her specifically, and begins to ask whether she has the capacity — emotional, financial, physical — to do it again. This chapter stays personal. It is not a policy update but an honest account of what it takes to choose this path a second time with full knowledge of what it cost the first time. She is not naive now. She knows what the process asks of a marriage, a body, a bank account, and a sense of self. She chooses it anyway — and this

chapter explains why. It also introduces the decision that will shape everything in the second journey: this time, she wants to find a Black carrier. The thinking behind that decision, and the questions it raised, are examined here with honesty and without easy answers.

Chapter 12 — Finding Brianna

The process of finding her second gestational carrier, a Black woman she calls Brianna. The matching experience is different this time, and the author examines that difference carefully. There is an ease that comes with shared cultural identity and a set of new complications that come with it too. The chapter resists the temptation to frame this match as simpler or more natural than the first. Different is not the same as easier.

Chapter 13 — Solidarity and Complexity

The author examines her own assumptions about what a shared racial identity would mean between an intended mother and a gestational carrier, and where those assumptions fell short. This is a chapter about projection, about the danger of expecting kinship from a stranger because of what you share on the surface, and about what genuine solidarity actually requires. The carrier's experience is honored here without being appropriated. The author speaks from her own vantage point with honesty about its limits.

Chapter 14 — The Second Birth

Two children. Two women who made it possible. The author returns to the delivery room a second time — a different room, a different woman, a different quality of knowing. This chapter examines what gratitude looks like when you have been here before: deeper, more complicated, and more specific than the first time. It also asks the question the book has been building toward — what do you owe the women who carried your children, and is there a word large enough to hold it?

Part Four: What You Can Do

Chapter 15 — The System We Deserve

A policy-forward chapter grounded in the author's experience and the broader landscape of reproductive equity. The fertility industry in America was not designed with Black women in mind — not in its pricing, not in its clinical language, not in its success rate reporting, and not in who its waiting rooms were built to serve. This chapter names what is broken specifically: the absence of insurance mandates in most states, the racial gap in IVF access, and the lack of regulation in surrogacy markets that leaves intended parents, especially those without legal protections, vulnerable. It also names what is possible: what advocates are building, what legislation is moving, and what individual readers can do to push the system toward the equity it has never prioritized. This chapter does not lecture. It extends the book's honesty into the systemic dimension and invites the reader to see their own experience inside a larger story that is still being written.

Chapter 16 — Motherhood at 50

It is ten o'clock at night and the kids are still awake asking for popsicles. She is fifty years old, more tired than she ever imagined, and exactly where she is supposed to be. This chapter is

written with humor, honesty, and the specific texture of a life that arrived later than expected and refused to apologize for it. The author reckons with the gap between the life she planned at twenty-five and the life she is actually living — the sleeplessness, the joy, the physical reality of chasing toddlers at an age when her peers are sending teenagers to college. She does not wrap it neatly. She tells the truth about what this life costs and what it is worth, and she lands on an answer that only someone who waited this long could give.

Chapter 17 — What I'll Tell Them

Her children's origin stories. How she plans to tell them. What she wants them to understand about the women who carried them, the road their mother traveled, and the love that was already present before they arrived. This is the book's emotional landing: intimate, forward-facing, and an answer to everything the prologue opened.

Epilogue

She is in a room with both her children. That is all. It is enough.

Sample Chapters

The two sample chapters included here represent the book's opening narrative and a key chapter from Part One. The full manuscript is in active development; chapter titles and structure are subject to revision as the work progresses.

Prelude

My husband and I rushed to the hospital. It was the second time we had been there in two days, but that night felt different, heavier, as if the air itself knew something sacred was about to happen. On the way there, my anxiety rose all over again and settled in my chest like a weight. I knew this was the time, and I still did not know what to expect. Was I ready? Had I prayed enough and asked God for the strength, patience, love, and wisdom needed for what was to come? I looked out the window at the stars, small and steady against the dark, and whispered another prayer to God. I took a deep breath and let the warm night air fill my lungs. Then I closed my eyes and held still a little longer, as if my prayer could travel through the silence and make its way to God's ears.

We arrived at Labor and Delivery, almost out of breath. We left our bags at the door, and I realized this would not be our room. There was no time to think about that now. Nature had called, and it was time to prepare to welcome a new life. The contractions were coming fast. My heart was racing. My mind was too. Did God hear my prayer?

The room was bright—so bright with a clinical vibrancy that almost felt unreal—and already full. Ten people were there when we arrived: nine women and one man. I had not expected so many bodies moving at once, so many hands already at work. The air hummed with urgency and anticipation. Everything seemed to be moving fast and slow at the same time, like the room had slipped into its own measure of time. The nurses in their colorful scrubs moved with practiced purpose, crossing from one task to the next—checking labels, reading equipment, gathering ice, water, towels, and sheets. Their shoes whispered against the floor, carts rattled softly, and voices rose and fell in quick bursts around me. When we walked in, it seemed they split into two groups—one to prepare me, the other to continue preparing the room and assist the woman I was looking for. They asked a lot of questions, and I was trying to take it all in, but I was already looking for her.

The head nurse and certified midwife was a lovely Black woman with warm eyes, a warm smile, and dark blue scrubs. I was surprised to see her. I did not know why, but I was. I

was glad she was there because somehow, I knew everything was going to be fine. Her presence settled over the room like a hand on a trembling shoulder. It was the kind of peace you feel when your momma is with you. She brought light and warmth into the space, and everyone settled and felt calm around her. I knew the various tasks were routine for the nurses, but the steadiness of her leadership brought peace to the room. She was smart and knowledgeable, but more than that, she was kind. Even the sound of her voice seemed to lower the temperature of my fear. She asked me general questions to help calm my nerves while directing the nurses to get ready. I could tell she too recognized the gravity of the moment. She explained what was happening in the room so I could feel included and connected. I could feel the essence of my own mother's spirit. I had the sensation that God had heard my prayer and that the women in that room would help bring forth life as women had done for millennia.

The midwife and nurses checked vitals while my group traded information for permission to proceed, paperwork for passage, like a ritual no one could skip. I knew the forms were necessary for a hospital check-in, but I wanted to get through them and get to her. I had not yet had a moment to check on her. It mattered that we exchanged every piece of paper—my personal information instead of my vitals, my insurance card, the signed documents, the collection paperwork, the box. It was all part of the process. But in that room, in that moment, it felt strangely detached, as if bureaucracy had wandered into something holy. Everything had to be in order so the hospital could know what came next. The strangest part was this: all the records, all the billing, all the official proof of arrival would be tied to me. My wristband was checked and confirmed over and over again. It was a strange kind of exchange, all that paper moving from hand to hand while a child was making its way into the world.

I was concerned about her. Not worried but concerned. The way an older sister worries without wanting to show it. The nurses were friendly and smiled at me, but my eyes kept moving around the room, searching for her. With each passing minute, the rhythm of the room changed. The pace quickened. Urgency gathered in the corners. Nurses came in and out, checking vitals, adjusting things, speaking in low voices. I was excited, anxious, and nervous all at once. The man in the corner looked concerned too. I followed his gaze, and finally I found her. When our eyes met, I tried to tell her everything without saying a word: I see you. I'm here. I'm grateful.

I was waiting for a doctor to enter the room because we were getting close. I assumed the doctor would be a man, even though every medical provider we had seen up to that point had been a woman. But the doctor I expected never arrived. The only men in the room were my husband and the man in the corner. He watched the woman the second group of nurses

hovered around with the helpless concern of someone who could only witness. On that day, the men in the room were observers and supporters, but they had no active role. I do not remember them being asked many questions at all. The women carried the room—its labor, its knowledge, its decisions, and its calm.

I could not get to her, but I kept my eyes on her. I tried to remember all the conversations we had had and everything she might need from me. I wondered if she was scared because I knew childbirth was one of the moments when a woman came closest to death. I still had on my “When life gives me lemons, I make lemonade” shirt. I did not think about it at the time, but it was fitting for the day. I had not changed clothes since earlier that afternoon. We had left quickly, around ten o’clock that night, after the call. When we arrived at the hospital, the room was ready and everybody was waiting. They had been waiting for us to arrive for this moment. She was standing by the bed, and the man sitting in the opposite corner was her husband. When I finally got close enough, I asked, “How are you doing?” She took a deep breath and said, “I’m ready. I’ve been waiting for you. Once I sit down, we are ready.”

She was clearly in active labor, standing there with one hand on her belly and the other at her back, breathing through what her body already knew how to do. She had been waiting for us too—waiting to get into position, waiting through contractions that were coming closer and closer together. The waiting was almost over. Everybody helped her get into place. I could tell she was ready for the next thing to happen. She was ready to do what we had all come there to do. The nurses helped her onto the bed so the midwife could check her for dilation and readiness for birth. The midwife checked and asked whether her water had broken. She responded, “That’s okay. I’ll break it.” The midwife looked stunned for a second and then looked at me. Finally, she said to both of us, “Okay. She knows her body very well, and we will follow her lead.” I did not know what to do or think because I had never heard that before from a laboring woman, never read it in any of the books, never seen it unfold like that in real time. Experience had taught me that no two births, no two women, and no two journeys into motherhood were ever the same. Still, I was not sure what I was supposed to do in that moment. The midwife explained what was happening as we went, trying to help me feel connected to the experience instead of feeling like an outsider. But I was still an outsider—watching, learning, and grateful to have even a small role in what was unfolding.

A nurse asked me if I wanted gloves, and I told her, “Yes, I’ll take some gloves.” She handed me a pair of medical gloves. I was still watching as the nurses helped the young woman on the bed find the most comfortable delivery position. My husband, the photographer, wanted

to take pictures without being disrespectful to the beautiful young woman on the bed, who was another man's wife. He had already thought about where to stand and how to move to get the perfect shot without exposing her in any way. I had my back turned, talking to the nurses who were still asking me questions. At that point, I did not know what they were asking or whether the questions were even relevant or whether it was just idle chatter to fill the space. I was lost in my own thoughts. I felt a mixture of emotions in that moment. I should have been happy, but there was still a tinge of disappointment and sadness that my body had failed me. This was a moment I would experience through someone else's labor, emotion, words, and body. I was taking up space in the room, but I did not know where or how to truly help. The midwife and nurses were the medical professionals. There was no doula; she had read a great deal, and she was a Naturalista deeply in tune with her emotions and her body. But who was I? Was I an aid, a sister, but not yet a mother? I tried to stay in the moment, but the intrusive thoughts kept coming. I recognized that I was helping bring forth life. I heard the voices behind me and could tell things were intensifying. I had never given birth, so I did not understand all the nuances of what was happening behind me, but I could feel the shift in the room.

I was still trying to get the gloves on while they continued asking questions and everybody moved quickly into position because the young woman on the bed was in labor and about to give birth to my child. I got one glove on, and the other was halfway there. The midwife said, "Hurry, come see! The head is crowning." I turned around to see what she was showing me, still trying to get my hand into the other glove. She explained that we could see the top of the baby's head. I looked where she was pointing, still fighting that second glove. The woman on the bed was ready. The baby was ready. They did not have time to wait for me to figure out the glove situation. Before I could get my hand all the way in, there was one push and a gush of liquid, sudden and warm, and the whole room seemed to pull tight around that single moment. Before I could fully understand what was happening, the baby was coming out. I was a little shocked. TV had lied. It never showed the water breaking and a baby dropping right out. I had embryonic fluid halfway up my arm and all over my hands. When she said she would break her water, she meant it. With one push, she broke the dam, and in an instant, it went from no baby to "welcome to the world" baby. One second the room was full of waiting, and the next it was full of life. She was ready. The baby was ready. And I was there to catch this new life with my own two hands—one completely gloved and one half gloved.

SAMPLE CHAPTER

What the Body Carries *(Chapter placement subject to revision as the manuscript develops)*

The cramps started after lunch. I had eaten a bean burger with a coworker — nothing unusual — but something felt off. I told myself it would pass. It didn't. By mid-afternoon on the second day, I was nearly doubled over at my desk, barely able to walk. I drove myself to the hospital, which took longer to decide than it should have. I kept hoping whatever it was would just go away.

It didn't go away.

After two days in the hospital and more tests than I had anticipated, I got my answer: a fibroid on a stalk had lost its blood supply and died. That was what the pain was. My body had been fighting something I hadn't taken seriously enough to investigate.

I knew I had fibroids. My doctor had mentioned them before, almost in passing, the way doctors sometimes mention things that aren't yet causing problems. I filed the information away and moved on. They weren't bothering me, so I didn't bother them. What I didn't understand — what no one had fully explained to me — was that fibroids don't stay small, and they don't stay quiet forever.

The first time I had ever heard the word 'fibroid' was in college, when a sorority sister had surgery to remove hers. I asked a few questions, got some general answers, and didn't think much more about it. Looking back, I was probably already developing my own. I just didn't know it yet.

Uterine fibroids are more common in Black women than in any other group. By some estimates, up to 80 percent of Black women will develop them by age 50. We tend to develop them earlier, they tend to grow larger, and our symptoms tend to be more severe. I didn't know any of that then. I didn't know it was something I should have been watching closely, asking about specifically, or preparing for. That's part of why I'm telling this part of the story: because a lot of us don't know until something goes wrong.

After I was discharged, I followed up with my gynecologist, an older white man I had been seeing for routine care. I had questions. Reasonable questions. How did this happen? How many fibroids did I have? Was there anything I could do that would affect them going forward? He answered what he could and then offered his recommendation: a hysterectomy.

I was sitting on the examination table, a paper sheet across my lap, looking at this man in disbelief. I was in my thirties. I was not married. I did not have children. And his first and only recommendation was to remove my uterus entirely.

He didn't offer a myomectomy, the surgery that removes fibroids while leaving the uterus intact. He didn't discuss other options or a plan to monitor and manage what was happening. He went straight to the most permanent solution and presented it as the obvious one. His reasoning was that the fibroids would likely return after removal surgery, anyway, so why not simply be done with it.

I said no. Clearly and without hesitation. I told him I was not married, I did not have children, and I was not going to make an irreversible decision about my future without understanding every other option available to me. He didn't push back. He didn't offer alternatives either. The appointment ended and I left.

But I have thought about that room many times since. Not just about what happened to me, but about what may have happened to others who sat in that same chair before me. I was raised to ask questions and push back when something didn't feel right. Not every woman is. Many of us were raised to trust the doctor without question — to take what we were given and not ask for more. How many women had he given that same advice to over the course of his career? How many of them said yes because they didn't know they could say no? How many of those women spent years — or a lifetime — longing for children they never had, never knowing that another path had existed and that it had been closed before they ever had a chance to choose it? I don't know the answer. I only know that the thought still makes me angry, and I think it should.

Was his recommendation rooted in sound clinical judgment? Was it bias — conscious or not — about what a Black woman's future was worth planning for? I don't have a clean answer. What I know is that he made a life-altering recommendation without asking a single question about my hopes or my life. He didn't ask if I wanted children. He didn't ask what mattered to me. He looked at a clinical picture and drew a conclusion, and that conclusion required removing my ability to become a mother without my ever being asked whether that future mattered to me.

It did matter. Enormously.

I didn't go back to a gynecologist for about eighteen months.

That's not something I'm proud of, but it's the truth. After that appointment I was done — not just with him, but with the whole exercise of sitting in a paper gown and being told what my body needed by someone who hadn't thought to ask what I wanted. When anything came up that I

couldn't ignore, I went to my primary care physician instead. It wasn't the right solution. I knew that. But it was what I could bring myself to do.

I moved through the anger the way you move through most things that don't get resolved — by keeping going. It didn't leave me. It just became something I carried quietly. I wouldn't fully make sense of that experience until years later, when I had a doctor I trusted enough to revisit it with, and the language and the knowledge to understand what had actually happened in that room.

I found that doctor at a friend's house.

A guy friend introduced us at a gathering with food, drinks, and easy conversation that had nothing to do with medicine. She was warm and relaxed outside of a clinical setting, the kind of person who is simply good to be around. I liked her immediately and filed that away.

When I was finally ready to return to a GYN, I called her. My reasoning was straightforward: I had liked her as a person, as someone I enjoyed talking to over a meal. I trusted that I would like her as a doctor. That instinct turned out to be one of the better ones I've followed.

The difference in our conversations was immediate. We talked about monitoring, about symptoms, about what would actually require intervention versus what we could watch and manage over time. We made decisions together. That felt like care.

Over the years, my fibroids continued to grow. During a routine exam, she pressed on my abdomen and said, almost to herself, 'Wow, your fibroids are pretty large.' I remember not quite understanding what that meant in practical terms. I would come to understand it later, when the question of fertility made what had been a background issue into a central one. By then, the fibroids could no longer be managed quietly. They had to be addressed directly before anything else could move forward.

That reckoning was still ahead of me. But what I carried out of that examination room years earlier — the one with the doctor who reached for a hysterectomy before he reached for a conversation — shaped everything that followed. It shaped how I asked questions, who I trusted with my care, and what I understood myself to be entitled to as a patient. Which is everything. Every option. Every explanation. Every decision.

I learned that day that advocating for yourself in a medical setting is not rude. It is not difficult. It is necessary. And for Black women especially, it can make the difference between a future you choose and one that is chosen for you.

Testimonials

When I agreed to be a gestational carrier, I had done this before. I knew what the process looked like. What I did not expect was how much Valencia's approach would stand out.

From the beginning, she showed genuine curiosity about my experience — not just as her carrier, but as a person. She asked questions most intended parents never think to ask. She listened. Across every difference between us, she made sure I felt seen and respected, and that made this journey something I am proud to have been part of.

I have watched Valencia become a mother. I know firsthand the love, patience, and determination she brought to this path. That same quality comes through in everything she does — including the way she talks about surrogacy with honesty and without pretense.

There are so many women who need guidance through this process and have nowhere to turn. Valencia has lived this journey deeply and thoughtfully, and she has the voice and the heart to reach them. I believe in this book because I believe in her."

- **Peachie - Experienced Gestational Surrogate**



"Valencia brings both lived experience and a deeply needed perspective to the conversation around fertility and surrogacy. As a woman who experienced firsthand fertility struggles and ultimately turned to surrogacy to build and expand her family, she offers a uniquely informed perspective shaped by two distinct journeys, each with different surrogates, care teams, and experiences. This breadth of experience makes her a powerful and credible voice, particularly for Black women navigating these paths. Her journey with Fairfax Surrogacy remains a memorable part of our early history, and I believe her story will offer meaningful guidance and encouragement to others on similar journeys."

- **Perla Piekutowski - Director of Growth and Engagement, Fairfax Surrogacy**



Valencia's journey to motherhood is one of extraordinary resilience in spite of the loss, uncertainty, and emotional heaviness that so often accompany this path. Her perspective is rare, necessary, and deeply instructive for anyone navigating the complex process of fertility or surrogacy. She writes with the clarity of someone who has survived the journey and the generosity of someone committed to lighting the path for others.

- **Stesha Mays — Host, Good Mother Bad Woman Podcast**



“Valencia’s experience and expertise make her qualified to share this important information. Her journey may help you on your pathway to parenthood.”

- **Lisa Henkel - CEO, ReproductiveAssist.com**

Valencia has always cared deeply about helping others, and it is that passion that inspired her to share the valuable lessons she discovered through her experience, challenges, and struggles on her road to motherhood.

Her talent, teaching abilities and heart are key elements in the development of a very needed roadmap to guide other women who dream of becoming mothers, on how to navigate the difficulties and discover the path to alternative options, especially needed when pregnancy doesn’t come easy.

Her work is definitely filling a painful void of information for women and provides guidance, education and much needed hope.

- **Lismar Berro – Mother, M.S. Engineering, and Automotive Retiree (Michigan)**

As a woman who always envisioned having children, only to have life take me down a different path, I would have loved to have been exposed to the possibility of surrogacy. Valencia’s journey, told in her unique voice and humor, deserves to be shared with other women—the pain, the laughter, and the joy.

This is Valencia’s story, but it also echoes the experiences of many Black women. Through her honesty and vulnerability, women will have a face and a story they can relate to while exploring a path to motherhood they may not have otherwise considered.

- **Tamera H. – Construction Executive and Aunt of Nieces (Tennessee)**

As the mother of an adult daughter, I have come to understand that womanhood requires both vision and flexibility—the ability to dream big, but also to remain open as life unfolds. Valencia’s journey to motherhood illustrates what can happen when you allow your path to evolve beyond the expectations, timelines, and ideals you once imagined for yourself. Her story is an important reminder that sometimes the life we are meant to live begins when we loosen our grip on the life we thought we had to have.

- **Maria B. – Mother and Interim College Dean (Arizona)**

I have watched Valencia approach this subject with a rare combination of rigor, humility, and humanity. She offers clear, thoughtful explanations while never losing sight of the emotional realities people face. Her credibility and care make her uniquely qualified to lead readers through this important topic.

- **Felicia E. – Director, Georgia F&CS and Mother**

Valencia L. Parker's transparent account of her journey to motherhood is exactly what those desiring motherhood need to hear in this generation. It is necessary, as each mother's arrival to parenthood is unique. In a world where authenticity is desperately needed, Twice Chosen will provide others the opportunity to learn from Valencia's journey and realize their path to motherhood is not required to look like anyone else's. It's okay to have a journey uniquely your own.

- **Trina T. – Automotive Supply Chain Manager (Michigan)**

Valencia Parker is the perfect person to offer advice to black women about the struggle of fertility and surrogacy. She has successfully navigated one of the most personal and challenging journeys a woman can face. I've always admired her courage and unwavering commitment to becoming a mother. Her experience with fertility, surrogacy and motherhood has given her a wealth of knowledge, but more importantly, it has given her a story that will bring hope, encouragement and wisdom to others. This book is a reflection of the strength, resilience and vulnerability that I have witnessed in her throughout her journey.

- **Rhonda S. - IT Consultant (Georgia)**

The journey to Motherhood, for those who choose it, is not linear. There are multiple paths, thanks to modern medicine, and God's plan. This book is the intersection of those two things told by a woman who didn't biologically birth her beautiful children but BIRTHED HOPE for those who long to be moms when the path takes a detour, perhaps a delay, but not a denial.

- **Lori W. - Business Development Manager, Aunt, and Mentor (Michigan)**

I believe Valencia Parker is the perfect candidate to write about the struggles African American women face with reproductive issues.

Writing about African American women and their struggle for reproductive equality is important because our experiences reveal how race, gender, and socioeconomic barriers have historically limited access to quality healthcare and reproductive autonomy. Examining these challenges helps bring attention to disparities in maternal health, access to contraception, and the right to make informed decisions about one's body. By highlighting our stories, can promote awareness, encourage social change, and contribute to a more equitable healthcare system for all women.

- **Patty P. – Mother, Veteran, and Automotive Retiree (Michigan)**

Black women need to be informed of infertility nuances affecting our women by bringing testimonies to light. I think we take for granted that we all will be able to have children when we get ready. This is not true for everyone. Valencia's journey to motherhood is something worth talking about.

I would consider infertility something very new in our discussions as African Americans of the 21st century. Let's shed a light on this and arm ourselves with information that could help us expand opportunities to alternative options for building a family.

- **Dolcina F. – Mother, Automotive Zone Manager (Michigan)**

