



A Guide to Surrogacy for Health Professionals

What is surrogacy?

Surrogacy is a way for a childless couple to become parents, with a surrogate mother carrying their child. It is legal in the UK provided that the surrogate receives no payment beyond her reasonable expenses.

Couples wanting to have a child in this way are referred to in the law as Intended Parents, or IPs.

There are two ways by which a surrogate mother can become pregnant: "straight" and "host" surrogacy. Straight surrogacy is artificial insemination: the child is conceived from the surrogate's own egg, using the male Intended Parent's semen. In host surrogacy the child is genetically unrelated to the surrogate: she carries an embryo created in an IVF clinic. This embryo will either be made from the egg and sperm of the Intended Parents, or alternatively an egg donor may be used.

Once the baby is born, the IPs will leave hospital with the baby in their care. With the consent of the surrogate mother, the IPs then apply to the family court for a Parental Order, which reassigns legal parenthood from the surrogate mother to them, permanently.

What is Surrogacy UK?

Surrogacy UK is a not-for-profit organisation that allows surrogates and intended parents to get to know each other. We provide social events and an on-line community, alongside a network of support from experienced volunteers. We are in the process of applying for charitable status, and are hoping to become the first surrogacy charity in Europe.

Further information

Both surrogates and intended parents (IPs) should be encouraged to do as much research as possible before deciding to join a surrogacy organisation like Surrogacy UK. We publish a detailed information pack which is available free of charge to potential surrogates and potential Intended Parents.

The HFEA (Human Fertility & Embryology Authority) has a comprehensive website with information and guidance on surrogacy for health professional and patients.

Members of the BMA can seek advice on any aspect of surrogacy from the BMA Ethics Department. There is a reference book called "Medical Ethics Today" published by the BMA which contains advice for doctors about surrogacy. There is also a booklet 'Changing Conceptions of Motherhood' published by the BMA.

Defence Organisations will generally be happy to advise their members on specific cases.



How people become members of Surrogacy UK

Both Surrogate mothers and IPs need to complete a detailed application process before they can join Surrogacy UK. This involves:

- A CRB check
- A face-to-face interview with a “mediator” from Surrogacy UK, who will have either been a surrogate or an IP in the past
- Semen analysis for the intended father including MAR

In addition, prospective members must be in good health, and the following are required:

- A medical report from the GP of each prospective member. This should highlight any known health problems which would impact upon their eligibility for membership, and should include in the case of female IPs the reason why a surrogate pregnancy is necessary. The report should indicate whether further specialist medical assessment is recommended.
- Screening for transmissible infections including HIV, Hepatitis B and C, chlamydia, gonorrhoea, syphilis, and CMV
- Testing for Cystic Fibrosis carrier status (IPs and potential straight surrogates only)

These investigations may be carried out in primary care or in a specialist fertility clinic. IPs are aware that there may be a charge for these services; potential surrogates will have any fees refunded by Surrogacy UK.

What Surrogacy UK asks of professionals – before membership

If your patient is a potential surrogate

The surrogate mother may ask for an opinion as to whether she is medically fit to get pregnant. A surrogacy pregnancy should be “low risk” but currently there is no official guidance or regulation around factors such as age, BMI or previous obstetric history.

Straight surrogacy is usually carried out at home and does not involve medical staff. It is worth noting that if a woman wishes to become a straight surrogate but does *not* intend to join an organisation such as Surrogacy UK then she could proceed without any checks at all.

Host surrogacy involves egg retrieval and embryo transfer, so has to be carried out at a licensed fertility clinic which will be regulated by the HFEA. The surrogate mother will be seen by a Consultant in assisted conception. The clinic will usually arrange all the necessary screening tests and implications counselling for the surrogate. The case will usually have to go to the clinic’s ethics committee for approval before treatment starts.

Specific considerations:

- **Age**

There are no HFEA or other guidelines regarding the age of straight surrogates but the straight surrogate is in effect donating her eggs. You may want to bear in mind that the HFEA guidance for egg donors states that unless there are exceptional reasons, eggs for



the treatment of others should not be taken from donors age 36 or above. Similarly eggs should not be taken from donors under 18 years of age. Obviously fertility declines with age, while the risk of chromosomal abnormalities increases. Surrogacy UK will not accept surrogates under the age of 23 but there is no upper age limit: each case is dealt with on an individual basis.

In host surrogacy the risk of chromosomal abnormality depends on the age of the woman who provided the eggs, not the age of the host surrogate. The chances of successful embryo implantation are similar whatever the age of the host surrogate. However, the risks of pregnancy to the surrogate increase with age.

- **Obesity**

Straight surrogacy: it will be up to the surrogate and IPs to decide whether or not to proceed as there is no clinic involved. However it would be advisable to ensure that the surrogate understands that obesity increases the risk to her and the baby. If there was cause for concern Surrogacy UK would make a decision on an individual basis as to whether to accept the surrogate as a member.

Host surrogacy: Most infertility clinics in the UK will not provide treatment to a potential surrogate with a BMI higher than 30 to 32.

- **Previous obstetric history**

If a surrogate has had problems such as hypertension, gestational diabetes or premature delivery in previous pregnancies, they should be made aware of the risk of recurrence in future pregnancies. They should be advised to be completely honest with both their surrogacy organisation and their IPs about their previous obstetric and medical history.

Straight surrogacy: The surrogate and IPs will make the decision as to whether to proceed or not. Organisations such as Surrogacy UK will provide support and advice based on experience but they are not in a position to provide obstetric/medical advice. GPs should consider asking for advice from an Obstetrician.

Host surrogacy: If the surrogate has a previous poor obstetric history then the medical staff and ethics committee at the infertility clinic will decide whether to accept her for treatment.

- **A potential surrogate with an incomplete family**

In this situation the surrogate should be aware of the potential risk that complications during the pregnancy could jeopardise her chances of having more children of her own. She might have an ectopic pregnancy and lose a fallopian tube or she might have catastrophic post-partum bleeding and require an emergency hysterectomy.

- **Mental health problems**

Mental health problems, current or past, may affect a potential Surrogate Mother's suitability to join the organisation. The GP should describe any known mental health problems, and



comment on the possible impact of a surrogate pregnancy. They should also indicate if a specialist psychiatric assessment would be appropriate.

If your patient is a potential Intended Parent:

- **Age**

In straight surrogacy there are no regulations governing the age of IPs. There is no upper age limit for membership of Surrogacy UK but the cases of older IPs would be considered on an individual basis.

In host surrogacy cases of older IPs would also be considered on an individual basis. Following this it would be up to the medical staff and the ethics committee at the IVF clinic to decide whether to allow older IPs to proceed.

- **Physical and mental health of IPs**

There is no guidance on how to assess whether IPs are healthy and fit enough to bring up a child. Surrogacy UK would look at the cases of IPs with significant health problems on an individual basis to determine whether they could become members. IPs who plan to have a baby through host surrogacy would be assessed by the medical staff and the ethics committee at the clinic, and they would make the final decision as to whether the IPs were allowed to proceed.

What Surrogacy UK asks of professionals – antenatal and postnatal care

- **During the pregnancy**

A pregnant surrogate should be treated as you would any other pregnant woman, with routine antenatal care.

Both the surrogate and the IPs should be given the opportunity to attend antenatal and postnatal classes, and both should be referred to the midwife and health visitor during the latter stages of the pregnancy.

- **After delivery**

In most cases the IPs leave hospital with the baby, so while the surrogate mother will need to be visited to check on her own health, the baby will need to be visited in the IPs' home.

The midwife will visit the new baby and parents as they would for any other new baby, and the health visitor will then take over.

- **Consent for immunisations and any medical procedures**

The parental order giving the intended parents parental responsibility will not usually be awarded until the baby is around 6 months old. Therefore in strict legal terms the surrogate mother is the legal mother until this time. This can cause problems when consent is required,



and most frequently arises in the case of immunisations. If the surrogate mother can attend with the IPs for immunisations there is no problem, but this is often not practical. We recommend that the surrogate mother signs a letter giving consent for the baby to have the standard immunisation programme. Since any such procedure or treatment would be in the best interests of the child, this is usually sufficient.

There is no case law on this issue so if a Health Professional has any concerns they are advised to seek advice from their Defence Organisation.

Surrogacy Overseas

Surrogacy UK is unable to provide advice on surrogacy outside the UK.

Useful resources:

- Changing Concepts of Motherhood: Practice of Surrogacy in Britain. BMJ Publishing Group 1996 (out-of-print)
- Medical Ethics Today - The BMA's handbook of ethics and law, second edition. Available from Hammicks bookshop
- <http://www.hfea.gov.uk/501.html> HFEA Guidance on surrogacy
- <http://www.hfea.gov.uk/399.html#guidanceSection3945>: Legal parenthood: surrogacy
- <http://www.gambleandghevaert.com/page/surogacy/22/> Lots of information regarding surrogacy and the law from two lawyers specialising in the law around infertility and surrogacy.
- <http://www.rcm.org.uk/college/standards-and-practice/position-papers> Position Paper No. 18 Surrogacy: Defining Motherhood August 1997