

Surrogacy: the experience of surrogate mothers (PubMed)

[Women Birth](#). 2015 Dec;28(4):e110-8. doi: 10.1016/j.wombi.2015.07.005. Epub 2015 Jul 23.

Surrogacy: The experience of Greek commissioning women.

[Papaligoura Z](#)¹, [Papadatou D](#)², [Bellali T](#)³.

Author information

¹Department of Psychology, Aristotle University of Thessaloniki, Greece. Electronic address: zapa@psy.auth.gr.

²Faculty of Nursing, University of Athens, Greece.

³Department of Nursing, Alexandreio Technological Educational Institute of Thessaloniki, Greece.

Abstract

BACKGROUND:

Available studies on surrogacy are extremely limited. Findings suggest that surrogacy is experienced as problem free, with a significant number of commissioning mothers maintaining contact with the surrogates over time.

AIM:

To explore the experiences of Greek commissioning women regarding the surrogacy arrangement and birth of a child through surrogacy.

METHODS:

The data of this study were collected from 7 intended mothers who had either a long history of infertility or serious health problems. Interviews were tape-recorded, transcribed and analysed employing content analysis.

FINDINGS:

The analysis of the women's accounts revealed three themes: (a) a shared journey, (b) the birth of a long-awaited child, and (c) the surrogacy disclosure.

The surrogacy process became the women's affairs, with their partners offering backstage support. A very close bond was developed with the surrogates, characterised by daily contacts and care-giving behaviours. While this bond was abruptly discontinued after the child's birth, it was interiorised with all participants being grateful to their surrogate. The timing and content of the surrogacy disclosure to family and child(ren) were carefully chosen by participants, who avoided providing information when egg donation was involved.

CONCLUSION:

Findings are reassuring for women who want to parent a child through a surrogate arrangement, and suggest that the availability of counselling services may help intended mothers to cope with disclosure issues.

[Hum Reprod](#). 2015 Feb;30(2):373-9. doi: 10.1093/humrep/deu339. Epub 2014 Dec 19.

Surrogate mothers 10 years on: a longitudinal study of psychological well-being and relationships with the parents and child.

Jadva Vasanti¹, Imrie Susan², Golombok S².

Author information

¹Centre for Family Research, Department of Psychology, University of Cambridge, Free School Lane, Cambridge CB2 3RF, UK vj227@cam.ac.uk.

²Centre for Family Research, Department of Psychology, University of Cambridge, Free School Lane, Cambridge CB2 3RF, UK.

Abstract

STUDY QUESTION:

How do the psychological health and experiences of surrogate mothers change from 1 year to 10 years following the birth of the surrogacy child?

SUMMARY ANSWER:

The psychological well-being of surrogate mothers did not change 10 years following the birth, with all remaining positive about the surrogacy arrangement and the majority continuing to report good mental health.

WHAT IS KNOWN ALREADY:

Studies have found that surrogates may find the weeks following the birth difficult, but do not experience psychological problems 6 months or 1 year later. Research has also shown that surrogates can form close relationships with the intended parents during the pregnancy which may continue after the birth.

STUDY DESIGN, SIZE, DURATION:

This study used a prospective longitudinal design, in which 20 surrogates were seen at two time points: 1 year following the birth of the surrogacy child and 10 years later.

PARTICIPANTS/MATERIALS, SETTING, METHODS:

The 20 surrogates (representing 59% of the original sample) participated in a semi-structured interview and completed self-report questionnaires. Eleven surrogates were gestational carriers and nine surrogates had used their own oocyte (genetic surrogacy). Four were previously known to the intended parents and 16 were previously not known.

MAIN RESULTS AND THE ROLE OF CHANCE:

Ten years following the birth of the surrogacy child, surrogate mothers scored within the normal range for self-esteem and did not show signs of depression as measured by the Beck Depression Inventory. Marital quality remained positive over time. All surrogates reported that their expectations of their relationship with the intended parents had been either met or exceeded and most reported positive feelings towards the child. In terms of expectations for the future, most surrogates reported that they would like to maintain contact or would be available to the child if the child wished to contact them. None expressed regrets about their involvement in surrogacy.

LIMITATIONS, REASONS FOR CAUTION:

The sample size of this study was small and the women may not be representative of all surrogates. Therefore the extent to which these findings can be generalized is not known.

WIDER IMPLICATIONS OF THE FINDINGS:

Contrary to concerns about the potentially negative long-term effect of surrogacy, the findings suggest that surrogacy can be a positive experience for some women at least. These findings are important for policy and practice of surrogacy around the world.

[Hum Reprod.](#) 2015 Feb;30(2):345-52. doi: 10.1093/humrep/deu333. Epub 2014 Dec 17.

Assisted reproduction involving gestational surrogacy: an analysis of the medical, psychosocial and legal issues: experience from a large surrogacy program.

[Dar S](#)¹, [Lazer T](#)¹, [Swanson S](#)², [Silverman J](#)², [Wasser C](#)³, [Moskovtsev S](#)¹, [Sojecki A](#)², [Librach C](#)⁴.

Author information

¹CReATe Fertility Center, University of Toronto, 790 Bay Street, Suite 1100, Toronto, ON, Canada M5G 1N8 Department of Obstetrics and Gynecology, University of Toronto, Toronto, ON, [Canada](#).

²CReATe Fertility Center, University of Toronto, 790 Bay Street, Suite 1100, Toronto, ON, Canada M5G 1N8.

³Law Society of Upper Canada, 130 Queen St W Toronto, ON, Canada M5H 2N6.

⁴CReATe Fertility Center, University of Toronto, 790 Bay Street, Suite 1100, Toronto, ON, Canada M5G 1N8 Department of Obstetrics and Gynecology, University of Toronto, Toronto, ON, Canada Department of Obstetrics and Gynecology, Women's College Hospital, Toronto, ON, Canada dr.shirdar@gmail.com
drlibrach@createivf.com.

Abstract

STUDY QUESTION:

What are the medical, psychosocial and legal aspects of gestational surrogacy (GS), including pregnancy outcomes and complications, in a large series?

SUMMARY ANSWER:

Meticulous multidisciplinary teamwork, involving medical, legal and psychosocial input for both the intended parent(s) (IP) and the gestational carrier (GC), is critical to achieve a successful GS program.

WHAT IS KNOWN ALREADY:

Small case series have described pregnancy rates of 17-50% for GS. There are no large case series and the medical, legal and psychological aspects of GS have not been addressed in most of these studies. To our knowledge, this is the largest reported GS case series.

STUDY DESIGN, SIZE AND DURATION:

A retrospective cohort study was performed. Data were collected from 333 consecutive GC cycles between 1998 and 2012.

PARTICIPANTS/MATERIALS, SETTING, METHODS:

There were [178 pregnancies achieved out of 333 stimulation cycles](#), including fresh and frozen transfers. The indications for a GC were divided into two groups. Those who have 'failed to carry', included women with recurrent implantation failure (RIF), recurrent pregnancy loss (RPL) and previous poor pregnancy outcome (n = 96; 132 cycles, [pregnancy rate 50.0%](#)). The second group consisted of those who 'cannot carry' including those with severe Asherman's syndrome, uterine malformations/uterine agenesis and maternal medical diseases (n = 108, 139 cycles, [pregnancy rate 54.0%](#)). A

third group, of same-sex male couples and single men, were analyzed separately (n = 52, 62 cycles, pregnancy rate 59.7%). In 49.2% of cycles, autologous oocytes were used and 50.8% of cycles involved donor oocytes.

MAIN RESULTS AND THE ROLE OF CHANCE:

The 'failed to carry' group consisted of 96 patients who underwent 132 cycles at a mean age of 40.3 years. There were 66 pregnancies (50.0%) with 17 miscarriages (25.8%) and 46 confirmed births (34.8%). The 'cannot carry pregnancy' group consisted of 108 patients who underwent 139 cycles at a mean age of 35.9 years. There were 75 pregnancies (54.0%) with 15 miscarriages (20.0%) and 56 confirmed births (40.3%). The pregnancy, miscarriage and live birth rates between the two groups were not significantly different (P = 0.54; 0.43; 0.38, respectively). Of the 178 pregnancies, 142 pregnancies were ongoing (surpassed 20 weeks) or had ended with a live birth and the other 36 pregnancies resulted in miscarriage (25.4%). Maternal (GS) complication rates were low, occurring in only 9.8% of pregnancies. Fetal anomalies occurred in only 1.8% of the babies born.

LIMITATIONS, REASONS FOR CAUTION:

Although it is a large series, the data are retrospective and conclusions must be drawn accordingly while considering bias, confounding and power. Due to the retrospective nature of this study, follow-up data on 6.3% of birth outcomes were incomplete. In addition, long-term follow-up data on GCs and IPs were not available to us at the time of publication.

WIDER IMPLICATIONS OF THE FINDINGS:

To our knowledge, this is the largest GS series published. We have included many details regarding not only the medical protocol but also the counseling and legal considerations, which are an inseparable part of the process. Data from this study can be included in discussions with future intended parents and gestational carriers regarding success rates and complications of GS.

[Reprod Biomed Online](#). 2014 Oct;29(4):424-35. doi: 10.1016/j.rbmo.2014.06.004. Epub 2014 Jul 5.

The long-term experiences of surrogates: relationships and contact with surrogacy families in genetic and gestational surrogacy arrangements.

Imrie S¹, Jadvá V². [UK]

Abstract

This study examined the contact arrangements and relationships between surrogates and surrogacy families and whether these outcomes differed according to the type of surrogacy undertaken [genetic and/or gestational]. Surrogates' motivations for carrying out multiple surrogacy arrangements were also examined, and surrogates' psychological health was assessed. Semi-structured interviews were administered to 34 women who had given birth to a child conceived through surrogacy approximately 7 years prior to interview. Some surrogates had carried out multiple surrogacy arrangements, and data were collected on the frequency, type of contact, and surrogate's feelings about the level of contact in

each surrogacy arrangement, the surrogate's relationship with each child and parent, and her experience of, and motivation for, each surrogacy. Questionnaire measures of psychological health were administered. Surrogates had completed a total of 102 surrogacy arrangements and remained in contact with the majority of families, and reported positive relationships in most cases. Surrogates were happy with their level of contact in the majority of arrangements and most were viewed as positive experiences [Surrogates reported that 87% (89) of surrogacy arrangements had been positive experiences. Eight percent (8) of surrogacy arrangements were categorised as neutral or ambivalent experiences, and 5% (5) were categorised as negative experiences]. Few differences were found according to surrogacy type. The primary motivation given for multiple surrogacy arrangements was to help couples have a sibling for an existing child. Most surrogates showed no psychological health problems at the time of data collection.

Table 6 Surrogates' scores on RSES and BDI-ii.

| | n (%) | | | |
|---------------|-------------|---------|-------------------------|---------|
| | Gestational | Genetic | Gestational and genetic | Total |
| RSES | | | | |
| Above average | 4 (29) | 1 (9) | 1 (17) | 6 (19) |
| Average | 10 (71) | 10 (91) | 4 (66) | 24 (77) |
| Below average | | | 1 (17) | 1 (3) |
| BDI-ii | | | | |
| Minimal | 14 (100) | 9 (82) | 5 (83) | 28 (90) |
| Mild | | 2 (18) | | 2 (6) |
| Moderate | | | 1 (17) | 1 (3) |
| Severe | | | | 0 (0) |
| Total | 14 | 11 | 6 | 31 |

BDI-ii, Beck Depression Inventory - ii; RSES, Rosenberg's Self-Esteem Scale.

Iran J Reprod Med. 2014 Jul;12(7):471-80.

Emotional experiences in surrogate mothers: A qualitative study.

Ahmari Tehran H¹, Tashi S², Mehran N³, Eskandari N⁴, Dadkhah Tehrani T³.

Author information

¹Research Center for Medicine and Religion , Qom University of Medical Sciences, Qom, Iran.

²Fertility and Infertility Research Center, Isfahan University of Medical Sciences, Isfahan, Iran.

³Faculty of Nursing and Midwifery , Qom University of Medical Sciences, Qom, Iran.

⁴Faculty of Nursing and Midwifery, Shahid Beheshti University of Medical Science, Tehran, Iran.

Abstract

BACKGROUND:

Surrogacy is one of the new techniques of assisted reproduction technology in which a woman carries and bears a child for another woman. In Iran, many Shia clerics and jurists considered it permissible so there is no religious prohibition for it. In addition to the risk of physical complications for complete surrogate mothers, the possibility of

psychological complications resulted from emotional attachment to a living creature in the surrogate mother as another injury requires counseling and assessment prior to acceptance by infertile couples and complete surrogate mothers.

OBJECTIVE:

The purpose of this study was to assess the emotional experiences of surrogate mothers.

MATERIALS AND METHODS:

This was a qualitative, phenomenological study. We selected eight complete surrogate mothers in Isfahan. We used convenient sampling method and in-depth interview to collect the information. The data analysis was fulfilled via Colaizzi's seven-stage method. Reliability and validity study of the roots in the four-axis was done.

RESULTS:

The findings of these interviews were classified into two main themes and four sub themes: acquired experiences in pregnancy (feelings toward pregnancy, relationship with family, relatives and commissioning couple) and consequences of surrogacy (complications of pregnancy, religious and financial problems of surrogacy).

CONCLUSION:

Surrogacy pregnancy should be considered as high-risk emotional experience because many of surrogate mothers may face negative experiences. Therefore, it is recommended that surrogates should receive professional counseling prior to, during and following pregnancy.

Hum Reprod. 2014 Jan;29(1):90-6. doi: 10.1093/humrep/det410. Epub 2013 Nov 20.

Children of surrogate mothers: psychological well-being, family relationships and experiences of surrogacy.

Jadva V¹, Imrie S.

Abstract

STUDY QUESTION:

What impact does surrogacy have on the surrogates' own children?

SUMMARY ANSWER:

The children of surrogate mothers do not experience any negative consequences as a result of their mother's decision to be a surrogate, irrespective of whether or not the surrogate uses her own egg.

STUDY DESIGN, SIZE AND DURATION:

Participants were recruited as part of a study of the long-term effects of surrogacy for surrogates and their family members. Data were collected from 36 children of surrogates at a single time point.

PARTICIPANTS/MATERIALS, SETTING, METHODS:

Participants whose mother had been a surrogate 5-15 years prior to interview and who were aged over 12 years were eligible to take part. Thirty-six participants (14 male and 22 female) aged 12-25 years were interviewed (response rate = 52%). Questionnaires assessing psychological health and family functioning were administered.

MAIN RESULTS AND THE ROLE OF CHANCE:

Forty-four per cent (15) of participants' mothers had undergone gestational surrogacy, 39% (14) had used their own egg (genetic surrogacy) and 19% (7) had completed both types of surrogacy. Most surrogates' children (86%, 31) had a positive view of their mother's surrogacy. Forty-seven per cent (17) of children were in contact with the surrogacy child and all reported good relationships with him/her. Forty per cent (14) of children referred to the child as a sibling or half-sibling and this did not differ between genetic and gestational surrogacy. Most children (89%, 32), reported a positive view of family life, with all enjoying spending time with their mother. Mean scores on the questionnaire assessments of psychological health and self-esteem were within the normal range and did not differ by surrogacy type.

LIMITATIONS, REASONS FOR CAUTION:

The sample size for this study was relatively small and not all children chose to take part, therefore their views cannot be known. Nevertheless, this is the first study to assess the experiences of surrogacy from the perspective of the surrogates' own children. There may be some bias from the inclusion of siblings from the same family.

WIDER IMPLICATIONS OF THE FINDINGS:

Findings of this study show that family relationships within the surrogate's own family are good and that the children are not negatively affected as a result of their mother's decision to be a surrogate. These results are of importance to counsellors and support groups offering advice to surrogates and intended parents.

STUDY FUNDING, COMPETING INTERESTS:

This work was supported by the Economic and Social Research Council (grant number ES/I009221/1). None of the authors has any conflict of interest to declare.

[Philos Ethics Humanit Med.](#) 2013 Aug 20;8:10. doi: 10.1186/1747-5341-8-10.

An ethnomethodological approach to examine exploitation in the context of capacity, trust and experience of commercial surrogacy in India.

[Saravanan S](#)¹.

Author information

¹Department of Medical Ethics and History of Medicine, University Medical Center, Humboldtallee 36, Goettingen D-37073, Germany. vssarav@gmail.com

Abstract

The socio-ethical concerns regarding exploitation in commercial surrogacy are premised on asymmetric vulnerability and the commercialization of women's reproductive capacity to suit individualistic motives. In examining the exploitation argument, this article reviews the social contract theory that describes an individual as an 'economic man' with moral and/or political motivations to satisfy individual desires. This study considers the critique by feminists, who argue that patriarchal and medical control prevails in the surrogacy contracts. It also explores the exploitative dynamics amongst actors in the light of Baier's conceptualization of trust and human relationship, within which both justice and exploitation thrive, and Foucault's concept of bio-power. Drawing on these concepts, this paper aims to investigate the manifestations of exploitation in commercial surrogacy in the context of trust, power

and experiences of actors, using a case study of **one clinic in India**. The actors' experiences are evaluated at different **stages of the surrogacy process**: recruitment, medical procedures, living in the surrogate home, bonding with the child and amongst actors, financial dealings, relinquishment and post-relinquishment. This study applies ethnomethodology to identify phenomena as perceived by the actors in a situation, giving importance to their interpretations of the rules that make collective activity possible. The methods include semi-structured interviews, discussions, participant observation and explanation of the phenomena from the actors' perspectives. Between August 2009 and April 2010, **13 surrogate mothers (SMs)**, **4 intended parents (IPs)** and **2 medical practitioners (MPs)** from one clinic in Western India were interviewed. This study reveals that **asymmetries of capacity amongst the MPs, SMs, IPs and surrogate agents (SAs) lead to a network of trust and designation of powers through rules, bringing out the relevance of Baier's conceptualization of asymmetric vulnerability, trust and potential exploitation in human relationships**. The IPs are exploited, especially in monetary terms. The SMs are relatively the most exploited, given their vulnerability. Their remuneration through surrogacy is significant for them, and their acquired knowledge as ex-surrogates is used for their own benefit and for exploiting others. Foucault's conceptualization of power is hence relevant, since the ex-SMs re-invest the power of their exploitative experience in exploiting others.

Comentário [j1]: Associated to commercial surrogacy only?

Hum Reprod. 2011 Mar;26(3):504-9. doi: 10.1093/humrep/deq383. Epub 2011 Jan 19.

Intrafamilial medically assisted reproduction.

*ESHRE Task Force on Ethics and Law*¹, *de Wert G, Dondorp W, Pennings G, Shenfield F, Devroey P, Tarlatzis B, Barri P, Diedrich K.*

Author information

¹Department of Health, Ethics and Society, Research Institutes CAPHRI and GROW, Maastricht University, Maastricht, **The Netherlands**. g.dewert@maastrichtuniversity.nl

Abstract

For different motives, couples in need of third party assisted reproduction sometimes prefer the help of a family member over an unrelated collaborator. Quantitative (frequency) and qualitative (experience) data about this practice are lacking or scarce. Forms of intrafamilial medically assisted reproduction (IMAR) are different with respect to (i) familial closeness between the collaborator and the person whose reproductive contribution he or she replaces and whether assistance would be intra- or intergenerational, (ii) the relationship between the collaborator and the fertile partner (this relationship may or may not be consanguineous) and (iii) with regard to the material (sperm and oocytes) that is donated and the services (surrogacy) that are offered. This document aims at providing **guidance to the professional** handling of requests for IMAR. It briefly sketches the background of this practice and discusses a variety of relevant **normative aspects**.

J Med Ethics. 2009 May;35(5):320-2. doi: 10.1136/jme.2008.027763.

Iran's experience with surrogate motherhood: an Islamic view and ethical concerns.

Aramesh K¹.

Author information

¹Medical Ethics and History of Medicine Research Center, 4th Floor, No 23, 16 Azar Street, Tehran, Iran. kiarasharamesh@tums.ac.ir

Abstract

Gestational surrogacy as a treatment for infertility is being practised in some well-known medical institutions in Tehran and some other cities in Iran. While the majority of Muslims in the world are Sunni, the majority of Iranians are Shiite. Most Sunni scholars do not permit surrogate motherhood, since it involves introducing the sperm of a man into the uterus of a woman to whom he is not married. Most Shiite scholars, however, have issued jurisprudential decrees (fatwas) that allow surrogate motherhood as a treatment for infertility, albeit only for legal couples. They regard this practice as transferring an embryo or fetus from one womb to another, which is not forbidden in Shiite jurisprudence. Nevertheless, there are some controversies concerning some issues such as kinship and inheritance. The main ethical concern of Iran's experience with gestational surrogacy is the **monetary relation between the intended couple and the surrogate mother**. While monetary remuneration is practised in Iran and allowed by religious authorities, it seems to suffer from ethical problems. This article proposes that this kind of monetary relation should be modified and **limited to reimbursement of normal costs**. Such modification requires new legislation and religious decrees.

Reprod Biomed Online. 2005 Aug;11(2):254-8.

Eight years' experience with an IVF surrogate gestational pregnancy programme.

Raziel A¹, Schachter M, Strassburger D, Komarovsky D, Ron-El R, Friedler S.

Author information

¹Infertility and IVF Unit, Assaf Harofeh Medical Centre, Tel-Aviv University, Zerifin, 70300, Israel. araziel@012.net.il

Abstract

The aim of this study was to retrospectively audit eight years' experience of an IVF surrogate gestational programme and to compare the outcome of surrogacy due to absence of the uterus with surrogacy indicated for repeated IVF failure and recurrent abortions. A total of **60 cycles of IVF surrogate pregnancy** were initiated in **19 treated couples**. Absence of the uterus was the indication for surrogacy in 10 cases: Rokitansky syndrome (eight cases) and post-hysterectomy (two cases) designated as group A. The indications in the remaining nine patients (group B) were: IVF implantation failure (three cases), habitual abortions (four cases) and deteriorating maternal diseases (two cases). IVF performance and subsequent pregnancy outcome of groups A and B were

compared. There was no difference in ovarian stimulation parameters and in IVF performance between the groups A and B. The overall pregnancy rate per transfer was 10/60 (17%). The pregnancy rates per patient and per transfer were 7/10 (70%) and 7/35 (20%) in group A compared with 3/9 (33%) and 3/25 (12%) in group B. A median number of three treatment cycles were needed to achieve pregnancy. In conclusion, the existence or absence of the uterus in the commissioning mothers is irrelevant for their IVF performance and conception rates. In patients who conceived after more than three IVF cycles, an additional 'oocyte factor' might be present.

[Hum Reprod.](#) 2003 Oct;18(10):2196-204.

Surrogacy: the experiences of surrogate mothers.

[Jadva V¹](#), [Murray C](#), [Lycett E](#), [MacCallum F](#), [Golombok S.](#) [UK]

Abstract

BACKGROUND:

This study examined the motivations, experiences and psychological consequences of surrogacy for surrogate mothers.

METHODS:

Thirty-four women who had given birth to a surrogate child approximately 1 year previously were interviewed by trained researchers, and the data rated using standardized coding criteria. Information was obtained on: (i) reasons for the woman's decision to become a surrogate mother; (ii) her retrospective view of the relationship with the commissioning couple before the pregnancy, during the pregnancy, and after the birth; (iii) her experiences during and after relinquishing the child; and (iv) how others reacted to her decision to become a surrogate mother.

RESULTS:

It was found that surrogate mothers do not generally experience major problems in their relationship with the commissioning couple, in handing over the baby, or from the reactions of those around them. The emotional problems experienced by some surrogate mothers in the weeks following the birth appeared to lessen over time.

CONCLUSIONS:

Surrogate mothers do not appear to experience psychological problems as a result of the surrogacy arrangement.

[Hum Reprod.](#) 2003 Jun;18(6):1334-42.

Surrogacy: the experience of commissioning couples.

[MacCallum F¹](#), [Lycett E](#), [Murray C](#), [Jadva V](#), [Golombok S.](#) [UK]

Abstract

BACKGROUND:

Findings are presented of a study of families with a child created through a surrogacy arrangement. This paper focuses on the **commissioning couples' reports** of their experiences.

METHODS:

A total of **42 couples with a 1-year-old child born through surrogacy** were assessed using a standardized semi-structured interview. Data were obtained on motivations for surrogacy, details about the surrogate mother, experience of surrogacy during pregnancy and after birth and disclosure of the surrogacy to friends and family.

RESULTS:

Couples had considered surrogacy only after a long period of infertility or when it was the only option available. Couples retrospectively recalled their **levels of anxiety throughout the pregnancy as low**, and **relationships between the couple and the surrogate mother were found to be generally good**. This was the case regardless of whether or not the couple had known the surrogate mother prior to the arrangement. After the birth of the child, positive relations continued with the large majority of couples maintaining some level of contact with the surrogate mother. All couples had told family and friends about the surrogacy and were planning to tell the child.

CONCLUSIONS:

Commissioning couples generally perceived the surrogacy arrangement as a positive experience.

[Psychol Rep.](#) 2002 Aug;91(1):201-19.

Surrogacy: the parents' story.

[Kleinpeter CB](#)¹.

Author information

¹Department of Social Work, **California** State University, Long Beach 90840-0902, **USA**.

Abstract

This qualitative study explored the experiences of **26 parents** who were involved in surrogate parenting arrangements in a California-based surrogacy program. Participants were mostly white (n = 23), married (n = 25), females (n = 24), with high levels of education and income. The mean age at the time of the first child's birth was 39 yr. (SD = 5.06). The majority of parents reported having one (n = 10) or two (n = 8) children. All subjects reported **infertility as their reason to explore surrogacy** as a method of building a family. 18 participants chose in vitro fertilization as their method of conception. Telephone interviews explored their decision-making, method of fertilization, their relationship with their surrogate, and the support that they received during the surrogacy process. Results indicate that **parents were able to anticipate some potential pitfalls prior to their experience but did not realize the importance of other potential difficulties**. A conceptual model is presented with **implications for helping professionals**.

[BMJ.](#) 2000 Apr 1;320(7239):924-8.

Treatment by in vitro fertilisation with surrogacy: experience of one British centre.

Brinsden PR¹, Appleton TC, Murray E, Hussein M, Akagbosu E, Marcus SF.

Author information

¹Bourn Hall Clinic, Bourn, Cambridge CB3 7TR. brinsdenp@aol.com

Indications for treatment by IVF surrogacy:

- After hysterectomy for cancer
- Congenital absence of the uterus
- Hysterectomy for postpartum haemorrhage
- Repeated failure of in vitro fertilisation treatment
- Recurrent abortion
- Hysterectomy for menorrhagia
- Severe medical conditions incompatible with pregnancy

More than 300 births are known to have occurred with natural and in vitro fertilisation surrogacy arrangements in Britain. Most problems are related to natural surrogacy. We are aware of only one case of IVF surrogacy that has ended in the British courts, with a "tug of love" dispute between the genetic and host mothers. Other well publicised cases have occurred in the US. Researchers who have followed up hosts found that surrogacy was a positive experience, with strong feelings of fulfillment and altruism, even when payment was received.

Acta Obstet Gynecol Scand. 2002 Aug;81(8):747-52.

Experience of in vitro fertilization surrogacy in Finland.

Söderström-Anttila V¹, Blomqvist T, Foudila T, Hippeläinen M, Kurunmäki H, Sieberg R, Tulppala M, Tuomi-Nikula M, Vilksa S, Hovatta O.

Author information

¹The Family Federation of Finland, Infertility Clinic, Helsinki. viveca.soderstrom-anttila@vaestoliitto.fi

Abstract

BACKGROUND:

In vitro fertilization (IVF) surrogacy makes it possible for women who do not have a functional uterus to have their own genetic offspring. We describe here our experience of IVF surrogacy in Finland over a 10-year period.

METHODS:

This retrospective study included 17 women who underwent ovarian stimulation in connection with surrogacy in 1991-2001 at four clinics. The surrogate mothers were unpaid volunteers: six sisters, three mothers, one husband's sister, one cousin, four friends and three other volunteers. Thorough counseling was given to the commissioning couples and to the surrogate mothers and their partners. The commissioning couples were prepared to adopt their biological children.

RESULTS:

Twenty-eight surrogate IVF cycles were started in 17 women. One couple received donated oocytes. Trans-vaginal oocyte retrieval was feasible in every case, including those five women with congenital absence of the vagina and uterus. An average of 1.8 embryos was transferred at a time, and 11 pregnancies were achieved [50% per fresh embryo transfer (ET) and 16% per frozen-thawed ET]. Nine healthy singletons and one set of twins were born. One pregnancy ended in miscarriage. The mean birth weight of singleton infants was 3498 g (2270-4650 g). The birth weights of the twins were 2900 and 2400 g. In all cases the genetic parents took care of the infant immediately after birth. Two [out of 10] surrogate mothers had postpartum depression [in developed countries, 10-15% of new mothers were affected by major postpartum depression (Lanes et al 2011)].

CONCLUSIONS:

Altruistic IVF surrogacy works well, but careful counseling of all parties involved is essential.

[Hum Reprod.](#) 2000 May;15(5):1075-8.

Fifteen years experience with an in-vitro fertilization surrogate gestational pregnancy programme.

[Goldfarb JM¹](#), [Austin C](#), [Peskin B](#), [Lisbona H](#), [Desai N](#), [de Mola JR](#).

Author information

¹Department of Reproductive Biology, Case Western Reserve University School of Medicine, Cleveland, Cleveland, Ohio, USA.

Abstract

The purpose of our study was to review and evaluate retrospectively the experience of an in-vitro fertilization (IVF) surrogate gestational programme in a tertiary care and academic centre. In a 15 year period from 1984 to 1999, a total of 180 cycles of IVF surrogate gestational pregnancy was started in 112 couples. On average, the women were 34.4 +/- 4.4 years of age, had 11.1 +/- 0.72 oocytes obtained per retrieval, 7.1 +/- 0.5 oocytes fertilized and 5.8 +/- 0.4 embryos subsequently cleaved. Sixteen cycles (8.9%) were cancelled due to poor stimulation. Except for six cycles (3.3%) where there were no embryos available, an average of 3.2 +/- 0.1 embryos was transferred to each individual recipient. The overall pregnancy rate per cycle after IVF surrogacy was 24% (38 of 158), with a clinical pregnancy rate of 19% (30 of 158), and a live birth rate of 15.8% (25 of 158). When compared to patients who underwent a hysterectomy, individuals with congenital absence of the uterus had significantly more oocytes retrieved ($P < 0.006$), fertilized, cleaved and more embryos available for transfer despite being of comparable age. IVF surrogate gestation is an established, yet still controversial, approach to the care of infertile couples. Take-home baby rates are comparable to conventional IVF over the same 15 year span in our programme. Patients with congenital absence of the uterus responded to ovulation induction better than patients who underwent a hysterectomy, perhaps due in part to ovarian compromise from previous surgical procedures.