

Surrogacy: Who, what, where, how?

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Why do people enter into a surrogacy arrangement?

The following situations are potentially valid reasons for men or women to enter into a surrogacy arrangement:

- A woman is unable to become pregnant or carry a baby for medical reasons
- A woman is at risk of harming herself or the child if she becomes pregnant
- A same-sex couple (male or female) or individual may want to have a child, conceived using their own sperm or eggs and donor sperm or eggs
- A couple for whom repeated IVF attempts have failed
- A couple who are involved in an IVF treatment program may have embryos in storage and, if the woman dies, the male partner may wish to commission a surrogate to carry and give birth to a child.

What is the chance of having a baby with surrogacy?

This depends on a range of factors, including:

- The age of the person providing the egg or sperm
- The age of the surrogate
- The lifestyle of the surrogate and egg or sperm providers
- The stage of development when the embryo is transferred to the surrogate (2-3 day or 5-day embryo).

How do I actually find a surrogate?

Once you have decided, in consultation with your fertility specialist, that surrogacy is the right option for you; it's up to you to find a person willing to act as a surrogate. This is not an easy task. Some people prefer to make it known to their friends and family that this is their only option to have a child and wait and see if anyone comes forward to offer to be a surrogate. Other people may ask a friend/family member to help them. However, if that person is not comfortable with the idea, be aware that it may affect your relationship with them in the future. Please reassure them that you'll understand if they don't feel able to do this for you. It is better that they are honest rather than going ahead if they have doubts.

There is a prohibition in Australia on publishing an advertisement or notice, or attempting to publicly seek a surrogate or indicate a willingness to act as a surrogate. This includes placing an advertisement in a newspaper, publishing through television, radio or the Internet or publicising through other means to the public. This extends to a prohibition on ART clinics doing so on behalf of their patients.

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You are also not permitted to pay the surrogate any more than the prescribed costs incurred as a direct result of the surrogacy arrangement. According to the Assisted Reproductive Treatment Regulations 2009, these may include:

- Medical expenses associated with the pregnancy or birth (doctors' fees, medication, medical scans, etc)
- Costs of legal advice and counselling necessary to satisfy the requirements for approval by the PRP, or prior to obtaining a substitute parentage order
- Travel expenses that are incurred in relation to the pregnancy or birth.

The surrogacy costs that are paid to the birth mother are a matter for the parties to agree upon together when making the surrogacy arrangement. The surrogacy arrangement should reflect these decisions, and the expenses and costs that will be reimbursed to the surrogate should be clearly worded.

I am interested in becoming a surrogate - is this possible?

As with those who are seeking a surrogate, Victorian law prevents people from advertising or publishing that they are willing to act as a surrogate. This includes advertising that you are willing to accept benefits under a surrogacy arrangement. The most common scenario is that someone known personally to the commissioning parent(s) acts as the surrogate.

Can a surrogate use her own eggs if the commissioning mother is infertile?

Where a surrogate uses her own eggs as part of a surrogacy arrangement, this is called a traditional surrogacy. In Victoria, ART clinics are only permitted to practise gestational surrogacy. This means that the surrogate is implanted with an embryo created using an egg from another woman (either the commissioning mother, or donated from another woman). However, without the involvement of an ART clinic, traditional surrogacy is permitted. If you are contemplating a traditional surrogacy, VARTA recommends that you obtain legal advice, especially with respect to obtaining legal parentage of any child born.

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How does surrogacy work and what does the process involve?

Please note that the following process is not necessarily in a strict order of required steps to be taken. There is some degree of flexibility, depending on the clinic and specialists you encounter.

STEP 1 - Initial consultation. This should be sought by people considering surrogacy and can be done via a number of avenues such as:

- Discussion with your local GP, who may then refer you to a fertility specialist
- Direct consultation with a fertility specialist
- Consultation with your current fertility specialist, if you have attempted ART in the past.

STEP 2 - Should you decide you want to go ahead with surrogacy; you'll need to find someone who is prepared to act as a surrogate. Please note that there are restrictions on advertising for a surrogate, and that you're not permitted to pay the surrogate other than prescribed costs.

It is important to discuss in detail with the surrogate (and her partner, if any) the full implications of her involvement.

STEP 3 - The fertility specialist will undertake medical assessment of both the commissioning parent(s) and the surrogate. This is initially to assess whether the commissioning parent(s) satisfy the eligibility requirements for surrogacy. Initial blood tests will be taken from all parties to check for infection, including Hepatitis and HIV. A brief outline of medical risks to all parties may also be discussed at this consultation.

STEP 4 - The commissioning parent(s), together with their surrogate will be registered with an ART clinic. For a list of Victorian clinics see www.varta.org.au.

STEP 5 - Surrogacy should be a considered and informed decision. All parties, including the commissioning parent(s), the surrogate, and the surrogate's partner (if any), will undertake separate and joint counselling and independent psychological assessment. The potential surrogate will need to be in good physical health, financially stable, resilient, responsible, empathetic and have finished having her own family.

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What are the medical risks of surrogacy?

There are certain medical risks of surrogacy, which are similar across all methods of ART. These can include:

- Effects on the child born as a result of the treatment – IVF treatment has a greater chance of producing multiple births, which increases the chance of the baby being born prematurely and therefore having below-normal birth weight
- Effects on the egg provider – reactions to fertility drugs that may be prescribed, including hot flushes, feelings of depression or irritation, headaches and restlessness. There is also the small risk of ovarian hyper-stimulation syndrome (OHSS), which can cause stomach pains, nausea, vomiting, shortness of breath and faintness
- Effects on the surrogate - the usual risks associated with any pregnancy and birth. These risks are increased with the age of the surrogate.

There is also the rare risk of transfer of HIV and/or hepatitis. To eliminate this risk, mandatory screening of everyone involved in surrogacy is required.

To enhance safety, embryos are also 'quarantined' for six months (although this time period may vary from clinic to clinic), at the end of which, before proceeding with the embryo transfer, any infections or diseases are screened for a second time.

For more detail about the risks involved in surrogacy, please consult your fertility specialist.