

Altruistic Surrogacy

Why to oppose empathetic gestures?

EUROPEAN CHRISTIAN POLITICAL MOVEMENT

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January 2016

Abstract

Surrogacy has been a controversial technique among assisted reproductive technology (ART) in recent years. It has raised social-ethical questions and issues that require comprehensive assessment in all its aspects. Whereas the commercial surrogacy had been long criticized for using the woman's body as a commodity for a sum of money, the altruistic one is currently more and more being promoted as an empathetic gesture towards the infertile couples.

The altruistic surrogacy seems like the least disturbing for the child. In fact, altruistic gestational surrogacy is perceived as relatively acceptable where the surrogate is empathetically driven to share what they have and to utilize the reproductive capacities for altruistic reasons. Nevertheless, there are a number of psychological, ethical, social issues which are ignored by altruistic surrogacy.

Therefore, this policy paper addresses the issues of altruistic surrogacy and discusses on its controversial outcomes notwithstanding the altruistic motivations. It discusses the medical risks, psychological and physical risks for both the surrogate mother and the child. This paper argues that in the altruistic surrogacy, the danger of the child becoming a commodity or product is less visible.

Keywords: Altruistic surrogacy, surrogate mothers, pregnancy risks, social challenges, right to a child

Introduction

The ever-rising prevalence of infertility world over has led to advancement of assisted reproductive techniques (ART). Herein, surrogacy comes as an alternative when the infertile woman or couple is not able to reproduce. It is a method of assisted reproduction whereby a woman agrees to become pregnant for the purpose of gestating and giving birth to a child for others to raise.¹ Surrogacy may be commercial or altruistic, depending upon whether the surrogate receives financial reward for her pregnancy. Whereas in commercial surrogacy the intending parents offer a financial incentive to secure a willing surrogate, in the altruistic one the surrogate mother agrees to gestate a child for intended parents without being compensated monetarily in any way. In other words, this is in effect a free surrogacy.²

Why would a woman opt for altruistic surrogacy? Researchers have described surrogate mothers characteristically as altruistic women willing to ‘give the gift of life’.³ To some extent, this altruistic picture of surrogates has been supported in several studies. Even though altruistic feelings may be the driving force, for some women, the motivation to become a surrogate mother was due to sense of guiltiness because of their previous abortion⁴ and/or giving up a child for adoption.⁵ This raises doubts whether surrogates actually enter the process simply on altruistic grounds, which is often taken for granted.

While surrogacy can be seen as enhancing reproductive freedom for the commissioning mother to have a genetic child, and for a surrogate mother to utilize her reproductive capacities for altruistic or financial reasons, surrogacy arrangements are ripe with possibilities for women’s reproductive freedom to be severely violated. Thus, this paper

¹ Pawan K. P., Inder D., Sharma N., 2013. Surrogacy and women's right to health in India: Issues and perspective, *Indian J Public Health*, 57(2): 65- 70, p. 1.

² *Idem.*,

³ Ragone H. 1994. *Surrogate Motherhood: Conception in the Heart*. Boulder, CO: Westview Press.

⁴ In United States of America, three different surrogate mother programs from 1988 to 1996 included both formal interviews and informal conversations face to face with 28 surrogates.

⁵ Ragone H. 1994. *op.cit.*,

undertakes the initiative to disclose the controversial issues behind the altruistic surrogacy.

There is a profound lack of reliable data on the phenomenon's extent, distribution, and participants, emotional experiences in surrogate mothers⁶ even in well-resourced, well-monitored jurisdictions. Therefore, surrogacy attitudes are most likely based on very little information⁷ where a notable lack of theory, experiments testing appropriately defined models and longitudinal studies are encountered. Researchers have not paid serious attention to emotional experiences in surrogate mothers.⁸ Virtually all studies, of necessity, used highly selected samples, making generalizations difficult.⁹

I. Legislative Framework of Surrogacy

Laws on surrogacy differ widely from one country to another. Altruistic surrogacy, where the surrogate mother is not paid, or only paid for reasonable expenses, is allowed in countries such as Belgium, United Kingdom,¹⁰ Denmark, Greece,¹¹ Netherlands, Israel, U.S. states (Kentucky, Nebraska, Maryland, Washington, Michigan), Florida (couple must be married to use a surrogate), Utah, Virginia, Canada,¹² and Australia.¹³ In South Africa, the Children's Act of 2005 enabled the "commissioning parents" and the surrogate to have their surrogacy agreement validated by the High Court

⁶ Hoda A. T., Shohreh T., Nahid M., Narges E., Tahmineh D. T. 2014. Emotional experiences in surrogate mothers: A qualitative study. *Iran J Reprod Med.* 12(7): 471-480.

⁷ Constantinidis D., Cook R. 2012. Australian perspectives on surrogacy: the influence of cognitions, psychological and demographic characteristics. *Hum. Reprod.* 27(4): 1080-1087.

⁸ Hoda et al., *op.cit.*

⁹ Akker van den O. B.A. 2007. Psychosocial aspects of surrogate motherhood. *Human Reproduction Update.* 13(1): 53-62.

¹⁰ The surrogate is legally recognized as the mother, regardless if she is biologically related to the child or not. Surrogacy contracts are not enforced in the U.K.

¹¹ Greece does not allow for gay couples to use a surrogate.

¹² In Canada, the Assisted Human Reproduction Act permits only altruistic surrogacy.

¹³ In Australia, in all states (except Tasmania, which bans all surrogacy under the surrogacy Contracts Act 1993) altruistic surrogacy has been recognized as legal. New South Wales, Tasmania, Queensland and Victoria allow for gay couples to create a family via surrogates. The other Australian states do not. Some Australian states require that you be married or a single woman, or need a surrogate based on health reasons.

even before fertilization. This allows the commissioning parents to be recognized as legal parents from the outset of the process and helps prevent uncertainty.¹⁴

Commercial surrogacy, where the surrogate being paid to carry a couple's or single individual's child, is allowed in countries such as, some U.S. States (California, Arkansas, Massachusetts, Illinois, Texas, Nevada), India, Russia,¹⁵ Ukraine,¹⁶ Mexico (State of Tabasco), Thailand.¹⁷

In some other countries, surrogacy is not clearly regulated. In Sweden, the legal procedure most equivalent to it is making an adoption of the child from the surrogate mother. It is illegal for Swedish fertility clinics to make surrogate arrangements.¹⁸ In Georgia, surrogacy is legal but the surrogate mother cannot exercise any parental rights over the child.¹⁹

Countries such as France, Germany, Italy, Spain, Portugal, Bulgaria²⁰ and U.S states (Arizona, Washington D.C., New York, New Jersey, Indiana) prohibit all forms of surrogacy. In Japan, the Science Council proposed a ban on surrogacy and doctors, agents and clients will be punished for commercial surrogacy arrangements. In Saudi Arabia, religious authorities do not allow the use of surrogate mothers.²¹ In China, Ministry of Health banned surrogacy in 2001. Anxious about such situation strict legislation has been suggested by the political parties.²²

¹⁴ Kriari-Catranis I. 2003. Human assisted procreation and human rights - The Greek response to the felt necessities of the time. *Eur J Health Law*. 10(3): 271-80.

¹⁵ In Russia, commercial gestational surrogacy is legal and available for willing adults. There has to be a certain medical indication for surrogacy. Foreigners have the same rights as for assisted reproduction as Russian citizens.

¹⁶ In Ukraine, surrogacy is completely legal but only married couples can legally go through the process of gestational surrogacy.

¹⁷ Couples can have children via surrogate but they must be heterosexual and married for three years. Gay couples in Thailand cannot hire a surrogate.

¹⁸ Happy Family. *Surrogacy in Sweden*. Available at: <http://surrogacyinfo.net/gb/law-of-surrogacy/sweden.html>

¹⁹ *Idem.*,

²⁰ In Bulgaria, surrogacy was previously illegal, but as the procedure is still practiced illegally, the government decided to sanction it. Instead of using the term surrogate, though, Bulgaria calls it the "substitute mother."

²¹ Aramesh K. 2009. Iran's experience with surrogate motherhood: An Islamic view and ethical concerns. *J Med Ethics*. 35(5): 320-322.

²² Children's Act. 2005 (Act No. 38 of 2005) Chapter 19: Surrogate Motherhood 297. Effect of surrogate motherhood agreement on status of child in South Africa; Sharma R. 2007. An International, Moral & Legal Perspective: The Call for Legalization of Surrogacy in India. Available at: <http://www.ssrn.com/abstract=997923>; Wadekar N. Wombs for Rent: A Bioethical Analysis of

Some countries such as Poland and Romania among others have no defined surrogacy laws but it is still possible to undergo the surrogacy process in those nations.

As it can be seen, laws on surrogacy are varied and for some countries, vague and non-existent. The diversity of legislative responses throughout the world, as shown, reflects the difficulties law makers have in dealing with these ethical dilemmas. The case of the ART clinics in India showed that, although the ICMR issued guidelines for accreditation, supervision, and regulation, these guidelines are repeatedly violated.²³

II. Psychological aspects of surrogacy

During the pregnancy, surrogate mothers form a close bond with the baby in prenatal period and therefore, might have an increased risk of postpartum depression and feelings of guilt or anger.²⁴ The important bond between mother and child, which derives from both biological and cognitive/psychological aspects of human nature, begins during pregnancy and continues after birth. Surrogacy ruptures this significant bond.²⁵ The study accomplished in England by Jadva showed that 32% surrogate mothers in postpartum period had emotional and psychological problems for several weeks.²⁶ Furthermore, surrogacy fails to respect the dignity and primacy of the welfare of the child. It ignores the fact that foetal/early infant development is a critical determinant of a child's welfare, whereby the biological and psychological bond between the surrogate and the child is of crucial significance for this development. It requires the subordination of the welfare of the surrogate and her child in favour of the commissioning parents

Commercial Surrogacy in India. Available at: http://www.tuftscojournal.org/issues/S11/articles/show/wombs_for_rent.

²³ National guidelines for the accreditation supervision and regulation of ART clinics in India. http://www.icmr.nic.in/art/art_clinics.htm.

²⁴ Fazli K. Z, Shafieabadiabd E, Tarahomi M. 2008. Psychological Aspects of Surrogate Motherhood. *J Reproduct Infertilit*. 9(1): 43–9.

²⁵ Kennell J. 2002. McGrath S. Starting the process of mother-infant bonding. *Acta Paediatrica*. 94: 775–777.

Ciccarelli JC, Beckman LJ. 2005. Navigating Rough Waters: An Overview of Psychological Aspects of Surrogacy. *J Social Issues*. 61: 21–43.

²⁶ Jadva V, Murray C, Lycett E, MacCallum F, Golombok S. 2003. Surrogacy: the experiences of surrogate mother. *Hum Reprod*. 18(10): 2196-204.

desires to have a child. For these reasons, surrogate pregnancy, even though for altruistic purposes, should be considered as a high-risk psychological experience.²⁷

There are at least three psychological, social and physical challenges for both the surrogate mother and the baby that is, baby delivery, medical risks and the relationship of the surrogate mothers with their social context.

a) *Baby delivery*

Theoretically, women are known to develop varying degrees of attachment to their fetus during pregnancy²⁸ which is influenced by a number of factors such as maternal age and attitude towards the pregnancy.²⁹ One of the most concrete examples of the importance of biological bonds between mother and her fetus comes from knowledge of fetal-maternal physiology. Oxytocin hormone plays a crucial role in priming the pregnant mother to respond in accordance with her natural maternal instincts.³⁰

Even though there is a self-obligation to have no feeling towards the child, in practice another reality is encountered. Long-term difficulties in women relinquishing a child for adoption have been reported. Giving back the child to the intending couple after birth may be a cause of emotional distress in rented mother.³¹ There is a postpartum depression and psychologically harmful feeling of guilt or anger in these women.³² In several cases, the surrogates could not relinquish the baby and psychological problems were reported afterwards.³³ Another example is when one of the surrogates kept

²⁷ Taebi M. 2014. Behind the Scenes of Surrogacy. *Nurs Midwifery Stud.* 3(4): e23600.

²⁸ Rubin R. 1984. *Maternal Identity and the Maternal Experience.* New York: Springer.

²⁹ Siddiqui A, Hagglof B and Eisemann M. 1999. An exploration of prenatal attachment in Swedish expectant women. *J Reprod Infant Psychol.* 17(4): 369–380.

³⁰ Fazli K. Z, Shafieabadiabd E, Tarahomi M. 2008. *op.cit.*,

³¹ Shenfield F, Pennings G, Cohen J, Devroey P, de Wert G, Tarlatzis B. ESHRE. 2005. Task force on ethics and law 10: surrogacy. *Hum Reprod.* 20(10): 2705–2707; Akker van den O. B.A. 2007. *op.cit.*, Kennell J, McGrath S. 2002. *op.cit.*; Akhoundi M, Behjati Ardakani Z. 2008. Surrogacy and the necessity for its application in infertility treatment. *J Reprod Infertil.* 9(1): 7–13.

³² Hoda A. T. et al. *op.cit.*,

³³ Blyth E. 1994. I wanted to be interesting. I wanted to be able to say ‘I’ve done something interesting with my life’. Interviews with surrogate mothers in Britain. *J Reprod Infant Psychol.* 12(3): 189–198;

suffering during two and a half years due to feelings of guilt and regret after relinquishing her baby. In another occasion, surrogate found hard to relinquish her baby, suffered from postnatal depression and experienced a sense of guilt.

An additional concern is the probability of baby abnormality. Fear and worry about the baby being abnormal is one of the findings.³⁴ A prenatal diagnosis of disability or perceived imperfection in surrogate mother could result in serious trouble with a surrogacy arrangement such as couple reneging. Eight women aged 29-34 years old included in the study³⁵ were concerned about the baby's abnormality. As stated by the interviewees, it is one of the unpleasant and annoying emotional experiences of uterus donors. For example, Zahra, one of the uterus donors, said: *"I was always worried that this child would be retarded. I thought if the baby was abnormal, maybe his/her commissioning couple didn't want him/her. Thereafter what could I do with a retarded baby?"* Thus, there is a sense of futility if something goes wrong, which is especially the case if a woman becomes a surrogate merely for altruistic purposes.

The level of attachment of the surrogate mother to the child is shown in many other cases. For example, in 2011, in the United Kingdom a non-gestational surrogate fought to keep the child she had birthed, claiming that she feared for its safety once she learned of the commissioning parents' violent tendencies.³⁶

Franks D. 1981. Psychiatric evaluation of women in a surrogate mother program. *Am. J Psychiatry*. 138: 1378–1379.

³⁴ Ciccarelli JC, Beckman LJ. 2005. Navigating Rough Waters: An Overview of Psychological Aspects of Surrogacy. *J Social Issues*. 61: 21–43.

³⁵ Nourizadeh R. 2009. Ethical challenges of surrogacy in Iran, *Medical Ethic*. 3:155–186; Brinsden P. 2003. Gestational surrogacy. *Hum Reprod Update*. 9(5): 483–491; Golombok S, Murray C, Jadvá V, MacCallum F, Lycett E. 2004. Families created through surrogacy arrangements: Parent-Child Relationships in the 1st Year of Life. *Dev Psychol*. 40(3): 400–411; Garmaroudi S. 2008. Gestational surrogacy in Iran. *J Reprod Infertil*. 9(1): 50–64.

³⁶ Allen V, Ellicott C, Eccles L. 2011. 'I couldn't give my baby away ... they only wanted a toy': surrogate mother fought legal battle after learning that would-be parents were violent. Available at: <http://www.dailymail.co.uk/news/article-1356176/Surrogate-mother-wins-case-baby-giving-birth.html>.

Altruistic surrogacy ignores the fact that foetal/early infant development is a critical determinant of a child's welfare, whereby the biological and psychological bond between the surrogate and the child is of crucial significance for this development.

b) Health and medical risks

A second concern on altruistic surrogacy is that lack of maternal attachment to the baby during the surrogacy process may be challenging for the health of both the mother and the baby.³⁷

i. on the surrogate mother

Pregnancy, birth and the post-partum period includes complications such as pre-eclampsia and eclampsia, urinary tract infections, stress incontinence, hemorrhoids, gestational diabetes, life-threatening hemorrhage and pulmonary embolism.³⁸ Many women undergoing artificial insemination also take fertility treatments, increasing the likelihood of an adverse reaction and risks involved with the procedure.³⁹ In the case of ART procedures, there is a heightened risks for multiple pregnancies, which are problematic for both the surrogate and fetuses. Physiological outcomes of pregnancy can range on the spectrum of seriousness from migraines and back pain at the low end to diabetes, high blood pressure, or permanently impaired fertility further along to death in extreme cases.⁴⁰ In a recent report, two of nine surrogate mothers underwent postpartum hysterectomy: after a delivery of triplets with placenta accreta and after uterine rupture that occurred during delivery of a macrosomic infant.⁴¹ A surrogate mother, after the

³⁷ Limon C. 2013. Surrogacy and parenthood: An overview of the research on the relationship between surrogacy and adoption. *Aust J Adoption*. 7(3): 1–16.

³⁸ Pawan Kumar P., Inder D., Sharma N., 2013. *op.cit.*, p. 3

³⁹ Kevin T. 2008. The ethics of surrogacy contracts and Nebraska's surrogacy law. *Creighton Law Review*, 41. Commercial surrogacy and fertility tourism in India, The Case of Baby Manji, The Kenan Institute for Ethics at Duke University. The case studies in ethics. Available at: <https://web.duke.edu/kenanethics/CaseStudies/BabyManji.pdf>; Jacobsson B, Ladfors L, Milsom I. 2004. Advanced maternal age and adverse perinatal outcome. *Obstet Gynecol*, 104(4): 727-33.

⁴⁰ Deonandan R. 2015. Recent trends in reproductive tourism and international surrogacy: ethical considerations and challenges for policy. *Risk Manag Healthc Policy*. 2015(8): 111–1 19.

⁴¹ Duffy DA, Nulsen JC, Maier DB, et al. 2005. Obstetrical complications in gestational carrier pregnancies. *Fertil Steril*. 83(3): 749-54.

hospitalization due to threatened abortion, said: *''I was engaged in a terrible situation. In addition to emotional problems, I faced a medical problem too. I was hospitalized due to bleeding in the early weeks. I was worried about my health. In addition, excessive worry of commissioning couple annoyed me too.''*

Hospitalization due to threatened abortion and elevated blood sugar occurred in two cases. In surrogacy, the woman bears the risks. For example, a surrogate mother, aged 29 had died 90 minutes after giving birth due to aorta rupture following high blood pressure. Her mother said: *"People must realize that childbirth isn't something you enter into lightly. It's still dangerous. My daughter was sympathizing for people who couldn't have children. Her children had brought her a lot of joy so she wanted other parents to share some of that joy".*⁴²

In the cases where the baby is abnormal, the option of abortion could be considered by the surrogate; however, differing moral perspectives on abortion have the potential to result in an irresolvable stalemate. The surrogate may still wish to proceed with the birth; however, the commissioning couple may no longer want the child. Alternatively, the surrogate may choose an abortion contrary to the wishes of the commissioning couple, but presumably the surrogate's decision for abortion under law would prevail.⁴³

In several studies it has been found that the surrogate mothers have not been properly informed about the medical treatment they would get and the risks involved,⁴⁴ thereby raising doubts to their informed consent.⁴⁵

ii. on the baby

⁴² Tieu M. 2008. Inquiry into legislation on altruistic surrogacy in NSW. Available at: <http://www.parliament.nsw.gov.au/Prod/parlment/.../Submission%2014.pdf>.

⁴³ Gurgan T, Demiroglu A. 2007. Unresolved issues regarding assisted reproduction technology. *Reprod Biomed Online*. 14: 40–43.

⁴⁴ Vora K. 2013. Potential, risk, and return in transnational Indian gestational surrogacy. *Current Anthropology*. 54(7): 97–106; Pande A. 2009b. Not an "angel," not a "whore." *Indian Journal of Gender Studies*. 16(2): 141–173; Tanderup M, Reddy S, Patel T, Nielsen BB. 2015. Informed consent in medical decision-making in commercial gestational surrogacy: a mixed methods study in New Delhi, India. *Acta Obstetrica et Gynecologica Scandinavica*. 94(5): 465–472.

⁴⁵ Tanderup M, Reddy S, Patel T, Nielsen BB. 2015. op.cit., p.470

Issues such as premature delivery, genetic malformation and infections which lead to increased hospitalization of newborn are important issues to be considered in surrogacy contract.⁴⁶ A major study in the *Journal of Child Psychology and Psychiatry* looked at 30 surrogacy families and found that surrogate children, while not suffering from psychological disorders, had elevated levels of adjustment difficulties.⁴⁷ According to a study which evaluated the psychosocial well-being of 9-18-year-old IVF children, the IVF alters fetal programming, with consequences for physical functioning. This also may apply to behavior. Behavior and socioemotional functioning of children born after IVF and spontaneously from parents with former fertility problems were studied, to control for parental factors and investigate the role of IVF on the children's functioning. Overall, behavior, and socioemotional functioning of 9-18-year-old IVF children is normal. The reduced behavior of externalizing nature reported by the parents, and teacher ratings of more withdrawn/depressed behavior need further study.⁴⁸

III. Social challenges

a) *Relationship with the commissioning couple*

According to most studies, surrogates come to depend emotionally on a continued relationship with the intended mother. The majority of the surrogates expressed that a good relationship with the commissioning couple is necessary to ease the burden of relinquishment. In fact, after delivery the intended mothers did not want any further relationship with the surrogate mother and this latter was not allowed to see the baby. In the early 2000s, surrogates were sorely disappointed when contact waned or couples cut ties. Over time, expectations have been adjusted in light of the many stories of

⁴⁶ Commercial surrogacy and fertility tourism in India, The Case of Baby Manji. The Kenan Institute for Ethics at Duke University. The case studies in ethics. Available at: <https://web.duke.edu/kenanethics/CaseStudies/BabyManji.pdf>; Jacobsson B, Ladfors L, Milsom I. 2004. op.cit.,

⁴⁷ Lahl J., Christopher W. 2014. Why Gestational Surrogacy Is Wrong. Available at: <http://www.nationalreview.com/article/375364/why-gestational-surrogacy-wrong-jennifer-lahl-christopher-white>

⁴⁸ Wagenaar K, van Weissenbruch MM, Knol DL, Cohen-Kettenis PT, Delemarre-van de Waal HA, Huisman J. 2009. Behavior and socioemotional functioning in 9-18-year-old children born after in vitro fertilization. *Fertil S.* 92(6):1907-14.

disappointment.⁴⁹ Surrogates may say that if they have no expectations any contact is a bonus, yet they acknowledge that ‘*it is humanly impossible not to have expectations.*’⁵⁰ Most of them expected some contact to continue following relinquishment of the baby. In some cases, this contact ceased unexpectedly after the legal proceedings had been completed.⁵¹ Akker suggests that it is the quality of the surrogate's relationship with the intended parents that largely determines the surrogate's satisfaction with her experience.⁵²

b) Relationship with family, relatives and the main parents of fetus

Emotional experiences of complete surrogate mothers can be significantly influenced by ethnical, cultural and national factors.⁵³ Studies have shown that there is a risk that surrogate mothers might be humiliated by their families or friends that affect the psychological health of surrogate mothers.⁵⁴ The perception of the family members, relatives and friends of the surrogacy volunteers may be different. One participant stated: “*None of my family members and relatives did know that I had rented my uterus except my mother and sister. I was very worried. I did not know if my mother-in-law found out, how she would react.*”⁵⁵ Another participant said: “*I was always worried that if other people found out I got pregnant this way, what would they think about me and my family?*”

Surrogates spouse or significant others play an indirect role, yet important, during the process of surrogacy. The spouses must agree to sexual abstinence at certain times and must submit to medical examination. Despite the initial husband's consensus, the fear

⁴⁹ Berend Z. 2014. The social context for surrogates' motivations and satisfaction. *Reproductive BioMedicine*. 29(4): 399-401, p. 399.

⁵⁰ Teman, E., 2010. *Birth of a Mother. The Surrogate Body and the Pregnant Self*. Berkeley, CA: The University of California Press.

⁵¹ Akker 2003, 2005c

⁵² Akker van den O. B.A. 2007. Psychosocial aspects of surrogate motherhood. *Human Reproduction Update*. 13 (1), 53-62; Baslington, 2002; Ciccarella, 1997; Hohman & Hagan, 2001; Ragone H. 1994. *op.cit.*

⁵³ Hoda et al. *op.cit.*, p. 472.

⁵⁴ Jadva V, Murray C, Lycett E, MacCallum F, Golombok S. 2003. *op.cit.*

⁵⁵ Hoda et al. *op.cit.*, p. 475

of his consecutive reactions in marital relationship is one of the emotional experiences in uterus donors. As one of the donors stated about her marital relationship: *“The relationship between my husband and I was in trouble. I got very upset but I tried not to bug him.”*

Another concern is the doubt about informing their own children of the pregnancy type.⁵⁶ One of the surrogate mothers participating in this study stated: *“I have a little girl who is very smart and understands many things so I did not know how to tell her. She frequently asked: “Mom, do you want to bring me a brother or a sister? I could not really explain it to her. I did not know what to say.”*

A study on the experience of surrogate mothers found out that the families of the surrogate mothers raised the issue. It showed that in 7% of the cases, the family reaction was negative and in 46% was neutral or mixed of negative and positive.⁵⁷

A study in Greece showed negative attitude of most people towards this method.⁵⁸ In countries such as India, the surrogates are shifted into hostels for the whole duration of pregnancy. Even though the pretext is to take antenatal care, the real motive is to guard them and to avoid any social stigma of being outcast by their community.⁵⁹

Conclusion

The definition of altruistic surrogacy was developed in the ‘70s by the American attorney Noel Keane after that he was criticized for promoting commercial surrogacy and needed therefore to try another approach according to the law.⁶⁰

This paper argued that, despite some altruistic feelings, altruistic surrogacy cannot be treated as a mere act of altruism. As Raymond states, any valorizing of altruistic

⁵⁶ Akker van den O. B.A. 2000. The importance of a genetic link in mothers commissioning a surrogate baby in the UK. *Hum Reprod.* 15(8): 1849–1855.

⁵⁷ Shenfield F, *et al. op.cit.*,

⁵⁸ Kennell J, McGrath S. 2002. *op.cit.*

⁵⁹ Saxena P., Mishra A. Malik S., 2012. Surrogacy: Ethical and Legal Issues. *Indian J Community Med.* 37(4): 211–213, p. 213.

⁶⁰ Spar D. L., 2006. *The baby business – how money, science and politics drive the commerce of conception.* Boston: Harvard Business School Press, p. 76

surrogacy and reproductive gift-giving must be assessed within the wider context of women's political inequality.⁶¹

More concretely, this paper indicated that those entering into a surrogacy arrangement are making a radical departure from established intuitions and social norms of parenthood and are experiencing parental, familial and psychological challenges.

The inherent objectification of women that altruistic surrogacy necessitates, be it altruistic or not, leaves a surrogate exposed to social pressure and health risks. In fact, it is the surrogate who faces the greatest challenge because of her intimate psychological and gestational relationship with the child even when surrogacy, as an ART, is being performed in some well-known infertility centers. Some reports indicate that surrogate mothers experience multiple pregnancy, preterm labor, hysterectomy because of placenta accreta or rupture of uterus, pregnancy-induced hypertension, disturbance of glucose metabolism, and elective cesarean section that need specific prenatal care during pregnancy.⁶²

For what concern the consequences on the child, the handover of the baby after delivery can cause psychologic stress and promote psychologic problems. It is imperative to remind oneself that the detachment of the child from the mother is foreseen. In fact, as Kopfensteiner states, 'the right to a child should not be achieved at the expense of the rights of the child'.⁶³

Based on all these evidences, social, psychological and medical aspects, this paper concludes that the law ought to be congruous with such concerns hence it ought to prohibit all forms of surrogacy arrangements.

⁶¹ Raymond JG. 1990. Reproductive gifts and gift giving: the altruistic woman. *Hastings Cent Rep*, 20(6):7-11, p. 1

⁶² Duffy DA, Nulsen JC, Maier DB, Engmann L, Schmidt D, Benadiva CA. 2005. *op.cit.*; Kisu I, Banno K, Mihara M, Iida T, Yoshimura Y. 2011. Current status of surrogacy in Japan and uterine transplantation research. *Eur J Obstet Gynecol Reprod Biol*. 158(2): 135–40; Soderstrom-Anttila V, Blomqvist T, Foudila T, Hippelainen M, Kurunmaki H, Sieberg R, et al. 2002. Experience of in vitro fertilization surrogacy in Finland. *Acta Obstet Gynecol Scand*. 81(8):747–52.

⁶³ Kopfensteiner T. 1998. Ethical aspects of in vitro fertilization and embryo transfer. *Biomed Pharmacother*. 52(5): 204–207.

References

- Akhoundi M, Behjati Ardakani Z. 2008. Surrogacy and the necessity for its application in infertility treatment. *J Reprod Infertil.* 9(1): 7–13.
- Akker van den O. B.A. 2000. The importance of a genetic link in mothers commissioning a surrogate baby in the UK. *Hum Reprod.* 15(8): 1849–1855.
- Akker van den O. B.A. 2007. Psychosocial aspects of surrogate motherhood. *Human Reproduction Update.* 13(1): 53-62.
- Allen V, Ellicott C, Eccles L. 2011. ‘I couldn’t give my baby away ... they only wanted a toy’: surrogate mother fought legal battle after learning that would-be parents were violent. Available from: <http://www.dailymail.co.uk/news/article-1356176/Surrogate-mother-wins-case-baby-giving-birth.html>
- Aramesh K. 2009. Iran's experience with surrogate motherhood: An Islamic view and ethical concerns. *J Med Ethics.* 35(5): 320-322.
- Berend Z. 2014. The social context for surrogates’ motivations and satisfaction. *Reproductive BioMedicine.* 29(4): 399-401.
- Blyth E. 1994. I wanted to be interesting. I wanted to be able to say ‘I’ve done something interesting with my life’. Interviews with surrogate mothers in Britain. *J Reprod Infant Psychol* 12(3): 189–198.
- Brinsden P. 2003. Gestational surrogacy. *Hum Reprod Update.* 9(5): 483–491.
- Ciccarelli JC, Beckman LJ. 2005. Navigating Rough Waters: An Overview of Psychological Aspects of Surrogacy. *J Social Issues.* 61(1): 21–43.
- Constantinidis D., Cook R. 2012. Australian perspectives on surrogacy: the influence of cognitions, psychological and demographic characteristics. *Hum. Reprod.* 27(4): 1080–1087.
- Deonandan R. 2015. Recent trends in reproductive tourism and international surrogacy: ethical considerations and challenges for policy. *Risk Manag Healthc Policy.* 2015(8): 111-119.

- Duffy DA, Nulsen JC, Maier DB, et al. 2005. Obstetrical complications in gestational carrier pregnancies. *Fertil Steril*. 83(3): 749-54.
- Fazli K. Z., Shafieabadiabd E, Tarahomi M. 2008. Psychological Aspects of Surrogate Motherhood. *J Reproduct Infertilit*. 9(1): 43–9.
- Franks D. 1981. Psychiatric evaluation of women in a surrogate mother program. *Am. J Psychiatry*. 138(10): 1378–1379.
- Garmaroudi S. 2008. Gestational surrogacy in Iran. *J Reprod Infertil*. 9(1): 50–64.
- Golombok S, Murray C, Jadvva V, MacCallum F, Lycett E. 2004. Families created through surrogacy arrangements: Parent–Child Relationships in the 1st Year of Life. *Dev Psychol*. 40: 400–411.
- Gurgan T, Demirool A. 2007. Unresolved issues regarding assisted reproduction technology. *Reprod Biomed Online*. 14: 40–43.
- Hoda A. T., Shohreh T., Nahid M., Narges E., Tahmineh D. T. 2014. Emotional experiences in surrogate mothers: A qualitative study. *Iran J Reprod Med*. 12(7): 471-480.
- Jacobsson B, Ladfors L, Milsom I. 2004. Advanced maternal age and adverse perinatal outcome. *Obstet Gynecol*, 104(4): 727-33.
- Jadvva V, Murray C, Lycett E, MacCallum F, Golombok S. 2003. Surrogacy: the experiences of surrogate mother. *Hum Reprod*. 18(10): 2196-204.
- Kennell J, McGrath S. 2002. Starting the process of mother-infant bonding. *Acta Paediatrica*. 94:775–777.
- Kisu I, Banno K, Mihara M, Iida T, Yoshimura Y. 2011. Current status of surrogacy in Japan and uterine transplantation research. *Eur J Obstet Gynecol Reprod Biol*. 158(2):135–40.
- Kopfensteiner T. 1998. Ethical aspects of in vitro fertilization and embryo transfer. *Biomed Pharmacother*. 52(5): 204-207.
- Kriari-Catranis I. 2003. Human assisted procreation and human rights - The Greek response to the felt necessities of the time. *Eur J Health Law*. 10(3): 271-80.

- Limon C. 2013. Surrogacy and parenthood: An overview of the research on the relationship between surrogacy and adoption. *Aust J Adoption*. 7(3): 1–16.
- Nourizadeh R. 2009. Ethical challenges of surrogacy in Iran, *Medical Ethic*. 3:155–186.
- Pande A. 2009b. Not an “angel,” not a “whore.” *Indian Journal of Gender Studies*. 16(2): 141-173.
- Ragone H. 1994. *Surrogate Motherhood: Conception in the Heart*. Boulder: Westview Press.
- Raymond JG. 1990. Reproductive gifts and gift giving: the altruistic woman. *Hastings Cent Rep*, 20(6):7-11.
- Rubin R. 1984. *Maternal Identity and the Maternal Experience*. New York: Springer.
- Saxena P., Mishra A. Malik S., 2012. Surrogacy: Ethical and Legal Issues. *Indian J Community Med*. 37(4): 211–213.
- Schwartz LL. 2003. A nightmare for King Solomon: the new reproductive technologies. *J Fam Psychol*. 17: 229-37.
- Shenfield F, Pennings G, Cohen J, Devroey P, Wert de G, Tarlatzis B. ESHRE. 2005. Task force on ethics and law 10: surrogacy. *Hum Reprod*. 20(10): 2705–2707.
- Siddiqui A, Hagglof B and Eisemann M. 1999. An exploration of prenatal attachment in Swedish expectant women. *J Reprod Infant Psychol*. 17(4): 369–380.
- Soderstrom-Anttila V, Blomqvist T, Foudila T, Hippelainen M, Kurunmaki H, Sieberg R, et al. 2002. Experience of in vitro fertilization surrogacy in Finland. *Acta Obstet Gynecol Scand*. 81(8):747–52.
- Spar D. L., 2006. *The baby business - how money, science and politics drive the commerce of conception*. Boston: Harvard Business School Press.
- Taebi M. 2014. Behind the Scenes of Surrogacy. *Nurs Midwifery Stud*. 3(4): e23600.
- Tanderup M, Reddy S, Patel T, Nielsen BB. 2015. Informed consent in medical decision-making in commercial gestational surrogacy: a mixed methods study in New Delhi, India. *Acta Obstetricia et Gynecologica Scandinavica*, 94(5): 465–472.

Teman, E., 2010. *Birth of a Mother. The Surrogate Body and the Pregnant Self*, Berkeley, CA: University of California Press.

Tieu M. 2008. Inquiry into legislation on altruistic surrogacy in NSW. Available at: <http://www.parliament.nsw.gov.au/Prod/parlament/.../Submission%2014.pdf>.

Vora K. 2013. Potential, risk, and return in transnational Indian gestational surrogacy. *Current Anthropology*. 54(7): 97-106.

Wadekar N. Wombs for Rent: A Bioethical Analysis of Commercial Surrogacy in India. Available at: http://www.tuftscopecjournal.org/issues/S11/articles/show/wombs_for_rent