



## ORIGINAL RESEARCH – QUALITATIVE

## Surrogacy: The experience of Greek commissioning women

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## 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.

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## 1. Introduction

In surrogacy a woman carries a pregnancy for another woman and relinquishes the child after birth. There are two types of surrogacy: (a) the genetic, traditional or partial surrogacy in which the surrogate mother is also the genetic mother of the child, while conception occurs with the sperm of the spouse, usually by insemination; and (b) the gestational or full surrogacy, which involves the use of IVF; an embryo is created, employing the gametes of the intended couple or donor gametes or a combination of both, and then transferred to the surrogate's womb. The most common indications for gestational surrogacy are an absent or abnormal uterus, diseases precluding pregnancy, repeated failures of IVF, recurrent miscarriages and same sex male couples.<sup>1</sup>

Surrogate mothers may have either been previously known or unknown to the commissioning couple. Previously known surrogate mothers may be family members or friends, whereas unknown surrogate mothers are provided by a fertility clinic or a third party.

## 2. Literature review

Research evidence suggests that the relationship between the commissioning couple and the surrogate mother during pregnancy is good, with the commissioning mother being present at birth and the commissioning father remaining more distant during the entire procedure.<sup>2–5</sup> When the relationship with the surrogate is continued after the child's birth no problems are reported between the surrogate mother, the commissioning couple and the child.<sup>6</sup>

In most methods of assisted reproduction where a third party is included, parents usually do not disclose the method of conception to the child although in recent years a more open attitude towards disclosure is reported.<sup>7,8</sup> Most families, however, either intend to

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inform the child on surrogate arrangements or have already done so.<sup>5,6</sup> When egg donation is also involved, participants tend to disclose the surrogacy but not the donation.<sup>5</sup>

In Greece, since 2002, only non-commercial gestational surrogacy is legal (Laws 3089/2002 and 3305/2005). Every case of surrogacy must be authorised by a court decision. Full surrogacy is permitted when the ovum is provided by the commissioning mother or a donor. A medical report is required to insure that the intended mother cannot carry a pregnancy to term, either for medical reasons or in the absence of a uterus. The surrogate mother must be in good biological and psychological health, attested by medical and psychological reports. Payment is not allowed although a compensation for pregnancy and childbirth is legal. Since the law was enforced, there have been law court decisions regarding surrogacy, with cases being granted juridical authorisation.<sup>9</sup>

Research has shown that a high percentage of Greek people are not favourable towards surrogacy,<sup>10–12</sup> and those with strong religious beliefs are even less positive.<sup>10</sup> It is possible that these attitudes may have evolved since the law was enforced, as was shown in Australia, where in 1982 only 32% approved of surrogacy,<sup>13</sup> while in 2010 the percentage increased to 80%.<sup>14</sup> Attitudes towards surrogacy vary among countries, and depend on a number of factors, including the public's attitudes towards parenthood,<sup>15</sup> attitudes towards commercial vs. altruistic surrogacy, and gestational vs. genetic surrogacy.<sup>16</sup> However, as Greek society strongly values having children this attitude influence people in overcoming any reservations regarding surrogate arrangements when it is the only possibility of procreating.<sup>15</sup>

Given that the experience of surrogacy has not been studied in Greece, and knowledge is limited internationally, a qualitative study was conducted with the purpose of exploring the experiences of Greek commissioning women regarding the surrogacy arrangement and birth of a child through surrogacy. Three research questions guided the study: How do women decide to pursue surrogacy? How do they describe their experience and relationship with the surrogate mother? How do they disclose the surrogacy to their child?

### 3. Methods

In the present study we used a qualitative, inductive content analysis design. Qualitative content analysis is defined as a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns.<sup>17</sup> There are three types of qualitative content analysis approaches: the conventional, the directed, and the summative.<sup>18</sup> A conventional approach to content analysis was chosen in this study with the purpose of generating knowledge on the participants' experiences with surrogacy, without imposing preconceived categories or theoretical perspectives. Since research on surrogate motherhood is extremely limited, the advantage of this approach is gaining direct information from participants by identifying, recording, and classifying data derived from their accounts.

#### 3.1. Participants

Convenience sampling was used to recruit women who had given birth to one or more children through surrogacy. Participants were approached by the professionals of two fertility clinics, located in the two largest Greek cities Athens and Thessaloniki, and were informed about the study between January 2011 and June 2012.

Seven women who chose surrogacy for different reasons, consented to participate. Four had infertility problems (own or spouse's) along with a history of several failed IVF attempts and miscarriages; two had suffered serious health problems and were unable to give birth to a child (i.e. Hodgkin's disease, hysterectomy

following a premature delivery of a deceased child); and one participant, who had systemic lupus erythematosus that led to the birth of a quadriplegic child, chose surrogacy to avoid giving birth to a child with serious health problems.

While all fathers were biologically linked to their child(ren), three women had also employed egg donation. All surrogates were unknown to the commissioning couples, and provided by the infertility specialists, with only one being a close friend. Two had given birth to twins. Women were married, university graduates, had a mean age of 49 years at the time of the interview, and of 43.5 years at the time of the child's birth. The children's ages ranged from 2 months to 15 years (mean age 5.5).

#### 3.2. Data collection

Data were collected through semi-structured interviews during which participants were invited to talk about their experience with surrogacy. Questions were open-ended, with probes facilitating rich accounts. The main questions were the following: "How did you decide to proceed with surrogacy?", "How would you describe your relationship with the surrogate mother?", "How did you experience the pregnancy period?", "Tell me about the birth of your child", "What did you tell (or plan to share with) your child about his or her birth through surrogate motherhood?" The interviews which were face to face were conducted in the researcher's office. They ranged from 45 to 60 min, were tape recorded and subsequently transcribed.

#### 3.3. Data analysis

Data from interviews were analysed according to the principles of the conventional qualitative content analysis approach as proposed by Hsieh and Shannon.<sup>18</sup> This process involves the following steps: (a) repeated reading of the data to obtain a holistic sense of each narrative, (b) codes are derived by highlighting the exact words that appear to capture key concepts, (c) labels are attached to emerging codes, (d) codes are sorted into subcategories which help to organise them into meaningful clusters, (e) subcategories are combined into a limited number of categories, (f) a tree diagram is developed to organise categories, subcategories and codes into a hierarchical structure, (g) definitions for each category, subcategory and code are developed, and (h) examples of accounts are identified from the data to illustrate aspects of the hierarchical scheme. Following this process of data analysis, we identified key themes associated with the identified categories and subcategories.

The trustworthiness and credibility of findings was ensured through the involvement of three experienced researchers who reached consensus on the coding and analysis of qualitative data. This process aims at both the verification and confirmability of findings.<sup>19</sup>

#### 3.4. Ethical approval

Approval to conduct this study was obtained by the institutional board members of both fertility clinics, who verified that ethical standards were met. Participants were informed about the anonymity and confidentiality of data, and about their freedom to not answer a question or to discontinue the interview process at any time. They all signed an informed consent, giving permission to tape-record the interviews.

### 4. Findings

The qualitative content analysis of the participants' experience with surrogacy revealed three key themes: (a) a shared journey, (b)

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