Reproductive BioMedicine Online (2015) 31, 689–696

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ARTICLE

Intended parents' motivations and information and support needs when seeking extraterritorial compensated surrogacy

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Abstract Cross-border reproductive care (CBRC) is becoming increasingly common. Little is known about the motivations and information and support needs of people who cross borders to access surrogacy. This study aimed to explore: how those considering or undertaking extraterritorial surrogacy reach their decision; what other avenues they have considered and tried to have children; their sources of information and support; and perceptions of how others view their decision. Members of two Australian parenting support forums completed an anonymous online survey. Of the 249 respondents, 51% were gay men, 43% heterosexual women and 7% heterosexual men. Most heterosexual respondents had tried to conceive spontaneously and with assisted reproductive technology before considering surrogacy. Most respondents felt supported in their decision to try extraterritorial surrogacy by close family and friends. Surrogacy-related information was mostly sourced online and from other parents through surrogacy. Few sought information from a local general practitioner or IVF clinic and those who did reported IVF clinic staff were significantly ($P < 0.001$) more likely than other groups to communicate negative reactions to their decision to seek surrogacy. The apparent negative attitudes to cross-border surrogacy among health professionals warrants further research into health professionals' knowledge, beliefs and attitudes relating to surrogacy.

KEYWORDS: ART, commercial, cross-border reproductive care, international, surrogacy

http://dx.doi.org/10.1016/j.rbmo.2015.08.008
1472-6483/

Introduction

The term 'cross-border reproductive care' (CBRC) is used to describe the practice of couples or individuals crossing national or state borders to access assisted reproductive treatment that is illegal, unaffordable or unavailable in their home jurisdiction (Crockin, 2011). One such treatment is surrogacy. Surrogacy offers heterosexual couples in which the woman is unable to carry a pregnancy, single women who are unable to carry a pregnancy, gay couples and single men the opportunity to have a child. In a surrogacy arrangement a woman agrees to carry a pregnancy for another individual or couple, and surrender the child to the intended parent/s at birth. There are two types of surrogacy: traditional and gestational. In traditional surrogacy the surrogate is inseminated with the intended father's (or a donor's) spermatozoa, either at a fertility clinic or at home, and is the biological mother of the child. Gestational surrogacy requires in-vitro fertilization; embryos created from the oocytes and spermatozoa of the intended parents (or donors) are transferred to the uterus of the surrogate, who is genetically unrelated to the child. Surrogacy is termed commercial or compensated when the surrogate receives financial remuneration and altruistic or uncompensated when she carries the child for no financial gain.

Evidence about the incidence of surrogacy is scant (Hudson et al., 2011) and can only be estimated because many surrogacy arrangements are carried out privately; however, based on the number of known surrogacy births, surrogacy is becoming increasingly common (Armour, 2012; Bhatia et al., 2009; Crawshaw et al., 2012). This may in part be due to the lack of access to adoption pathways, prominence given to families through surrogacy in the media and increasing acceptance in society of single men and gay couples as parents (Crawshaw et al., 2012; Norton et al., 2013).

Due to legal or regulatory restrictions on surrogacy and other forms of third party reproduction in some jurisdictions, people increasingly travel to jurisdictions where they can access these treatments. For some of those who access CBRC, legal restrictions and negative public opinion in the home country about third party reproduction induce feelings of abandonment and discrimination (Raes et al., 2013). The term 'reproductive tourism' is sometimes used to describe travel across borders to access forms of treatment that cannot be accessed in the home country. However, it is argued that this ignores the diverse backgrounds and reproductive needs of people who access CBRC and the complexities of their motives for reproductive travel (Hudson and Culley, 2011). In addition, rather than the carefree experience implied by 'tourism', having to travel for assisted reproductive technology (ART) adds to the financial, social, psychological and logistical challenges inherent in such treatment (Kirkman and Hammarberg, 2014).

In Australia surrogacy laws are state-based and not uniform (Hammarberg et al., 2011; Johnson et al., 2014). However, they share three key characteristics: prohibition on advertising for a surrogate; criminalization of compensated surrogacy; and the unenforceability of surrogacy contracts (which means that the surrogate can change her mind about handing the child to the intended parents after birth or the commissioning parents can refuse to accept a disabled child). These restrictions make domestic surrogacy unattainable for most people; in 2012 only 19 children were born as a result of altruistic gestational surrogacy in Australia (Macaldowie et al., 2014). As a consequence, nearly all resort to compensated surrogacy in countries without, or with less restrictive, surrogacy-related laws and regulations. In settings where standards of care are not regulated or monitored, intended parents, surrogates and children born as a result of surrogacy may be vulnerable (Everingham et al., 2014; Thorn et al., 2012). To reduce the risks of surrogacy undertaken in poorly regulated environments, Millbank (2014) suggests that laws prohibiting compensated surrogacy in Australia should be reconsidered.

Most people want and expect to have children (Fisher et al., 2010; Holton et al., 2011; Lampic et al., 2006; Langdridge et al., 2005; Peterson et al., 2012) and the desire for parenthood amongst the involuntarily childless remains strong even after years of unsuccessful attempts to conceive (Johansson and Berg, 2005; Peddie et al., 2005). Evidence about gay men's wish for parenthood is emerging (Greenfeld and Seli, 2011; Norton et al., 2013). Motives for wanting children include enhancing happiness and well-being, the need to give and receive love and to experience the enjoyment of children (Colpin et al., 1998; Dyer et al., 2008; Langdridge et al., 2005). The use of surrogacy to have children involves complex legal, psychological, social and financial challenges and most people considering or undertaking surrogacy only do so after exhausting other avenues to have children (MacCallum et al., 2003).

While the ethical, medical and legal aspects of surrogacy have been well documented (Armour, 2012; Bhatia et al., 2009; Crawshaw et al., 2012; Crockin, 2011; Gürtin and Inhorn, 2011), little is known about the motivations, information and support needs of those considering or undertaking surrogacy.

In July 2013, the not-for-profit association Surrogacy Australia in partnership with Monash University conducted an anonymous online survey of members of Surrogacy Australia and Gay Dads Australia. Findings relating to participants' experiences of ART, the types of surrogacy they considered or used, the impact of criminalization laws on behaviour (Everingham et al., 2014), and the outcomes of extraterritorial surrogacy (Stafford-Bell et al., 2014) have previously been reported. This paper reports the family-building options participants had considered before deciding to use extraterritorial surrogacy, which methods to conceive they had tried before contemplating surrogacy, which sources of information and support they used during the process of deciding to use surrogacy, and the reactions to this decision from people they confided in.

Materials and methods

The study was approved by Monash University Human Research Ethics Committee on 18 June 2013 (reference no. CF13/740 – 2013000328).

Materials

The online survey comprised 90 study-specific fixed-choice questions covering sociodemographic characteristics, the