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ARTICLE

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

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Susan Imrie was awarded an MSc in Psychology at the University of Hertfordshire. She is currently working on a study examining parental psychological wellbeing and parent–child relationships in infancy in families who have used fertility treatment, and is also involved in a project looking at the experiences and long-term psychological health of surrogate mothers and their families.

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. 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. 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.

KEYWORDS: contact, psychological health, relationship, surrogacy family, surrogacy, surrogate mother

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Introduction

Surrogacy, the process whereby a woman carries and gives birth to a baby for a couple who cannot conceive naturally, has become an increasingly popular means of building a family in the UK in recent years (Crawshaw et al., 2012). Surrogacy is legal in the UK on an altruistic and non-commercial basis, and surrogacy arrangements can be either gestational or genetic. In genetic surrogacy (also known as straight, traditional or partial surrogacy), the surrogate uses her own egg and becomes pregnant through artificial insemination usually using the intended father's sperm. In gestational surrogacy (also called host or full surrogacy), the surrogate gestates the couple's embryo, or an embryo created using donor gametes, and becomes pregnant using IVF. Recent figures suggest that 46% of reported IVF cycles for surrogacy in the USA involve donor eggs (Bernstein, 2013).

Although both types of surrogacy arrangements are currently practised in the UK, medical practitioners and surrogacy agencies in the USA generally recommend gestational surrogacy as the preferred method; however, genetic surrogacy arrangements do occur and are legal in four states (Bernstein, 2013). This preference for gestational surrogacy is partly due to the lower risk it presents in terms of certainty over legal parentage in some states (American Society for Reproductive Medicine, 2012a). There is also a perception that genetic surrogacy has the potential to be more complicated psychologically, genetic surrogates being thought more likely to change their minds about handing the baby over to the intended parents (Bernstein, 2013; Trowse, 2011), despite a lack of empirical evidence to support this view. Concerns have also been raised about the lack of involvement of mental health professionals in genetic surrogacy arrangements as the procedure sometimes occurs without a clinic's involvement (although a clinic's involvement does not guarantee that mental health professionals will always be involved). This lack of involvement, coupled with the surrogate being the genetic mother of the child, may increase the risks of problems occurring (Edelmann, 2004). These concerns are shared by some UK fertility clinics (Balen and Hayden, 1998) and have been reflected on the international stage by the publication of a report on surrogacy by the International Federation of Gynecology and Obstetrics (FIGO) Committee for the Ethical Aspects of Human Reproduction and Women's Health stating that only gestational surrogacy is acceptable (FIGO Committee Report, 2008). Studies of surrogates have found, however, that the type of surrogacy does not seem to influence satisfaction with the surrogacy experience (Ciccarelli, 1997; Jadva et al., 2003), with most surrogates reporting positive experiences and few regretting their decision to become a surrogate (Blyth, 1994; Ciccarelli, 1997; Jadva et al., 2003; van den Akker, 2003).

To date, psychological research into surrogacy has focused on the motivations, experiences and psychological wellbeing of UK and US-based surrogates taking part in domestic surrogacy arrangements, with a minority of studies considering whether these variables differ according to surrogacy type. Studies looking at the psychological wellbeing of UK surrogates have found that surrogates do not experience psychological health problems as a result of the surrogacy arrangement 6 months after birth (van den Akker, 2005) or 1 year after birth (Jadva et al., 2003). Clinical evaluations of American women applying to become gestational surrogates showed no psychopathology (Braverman and Corson, 1992) and found lower levels of anxiety and tension and higher resilience to stress in surrogate candidates compared with a normative female sample (Pizitz et al., 2013). Little is known, however, about surrogates' psychological health over the longer term.

Surrogates in the UK have been reported as being motivated by altruistic reasons, primarily the desire to help childless couples (Blyth, 1994; Jadva et al., 2003; van den Akker, 2003). Similar motivations have been reported by American surrogates, with the desire to help others have children often influenced by surrogates' own positive experiences as parents (Hohman and Hagan, 2001; Ragoné, 1994). The only study to consider surrogates' motivations for undertaking additional surrogacy arrangements suggested that surrogates may explain the decision as wanting to help their couple have a sibling for their first child (Ragoné, 1994), although little is known about the motivations of surrogates carrying out multiple surrogacy arrangements or how many surrogacy arrangements surrogates undertake.

The relationship between surrogates and couples has been found to play a crucial role in the surrogacy experience (Braverman and Corson, 1992; Fisher, 2013; Roberts, 1998), with the surrogate's satisfaction with her experience largely determined by the quality of the relationship (Baslington, 2002; Ciccarelli, 1997; Hohman and Hagan, 2001). Some studies have suggested that it is the relationship between the surrogate and the intended mother that is central to the surrogacy process (MacCallum et al., 2003; Ragoné, 1994; Teman, 2010). It has been argued that relationships between surrogates and couples are shaped by cultural ideals around the importance of family, the preciousness of children, and intent as central to parenthood (Berend, 2010, 2012), but little is known about how surrogates view these relationships over time.

Most surrogates and surrogacy families have been found to remain in contact in the short-term in studies of UK and US-based surrogates (Blyth, 1994; Braverman and Corson, 2002; Jadva et al., 2003). One study of 34 UK surrogates found that surrogates maintained contact with 79% of couples and 76% of children 1 year after the birth of the child, although the level of contact varied greatly (Jadva et al., 2003). Surrogates saw just under one-third of surrogacy families at least once a month, with contact varying in the remainder of arrangements between once a month and once a year. Finding a level of contact with which they feel comfortable has been found to be an important factor for surrogates (Baslington, 2002). A study of US surrogates found that, although only one surrogacy resulted in a social friendship, most surrogates and couples remained in contact by phone, and only two reported feeling any regret about their lack of contact (Hohman and Hagan, 2001). Similarly, most UK surrogates (94%) reported being happy with their level of contact with the child in the year after the birth (Jadva et al., 2003).

In terms of the surrogate's relationship with the child conceived through surrogacy, surrogates report that they do not view the child as their own child (Jadva et al., 2003; Ragoné, 1996; Roberts, 1998), although 41% report feeling a 'special bond' towards the child, a finding that does not differ according to surrogacy type (Jadva et al., 2003). It is not known, however, how surrogates feel about the child as the child grows older, or how surrogates feel about the relationship (i.e.