FACTSHEET

SURROGACY

Most people who experience problems conceiving can have fertility treatment to help them to get pregnant, but for some, no amount of medical treatment can help. Women who have been born without a womb, or who have had to have a hysterectomy in the past, are among those who may find that surrogacy offers a potential route to parenthood. Same sex couples may also consider surrogacy. Others may venture into surrogacy as it is not medically safe for the woman to carry a baby. More and more couples are considering surrogacy as a real possibility as it may be the only chance for some to have a child.

There are two types of surrogacy - straight or traditional surrogacy
This method uses the egg of the surrogate mother and the sperm of the intended father. This can be performed in an IVF clinic, but more often the technique of artificial insemination happens at home. In this situation, the baby is biologically related to the intended father and the surrogate mother. Although it is the simpler of the two types of surrogacy in as much as conceiving is less complicated, mentally it can be the hardest to accept. Not only for the surrogate mother to give up her own biological child, but also for the intended mother to accept a child which the intended father has fathered with another woman.

In the case of a same sex couple, the intended fathers should decide who should be the biological father. It is not recommended to mix the sperm from both intended fathers - there could be a chance of it “fighting” which can reduce the chances of pregnancy. They could take turns, either within one cycle e.g. do the inseminations on alternate days or alternative cycles. If they do take turns within a cycle they will need to have a DNA test done once the baby has been born as they need to establish who the genetic father is for the parental order process. DNA tests are not performed or covered by the NHS so they’d need to organise this separately and pay for it.

There are now fewer surrogates willing to do straight surrogacy.

Host or gestational surrogacy
This method uses the egg of the intended mother combined with the sperm of the intended father or donor sperm. Alternatively donor eggs may be combined with the sperm of the intended father. In this case an IVF clinic is always required. A baby conceived by this method has no biological connection to the surrogate mother. This is a more difficult way to get pregnant. The chances of it working are the same as for normal IVF, conception may take several cycles of treatment to conceive even with the help of a surrogate mother. It consumes a lot more time and energy to complete. However, many people feel more comfortable knowing the surrogate mother has no biological ties to the surrogate baby she is to carry.

Intended parents undergoing surrogacy in a clinic must be screened as “donors”, therefore a number of blood tests will need to be carried out before attempting treatment. Sperm will need to be quarantined for six months. The quarantined sperm can then be used to create fresh embryos. The clinic will also require everyone involved to have counselling. Alternatively embryos can be created with fresh sperm and eggs and quarantined for six months. Some clinics offer nucleic acid tests (NATs) which shortens the quarantine period to just a few weeks.

It is very important to be aware of the law surrounding surrogacy and the voluntary organisations which work in the field will be able to point you in the right direction. They will also advise you about consulting a lawyer who has experience in the field as it is absolutely essential to ensure that surrogacy takes place within the right legal framework.

The following organisations deal with surrogacy:
Surrogacy UK: www.surrogacyuk.org
COTS and Triangle: www.surrogacy.org.uk
Brilliant Beginnings: www.brilliantbeginnings.co.uk

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