

The Surrogacy Arrangement :

The surrogates are taken care of through a tripod system, which involves social workers, field coordinators and case managers. The social workers help in spotting an aspiring surrogate, while the field coordinators take care of all the arrangements at a surrogates home from food to electricity. They also help the surrogate mother find a suitable school for her children. Cash manager are responsible for the legal aspect of the deal.

Surrogacy is a long process which starts with the counseling of the intended parents. Counselors check the mental and financial stability of the person or the couple seeking surrogacy. The surrogate mother and intended parents meet to finalize the deal. The surrogate undergoes a series of medical tests before she undergoes embryo transfer.

If it succeeds, she is moved to a surrogate home with her children, where she lives till the delivery. She undergoes weekly check-ups in the first three months and fortnightly check-ups thereafter.

The surrogate homes are generally one room apartment, where a surrogate spends 10 to 11 months. These apartments are complete with television, refrigerator. They can also be one- bed room flats or a big house with separate rooms for each surrogate depending on the surrogacy agency. Surrogates live with their children. Husband and relatives are allowed to visit during the day. There are some surrogate agencies that allow husband to stay with surrogates. Having their family around keep them happy. Social worker’s responsibility includes ensuring that the surrogate has meals and medications on time and taking them to clinic for their scheduled medical check-ups.

For many surrogate mothers it is an opportunity to take care of their own health, too. For the nine months that they are pregnant, they are given milk twice a day with protein powder, fresh fruits,

green leafy vegetables, vitamin and mineral supplements in a hygienic environment. Most surrogates feel healthier after delivery and wants to attempt it again. During surrogacy period many dormant medical problems get diagnosed and taken care of during their pregnancy. These problems go unnoticed otherwise, given their socio-economic background.

Surrogacy is increasingly becoming more acceptable for both the intended parents (IP) and surrogate mothers. Celebrity Amir Khan’s public acceptance about his baby being born with the help of a surrogate mother also seems to have changed the surrogacy scene in India.

How much does a surrogacy process Costs?

The act of kindness of surrogates deserve handsome remuneration and praise. The package of surrogacy starts from Rs. 7 Lakh to Rs. 10 Lakh.

This includes cost of surrogate provider, IVF specialists, counselors, boarding, lodging & food of surrogate, medical care, delivery charges. A surrogate mother is paid around Rs. 5000/- to 10,000/- per month during pregnancy and Rs. 2 Lakh to Rs. 4 Lakh at the time of delivery.

The money paid to surrogate empowers them, their children and their families at large. It ensure a better quality of life for them. Their children moves from confines of one room misery to openness of a classroom. Besides money a surrogate mother learns the importance of hygiene, clean water, diet and education.

In summary, the surrogacy arrangement provides many couples the opportunity to make their dream of parenthood a reality. The comprehensive nature of the screening and counseling of IP and surrogate ensure that the process meets the needs of all involved. As surrogacy arrangement is more widely used, there continues to be a broader understanding of the ethical, moral and legal issues involved. The ultimate goal of physicians, mental health professional and attorney is to enable this process to move forward as smoothly as possible and bring joy and satisfaction to all parties involved in ensuring the conception and delivery of a healthy child.

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SURROGACY



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Motherhood by Surrogacy

Surrogacy is an arrangement in which a woman agrees to carry a pregnancy that is not genetically related to her and her husband, with the intention to carry it to term and hand over the child to the genetic parents for whom she is acting as a surrogate. The first report of a baby being born by IVF surrogacy was in the year 1985. The earliest mention of natural surrogacy is in the Old Testament of the Bible.

TYPES OF SURROGACY

Traditional surrogacy :

In traditional surrogacy arrangement, sperms are provided by the intended father and egg is from the surrogate. The host is also the genetic mother of the child. The procedure is usually done by artificial insemination or Intra-Uterine Insemination (IUI). Traditional surrogacy is also known as Partial Surrogacy or Straight Surrogacy.

Gestational Surrogacy :

In Gestational or IVF surrogacy the gametes (egg and sperm) are provided by the intended parents (IP) to produce the embryos which are subsequently transplanted into the uterus of the surrogate. Here the surrogate is genetically unrelated to any child born and hence this is also known as Full Surrogacy.

Who can benefit from Surrogacy ?

- Women who have suffered repeated miscarriages and are deemed to have little or no chance of carrying a child to term.
- Women whose ovaries are producing eggs but they do not have uterus. Their uterus may have been removed (hysterectomy) or they were born without a uterus. This is the most common indication for IVF Surrogacy.
- Repeated failure of treatment by IVF. Women who have never shown any signs of implanting normal embryos in an apparently normal uterus even after 5 to 6 IVF cycles.

- Women who suffer from medical problems such as severe heart and kidney diseases, severe diabetes and in whom a pregnancy would be life threatening. However, their long term prospect for health is good.
- Women with congenital defects such as T-shaped uterus or hypoplastic uterus with a history of repetitive pregnancy loss. Women with severe untreatable adhesions inside uterine cavity (intrauterine synechia).
- Couples in same sex relationship (gay) take recourse to this treatment.

Surrogate Selection

The IVF surrogates may be known to the intended parents or may be anonymous. Known surrogates are typically relatives or friends who volunteer to carry the pregnancy. Anonymous surrogates are identified through agencies that recruit women to become surrogates. The surrogate should be minimum of 21 years of age and have delivered at least one live born child at term and preferably have completed their families. Surrogates should have normal height and weight, stable heterosexual relationship, a supporting husband or partner who is fully aware of the situation. They must be using barrier contraceptives during treatment. As per ICMR (Indian council of Medical Research) guidelines she should not be over 45 years of age. Complications like pregnancy induced hypertension or gestational diabetes are more common in advanced age surrogates.

It is important to evaluate overall health of surrogate. She should be screened for any underlying medical conditions that might complicate a pregnancy. Infectious disease screening for syphilis, gonorrhea, HIV, Hepatitis B and C should be preformed.

Her blood type should be noted. Uterine cavity should be evaluated with hystero-salpingogram (HSG) or hysteroscopy. A

prospective surrogate mother must be pretested for HIV just before embryo transfer.

A written certificate/ statement must be taken from the surrogate for:

- She has not had drug intravenously administered into her through a shared syringe.
- She has not undergone blood transfusion.
- She and her husband (to the best of her/his knowledge) had no extramarital relationship in the last six months.

This is to ensure that the person would not come up with symptoms of HIV infection during the period of surrogacy. She



must also declare that she will not use drugs intravenously of her own, and not undergo blood transfusion excepting of blood obtained through a certified blood bank.

ICMR Guidelines for surrogacy :

- The proposed ART Rules and Bill legalize surrogacy and state that a surrogate mother can get monetary compensation for carrying the child, in addition to health care and expenses during pregnancy.
- The surrogate mother has to relinquish all the paternal rights over the child once the amount is transferred. The birth certificate will be in the name of the genetic parents.

- Surrogate mothers should be in the age group of 21 to 45 years and should have children of their own.
- They should not attempt surrogacy more than three times in their lifetime.
- Single parents can also have children using a surrogate mother. Foreign couples seeking surrogacy should first register with their respective embassies.

Evaluation of Intended Parents (IP)

The IP should undergo a complete medical history and physical examination. Semen analysis should be obtained for the male partner, and an evaluation of ovarian function should be performed for the female partner. Screening for Infectious diseases like syphilis, gonorohoca, and chlamydia, HIV, Hepatitis B and C should be performed. The IP should be tested again for HIV before embryo transfer.

Surrogacy with Oocyte Donation :

If female partner's ovaries are nonfunctioning then donor eggs may be used for fertilization with male partner's sperm. Surrogate may act as egg donor also.

Legal Issues :

With surrogacy arrangements, legal contracts may include details regarding the expected behavior of the surrogate to ensure a healthy pregnancy, prenatal diagnostic tests, and agreements regarding fetal reduction in the event of multiple pregnancy, or abortion in the foetal anomalies and possibility of caesarean delivery.

Adoption formalities or DNA (genetic) Testing option must be explained to both IP & surrogate. A separate contract must be signed delineating the financial obligations.