

Surrogacy Explored: The Impact on Carriers and Their Experiences Internationally

Mr. Mohammad Aslam¹, Dr. Uday Veer Singh²

¹ Research Scholar IFTM University, Moradabad.

Email ID: abulaslam2015@gmail.com

² Associate Professor IFTM University, Moradabad, Shenfield F, Pennings G, Cohen J, Devroey P, de Wert G, Tarlatzis B, "ESHRE Task Force on Ethics and Law 10: Surrogacy" (2005) 20 Human Reproduction 2705-2707.

Cite this paper as: Mr. Mohammad Aslam, Dr. Uday Veer Singh, (2025) Surrogacy Explored: The Impact on Carriers and Their Experiences Internationally. *Journal of Neonatal Surgery*, 14 (32s), 6231-6236.

ABSTRACT

Surrogacy is an essential fertility intervention for persons encountering medical issues or infertility, including same-sex couples and single males. This study examines the psychological, physical, and socio-cultural aspects of surrogacy in several worldwide contexts, including the United Kingdom, Canada, the United States, and India. The study contrasts altruistic and commercial surrogacy models, emphasizing the emotional and mental health outcomes of surrogate mothers and exposing differences shaped by cultural, legal, and financial variables. Significant studies reveal that surrogacy experiences can be advantageous, as numerous surrogates sustain rewarding connections with intended parents; nonetheless, challenges such as stigma, mental health hazards, and exploitation remain prevalent. The document examines the ramifications for infants conceived through surrogacy, focusing on birth outcomes and possible psychological effects. This comparative analysis recommends for enhanced laws and support systems for surrogates, highlighting the necessity for complete legal frameworks that protect their rights and welfare.

Keywords: Surrogacy, surrogate mother, psychological results, altruistic surrogacy, commercial surrogacy, worldwide comparison, mental health, fertility therapy, India, UK, Canada, USA.

1. INTRODUCTION

The term "surrogate" originates from the Latin "subrogare," meaning "to substitute" or "appointed to act in place of." A "surrogate mother" is a woman who becomes pregnant and delivers a child for the "intended" or "commissioning" parents.¹ Surrogacy is a reproductive technique enabling women without a uterus, possessing uterine abnormalities that hinder conception, facing significant health issues, or encountering other contraindications to attain parenthood by implanting an embryo, either of their own or from a donor, into the uterus of a gestational carrier. This technique allows homosexual couples and solitary men to achieve biological fatherhood by generating babies with their sperm and donor oocytes. As defined in "Black's Law Dictionary," it is the process of gestating and delivering a kid for another individual.² According to the Merriam-Webster Dictionary, it is "the practice by which a woman (termed a surrogate mother) becomes pregnant and delivers a baby for someone unable to conceive." Nonetheless, surrogacy may be further delineated by several criteria, such as the technique employed to create the embryo, the compensation status of the surrogate, the professionals involved, among other factors.³ Altruistic surrogacy and commercial surrogacy are the other forms of surrogacy. Surrogate mothers in an altruistic surrogacy arrangement do not get compensation for their time, risk, or efforts. This Altruistic Surrogacy pertains to both gestational and traditional surrogacy. In certain nations, this form of surrogacy is the exclusive one permitted.

A woman agrees to act as a surrogate in this altruistic surrogacy model without compensation. In most surrogacy contracts, the surrogate receives compensation for her time and effort, along with standard pregnancy-related costs. Altruistic surrogates often assist someone with whom they have a personal connection, such as a close friend or family member, and are likely to

¹Shenfield F, Pennings G, Cohen J, Devroey P, de Wert G, Tarlatzis B, "ESHRE Task Force on Ethics and Law 10: Surrogacy" (2005) 20 *Human Reproduction* 2705-2707.

² Surrogacy, Black's Law Dictionary, (9th edition, 2009).

³"Surrogacy Definition" *Surrogate.com* <https://surrogate.com/about-surrogacy/surrogacy-101/surrogacy-definition/#:~:text=In%20surrogacy%2C%20a%20fertility%20specialist,embryo%20into%20the%20surrogate's%20uterus> accessed 4 November 2024.

get compensation solely for medical expenditures.⁴ Commercial surrogacy refers specifically to arrangements where the surrogate mother receives financial compensation, along with reimbursement for medical expenses. This term does not encompass altruistic surrogacy, where volunteers carry pregnancies for intended couples without financial remuneration. However, surrogacy presents not just benefits for the intending pair but also significant difficulties that a surrogate mother encounters along her journey.⁵ The Objective of this paper is to examine the psychological and physical effects of surrogacy on surrogate mothers in various cultural contexts, emphasizing the distinctions between altruistic and commercial arrangements, societal stigma, and familial dynamics, while also assessing post-delivery experiences and long-term well-being of surrogate mothers. What are the psychological impacts of surrogacy on surrogate moms across various cultural contexts, namely in India vs Western nations? What is the effect of altruistic and commercial surrogacy agreements on the mental health and emotional attachment of surrogate mothers to the child they carry? What is the significance of familial support and cultural acceptability in the well-being of surrogate mothers during and post-surrogacy? What impact does surrogacy have on the marriage relationships and family dynamics of surrogate mothers? What are the long-term psychological effects for surrogate moms after birth, and how do these effects vary between altruistic and commercial surrogacy arrangements?

2. COMPARATIVE ANALYSIS OF DIFFERENT COUNTRIES

United Kingdom

Altruistic surrogacy is permissible in the United Kingdom, however commercial surrogacy is forbidden. Research done 5–12 years after surrogacy included semi-structured interviews and psychological evaluations to determine the long-term psychological consequences for surrogates.⁶ The majority of surrogates indicated that they sustained amicable ties with their intended parents and were generally satisfied with the extent of their communication. Surrogates who had no contact exhibited a want for it, as 7 out of 8 women without contact desired some type of relationship. The results indicated that the majority of surrogates perceived their experience favourably, with no substantial difference in psychological outcomes between gestational and conventional surrogacies. Several surrogates indicated experiencing minor postpartum depression, comparable to the incidence in non-surrogate births, with no significant psychological health concerns noted during the data collecting period.

During the pregnancy, surrogates exhibited moderate ratings in psychological well-being, indicating a level of emotional detachment from the gestation process. Intended moms, however, exhibited elevated anxiety for fetal well-being, presumably because to varying attachment levels.⁷ Surrogates indicated insufficient social support, necessitating more investigation into the influence of support networks on their social well-being.

Research demonstrates that favourable experiences in surrogacy extend beyond heterosexual couples. Although several governments impose restrictions on surrogacy for homosexual couples, research indicates that there are no detrimental psychological impacts linked to these arrangements. Homosexual dads typically reported contentment or indifference regarding their interactions with surrogates and egg donors. UK research comparing the well-being of gay fathers, lesbian moms, and heterosexual parents utilizing IVF revealed no significant variations in parental stress, sadness, anxiety, or relationship satisfaction.⁸

Canada

Altruistic surrogacy was authorized in Canada by the Assisted Human Reproduction Act of 2004. Qualitative research conducted in 2019 investigating surrogacy experiences before, during, and after pregnancy revealed that the majority of surrogate moms saw the experience as good and significant, frequently sustaining amicable and enduring connections with intended parents' post-birth.⁹ Nonetheless, despite the legislative ban on commercial surrogacy, several surrogates expressed sentiments of exploitation stemming from the absence of financial compensation.

United States of America

In the United States, comprehensive research on the psychological effects experienced by surrogates is insufficient. Qualitative interviews with American and Israeli surrogates indicate analogous positive themes, with participants perceiving

⁴ Types of Surrogacy in India" *Fertility World* <https://fertilityworld.in/blog/types-of-surrogacy-in-india/#:~:text=Traditional%20Surrogacy%3A%20In%20this%20type,to%20whom%20she%20gives%20birth> accessed 4 November 2024.

⁵ Ibid

⁶ Lucy Blake, Nicola Carone, Jenna Slutsky, Elizabeth Raffanella, Anke A. Ehrhardt and Susan Golombok, "Gay Father Surrogacy Families: Relationships with Surrogates and Egg Donors and Parental Disclosure of Children's Origins" (2016) 106(6) *Fertility and Sterility* 1503–1509.

⁷ O. B. A. Van den Akker, "Psychological Trait and State Characteristics, Social Support and Attitudes to the Surrogate Pregnancy and Baby" (2007) 22(8) *Human Reproduction* 2287–2295

⁸ L. Van Rijn-van Gelderen, H. W. M. Bos, T. D. Jorgensen, K. Ellis-Davies, A. Winstanley, S. Golombok and M. E. Lamb, "Wellbeing of Gay Fathers with Children Born through Surrogacy: A Comparison with Lesbian-Mother Families and Heterosexual IVF Parent Families" (2017) 33(1) *Human Reproduction* 101–108.

⁹ S. Yee, S. Hemalal and C. L. Librach, "'Not My Child to Give Away': A Qualitative Analysis of Gestational Surrogates' Experiences" (2019) *Women and Birth*.

surrogacy as a morally meaningful experience and having no detrimental psychological repercussions.¹⁰ Notwithstanding discrepancies in state rules aimed at safeguarding the psychological welfare of surrogate mothers, existing statistics fail to furnish enough justification for these regulatory provisions.

India

The experience of gestational carrier surrogacy in India markedly contrasts with that in Western medical settings. The absence of social and legal assistance, coupled with cultural shame, negatively impacts Indian surrogates.¹¹ Although much of the current study is ethnographic, new empirical studies have demonstrated detrimental psychological repercussions for these women. A cross-sectional research done in Anand, Gujarat, involving interviews with 15 illiterate surrogates from a single reproductive clinic revealed that the participants were predominantly aged 21-30, married, and had previously given birth.¹² Their incentives for surrogacy were predominantly pecuniary, with payments averaging below ten thousand US dollars. Numerous individuals described residing in "surrogacy hostels" during their pregnancies and conveyed a lingering stigma that frequently compelled them to depart from their communities' following surrogacy. In contrast to Western societies, where women may function autonomously, Indian women necessitate their husbands' approval, as demonstrated by the requirement for their signatures on legal papers. All questioned women underwent cesarean sections, with unspecified causes, so exposing them to risks of infection and sequelae.

Comparative research conducted in Mumbai indicated that surrogate moms had elevated levels of depression compared to intended mothers throughout and post-pregnancy.¹³ Primary factors of postpartum depression among surrogates were inadequate social support, concealment of their surrogacy, and external criticism. Surrogates had less emotional attachment to the fetus relative to intended mothers; yet, a robust emotional connection was not associated with elevated depression rates. These findings underscore cultural disparities in surrogacy experiences relative to those in nations like the UK, Israel, and Canada, which have impacted legislative choices in India.

The Indian surrogacy regulation act 2021, provides wide range of guidelines such as it specifically promotes altruistic surrogacy. whereas chapter 3 of the act deals with the eligibility criteria of altruistic surrogacy in India, as per the act the couple seeking surrogacy, must be married for at least five years at the same time prescribes the age criteria for intending couple i.e. for women the age should be between 23-50 and for men the age should be between 25-55. Another requirement of the act is that, the intending couple must not be having any biological as well as adopted child of their own.¹⁴ This provision is not applicable in case, if the intending couple having mentally retarded or disable child. Although the act provides a kind of hope to Indian women, divorcees and married couple.¹⁵

The new law modifies the definition and requirements for becoming a "surrogate mother" as follows:

a) Any married woman between the ages of 25 and 35 with her own child is eligible to become a surrogate.

b) Can only sign up for surrogacy once, but can have up to three attempts if embryo transfer is unsuccessful.

c) Be physically and mentally fit, as determined by a medical practitioner through certification.

d) The Act prohibits her from supplying her own gametes for surrogacy.

e) Not receive compensation for carrying the kid in the womb, except for necessary insurance and medical expenses.

f) Insurance must cover birth complications, including death, for 36 months. Furthermore, the surrogate mother has the right to withdraw her participation even after the embryo is implanted in her womb, and if necessary, to terminate the pregnancy under the Medical Termination of Pregnancy Act of 2019.¹⁶

Other nations, such as Thailand, have similarly prohibited foreign surrogacy. While there are few restrictions governing international surrogacy in India, local surrogacy continues to lack oversight. Moreover, legal disputes continue worldwide about the ethical treatment of surrogate mothers. In Nigeria, the presence of "baby factories" complicates the comprehension of surrogacy, since young women may deliver infants and sell them on the underground market. Although Western nations, notably the USA, have established psychological protections for surrogates in accordance with legal standards, Nigeria lacks comprehensive policies regarding these activities. The Nigerian government has sought to mitigate such activities upon their

¹⁰ Teman, E., & Berend, Z. (2018). *Surrogate non-motherhood: Israeli and US surrogates speak about kinship and parenthood*. *Anthropology & Medicine*, 1–15. doi:10.1080/13648470.2017.1401825

¹¹ RaywatDeonandan, "Recent Trends in Reproductive Tourism and International Surrogacy: Ethical Considerations and Challenges for Policy." 2015;8:111-119. doi:10.2147/RMHP.S63862

¹² S. Karandikar, L. B. Gezinski, J. R. Carter and M. Kaloga, "Economic Necessity or Noble Cause? A Qualitative Study Exploring Motivations for Gestational Surrogacy in Gujarat, India" (2014) 29(2) *Affilia* 224–236.

¹³ N. Lamba, V. Jadvia, K. Kadam and S. Golombok, "The Psychological Well-being and Prenatal Bonding of Gestational Surrogates" (2018) 33(4) *Human Reproduction* 646–653.

¹⁴ The Surrogacy (Regulation) Act, 2021 (Act No. 47 of 2021)

¹⁵ *ibid*

¹⁶ Karan Babbar and M Sivakami, "The Surrogacy Regulation Act 2021: Another Attempt to Reproduce a Heteronormative Patriarchal Society?" *Feminism India* <https://feminisminindia.com/2022/02/02/The-Surrogacy-Regulation-Act-2021-Another-Attempt-To-Reproduce-A-Heteronormative-Patriarchal-Society/> (2022).

discovery. Establishing legal and ethical guidelines for surrogacy, improving access to reproductive technologies, alleviating infertility stigma, and addressing sexually transmitted infections are essential for mitigating illegal activities linked to baby factories.¹⁷ These instances highlight the necessity for systematic regulation of surrogacy practices.

3. ADDITIONAL ELEMENTS INFLUENCING MENTAL HEALTH

Consequences of disclosing surrogacy to family members

The survey revealed that the majority of surrogate mothers did not disclose their surrogacy contracts to their husbands or in-laws, concerned about potential family reactions. Conversely, a limited number of surrogate moms opted for this because to the financial instability of families.¹⁸

Effects on the physical well-being of the surrogate mother

A study on surrogate women in the US and India revealed that women in the US are permitted to retain a maximum of two embryos, while women in India are allowed to keep up to five embryos. Consequently, this practice elevates the health risks for surrogate mothers, including the potential for post-partum depression. The surrogate mother encounters numerous additional complications, including pre-eclampsia, eclampsia, urinary tract infections, stress incontinence, hemorrhoids, gestational diabetes, life-threatening hemorrhage, and pulmonary embolism.¹⁹ The study further indicates that surrogate mothers prescribed medication may experience other physical health concerns, such as hypertension, stroke, and placental abruption.²⁰

Effects of Surrogacy on Family Dynamics and Marital Relationships of the Surrogate Mother.

The surrogate mother saw peculiar behavior from her husband, particularly about the effects on their marital and sexual connections during the pregnancy. Although a few surrogates indicated a slight reduction in libido, the majority voiced apprehensions of possible disturbances to family relations. Research on marital satisfaction indicated that 80% of surrogates reported moderate to high levels of satisfaction, 16% had poor satisfaction, and 4% encountered significant marital difficulties. In general, surrogacy does not substantially affect marital relationships, however deviations may occur owing to cultural or religious distinctions.²¹

Separation from the child

The experiences of surrogate mothers during and after to the relinquishment of the child were examined. In 91% of instances (31 moms), the time of the child's transfer was established with mutual consent between the commissioning spouse and the surrogate mother. In the remaining 9% of instances (three moms), the surrogate autonomously determined the timing of the child's transfer. All parties conveyed contentment with the timing of the handover and indicated no uncertainties or challenges during the process.

The research further evaluated the emotional reactions of the ladies at three distinct intervals over the subsequent year. Initially, 32% (11 mothers) had issues in the weeks subsequent to the transfer, with one individual expressing moderate difficulties. Several months later, 15% (five moms) indicated experiencing difficulties, whereas 85% (29 mothers) reported no troubles. At the one-year milestone, just 6% (two moms) had challenges, whereas 94% (32 women) reported no troubles whatsoever. Significantly, recognized surrogate moms reported a much greater incidence of issues one year post-birth compared to anonymous surrogates, reflecting a small to medium effect size in the difference of proportions.²²

Psychological impact

A research in Thailand examining the psychological well-being of 15 surrogate mothers found four major dimensions: mental, environmental, social, and spiritual well-being. Participants predominantly saw their position favourably, believing they aided society by supporting infertile couples. Although financial incentives were a consideration, several individuals indicated that they derived spiritual satisfaction from their participation. Familial support proved essential in addressing emotional difficulties, especially during the postpartum phase. Nevertheless, several surrogates encountered social isolation stemming from cultural shame and the 2015 prohibition of commercial surrogacy in Thailand, which has relegated the practice to clandestinely and exacerbated mental health hazards. The study emphasizes the necessity for sophisticated regulation and global collaboration to safeguard the mental well-being of surrogates, promoting supporting structures and

¹⁷ O. A. Makinde, O. O. Makinde, O. Olaleye, B. Brown and C. O. Odimegwu, "Baby Factories Taint Surrogacy in Nigeria" (2016) 32(1) *Reproductive BioMedicine Online* 6-8.

¹⁸ Tehran H A, Tashi S, Mehran N, Eskandari N, Tehrani T D, "Emotional Experiences in Surrogate Mothers: A Qualitative Study" (2014) 12(7) *Iranian Journal of Reproductive Medicine* 471-480

¹⁹ Kevin T, "The Ethics of Surrogacy Contracts and Nebraska's Surrogacy Law" (2008) 41 *Creighton Law Review* 185-206

²⁰ A, Kumar P, Inder D, Sharma N, "Surrogacy and Women's Right to Health in India: Issues and Perspective" (2013) 57 *Indian Journal of Public Health* 65-70.

²¹ Jadva V, Murray C, Lycett E, MacCallum F, Golombok S, "Surrogacy: The Experiences of Surrogate Mothers" City University, London, United Kingdom.

²² Rosenthal R, Rubin DB, "A Simple, General-Purpose Display of Magnitude of Experimental Effect" (1982) 74 *Journal of Educational Psychology* 166-169. DOI: 10.1037/0022-0663.74.2.166.

meticulously crafted regulations to meet their intricate demands.²³

Post-Delivery Communication and the Psychological Well-Being of Surrogate Mothers

Post-delivery communication profoundly impacts the psychological well-being of surrogate moms. Consistent engagement with intended parents can provide emotional closure, allowing surrogates to navigate their emotions regarding the surrogacy experience and alleviating any feelings of loss and grief following the relinquishment of the child. Maintaining communication cultivates a sense of connection and belonging, confirming the surrogate's position in the child's life and maybe enhancing their sense of purpose. Furthermore, recognition from intended parents enhances surrogates' sense of worth, validating their roles as caretakers and nurturers. In contrast, inadequate or absent communication can engender feelings of isolation or melancholy, especially when expectations are not explicitly articulated, causing surrogates to feel unacknowledged or devalued. Consequently, delineating explicit communication expectations might foster a more favorable emotional result, substantially enhancing the overall psychological well-being of surrogates post-birth.²⁴

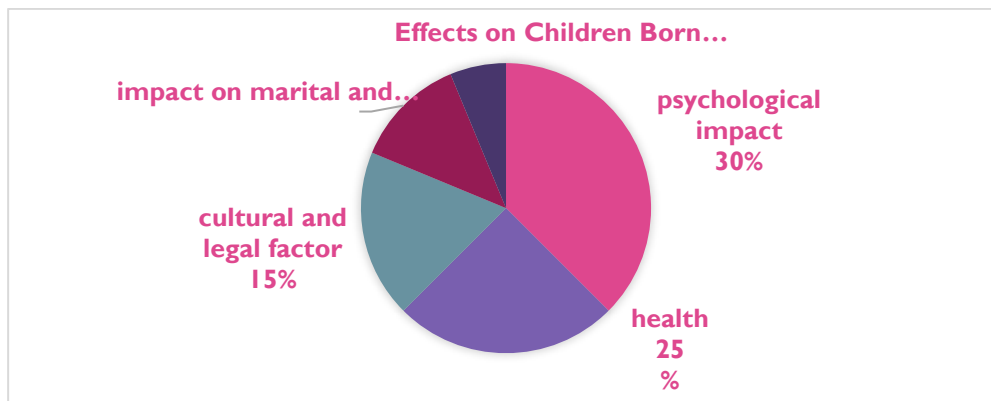
Physiological separation

In a surrogacy agreement, the intimate aspects of love, intimacy, and procreation become public knowledge, potentially imposing considerable psychological difficulties on both the surrogate mother and the intended parents. The pregnancy trimester frequently presents several physiological and psychological problems that required the surrogate's adaptation, including serious issues that may require a cesarean section. The acknowledgment that these challenges arise throughout the process of transferring custody of the kid to another partner can significantly impact the surrogate's psychological health.

Comprehensive counselling for potential surrogates is crucial to mitigate these psychological problems. Furthermore, challenges associated with nursing and newborn care may also induce psychological stress. Surrogates may encounter guilt related to bearing a child for monetary remuneration, in addition to experiencing social isolation and stigmatization. Conversely, certain surrogates cultivate profound connections with the commissioning parents, especially the commissioning mother, which can offer emotional support during the intricate surrogacy process.²⁵

Effects on children conceived through surrogacy

Research demonstrates that gestational carrier pregnancies exhibit a preterm birth rate of 11.5%, which is similar to the 14.5% incidence observed in total ART IVF singleton pregnancies. Infants born from gestational carrier pregnancies frequently have comparable or elevated birth weights relative to those from non-gestational carrier pregnancies, indicating a potential if slight protective influence on birth weight. The incidence of birth abnormalities in children conceived through surrogacy varies from 0% to 6.5%, comparable to the rates seen in fresh IVF (1.1% to 2.9%) and oocyte donation (0.6% to 2.1%). Moreover, study conducted by Woo et al. demonstrates that, when accounting for uterine environment, surrogacy correlates with elevated rates of preterm delivery and low birth weight in comparison to spontaneous births.



The pie chart has summarized the prominent aspects surrogacy research tends to follow as such:

Psychological Impact on Surrogate Mothers (30%): the largest percentage focuses on what happens psychologically about mental conditions, attachment with the infant, and also the surrounding support network.

Physical Health of Surrogate Mothers (25%): Some complications during pregnancy and some postpartum risks highlight

²³Jutharat A, Mark B and Yuri H, *Psychosocial Health Among Surrogate Mothers*, Proceedings of the International Conference on Public Health, Vol. 8, Issue 2, 2023, pp. 70-84 (Charles Darwin University, Australia).

²⁴What Surrogate Mothers Should Expect After Delivery," Western Fertility Institute, accessed October 28, 2024, <https://www.westernfertility.com/third-party-reproduction/what-surrogate-mothers-should-expect-after-delivery/>

²⁵Adewumi A R, "An Appraisal of Socio-Legal Issues in Surrogacy as a Method of Assisted Reproductive Technology" (Law/2012/0009).

medical difficulties surrogates have to face.

Cultural and Legal Context (15%): Cross comparison of various countries, including India, the UK, Canada, and the USA, underlines how cultural and legal elements dominate when it comes to practising and delivering surrogacy.

Impact on Family and Social Relationships (10%): This section addresses the impact of surrogacy on family interaction and marriage life for gestational surrogates.

Impact on Children Born by Surrogacy (5%): The smallest part in this section, reminding everyone that birth effects and long-term developmental influence should be taken into account for those born through surrogacy.

Together, these categories form an all-inclusive approach toward understanding surrogacy and issues of experiences for surrogate mothers, cultural differences, and implications for children.

4. CONCLUSION

In conclusion, surrogacy, a complex reproductive option, is an essential avenue for people and couples encountering difficulties in attaining motherhood. Surrogacy is defined as a process in which a surrogate mother gestates a pregnancy with the intention of surrendering the child to the intended parents, and it includes numerous agreements, usually classified as altruistic or commercial. Altruistic surrogacy entails no financial remuneration beyond medical costs, but commercial surrogacy encompasses monetary reward for the surrogate.

Research underscores the varied motives and experiences of surrogate mothers, which differ markedly according to cultural, social, and legal situations. In nations such as the United States and Canada, surrogates frequently have favourable psychological results and sustain beneficial ties with intended parents, notwithstanding certain apprehensions about exploitation and regulatory deficiencies. In contrast, India presents a significantly different scenario, distinguished by inadequate legal and societal assistance, resulting in detrimental psychological effects for several surrogates. In India, the financial incentives for surrogacy can compromise physical and mental health, further intensified by cultural shame.

Furthermore, the experiences of surrogates are shaped by familial dynamics, mental health issues, and the characteristics of their interactions with intended parents. Communication and support networks are vital in influencing psychological well-being during and during the surrogacy process. The gap in results underscores the necessity of cultural comprehension and suitable regulatory frameworks to protect the rights and health of surrogate mothers.

The evolution of worldwide surrogacy patterns underscores the necessity for robust legal rules. Addressing ethical questions, augmenting protective measures for surrogates, and cultivating a supportive atmosphere are crucial elements to ensure that surrogacy is a feasible option for intended parents and a respectful, dignified experience for surrogate moms. The global surrogacy environment presents both obstacles and prospects, highlighting the need for continuous discourse and cooperation among stakeholders to develop fair practices and legislation.