

Three Things You Should Know About Surrogacy

1. Surrogacy Carries Health Risks that often Go Untold

- There have been confirmed deaths of surrogate mothers in both the United States and abroad.ⁱ
- Due to the high costs involved in surrogacy and the strong desire to boost success rates, multiple embryos are often transferred into the surrogate mother. In addition to the increased risk of caesarian sections and longer hospital stays, the *British Journal of Medicine* warns, “Multiple pregnancies are associated with maternal and perinatal complications such as gestational diabetes, fetal growth restriction, and pre-eclampsia as well as premature birth.”ⁱⁱ
- Multiple studies have found “increased in multiple births, NICU admission, and length of stay with hospital charges several multiples beyond that of a term infant conceived naturally and provided care in our nursery” for surrogate pregnancies.^{iii, iv}
- Studies show that women pregnant with donor eggs, very common in surrogate pregnancies (the definition of gestational surrogacy), have a more than three-fold risk of developing pregnancy induced hypertension and pre-eclampsia.^v
- Lupron use in preparing a gestational surrogate to receive transferred embryos has been documented to put a woman at risk for increased intracranial pressure.^{vi}

2. There are Health and Psychological Risks to the Children Born via Surrogacy

- Children born through surrogacy are much more likely to suffer from low and very low birth weights.^{vii} In addition, a 2014 study from the *Journal of Perinatology* found a 4-5 fold increase in stillbirths from pregnancies through assisted reproductive technologies.^{viii}
- Surrogate pregnancies intentionally sever natural maternal bonding that takes place during pregnancy. A study in the *Journal of Child Psychology and Psychiatry* found: “surrogacy children showed higher levels of adjustment difficulties at age 7” and “the absence of a gestational connection to the mother may be more problematic.” The study also reported that such difficulties “may have been under-reported by reproductive donation mothers who may have wished to present their children in a positive light.”^{ix}
- Young adult children born via anonymous gamete donation suffer serious genealogical bewilderment according to both empirical studies and actual testimonies.^x A study in the journal *Human Reproduction* concluded, “Disclosure to children conceived with donor gametes should not be optional.”^{xi}

3. Surrogacy is Expensive, Risky, and Eugenic, and it Involves Coercion

- The fertility industry is estimated to be a multi-billion dollar industry in the United States alone. A review of day agency websites reveals a dehumanizing approach where patients are referred to as “clients,” surrogate mothers are referred to as “carriers,” and surrogate pregnancy arrangements referred to as “sales.”
- During a surrogate pregnancy, intended parents have borne the financial costs of IVF, egg donation, surrogacy, etc. but the health insurance industry picks up the long-term costs associated with these high risks pregnancies, which require longer hospitalization stays and intensive care for the surrogate mother and child(ren).^{xii}
- When compared to a natural pregnancy, surrogate pregnancies of a singleton or twin resulted in hospital charges 26 times higher and 173 times higher when triplets or more were born.^{xiii}
- Teresa Erickson, a reproductive attorney convicted of baby selling, called herself “the tip of the iceberg.”^{xiv} Rudy Rupak, founder of Planet Hospital, a global IVF provider, told the *New York Times*, “Here’s a little secret for all of you. There is a lot of treachery and deception in I.V.F./fertility/surrogacy because there is gobs of money to be made.”^{xv}
- It has been suggested that marketing and advertising that states only the “benefits” of renting your womb should also state the risks. In short, there are “significant ethical and policy problem[s] with the status quo.” And yet, brokers and clinics who stand to profit most resist calls to do the necessary studies or warn women of potential risks.^{xvi}
- Surrogacy often depends on the exploitation of low income and poor women by those with means to pay for surrogacy. These unequal transactions result in “uninformed” consent, coercion, low payments, poor health care, and severe risks to the short- and long-term health of women. As the European parliament stated in a 2011 resolution, surrogacy is “an exploitation of the female body and her reproductive organs.”^{xvii}
- The New York State Task Force on Life and the Law stated that commercial surrogacy “could not be distinguished from the sale of children and that it placed children at significant risk of harm.”^{xviii}

i Riben, Mirah. *The Huffington Post*. “American Surrogate Death: Not the First.” October 25, 2015. http://www.huffingtonpost.com/mirahriben/american-surrogate-death-b_8298930.html

ii Kamphuis, E., Bhattacharya, S., van der Veen, F., and Mol, B.W.J., (2014). *British Journal of Medicine*. “Are We Overusing IVF?” <http://www.bmj.com/content/348/bmj.g252>

iii Yona Nicolau, Austin Purkepile, T. Allen Merritt, Mitchell Goldstein, Bryan Oshiro (2015). *World Journal of Obstetrics and Gynecology*. “Outcomes of surrogate pregnancies in California and hospital economics of surrogate maternity and newborn care.” November 10; 4(4).

iv T.A. Merritt, M. Goldstein, R. Phillips, R. Peverini, J. Iwakoshi, A. Rodriguez, B. Oshiro (2014) *Journal of Perinatology*. “Impact of ART pregnancies on California: analysis of maternity outcomes and insights into the added burden of neonatal intensive care.” February, 2014.

v *Science Daily*. “Pregnancies following egg donation associated with more than 3-fold higher risk of hypertension” July 1, 2014.

vi Alexander, J., and Levi, L. (2013). *Journal of Neuro-Ophthalmology*. “Intracranial Hypertension in a Patient Preparing for Gestational Surrogacy with Leuprolide Acetate and Estrogen,” 33:307-318.

vii Schieve, L., Meikle, S., Ferre, C., Petersen, H., Jeng, G., and Wilcox, L. (2002). *New England Journal of Medicine*. “Low and Very Low Birth Weight in Infants Conceived with Use of Assisted Reproductive Technology,” 346:731-737. <http://www.nejm.org/doi/full/10.1056/NEJMoa010806>

viii Merritt, T. “Impact of ART on Pregnancies in California: An Analysis of Maternity Outcomes and Insights into the Added Burden of Neonatal Intensive Care.” *Journal of Perinatology*, February 2014, 1-6.

ix Golombok, S., Blake, L., Casey, P., Roman, G., and Jadvia, V. (2013). *The Journal of Psychology and Psychiatry* “Children born through reproductive donation: A longitudinal study of psychological studies,” 54:6, pp 653-660.

x See AnonymousUs.org, an online story collective for real life testimonials for voluntary and involuntary participants of assisted reproduction, as well as our 2012 documentary *Anonymous Father’s Day*. <http://www.anonymousfathersday.com>

xi McGee, G., Brakman, S.V., and Gurmankin, A.D. (2001). *Human Reproduction*. “Gamete donation and anonymity: disclosure to children conceived with donor gametes should not be optional”. <http://www.ncbi.nlm.nih.gov/pubmed/11574486>

xii Yona Nicolau, Austin Purkepile, T Allen Merritt, Mitchell Goldstein, Bryan Oshiro (2015). *World Journal of Obstetrics and Gynecology*. “Outcomes of surrogate pregnancies in California and hospital economics of surrogate maternity and newborn care.” November 10; 4(4).

xiii Ibid.

xiv Rory Devine and R. Stickney, “Convicted Surrogacy Attorney: I’m Tip of Iceberg,” *NBC San Diego*, February 29, 2012. <http://www.nbcsandiego.com/news/local/Theresa-Erickson-Surrogacy-Abuse-Selling-Babies-140942313.html>

xv Tamar Lewin, “A Surrogacy Agency that Delivered Heartache,” *The New York Times*, July 27, 2014. <http://www.nytimes.com/2014/07/28/us/surrogacy-agency-planet-hospital-delivered-heartache.html>

xvi Alberta, H., Berry, R., and Levine, A. (2014). *Journal of Law, Medicine and Ethics* “Risk Disclosure and the Recruitment of Oocyte Donors: Are Advertisers Telling the Full Story?”

xvii European Parliament resolution of 5 April 2011 on priorities and outline of a new EU policy framework to fight violence against women. <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2011-0127>

xviii New York State Task Force on Life and the Law. *Surrogate Parenting: Analysis and Recommendations for Public Policy*, 1988. https://www.health.ny.gov/regulations/task_force/reports_publications/#surrogate_parent