



CANBERRA FERTILITY CENTRE

SURROGACY

INFORMATION BOOKLET

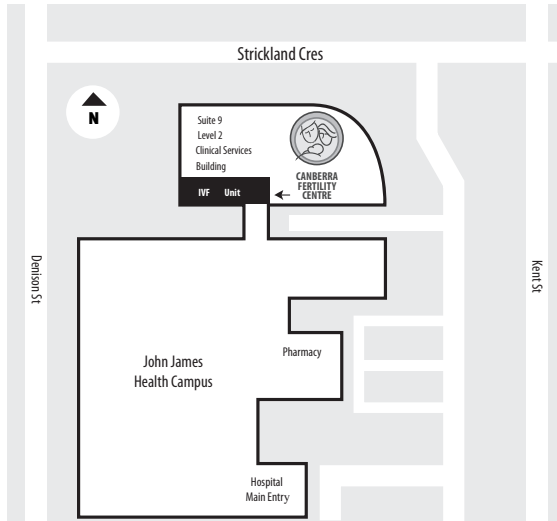


Canberra Fertility Centre

Suite 9, Level 2 Clinical Services Building, John James Health Campus, Strickland Crescent, DEAKIN ACT 2605

Phone: (02) 6282 5458

Fax: (02) 6281 2087



www.canberrafertilitycentre.com.au

Surrogacy information booklet

CONTENTS

1.0	Introduction	2
2.0	Surrogacy – an overview	3–5
3.0	Surrogacy enquiries	5
4.0	Application for surrogacy	6
	4.1 Step 1 – Initial application letter	6
	4.2 Step 2 – Formal application	7
	4.3 Step 3 – Interview in Canberra	8
	4.4 Declarations and preconditions	9
	4.5 Ethics Committee approval	10
	4.6 Cooling-off period	10
5.0	Surrogacy IVF	11
6.0	Resources	12
7.0	Report assessment requirements for independent gynaecological assessment	13
	7.1 Genetic mother	13
	7.2 Surrogate	15
	7.3 Medical issues	15
8.0	Report assessment requirement for family lawyer	14
9.0	Report assessment requirements for independent registered psychologist	15
10.0	Ongoing counselling with independent counsellor	17

Disclaimer

The information in this booklet is correct at 1 December 2010 and is subject to change without notice. We will discuss future amendments to this booklet with prospective patients before commencing any procedures.

1. Introduction

Surrogacy may offer many people a possibility for parenthood that was previously non-existent. The issues (psychological, ethical, moral and legal) all need careful consideration. Anyone contemplating surrogacy must explore all the options, obtain as much information as possible, and seek guidance from counsellors, lawyers and doctors.

Surrogacy involves an IVF procedure. The eggs and sperm (gametes) come from the female and male (the “commissioning couple”, i.e. the couple who want the baby). The surrogate female, also called the “gestational carrier”, is the female that will have a fertilised egg put into her body with the aim of becoming pregnant and carrying the commissioning couple’s baby. The commissioning couple must find their own surrogate.

The surrogacy process in the ACT is governed by the *Parentage Act 2004*. There is a website link to view this Act on the Canberra Fertility Centre website (www.canberrafertilitycentre.com.au). All surrogacy applications are submitted to the **Human Research Ethics Committee (HREC)** for approval and a list of the Surrogacy Guidelines is included in this booklet.

Please note: there is NO Medicare rebate for surrogacy.

Surrogacy is done for medical reasons only.

Information on the IVF process is included in the Canberra Fertility Centre Patient Information Booklet which can be downloaded from our website.

These guidelines have been prepared to assist in the assessment of each surrogacy case. They are designed to conform with the *Parentage Act 2004 ACT* and other relevant guidelines and legislation. They will be assessed on a case-by-case basis with a certain measure of flexibility in accordance with the general purpose of the Parentage Act.

1.1 Non commercial

Surrogacy agreements are non-commercial. Section 3 of the Parentage Act indicates that reimbursement of expenses connected with a surrogate pregnancy or the birth and care of any child born is not considered to render the agreement commercial. All payments must be consistent with the type of expense incurred. Excessive or unsubstantiated payments may be deemed illegal and subject to penalty as described in the Parentage Act.

1.2 Permanent residency

All parties to the surrogacy arrangements must be permanent residents of and residing in Australia for the period of the procedure and pregnancy. This includes the genetic parents, the surrogate female and the surrogate’s partner.

2. Surrogacy – an overview

Surrogacy in the ACT has been legal since November 1994. The Canberra Fertility Centre terms a surrogate as a woman who carries a pregnancy for another woman. The embryo contains none of the surrogate's genetic material or donated gametes (eggs or sperm) and the surrogate is a gestational carrier only. The genetic make-up of the embryo must come from the Commissioning Couple. The Commissioning Couple is the couple who want the child.

The surrogacy process may be considered by a Commissioning woman (the genetic mother):

- who has functioning ovaries but no uterus;
- who has reproductive tract malformations;
- who is incapable of carrying a pregnancy for medical reasons;
- who has had many unsuccessful attempts at IVF and embryo transfers;
- who has history of repeated miscarriage.

2.1. The genetic parents

- The genetic mother must be over 18 years of age and generally under 38 years of age at the time of referral (the IVF pregnancy rate for patients over the age of 40 is negligible).
- The genetic parents should not have more than one living child each or more than one from their present relationship.
- The genetic mother should have a medical condition making pregnancy unlikely, but which is unlikely to reduce the ability to care for her child, or reduce her life expectancy until the child has reached age 18. Examples of such conditions are absent uterus, diseased or damaged uterus, abnormal uterus, repeated failed IVF attempts and repeated miscarriage.
- The genetic parents should not have a medical or psychological condition likely to be exacerbated by her entering the surrogacy arrangement.
- The genetic parents must have a commitment to lifelong care of the child.

As the ACT law stands, neither the Canberra Fertility Centre nor any other person associated with the Canberra Fertility Centre can procure a surrogate for any couple. Surrogates usually include relatives or close friends. The ACT law states that the Commissioning couples **CANNOT** advertise for a surrogate. All surrogacy is to be altruistic. This means that the surrogate must not be paid for her services, but she may be compensated for reasonable costs incurred.

2.2 The surrogate

The ideal surrogate:

- is between 25–37 years of age.
- must have carried a pregnancy to term without complications and have at least one living child by her partner in her present marriage or stable defacto relationship of over three years, or if separated, widowed or divorced, have at least one living child. She should have finished her family.
- does not abuse any drugs such as alcohol, cigarettes or marijuana.
- has a functioning support network.
- is healthy and has no known illnesses such as diabetes etc.
- is not inter-generationally related to the commissioning parents.
- Neither the surrogate's financial situation or the care of her existing children should suffer unduly as a result of the surrogacy arrangement.

The genetic female and her partner should nominate the surrogate mother. The relevant gynaecologist or fertility specialist or their employees should not attempt to procure, or provide any professional or technical assistance to facilitate a surrogate. The relevant gynaecologist or fertility specialist has discretion, however, to assess other people who volunteer to be surrogates, as to their suitability.

3. Surrogacy enquiries

The *Surrogacy Coordinator* manages all surrogacy applications with the Canberra Fertility Centre and all questions and initial enquiries regarding surrogacy should be directed to the *Surrogacy Coordinator*:

Surrogacy Coordinator

PO Box 228

CURTIN ACT 2605

AUSTRALIA

Telephone: (02) 6282 5458

Facsimile: (02) 6281 2087

E-mail: surrogacy@cfc.net.au

4. Application for surrogacy

4.1 STEP ONE:

Initial application letter

- 4.1.1. Application must be in writing to the *Surrogacy Specialist* (the Medical Specialist who specialises in surrogacy).
- 4.1.2. Application must give the reasons why surrogacy is required. Include details of the commissioning couple, dates of birth, details of any children and dates of birth, contact numbers, address and any medical specialist's details PLUS details of surrogate couple, dates of birth, details of any children and dates of birth, contact numbers and address.
- 4.1.3. Applications must be sent to:

Surrogacy Specialist
C/o Surrogacy Coordinator
 Canberra Fertility Centre
 PO Box 228
 CURTIN ACT 2605
 Ph: (02) 6282 5458
 Fax: (02) 6281 2087

Please AWAIT A REPLY to your application from the Specialist BEFORE proceeding with STEP TWO.

5. STEP TWO:

5.1 Formal application for surrogacy

Listed below are the steps to follow once your initial enquiry for surrogacy has been addressed and you have been advised by the *Surrogacy Specialist* to proceed with the formal application for surrogacy.

Applications should include a copy for the *Surrogacy Specialist* of the following reports: **(Report Assessment Requirements are included in this booklet, and must be given to each assessor).**

- 5.1.1. The commissioning mother and the surrogate are both required to obtain a separate independent gynaecological report on their health, past history, suitability for a surrogacy arrangement and a discussion of the various risks involved. This can be carried out in their home state. (Please refer to assessment page 11).

- 5.1.2 The commissioning parents, the surrogate and her partner will be required to obtain a report from an independent family lawyer on the subject of a surrogacy arrangement, birthing laws and the adoption laws as they apply in their home state. Each couple needs to seek advice independently. (Please refer to assessment page 13).
- 5.1.3 The commissioning parents, the surrogate, her partner and any dependent children of either couple (aged 7–18 years) are required to obtain a report from **an independent, registered psychologist** of their choice. This can be in their home state. All people concerned must see the same psychologist, and psychological testing must be completed on each adult. (Please refer to assessment page 14).
- 5.1.4 A statutory declaration is required to be signed by the commissioning couple and the surrogate and her partner, to the effect that the arrangement in which they are entering confers no financial benefit on any of the parties. This can be done with the lawyer at your appointment and forwarded to the *Surrogacy Coordinator*.

The above formal application letters and reports need to be received by the *Surrogacy Coordinator* for review by the *Surrogacy Specialist* at least two weeks prior to any interview date booked with the *Surrogacy Specialist* and the Canberra Fertility Centre counsellor.

Once you have appointment dates for the independent gynaecologist, psychologist and lawyer, please contact the *Surrogacy Coordinator*. An appointment will then be made to see the *Surrogacy Specialist* and the Canberra Fertility Centre counsellor. At this meeting declarations will need to be sighted by the *Surrogacy Coordinator* and a plan of the therapy required needs to be overviewed.

5.2 Report assessment requirements from independent gynaecologist

It is a requirement that an independent gynaecological assessment be performed for both commissioning female and surrogate. This assessment is very specific and must include the following points:-

5.2.1 Commissioning (genetic) female

- a. The genetic female's obstetric, gynaecological and medical history.
- b. Confirmation of the reasons as to why surrogacy is required.
- c. An opinion of the ability of the genetic parents to be able to care for the child/ren to adulthood.
- d. Counselling of the genetic parents in regard to the associated risks for the surrogate, including the possibility of any as yet unknown short and long term risks, the risks of pregnancy, the risks of multiple pregnancy, complications of pregnancy, the risks of operative delivery of an IVF pregnancy, death, permanent disability and loss of child bearing ability.
- e. Counselling of the risks of IVF procedures.

5.2.2 Surrogate (gestational carrier)

- a. The surrogate's obstetric, gynaecological and medical history.
- b. Family medical history.
- c. Recreational drugs history including tobacco, alcohol.
- d. Examine:

Height	Weight	Blood Pressure	Thyroid
Heart	Lungs	Breasts	Abdomen
Pelvis (vaginal examination)		Smear as indicated	
- e. Counselling of the surrogate including the possibility of any as yet unknown short and long term risks, the risks of pregnancy, the risks of multiple pregnancy, complications of pregnancy, the risks of operative delivery of an IVF pregnancy, death, permanent disability and loss of child bearing ability.

5.2.3 Medical issues

There is a need for a clear plan with interstate doctors as to the extent of their direct involvement in patient care or the management of a subsequent pregnancy. This will alleviate the anxiety that surrogates may experience in wondering who does what, when and where.

If surrogates are from interstate and intending to be confined in the ACT, the surrogate should have a couple of antenatal visits with an ACT obstetric clinician prior to coming for induction or labour. This is to establish a working relationship between surrogate and delivering doctor.

All surrogates should attend sessions with an obstetric specialist in their home state and/or the ACT.

It is common for the surrogate to experience isolation and it is important for the surrogate to set up support networks in their local area utilising local doctors and nurses. The Canberra Fertility Centre staff and the clinician can advise regarding pregnancy management.



5.3 Report assessment requirements for FAMILY LAWYER

It is a requirement that both couples in a surrogacy case obtain separate independent legal advice. A report covering the following issues must be submitted as part of the surrogacy application.

- a. The legal implications of the surrogacy arrangement.
- b. The consequences of refusal of the surrogate to surrender the child, including withdrawal of consent by any party to the surrogacy arrangement after embryo transfer has occurred.
- c. Birthing and adoption laws in their home state.
Currently there is no law that can enforce the surrogate to give up the child and it is expected that the surrogate will give up the child for adoption, with the commissioning couple applying to adopt the child. It is important that all the issues regarding the adoption process, its time frame and the costs involved as they pertain to the state in which the birth will occur are thoroughly covered. The report must clearly show that this issue has been discussed and a plan of action needs to be prepared.
- d. The refusal of the genetic parents to adopt a disabled child.
- e. The adequate provision for the surrogate's dependants in the event of hospitalisation, illness or death related to the pregnancy.
- f. The adequate provision of guardianship of embryos or any existing children should either or both of the genetic parents die.
- h. A legal will.



5.4 Report assessment requirements for independent registered psychologist

It is a requirement that an independent psychologist assessment be performed for the commissioning couple, the surrogate couple and any children of either couple aged 7–18 years. The assessment and a report by the registered psychologist **must** address these specific issues.

- a. Assessment of both couples separately to include psychological and marital stability, including psychological testing by an independent psychologist.
- b. Implications for each marital relationship.
- c. Implications for relationships between the couples.
- d. Implication for the existing children.
- e. Possibilities of complications which may affect both couples, specifically medical and obstetric problems which may include death for both women.
- f. Change of heart by any of the parties before or during the process.
- g. The attitudes of both couples towards investigation for foetal abnormality and termination of any abnormal pregnancy.
- h. Refusal of the surrogate to relinquish the child.
- i. The attitudes of the genetic parents to a disabled child.
- j. Refusal of the genetic parents to adopt a disabled child.
- k. The motivation and attitudes of the surrogate.
- l. The genetic parents' intentions regarding directing custody of the child should the genetic parents die.
- m. Appropriate counselling and psychological assessment of any existing children of the genetic parents and the surrogate over the age of 7 years.



5.5 Ongoing Counselling with Independent Counsellor

It is advisable that the surrogate and her partner attend ongoing counselling appointments with their independent counsellor throughout the pregnancy, and that all parties attend a session about 6-8 weeks after delivery.

These sessions can prove useful in attending to issues that arise in surrogacy cases; for instance, potential grief reactions and ready access to adequate support networks. One surrogate felt the need for a “closing ceremony” post surrogacy. Of course, such a symbol would need to “fit” the client, but these sorts of issues have been identified as useful to discuss during the process of surrogacy.

A brief report should then be addressed to the Surrogacy Specialist stating that the interview has taken place, and outlining any concerns.

5.5.1 Issues for Counsellors

It is necessary to clarify the difference between assessment and counselling. Obviously, when a counsellor is writing a report for consideration in approving a surrogacy case, the role of the counsellor is not one of counselling but assessing. This role may well change throughout the relationship with the client(s), and become one of the counsellor, supporter, clarifier, maybe even mediator. It is useful to clarify these roles during the first session with the parties.

Confidentiality thus becomes another issue for counsellors. It is useful to clarify during the initial interview when and with whom confidentiality can or cannot be maintained. For instance, during the assessment phase, because the counsellor is reporting, the patients need to understand that anything relevant to such an assessment must be recorded. Again this may change as the role of the counsellor shifts from assessor to counsellor, but the patients need to be made aware of this.



6. STEP THREE:

6.1 Interview in Canberra

- 6.1.1 The commissioning couple, the surrogate and her partner will be required to **attend interviews** with the *Surrogacy Specialist* and the *Canberra Fertility Centre counsellor*. These appointments occur over two (2) days. At the time of consultation with the clinician in Canberra, an appointment will also have been made to attend a mandatory counselling session with the *Canberra Fertility Centre counsellor*. The children do not need to attend this session as they will have been seen by the independent counsellor. The *Surrogacy Specialist* and the *Canberra Fertility Centre counsellor* will both write a report to the Human Research Ethics Committee to be included with the submission.
- 6.1.2 An application, including all the reports will be made on your behalf by the *Surrogacy Specialist* to the HREC. This committee meets three to four times each year.
- 6.1.3 The cost of preparation of the application is non refundable, irrespective of the outcome. There will also be the cost of travelling to Canberra and elsewhere for interviews. The commissioning couples are expected to pay for the out of pocket expenses incurred by the surrogate and her partner. In addition to these preparation costs there are the relevant costs, once the surrogacy application has been approved, for the IVF egg collection, embryo freezing, and embryo transfer procedure/s as outlined in the *Explanation of Fees for Surrogacy Booklet*.

6.2 Declarations and preconditions

All involved adults must signify their agreement to the surrogacy by signing a declaration that the above consultations have taken place and that all other preconditions are satisfied.

All involved adults must sign a statutory declaration that the surrogacy arrangement conveys no financial advantage upon any of them.

At this time blood tests for both parties will be required.

A semen analysis must be booked at the Canberra Fertility Centre for the commissioning male on the same date as the appointments at Canberra Fertility Centre.

A cervical swab is required on the surrogate and this can be done in her home state with a copy of all results to be forwarded to the *Surrogacy Coordinator*.

7. STEP FOUR:

7.1 Ethics committee approval

The *Surrogacy Specialist* must submit each surrogacy application to the Human Rights Ethics Committee for approval. The HREC charge a fee for this service.

The Ethics Committee shall approve or reject each case after consideration of the declarations, statutory declarations and the relevant written reports.

The Ethics Committee may request further information or clarification of an item which may delay the approval.

7.2 Cooling-off period

A **mandatory** cooling-off period of three months shall apply from the time of interview with the *Surrogacy Specialist* in Canberra, during which time any of the parties may withdraw from the arrangement.

Once the 3 month cooling off period has been reached and the Ethics Committee has given approval, only then is the Canberra Fertility Centre able to commence treatment. The Surrogacy Coordinator will contact the commissioning couple about the time for initiating treatment and the liaison of information to the surrogate.

8. Surrogacy IVF

Please refer to the Canberra Fertility Centre Information Booklet.

8.1 Contraception for surrogates

By the time a couple have definitely decided that they will offer to carry a pregnancy for another couple, they will need to consider what form of contraception they will take to ensure no pregnancy of their own takes place.

If a permanent form of contraception exists, for instance a vasectomy or tubal ligation, then of course no further action is needed.

If, however, no permanent form of contraception exists, then it becomes essential that the couple is very careful regarding contraception.

The oral contraceptive pill may not be able used immediately prior to surrogacy and your specialist will advise you when to stop taking it if this is your usual form of contraception. A barrier method of contraception will be advised.

The barrier method (i.e. condoms) or abstinence are the only forms of contraception that can be used before surrogacy and should be used at all times during the cycle.

Any questions about this issue can be directed to Surrogacy Coordinator at the Canberra Fertility Centre, at any time.

8.2 Contraception for commissioning couple

Depending upon the reason for surrogacy, prevention of spontaneous pregnancy may be necessary for the commissioning couple. The barrier method (i.e. condoms) or abstinence are the only forms of contraception that can be used before surrogacy and should be used at all times during the cycle.

8.3 Procedure

The commissioning mother will have an in vitro fertilization (IVF) cycle using medications to produce multiple follicles. At the optimum time the oocytes (eggs) are collected surgically and fertilised with the commissioning father's sperm. One embryo is usually transferred and the remainder are frozen using cryopreservation and stored in tanks at the Canberra Fertility Centre. Please refer to the IVF booklet.

The commissioning couple and surrogate couple have a second blood test for Hepatitis B Surface Antigen, Hepatitis C and HIV as this procedural stage starts. IVF and surrogacy consent forms will be sent for signatures without which we cannot proceed.

9. Resources

- a. Canberra Fertility Centre Patient Information Booklet
- b. Canberra Fertility Centre Fee booklets
- c. Parentage Act 2004 (ACT)
- d. Canberra Fertility Centre Website
www.canberrafertilitycentre.com.au





CANBERRA FERTILITY CENTRE

List of information brochures

AROMATASE
ASSISTED HATCHING
BABIES VS CAREER
CETROTIDE and ORGALUTRAN
COUNSELLING SERVICES
ECTOPIC PREGNANCY
EMOTIONAL RESPONSES TO INFERTILITY
ENDOMETRIOSIS
FERTILIZATION
GAMETE DONATION
HOW MANY EMBRYOS SHOULD I HAVE TRANSFERRED?
LIFESTYLE FACTORS & INFERTILITY
MALE FERTILITY
MEDICATION INFORMATION
MISCARRIAGE
INFERTILITY AND SEXUALITY
OESTRADIOL IN OOCYTE
OOCYTE DONATION
OVARIAN HYPERSTIMULATION SYNDROME (OHSS)
POST COITAL TEST (PCT)
PREGNANCY FACT SHEET
PRIVACY INFORMATION
PRIVATE SPERM STORAGE
SEMEN COLLECTION FOR ANALYSIS, ARTIFICIAL INSEMINATION (AI) AND IV F
SMOKING AND CONCEPTION
SURGICAL SPERM COLLECTION (SSC)
SURROGACY INFORMATION
TUBAL DISEASE
ULTRASOUND
UNEXPLAINED INFERTILITY
USE OF PROGESTERONE PESSARIES
WHAT IS ACCESS?

List of fee brochures

CANBERRA FERTILITY CENTRE EXPLANATION OF FEES
EXPLANATION OF FEES IVF AND FET FOR SURROGACY PROCEDURES
EXPLANATION OF FEES RECIPIENT OF DONOR EMBRYOS
EXPLANATION OF FEES (DONOR OOCYTE PROCEDURES) RECIPIENT OF DONOR OOCYTES
EXPLANATION OF FEES RECIPIENTS OF DONOR SPERM
NON MEDICARE FEES

List of information books

CANBERRA FERTILITY CENTRE INFORMATION BOOKLET
CLINIC PROCEDURES BOOKLET
SEMEN DONOR INFORMATION BOOKLET
SURROGACY INFORMATION BOOKLET

Websites

The following websites contain helpful information:

www.nhmrc.gov.au – Ethical Guidelines

Parentage Act 2004 – Legal Issues

www.dcsq.org.au

www.xyandme.com

www.dcnetwork.org

These three have DVDs and books for adults and children.

