A surrogate motherhood arrangement is used to help individuals who cannot achieve a successful pregnancy to term such as infertile heterosexual couples, same-sex couples or single men and older single women to achieve parenthood. Surrogate motherhood has been described as a disaggregated process, where different components are mobilised to achieve the commissioned outcome. Chapter 1 outlines in detail what the process, terminology and historical context of surrogate motherhood mean to the individuals within the triads and to the society in which it takes place. The process is seen as becoming increasingly commodified. It is unusual in reproductive terms because in part it reflects a business transaction, but also a transaction based upon faith and trust; it is emotionally and financially burdensome and involves an inherent power and inequality component. Despite this, it is increasingly gaining in popularity; is mistakenly heralded as a close approximation to traditional conception; and some parents are content to deny any difference brought about through the disaggregated process to gain their baby.

Research described throughout this book shows that in successful cases, the surrogate mother tends not to have concerns or emotional pain upon relinquishment of the baby, not even if it is genetically related to her—much like her other children. The baby, child and adult conceived via this disconnected process may wish to understand it, but may find himself/herself unable to locate and understand the actions of the gamete
or embryo donor(s), the surrogate mother or the contract specifying the requirements of the arrangement. This contract may include the potential requirement for foetal reduction, abortion for foetal abnormalities or multiple births, a clause not to ‘take’ the baby with abnormalities or ill health detected at or after birth; the minimum and maximum amounts of money agreed for the arrangement and at what stage in the process this is paid and any other contractual specifications, including specific behaviours (in extreme cases this may include a surrogate mother not having sex with her husband/partner, or leaving her own children for the duration of the pregnancy). This is not similar to traditional families’ experiences as they do not plan for these specifics which are devoid of emotion, warmth and compassion when they anticipate the arrival of a baby within the family—whatever this child may be. A grown-up child too will know—if told—this was an unusual conception, and may need to adapt and adjust to this knowledge and to the presumed expectations of the parents.

Also within Part I, theoretical perspectives on surrogate motherhood arrangements are described in Chap. 2, and the dearth of research testing these theories is notable. Chapter 3 outlines the organisational processes involved in surrogate motherhood arrangements and demonstrates that universally assisted conception using third parties (assisted reproductive technologies themselves, surrogates, gametes and embryos) is largely available to commissioning parents who can afford it, leading to social inequality within infertile populations. Inequality between commissioning parents and the usually less affluent or poor gamete or embryo donors and surrogate mothers is also evident. Furthermore, people in high- and middle-income nations are more able to access these services than people living in low-income countries, and within nations, local policies, religious and cultural values also contribute to determinants of access to assisted conception services, leaving many people to seek these services cheaper abroad. Surrogate motherhood arrangements therefore allow for family building with substantial differences from traditional families: they are unusual. These differences are among the foci of this monograph.

Later chapters in Part II detail the research on surrogate mothers, commissioning parents, separation and parenting and the offspring, and
chapters in Part III focus on research, theory, policy and practice from different jurisdictions, depending upon where the research has been carried out. To date, most research emanates from a limited number of Western countries. However, where relevant, other countries where the research has taken place will be highlighted, since population attitudes, medical processes and government policies will differ. The availability of much information on the internet and via print and televised/radio media has made surrogacy practices and malpractices available to all who want to know about it. Such a diverse range of information from research, policy, legislation, diverse international media and practices includes surrogacy uses for convenience (Warnock 1984; Chliaoutakis et al. 2002); what is and is not legal (in the United Kingdom, see for example HFEA Act 1990; Brazier et al. 1998); and medically (BMA 1996) or socially desirable surrogacy (Appleton 2001). This book provides a systematic and comprehensive account of surrogacy research, theory, policy and practices. It does not cover the reasons or fate of those who do not seek surrogacy to overcome involuntary childlessness, except to illustrate related points. Many infertile people never seek treatment (Greil and Mcquillan 2004), many of them are too depressed to seek help (Crawford et al. 2017) and they are not represented here. The majority of the chapters also provide an overview with historical and present-day perspectives, and, where possible, changes in practices over time are discussed within their respective social and cultural milieu.

References


