Key facts and questions about the current state of international commercial surrogacy.

For more information about international surrogacy or the Surrogacy360 project, visit the press page on Surrogacy360.org or email Adrienne van der Valk (avandervalk@geneticsandsociety.org).
International surrogacy is complicated. Among its key features: a growing global reproduction industry; disparate economic and cultural backgrounds between intended parents and surrogates paid to get pregnant and birth children; involvement of multiple third-party intermediaries who control different aspects of these commercial arrangements; and inconsistent or non-existent regulatory frameworks that, in many countries and across states, have shifted dramatically in recent years.

All this raises numerous issues related to health, access, ethics, and human rights. As we enter an era of unprecedented reproductive opportunities for people with infertility, same-sex couples, trans and gender non-conforming people, and single people, we are also seeing unprecedented risks to the women who provide these options.

Media coverage of surrogacy has been fairly robust over recent years. Yet it too often misses complexities, bouncing between sensationalized surrogacy tragedies and scandals, and rosy pictures of "win-win" arrangements between intended parents who desire a family and surrogates who want to improve their economic situation.

*With many compelling surrogacy stories yet to be told, we hope to encourage a focus on complexities that have yet to be investigated, and to illuminate new questions and unheard voices.*

**THE NUMBERS***

- 3,432 babies were born in the US in 2013 as a result of surrogacy arrangements, up from 727 in 1999
- A 2008 estimate put the global surrogacy industry at $6 billion annually
- Until recently, India was the hub of international commercial surrogacy. One surrogacy clinic there claimed to have delivered more than 1,000 babies between 2004 and 2015
- Before India banned commercial surrogacy, estimates of industry worth ranged from $400 million to $2.3 billion annually, with more than 3,000 fertility clinics across the country

COMPETING RIGHTS AND DIVERGENT PERSPECTIVES

- Some women’s rights advocates call for bans on commercial surrogacy to prevent exploitation of women within and across borders. The UN Human Rights Council asserts that commercial surrogacy, as currently practiced, undermines the best interests of the child and amounts to the “sale of children.”
- Other women’s rights groups, people with infertility, and LGBTQ advocates seeking new options for family formation call for increased and less restricted access to surrogacy domestically and internationally. To them, surrogacy represents an option that can finally fulfill the dream to parent.

Key question: Is there a course that will both ensure equity in family formation and safeguard the health and human rights of the women who make these new options possible?

COMMERCIAL SURROGACY BANS AND THE TREND TOWARD ALTRUISM

- Countries including Australia, India, Mexico, Thailand, the UK, and Vietnam ban commercial surrogacy but allow altruistic arrangements under certain conditions.
- Some advocates and scholars say bans on commercial surrogacy limit exploitation of women serving as surrogates.
- Others claim there is no such thing as truly altruistic surrogacy; that in some cultural contexts women are pressured to enter into “altruistic” arrangements; and that money is inevitably exchanged.
- They also fear that bans may drive surrogacy underground, leaving women exposed to even greater risks.

Key question: Have surrogacy bans worked as intended, halting the recruitment, hiring, and potential exploitation of surrogates? How does altruistic surrogacy play out in different cultural contexts, with variations in gender- and class-related power dynamics?
RISKS AND CONSIDERATIONS

UNKNOWN TO SOME PEOPLE, MANY SURROGATES FACE:

- Inadequate information on medical procedures, health risks, and contract provisions
- Contracts written in languages they don’t read or speak
- Limits on decision-making about their health and pregnancies
- Carrying and birthing multiples, increasing risks to both surrogates and children
- Low pay, unfair payment schedules, and/or payment only upon birth of a child
- Restricted movement, separation from family and community
- No access to independent legal counsel or medical treatment
- Restricted access to communication with intended parents
- Expectation or pressure to refrain from an emotional connection to the fetus

INTENDED PARENTS MAY UNEXPECTEDLY CONFRONT:

- Discrimination based on sex, gender identity, sexual orientation, marital status, disability, or religion
- Lack of recognition of legal parentage for non-genetic intended parents
- Relationships with multiple intermediaries (local recruiters, clinics, agencies, insurance brokers, attorneys) who sometimes exploit the hopes of those wanting a child or even defraud them
- Additional vendors involved in “reproductive tourism,” such as travel agencies, taxi drivers, hotels, and guides
- Denial of basic information about the surrogate; how the surrogacy arrangement will be conducted; and medical and legal issues.
- Legal complications in their home countries about their children’s citizenship and parentage rights

RISKS TO EGG DONORS ARE LARGELY UNKNOWN—TO THEM AND THE PUBLIC

In many gestational surrogacy arrangements, intended parents hire egg providers (donors) as well. Many egg providers are given incomplete and inaccurate information about the process and risks, and the long-term health effects of the egg retrieval process on women are unknown due to lack of research, making true informed consent impossible. Many also face higher doses of hormones to produce more eggs, posing greater health risk; lack of access to medical coverage, care or follow-up for complications; and no compensation if the process is cancelled due to complications.

RISKS TO CHILDREN ARE OFTEN OVERLOOKED

There is growing concern for the rights of children born through international commercial surrogacy. Medical practices do not always maximize the health of children, for example by using multiple embryo transfer or requiring medically unnecessary cesarean sections for the surrogate, both of which pose higher risks for pregnant women and for children. The citizenship status of the children is not always guaranteed. The children are seldom given information about their biological origins. All of these factors affect the physical health, psychological well-being, and legal status of children.