ACADEMICIA: An International Multidisciplinary Research Journal
ISSN: 2249-7137 Vol. 11, Issue 11, November 2021 SJIF 2021 = 7.492
A peer reviewed journal

AN OVERVIEW ON SURROGACY

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DOI: 10.5958/2249-7137.2021.02481.2

ABSTRACT

Surrogacy is a kind of assisted reproductive technology in which a woman bears a child for another partner. Surrogacy services are required by a large number of couples throughout the globe for a variety of reasons. Although this arrangement seems to be advantageous to all parties involved, it is fraught with social, ethical, moral, and legal problems. Because of these complications, this technique has become unpopular in many areas of the globe. Surrogacy in India has had its own path, from the country's popularity as a surrogacy destination in 2002 to the Surrogacy (Regulation) Bill, 2016, which would limit many people's access to surrogacy. Surrogacy is an essential medical treatment for all couples who would otherwise be unable to have children. Surrogacy would be conducted in harmony if sensitive problems surrounding surrogacy were adequately handled via correctly worded legislation that protected the rights of surrogate mothers, intended parents, and surrogate children.

KEYWORDS: *Gestational Carrier, Intended Parent, Reproductive Technology, Surrogacy, Surrogate.*

1. INTRODUCTION

The term "surrogate" comes from the Latin word "subrogare," which means "assigned to act in the place of." It refers to a woman who gets pregnant and gives birth to a child with the purpose of giving the kid away to another person or couple, known as the "intended" or "commissioning" parents. Surrogacy is a fertility treatment in which a woman without a uterus, a uterine anomaly preventing pregnancy, serious medical problems, or other contraindications for pregnancy can achieve motherhood through the use of an embryo created by themselves or a donor and transferred to the uterus of gestational caesura. This method has also allowed homosexual couples and solitary men to become fathers by using their sperm and donor oocytes to produce an embryo.

Traditional and gestational surrogacy is the two kinds of surrogacy. Traditional (genetic/partial/straight) surrogacy occurs when the surrogate mother is artificially inseminated with the intended father's sperm, thus making her a genetic parent alongside the intended father. The arrangement in which an embryo from the intending parents or a donated egg or sperm is

delivered to the surrogate uterus is known as gestational surrogacy (host/full surrogacy). The mother who bears the kid has no genetic link to the child in gestational surrogacy **[1–4].**

Surrogacy may be either commercial or altruistic, depending on whether the surrogate is paid for the pregnancy. It is referred to be commercial if the surrogate gets money for the surrogacy arrangement, and it is referred to as altruistic if she receives no pay other than reimbursement of her medical and other pregnancy-related costs, as well as insurance coverage for her.

1.1 Historical Aspect of Surrogacy:

Surrogacy has been discussed from the beginning of time. This technique was permitted by Babylonian law and traditions in order to prevent an otherwise unavoidable divorce. According to the biblical Book of Genesis, the servant Hagar begetting a child for the childless Sarah via her husband Abraham is the first recorded account of surrogacy.

Rachel requested her maid Bilhah to conceive a child for her and her husband Jacob in the Bible. Surrogacy is also mentioned in Hindu mythology, as Balram is considered the son of mother Devaki and the older brother of Lord Krishna despite being born from the womb of Rohini. Reproductive services have been offered for a charge since the middle Ages **[5–10].**

1.2 Indication for Surrogacy:

The lack of a uterus is an absolute indicator for surrogacy. Mayer RokitanskyKuster Hauser syndrome or a history of obstetric hysterectomy or hysterectomy for gynecological reasons such as cervical cancer or endometrial cancer are among the possible causes. Significant anatomical abnormalities, such as a tiny unicornuate uterus, a T-shaped uterus, or numerous fibroids in combination with unsuccessful reproductive treatment efforts, are additional indicators. Other reasons for surrogacy include women with serious medical problems (heart or kidney illness) that make pregnancy impossible. Surrogacy may also be used as a final resort for patients who have had several miscarriages and recurrent implantation failure and have exhausted all other options for self-pregnancy. Surrogacy may be required in the case of biological inability to conceive or carry a child in same-sex couples or single males.

1.3 Selection of Surrogate:

According to the Draft Assisted Reproductive Technology (Regulation) Bill, 2014, a surrogate is a married woman between the ages of 23 and 35 (25–35 according to the Surrogacy Bill, 2016), with at least one child of her own and no more than two years between births. For a surrogate mother to become a surrogate mother, her spouse's consent is required. A typical screening procedure includes a comprehensive physical and psychological examination, as well as a thorough criminal and financial background investigation. Routine blood tests, as well as testing to rule out the human immunodeficiency virus, hepatitis B virus surface antigen, and hepatitis C virus, are suggested, as are an electrocardiogram, Pap smear, and mammography. She will also get an ultrasound of her pelvis and abdomen to rule out any anatomical abnormalities.

1.4 Counseling:

The significance of comprehensive counseling for all parties involved in surrogacy agreements cannot be overstated. They must be sure of themselves and their choices, and they must have faith in one another. There are a number of concerns that must be addressed with both the genetic pair and the surrogate:

1.5 For the genetically linked couple:

- All other therapy possibilities.
- The importance of in-depth counseling.
- The treatment's practical difficulties and expense.
- Surrogacy's psychological dangers.
- The child's psychological well-being may be jeopardized.
- The likelihood of multiple pregnancies if more than one embryo is transplanted.
- The probability of a kid being born with a congenital defect.
- The significance of seeking legal counsel and the legal complexities of surrogacy.
- Guidance on the pros and cons of adoption and living without a child.

1.6 Surrogate mother:

- The full ramifications of undergoing IVF and surrogacy therapy.
- The possibility of multiple pregnancies.
- The social ramifications of surrogacy.
- The dangers of pregnancy on one's health.
- Surrogacy comes with psychological hazards.
- There's a chance you'll feel bereft when delivering the infant to the biological parents.

1.7 Synchronization of Cycle:

The gestational carrier's availability will determine whether the surrogate embryo is transferred fresh or frozen. Surrogacy cycles have gotten easier for assisted reproductive technology (ART) clinics with a competent embryology laboratory and freezing facility with the introduction of superior vitrification methods.

For a fresh surrogate transfer, the intended mother's and surrogate's cycles may be synced using oral contraceptive pills or progesterone tablets, or the surrogate can be placed on an agonist injection to allow for more flexibility in transfer dates.

The surrogate begins taking estrogen pills on the third day of her cycle and continues for around ten days. She is placed on progesterone supplementation for 3 days/5 days after attaining a minimum of 8 mm before a scheduled cleavage stage/blastocyst transfer, respectively.

1.8 Obstetric Care of Surrogate:

After a pregnancy is confirmed in the gestational carrier, she either remains at the surrogate house or returns home, depending on the ART clinic's facilities. For a variety of reasons, the idea of a surrogate home has lately gained a lot of traction. Surrogate home is a facility where a surrogate lives for the duration of her pregnancy, from conception to delivery, and where all of her medical and personal needs are met. Due to the importance of the pregnancy, surrogate

obstetrics care is comprehensive. Her medical care is provided by a 24-hour nurse team, as well as a nutritionist, physiotherapist, counselors, and gynecologist. Intended spouses have developed a like to the idea of surrogate home because of the care and accessible amenities. Although staying at a surrogate house is the preferred method these days, it can be emotionally draining for the surrogate and her entire family because she is separated from her own child(ren) and family; however, during their stay at the surrogate house, surrogate can return home for a few weeks during the pregnancy, and her family members can also pay her visits. Surrogate mother should be given the option of staying in the surrogate home rather than being forced to do so.

1.9 Risks Associated with Surrogacy:

Obstetric complications are the most frequent danger linked with surrogacy, with multiple order pregnancy being the most common. Although the American Society for Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology have recently issued many recommendations for single embryo transfer, barely 15%–20% of facilities adhere to these guidelines. It is, nevertheless, an improvement over past years, and an increasing number of clinics are adopting this approach. Complications associated with pregnancy, birth, and the postpartum period include preeclampsia and eclampsia, urinary tract infections, stress incontinence, and gestational diabetes, as well as rare complications like amniotic fluid embolism and the possibility of postpartum hemorrhage, but these risks are associated with pregnancy in general and are not unique to surrogacy.

Surrogacy may cause emotional stress in addition to physical danger, according to Foster (1987), who found that many surrogate women have emotional difficulties after having to surrender the kid. However, according to a research by Jadva et al., although some mothers have emotional difficulties in giving up the infant, these emotions seem to diminish in the weeks after the delivery.

1.10 Social Impact with Surrogacy:

Women in India may better not just their own lives but also the lives of their families by becoming commercial surrogates. Surrogates often have restricted access to schooling, which limits their job possibilities. Surrogacy compensation varies per contract, with estimates ranging from "that equal to" three times the head of house's monthly salary. Earning approximately Rs. 450,000-500,000 in 9 months may give her and her whole family with better home, food, education, and sanitation that would otherwise be impossible to get.

1.11 Psychological Impact with Surrogacy:

Surrogacy, as a last resort therapy for many medical reasons for infertility, introduces a new level of psychological complexity and necessitates a multidisciplinary approach once again. Surrogacy opens up a network of potential connections, which may be emotionally draining at times. According to the ASRM recommendations, all prospective parents should get psychosocial education and counseling from a competent mental health practitioner.

The key to surrogacy's effectiveness is the quality of connections between the intended parents and gestational carrier, which must be explored and thoroughly understood. Unlike donor egg programs, where the intended parents have no personal connection with the donor and just know non-identifying facts about her, intended parents who use a gestational surrogate have a personal

bond with her that lasts throughout the pregnancy and frequently beyond. In a 10-year longitudinal study of 42 surrogacy families, intended parents were questioned four times when their children were 1, 3, 7, and 10 years old, respectively. The study looked at the parents' motivation for surrogacy, their relationship with the surrogate, their pregnancy experience before and after the birth, their contact with the surrogate after the birth, their disclosure to family and friends about the process, and their disclosure to their children when they were old enough to understand.

2. DISCUSSION

Surrogacy is one of the most contentious operations in the area of assisted reproduction, in which one woman carries a child for another woman. The media has tended to concentrate on the bad elements of surrogacy agreements, such as the case of Baby M in the United States, in which the surrogate mother refused to surrender the kid. Surrogacy is divided into two types: partial (genetic) and complete (organic) (gestational). The surrogate mother is also the child's genetic mother in partial surrogacy, and conception is typically achieved via artificial insemination using the commissioning father's sperm. The commissioning couples are the biological parents of the child in complete surrogacy, and the kid is conceived in a clinic using IVF.Despite the fact that surrogacy has been linked to a variety of psychiatric problems, the surrogate and intended parents, as well as the kid, seem to flourish in harmony, with the exception of a few instances. Children born via third-party reproduction fare well psychologically and developmentally, according to studies, and do not seem to be negatively impacted by the absence of a genetic or gestational connection to the intended parent.

3. CONCLUSION

As Souer put it, "a comprehensive knowledge of the medical, psychology, and legislation that pertains to this essential therapeutic activity is an absolute requirement to the effective practice of surrogacy, probably more than any other type of assisted reproduction."Surrogacy does bring up a tangle of potentially complicated relationships, since this particular feature of surrogacy has made it the most contentious of all assisted reproductive procedures in recent years. Finally, the significance of surrogacy practice in ART should not be underestimated. For many couples, it has proven to be a gift and a medical wonder. All physicians providing these services must be aware that the privilege of producing gestational carrier treatment comes with the professional responsibility of practicing safely and ethically, minimizing risks to the gestational carrier and children born as a result of this practice, as well as the risk to our professional autonomy. Surrogacy is supported by reasons of procreative liberty, privacy, and autonomy, while it is opposed by arguments of excessive inducements linked to remuneration, commercialization of women, and concern for the best interests of the resultant kid. Taking all of the advantages and disadvantages into account, we cannot deny that gestational surrogacy provides hope to individuals and couples who would otherwise be unable to start a family outside of adoption. If a fair and legal middle ground is not reached between medical practitioners, regulatory agencies, and, of course, the intended couples needing this kind of medical care, we risk losing our ability to offer this critical therapy.

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