

SURROGACY INFORMATION SHEET

General information

When a woman cannot bear or carry a pregnancy, the use of a surrogate mother to carry a baby is sometimes considered. A surrogacy arrangement involves a number of people in different ways and at different times. The people between whom a surrogacy arrangement is made are the proposed rearing couple known as the commissioning couple and the proposed surrogate and her partner and even their children. In the assessment of the suitability of the arrangement, you will be required to consult your IVFAustralia doctor, the Clinic Counsellor, a Psychiatrist, a solicitor/barrister specialising in surrogacy issues as well as the normal Clinic staff who will be handling the treatment cycle.

From IVFAustralia's perspective, every step will be taken to ensure the success of a surrogacy arrangement both in terms of the achievement of a healthy child (or children) for the commissioning couple but also ensuring the satisfaction of the surrogate in her truly benevolent experience of achieving a pregnancy and carrying it through for the commissioning couple. In that regard, we believe the establishment of a trusting relationship between the surrogate and her partner is essential. We thus stipulate that the surrogate and the commissioning couple should have known each other for a period of at least two years by the time of embryo transfer.

In order that reduce the risks of surrogacy to both the commissioning couple and the proposed surrogate, we have a number of conditions that have to be fulfilled before we will offer this treatment. These are:

- The would-be mother must have a defined medical disorder that makes it either impossible or unacceptably risky for her to carry a baby in her uterus. IVFAustralia does not offer surrogacy for couples where the problem is solely that IVF has been repeatedly unsuccessful.
- IVFAustralia will not provide surrogacy in any circumstance where there is payment of the surrogate mother beyond expenses directly incurred as a result of the surrogacy. Commonwealth law precludes payment of additional expenses such as loss of earnings.
- IVFAustralia will not provide surrogacy where the gametes of the surrogate mother are being used.
- The surrogate mother must, previously, have had a birth resulting in a healthy child.
- The surrogate mother must not have had any pregnancy-related medical conditions in the past and must not have a current illness that may be worsened by being pregnant.
- The surrogate mother must not have had any serious mental health problems in the past.

- To avoid the risk of transmission of infection to the surrogate mother, IVFAustralia will only provide surrogacy using embryos that have been created by IVF and frozen for six months

All cases of surrogacy are considered by the IVFAustralia Clinical Ethics committee which will be privy to reports from your overseeing Specialist, the Clinic Counsellor and the psychiatrist. Their agreement for you to proceed will therefore be reached after considerable time on your part. You can expect this process to take at least 6 months. It will not be possible to create any embryos until the approval process is completed. There will then be a period of 6 months quarantine for the embryos to minimise any risk of infection being transmitted to the surrogate.

The treatment will involve frozen embryo transfer (FET). The commissioning woman will go through a standard IVF cycle to stimulate ovaries to produce eggs (oocytes). The partner (or in rare cases a donor) will provide the sperm for fertilisation for these oocytes. The embryos will be quarantined for 6 months. They will be made available for transfer to the surrogate only after repeat HIV and Hepatitis testing is clear. The embryos are then transferred to the surrogate and a pregnancy will be awaited. It is important to realise that the chances of success in this frozen embryo cycle are not guaranteed. Your doctor will provide more information in this regard.

IMPLICATIONS OF SURROGACY

Surrogacy is a solution to the problem of a woman being unable to have a baby because she has no womb or a womb which is incapable of carrying a pregnancy. At first consideration it may appear a simple solution to this problem as the medical procedures are relatively straight forward. However, surrogacy involves complex psychological, physical, emotional, social and legal issues for the proposed surrogate and her family and the proposed commissioning couple (and their family) and for the child (children) born as a result of the surrogacy process.

The commissioning couple have most probably been through many years of infertility and treatment and perhaps extensive medical issues and/or attempts to have children and the proposed surrogacy may be the last chance for them. On the other hand, the proposed surrogate most probably has not had trouble herself in conceiving a pregnancy and is considering carrying a baby to help another woman – a relative, a friend. She probably has no direct experience of infertility medical treatment or assisted reproduction. As with all medical treatment there are risks and consequences of assisted reproductive treatment – these need to be thoroughly considered by the surrogate and her partner before a decision is made to proceed to treatment.

INFORMED CONSENT

As part of our duty of care to every patient, we have developed a comprehensive process of informing you, as much as possible, of the implications of surrogacy. The consent process includes consultations with the IVFAustralia team members and with an external psychiatrist and solicitor/barrister; and submission of your proposal to our Ethics Committee for consideration. You must realize that there will be a substantial period of discussion and consideration time before you commit yourself to proceed with the surrogacy treatment.

THE SURROGACY PROCESS

1. **Medical consultation.** At this consultation, the commissioning couple and the proposed surrogate and her partner will be provided with appropriate information about assisted reproductive technologies and the medical treatment which will be required. At this time you will be informed of the potential pitfalls and difficulties of this arrangement. Following this consultation, you will have your initial blood tests to check for infection which include Hepatitis and HIV. We will be giving you written information in relation to the treatments involved.
2. **Counsellor consultation.** The implications for you and your family of the proposed surrogacy will be discussed. Separate counselling will be undertaken with the commissioning couple, the proposed surrogate and her partner and then a joint counselling session will occur. During this counselling you will also receive information in relation to genetic aspects of your arrangement. For these counselling sessions, you will need to visit IVFAustralia on at least two occasions for up to 3 hours each. At the end of these initial counselling sessions, the Counsellor will prepare a psychological assessment report for the Ethics Committee.

IMPORTANT CAUTIONS

The use of a gestational surrogate (i.e. having a woman carry a baby through a pregnancy on behalf of another woman) is a complex and risky undertaking that is only appropriate for a small number of women who are, for medical reasons, unable to carry a pregnancy themselves.

As Medicare funding specifically does NOT allow any Medicare rebates for surrogacy, it is a very expensive procedure.

It may well be that there are other, less risky approaches that will enable you to have a child successfully. Before considering surrogacy, you must seek expert medical advice to ensure that this is the right approach for you.

In addition to the medical risks, the family law surrounding surrogacy in New South Wales is extraordinarily complex. IVFAustralia requires every individual considering participation in a surrogacy programme to have obtained independent legal advice before taking part.

3. **Psychiatric assessment.** To protect all parties involved in the surrogacy arrangement, IVFAustralia requires that each party to the surrogacy arrangement should undergo a psychiatric assessment to ensure that there is no significant mental illness which may contribute to a negative outcome of the surrogacy arrangement. The Psychiatrist will prepare written reports for the Ethics committee on the parties involved i.e. the commissioning couple and the surrogate.
4. **Consultation with solicitor**
Before the surrogacy proposal is sent to the IVF Australia Ethics Committee for approval, both the commissioning couple and the surrogacy couple must each consult their own solicitor and obtain from them legal advice in relation to their rights and obligations and the implications for any child(ren) resulting from the surrogacy arrangement. Each of their lawyers must provide to IVF Australia a written certificate confirming that they have advised the couples of their rights and obligations and the implications for any child(ren) resulting from the

surrogacy arrangement. The certificates will be kept on each of the couples' files with IVF Australia. IVF Australia is not required to be provided with a copy of the legal advice, only the certificates confirming that the legal advice has been given to the couples. Appropriate legal counsel can be sourced by contacting the Law Society of New South Wales Solicitor Referral service. Tel (02) 9926 0300 or 1800 422 713, or via their website www.lawsociety.com.au.

5. **Submission to the IVFAustralia Ethics Committee.** The various reports which have been written including the case as documented by your overseeing specialist will be submitted to the IVFAustralia Ethics Committee for consideration. Within 2 weeks of this meeting, you will receive written advice as to whether or not your proposal is approved.
6. **Treatment consultation.** At this consultation you will see your overseeing Specialist with whom you will discuss any further issues which may have arisen either from reading the various information sheets or from discussions of your proposal with the Clinic Counsellor, barrister or Psychiatrist. At this consultation, you will be required to sign the treatment consent forms and specific details of your appropriate treatment will be initiated. The commissioning woman will be required to undertake stimulation as for a standard IVF cycle and go through an egg collection in the similar matter. Fertilisation of the embryos will then occur. They will be appropriately grown and then the embryos will be put into cryostorage (frozen) for 6 months. After this period of time the surrogate will have an embryo transferred into her uterus. A single embryo will be replaced per transfer occasion.
7. **Pregnancy counselling.** Once a pregnancy is confirmed, close follow up will be undertaken by the Clinic Counsellor to ensure that all parties are comfortable with the plans which have previously been laid in relation to the care of this pregnancy both in terms of assessing fetal abnormality and such issues as the place and mode of delivery and the type of care to be provided during the pregnancy to the surrogate.
8. **Costs.** Although surrogacy arrangements are legal in NSW, Medicare does not allow the payment of Medicare benefits for IVF services carried out in conjunction with surrogacy. As a result surrogacy involves significant out-of-pocket expenses. These include:

Consultation with IVFA Consultant: Between \$150.00 and \$200.00

Preimlinary counselling and other preparation costs for the surrogate: \$200-\$500.

Feasibility Costs: \$1,500 - This is a non refundable payment to cover the costs associated with the preparation and submission of the surrogacy application to the Ethics Committee.

IVF Cycle: \$12,800 - This fee covers all of the drugs and monitoring by the staff and doctors whilst the commissioning female undergoes the IVF cycle. It covers the costs of the theatre procedures, anaesthetists fees, and the scientific procedures for the fertilisation of the egg through intracytoplasmic sperm injection.

Frozen Cycle: \$3700 – This fee covers the costs for the stimulation of the surrogate in preparation for the transfer of the embryo and the procedural fees for the transfer of the embryo.