

Surrogacy– Summary Guideline

Reference No.: UHDB/Operational/07:23/O13

Key Responsibilities and Duties

Following the booking, to ensure organisational and professional support is in place for the Surrogate and the intended parents, the named midwife should inform the Senior Midwife or Matron.

The Checklist for surrogacy documentation (Appendix A) is to be used and should be adhered to for all surrogate births. A thorough risk assessment should be carried out and any reasons or potential problems that may deviate from the usual surrogacy pathway should be documented clearly.

In accordance with guidance set out by the Department of Health and Social care (2019) there is no need for routine referral to be made to social services simply because the child is being handed over to the IP(s) as part of a surrogacy agreement. Consent to complete routine background checks will be requested from both the surrogate and intended parents. If a surrogacy agency has been used and a surrogacy agreement is in place, these may already have taken place.

When booking under consultant led care it is the doctor's responsibility to ensure the following has been instigated;

The Human Fertilisation and Embryology Authority (HFEA) Code of Practice (2017) explains that:

- All parties involved in the surrogacy arrangement should be offered counselling to discuss the implications and potential challenges faced by them when undergoing complex treatment cycles.
- The implications counselling should be provided by a suitably qualified counsellor affiliated with the treating clinic.
- If surrogacy arrangements have taken place without the aid of a fertility clinic, then counselling by a suitably qualified professional should be recommended to both surrogate and IPs (including the surrogates partner if applicable) in the antenatal stage.

Guidance for Healthcare Staff

- All healthcare staff involved with providing care:
- Should understand that they have a duty of care, as when supporting any other pregnant woman, to the surrogate and should ensure that the surrogate has given her consent to any agreement regarding her care
- May wish to consider contacting the Lead for Safeguarding and Vulnerable peoples team for further advice and guidance if they have any concerns
- Best practice should be observed by providing the surrogate with an opportunity to be seen alone by a healthcare professional. This affords opportunity for routine and confidential discussion regarding social concerns (i.e. domestic abuse), physical or emotional well-being or any issues that may not otherwise be disclosed if accompanied
- Should understand that the surrogate has a right to confidentiality and great care should be taken to understand what information she has agreed may be shared with the IP(s) and consent to share any information should be recorded taking care to confirm at any point where confidentiality may be an issue
- Should not share any information about the surrogate or the unborn child with the IPs or any other third party without the express consent of the surrogate
- Surrogates have the right to accept or refuse any medical treatment so clinicians should ensure that the IPs are not seen to be coercing her
- Even if there is a plan in place the surrogate can change her mind at any time

Surrogacy checklist

Place surrogate hospital sticker

Antenatal period

Ensure that the following information is collected and documented in the pregnancy records during the antenatal period	Date	Initials
Full contact details for the IP(s) are recorded (names, contact numbers, home address)		
For the IP(s), the addresses / fax / telephone numbers are recorded for the following: <ul style="list-style-type: none"> • Local maternity hospital • Community midwives • Health visitors • Local GP surgery 		
Preferred terminology is agreed with both the surrogate and IP(s) and clearly documented in the notes		
Establish if there is a formal surrogacy agreement in place.		
All aspects of surrogacy including what the surrogate and IP(s) have agreed in terms of participation and decision making		
Any consent that the surrogate has given, e.g. consent to share information with the IP(s) and parenthood consents		
A birth plan is completed with the surrogate's (and IP(s)' if appropriate) wishes for the birth and postnatal period, which should include the surrogate's wishes for the IP(s) (for example, whether to be present at the birth and/or during postnatal inpatient stay)		

Intra-partum

Ensure that the following is documented in the pregnancy records as part of the admission in labour documentation	Date	Initials
The birth plan is discussed with the midwife caring for the surrogate and all team members have had the opportunity to read the notes and are aware of the situation		
The surrogate's wishes for her care in labour are clear e.g. pain relief etc		

Post-natal period		
Ensure that the following is documented in the pregnancy records as part of the post-natal documentation	Date	Initials
Staff caring for family following birth are clear of the surrogate's wishes relating to the IP(s) and a realistic expectation regarding plans for accommodating the surrogate's wishes, and those of the IP(s) has been recorded and communicated. A separate birth plan detailing the preferences of the surrogate and (IP(s) should be made available to staff caring for the family.		
Ensure that the Surrogate and IP(s) are aware of hospital security arrangements following the birth e.g. name band identification will be that of the Surrogate		
The agreement between the surrogate and the IP(s) regarding the care of the child is clearly documented in the maternity notes as well as in the baby notes, with clear record of any necessary consent by the surrogate for the IP(s) to make decisions about the baby (note that the existence of a surrogacy agreement does not override any subsequent decision by the surrogate who remains the child's legal mother until parenthood is transferred)		
Check discharge details for the IP(s): <ul style="list-style-type: none"> Names, contact numbers, home address Address / fax / telephone numbers for the following: <ul style="list-style-type: none"> Local maternity hospital Community midwives Health visitors Local GP surgery 		
To ensure that both the surrogate and child receive follow-up care in community: <ul style="list-style-type: none"> Ensure surrogate's community midwife and GP are informed of the birth details and discharge Ensure the community midwife and GP of the IP(s) are informed of the discharge details for the baby If the baby is moving out of area with IP(s) ensure that any investigation / screening test results will be directed to the appropriate GP/ Midwife/Health visiting team 		

All staff should ensure that correct protocols are followed as explained in the guidelines if any concerns arise with regards to the surrogate, IP(s) or child.