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# UK intended parents' characteristics, experiences, and views on surrogacy law reform

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## ABSTRACT

What are intended parents' experiences of surrogacy, understandings of the law, and views on legal reform, and how do these compare with those of surrogates? We conducted an online retrospective survey of intended parents who had treatment with a gestational surrogate in two clinics between March 2014 and October 2021. The 61 respondents ranged in age, occupation, and household income. Generally, they reported higher household incomes than surrogates, though this was not universal. Just over half of the respondents were heterosexual, while almost half were in same-sex male couples. Most were White. Over half met the surrogate through a non-profit surrogacy organization or 'online'. Most successfully established a pregnancy on their first surrogacy journey; in most of these cases, the surrogate delivered a child. Most respondents believed surrogates should not be the legal mother and there was general support for proposed reforms that would recognize intended parents as legal parents from birth. More ambivalence was apparent in relation to finances though expense models were preferred over payment models. There was general support for advertising. The UK anticipates draft new surrogacy legislation in spring 2023. This study could inform public and parliamentary debates in the UK and elsewhere. Moreover, the results from this survey can assist in the development of good practice models for the care of intended parents on the surrogate pathway.

**KEYWORDS:** UK, Gestational surrogacy, Law reform, Intended parents, Legal parenthood, Advertising

## I. INTRODUCTION

The Law Commission of England and Wales and the Scottish Law Commission are soon to complete what has become a nearly 6-year review of surrogacy laws in the UK.[1] Their long-awaited recommendations, as well as draft new surrogacy legislation, are to be published in spring 2023.[2] It is to be hoped that the government, which has so far supported the Law Commissions' project, takes the Bill forward and that the legislative timetable allows for it to be put before and debated in parliament. In doing this consultative and legislative work, the UK will be watched by other common law countries also currently engaged in considering law reform, including Ireland and New Zealand.[3] Creating a new law that facilitates and supports surrogacy as a state-recognized 'legitimate form of family building'[4] may also have other beneficial effects: not only might it reduce the impetus currently felt by some intended parents to travel overseas for commercial surrogacy arrangements that they perceive to be more 'certain' and less risky,[5] but also it may eventually impact practice in other European countries where surrogacy is either banned or heavily restricted.[6]

The complexities of the law in the UK, and the ways in which surrogacy takes place within that legal framework, are well documented.[7] From a UK perspective, it is important that the law is refreshed, as the current legal framework is out of date, 'fraying at the edges' and does not best reflect the lived experiences or best interests of families created by surrogacy.[8] Though the number of people having children by engaging in a surrogacy arrangement is small, it has grown over the last decade in particular. Data collected by the Ministry of Justice show that a little over 400 parental orders—a bespoke court order that transfers legal

[1] Law Commission (Consultation Paper No 244) and Scottish Law Commission (Discussion Paper No 167), 'Building Families through Surrogacy: A New Law' A joint consultation paper' 6 June 2019 <https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jsxou24uy7q/uploads/2019/06/Surrogacy-consultation-paper.pdf> accessed 2 March 2023.

[2] Several academic commentators, as well as those who practice family law and/or support surrogacy arrangements, have long called for reform, especially to reflect the lived reality of surrogacy families and/or to make domestic surrogacy a more attractive option for UK-intended parents: see e.g. K. Horsey, 'Surrogacy in the UK: Myth-Busting and Reform: Report of the Surrogacy UK Working Group on Surrogacy Law Reform' (Surrogacy UK, November 2015); K. Horsey, 'Surrogacy in the UK: Further Evidence for Reform: Second Report of the Surrogacy UK Working Group on Surrogacy Law Reform' (Surrogacy UK, December 2018); A. Alghrani and D. Griffiths, 'The Regulation of Surrogacy in the United Kingdom: The Case for Reform' (2017) 29 (2) *Child and Family Law Quarterly* 165–186; C. Fenton-Glynn, 'Outsourcing Ethical Dilemmas: Regulating International Surrogacy Arrangements' (2016) 24 (1) *Medical Law Review* 59–75; V. Jadva, N. Gamble and H. Prosser, 'Cross-border and Domestic Surrogacy in the UK Context: An Exploration of Practical and Legal Decision-making' (2021) 24 *Human Fertility* 93–104; Law Commission (n 1).

[3] See (Ireland) Health (Assisted Human Reproduction) Bill 2022 (Bill 29 of 2022), currently at the third stage before the Dáil Éireann (information at <https://www.oireachtas.ie/en/bills/bill/2022/29/> accessed 2 March 2023) and (New Zealand) Te Aka Matua o te Ture | Law Commission, Te Kōpū Whāngai: He Arotake | Review of Surrogacy: completed consultation currently awaiting government response (information at <https://www.lawcom.govt.nz/our-projects/review-of-surrogacy> accessed 2 March 2023).

[4] See Hansard (House of Commons) 'Surrogacy: Government Policy' 21 January 2020, Volume 670: Col 68WH. This idea is also reflected in the language used in the Department of Health and Social Care (DHSC) guidance documents: DHSC (2018a) 'The Surrogacy Pathway: Surrogacy and the Legal Process for Intended Parents and Surrogates in England and Wales' <https://www.gov.uk/government/publications/having-a-child-through-surrogacy/the-surrogacy-pathway-surrogacy-and-the-legal-process-for-intended-parents-and-surrogates-in-england-and-wales> accessed 2 March 2023; DHSC (2018b) 'Care in Surrogacy: Guidance for the Care of Surrogates and Intended Parents in Surrogate Births in England and Wales' <https://www.gov.uk/government/publications/having-a-child-through-surrogacy/care-in-surrogacy-guidance-for-the-care-of-surrogates-and-intended-parents-in-surrogate-births-in-england-and-wales> updated 2019, 2021.

[5] See Jadva and others (n 2); C. Fenton-Glynn, 'International Surrogacy Arrangements: A Survey' *Cambridge Family Law Centre* (2022) <https://www.family.law.cam.ac.uk/survey-international-surrogacy-arrangements> accessed 2 March 2023.

[6] Cases decided at the European Court of Human Rights have concluded that surrogacy does engage art 8 rights, but that interference with those rights (e.g. by national legislation) may be justified under art 8(2), and that there is a wide margin of appreciation between states as to what is/is not appropriate: see e.g. *Mennesson v France* (2014); *Labbassee v France* (2014); *Valdís Fjölnisdóttir and Others v Iceland* (2021); *L v France* (2022); *AM v Norway* (2022). Despite this, some nations propose to become even stricter in the way they regulate surrogacy: see e.g. B. Sowry, 'Italians Travelling Abroad for Surrogacy could be Criminalised' *BioNews* 1178, 13 February 2023.

[7] See e.g. the introduction to our 'sister paper' on the experiences and views of surrogates: K. Horsey and others, 'UK Surrogates' Characteristics, Experiences, and Views on Surrogacy Law Reform' (2022) 36 (1) *International Journal of Law, Policy and the Family* <https://doi.org/10.1093/lawfam/ebac030>. The complexities are also well summarized in the Law Commissions' work (n 1).

[8] K. Horsey, 'Fraying at the Edges – UK Surrogacy Law in 2015' (2016) 24 (4) *Medical Law Review* 608.

parenthood from the surrogate (and sometimes her spouse/partner) to the intended parents, where certain conditions are met[9]—are granted each year.[10] Within this group of families, there has also been an increasing proportion of same-sex male couples having children through surrogacy, reflecting background social and cultural changes including the legalization of same-sex marriage almost a decade ago.[11]

It is perhaps axiomatic that intended parents seeking to have children via surrogacy would be in favour of law reform that would make the processes involved easier for them and the chance of achieving legal parenthood greater. Perhaps, more surprising have been findings that show that surrogates, too, wish for law reform, including changes that would mean they are *not* recognized as the child's legal parent at birth.[12] It is often assumed that surrogates are the vulnerable party in surrogacy arrangements—and this can undoubtedly be true—but the vulnerabilities of intended parents are less often considered. The majority of heterosexual women and couples coming to surrogacy will often have had many years of failed IVF treatment behind them, or have suffered recurrent miscarriage, or been through gruelling cancer treatment, or have known for a long time that because of a congenital condition that surrogacy would be their only option to have a child of their own.[13] Same-sex male couples will likely have experienced discrimination or other difficulties before getting to—and sometimes in getting through—their surrogacy journeys, including having investigated and discounted adoption.[14] This discrimination or perceived otherness is often formed with the knowledge that not everyone is accepting of different family forms, though this may gradually change with new/younger generations.[15]

[9] Human Fertilisation and Embryology (HFE) Act 2008, sections 54 and 54A.

[10] This is compared to 117 in 2011, the year records began, and so is often referred to in the media as 'a four-fold increase', suggesting surrogacy is becoming increasingly common (for context, there were 624,828 live births in the UK in 2021 according to the Office of National Statistics). See also My Surrogacy Journey (3 August 2021) 'Surrogacy Trends for UK Nationals' <https://www.mysurrogacyjourney.com/blog/surrogacy-trends-for-uk-nationals-our-exclusive-findings/> accessed 2 March 2023. The latest data collated by the Ministry of Justice show that 435 POs were granted in 2021 and 274 in the first three quarters of 2022 (Ministry of Justice, Family Court Statistics Quarterly: July to September 2022 (15 December 2022) <https://www.gov.uk/government/statistics/family-court-statistics-quarterly-july-to-september-2022> accessed 2 March 2023. The highest number of parental orders granted was 444 in 2019.

[11] My Surrogacy Journey, ibid; K. Horsey and others, 'First Clinical Report of 179 Surrogacy Cases in the UK: Implications for Policy and Practice' (2022) 45 (4) *Reproductive Biomedicine Online* 831–838. Some of these socio-cultural aspects are explored in e.g. L. Blake and others, 'Gay Fathers' Motivations for and Feelings about Surrogacy as a Path to Parenthood' (2017) 32 *Human Reproduction* 860–867; S. Golombok and others, 'Parenting and the Adjustment of Children Born to Gay Fathers through Surrogacy' (2017) 89 *Child Development* 1223–1233; N. Carone, R. Baiocco and V. Lingiardi, 'Single Fathers by Choice Using Surrogacy: Why Men Decide to Have a Child as a Single Parent' (2017) 32 *Human Reproduction* 1871–1879; M. Smietana, 'Procreative Consciousness in a Global Market: Gay Men's Paths to Surrogacy in the US' (2018) 7 *Reproductive BioMedicine and Society* 101–111; S. Hemalal and others, 'Same-Sex Male Couples and Single Men Having Children Using Assisted Reproductive Technology: A Quantitative Analysis' (2021) 42 (5) *Reproductive Biomedicine Online* 1033–1047.

[12] As is currently always the case under the HFE Act 2008, section 33. See e.g. Horsey (2015) and (2018) (n 2); Horsey and others (n 7).

[13] As shown in Horsey and others (n 7). Also, see J.V. Walker and others, 'The Differences in Surrogate and Intended Parent Demographics Highlight the Need for Careful Management of Surrogacy Cycle in Order to Provide Appropriate Care for All Involved' *Herts & Essex Fertility Centre* poster presented at *Fertility 2023*, Belfast, January 2023. This also comes with other structural difficulties—such as having to access fertility treatment while in the workplace (see the In/Fertility in the City project at <https://infertilityinthecity.com/> accessed 2 March 2023), or the difficulties in merely being *believed* that many women face when initially raising their symptoms (as evidenced in DHSC, 'Women's Health Strategy for England' CP 736, August 2022).

[14] See e.g. M. Smietana and others, 'Family Relationships in Gay Father Families with Young Children in Belgium, Spain and the United Kingdom' in T. Freeman and others, (eds), *Relatedness in Assisted Reproduction: Families, Origins, Identities* (Cambridge University Press, 2014); L. Blake and others, 'Gay Fathers' Motivations for and Feelings about Surrogacy as a Path to Parenthood' (2017) 32 *Human Reproduction* 860–867; M. Smietana (2017). 'Families Like We'd Always Known'? Spanish Gay Fathers' Normalization Narratives in Transnational Surrogacy' in M. Lie and N. Lykke (eds), *Assisted Reproduction across Borders: Feminist Perspectives on Normalizations, Disruptions and Transmissions* (Routledge, 2017) 49–60; M. Smietana, 'Procreative Consciousness in a Global Market: Gay Men's Paths to Surrogacy in the US' (2018) 7 *Reproductive BioMedicine and Society* 101; M.W. Tam 'Queering Reproductive Access: Reproductive Justice in Assisted Reproductive Technologies' (2021) 18 *Reproductive Health* 164; B. Monseur and others, 'Pathways to Fatherhood: Clinical Experiences with Assisted Reproductive Technology in Single and Coupled Intended Fathers' (2022) 3 (4) *Fertility & Sterility Reports* 317.

[15] As identified in e.g. R. Pralat, 'Sexual Identities and Reproductive Orientations: Coming Out as Wanting (or not Wanting) to have Children' (2021) 24 (1–2) *Sexualities* 276.

The aim of this study was to better understand the characteristics and experiences of intended parents entering clinical surrogacy arrangements with a surrogate, who received treatment at one UK clinic.[16] Additionally, it sought to discern intended parents' views on the law as it applied to them, and on proposed legal reforms, particularly in relation to parenthood, expenses, and advertising.[17]

## II. METHODS

The study received ethical approval from the Research Ethics Advisory Group of Kent Law School, University of Kent (21 October 2021).[18] A cross-sectional survey was designed and distributed in November 2021 to intended parents who had initiated a clinical surrogacy arrangement at London Women's Clinic, where treatment (defined as at least one embryo transfer) with a surrogate occurred between March 2014 and October 2021. The survey sought to retrospectively evaluate intended parents' experiences with surrogacy, their understanding of the law and their views on potential law reforms, including those proposed by the Law Commissions in their 2019 public consultation.[19] Prior to the survey distribution, eligible participants were sent a letter of introduction to the project, accompanied by a Project Information Sheet explaining the study's intention and introducing the lead researcher.

The survey was designed and written in Microsoft Forms. Questions were branched to stratify respondents depending on how many surrogacy journeys the intended parents had undertaken and the clinical outcomes of those journeys. A mixture of multiple choice, rating, open answer, and Likert scale questions was included. The draft survey was reviewed and amended by the clinic's Medical and Clinical Directors and an external expert in the field prior to finalization.

One hundred ninety-six intended parents initiated a clinical surrogacy arrangement within the specified timeframe. Four were undertaking the journey by themselves, no email address was held for one couple and for 13 couples, only one partner's email address was held. One intended parents was known to have deceased since the surrogacy arrangement and given the circumstances the remaining partner was excluded from the survey. One couple was known to have separated so only one partner was contacted; they subsequently excluded themselves from participation. The survey link with a Project Information Sheet and a contact email address was sent by email to the remaining intended parents. Given the number of potential respondents, the eight emails that bounced were not followed up by post as had been done in our earlier surrogates' survey.[20] Of the remaining potential participants, 61 intended parents responded to the survey by 6 December 2021. Participants responded as individuals; therefore, it is possible that two partners from within a couple each responded separately to the survey.

Data from closed questions were analysed with descriptive statistics. Qualitative analysis of the free-text answers was conducted using an inductive coding method to identify key analytical themes, which involved an iterative process, before assigning primary codes, then grouping into final thematic strands. More than one code could be assigned per open-answer response and thus patients could overlap across themes. Counts of primary codes and final concepts were recorded.

[16] Over 8 years of a surrogacy programme in two UK centres (London Women's Clinic, London, Cardiff).
[17] Law Commission (n 1).
[18] Approval dated 21 October 2021.
[19] Law Commission (n 1).
[20] Horsey and others (n 7).

## III. RESULTS AND DISCUSSION

From the 61 respondents, 49 had undertaken one surrogacy journey at London Women's Clinic, while 12 had undertaken two journeys. Eleven respondents had initially started their surrogacy journey at another clinic and had moved their care to London Women's Clinic. Four of these cited dissatisfaction at the previous clinic as the reason, while three said they moved because of the availability of donor eggs, and one because of the effect of Covid-19 restrictions on the overseas clinic they had been using.

Fifty-three (87%) of the intended parents established a pregnancy on their first surrogacy journey at London Women's Clinic.[21] Of these, 42 (69%) reported that the surrogate went on to deliver a baby on that journey, while five were in an arrangement with a surrogate who was still pregnant at the time of completing the survey. Of the eight respondents who were unsuccessful in establishing a pregnancy on their first journey, two were among the 12 who had undertaken second journeys at London Women's Clinic (each with a different surrogate). Two of the 12 surrogates working with intended parents on their second journeys became pregnant, and one (who had also been a surrogate on the intended parent's first journey) went on to deliver a baby.

Of the six respondents who established a pregnancy on their first journey, where this did not result in a live birth, only one attempted a second journey at London Women's Clinic, with a different surrogate (a family member) who went on to successfully deliver a baby. Of the 42 respondents whose surrogate delivered a baby on their first journey, eight also undertook a second journey at London Women's Clinic: four with the same surrogate and two with a different surrogate.[22] Of these six, four reported that the surrogate became pregnant, while one said she did not and another was waiting for embryo transfer to take place at the time of the survey. Of the four pregnancies established on these second journeys, all went on to successfully deliver a baby (these were therefore all successful sibling journeys).

Nineteen respondents chose to remain anonymous, while 42 provided their names and agreed to participate in a follow-up interview. The 42 identifiable respondents did not correspond to the 42 who were successful in their first surrogacy journey: 38 had been successful in establishing a pregnancy on their first journey, while four had not. Of the 38, 29 respondents worked with surrogates who went on to successfully deliver a baby, and nine had not been successful. Five were in an arrangement where the surrogate was currently pregnant.

### 1. Who were the intended parents and how did they experience treatment?

#### *A. Sociodemographic characteristics and indications for surrogacy*

Just over half (32) of the intended parents said that they had undertaken surrogacy as part of a heterosexual couple. All but one of these couples were married, while the other was cohabiting but not married. Most of the other respondents (27) were men in same-sex male couples, and two respondents were single at the time of undertaking their surrogacy journey. Among the respondents in same-sex male couples, 12 were married,[23] five were in a civil partnership, and 10 were cohabiting. Of the 61 surrogates who underwent embryo transfer for these intended parents on their first journey, 34 were married (one in a same-sex marriage), 14 were in a relationship (two same-sex), 12 were single, and one was divorced/separated.

Sixty respondents told us their age at the time of starting their first surrogacy journeys. The mean age was 37.8 years,[24] which is slightly higher than the mean age reported by

[21] In the sense that the surrogate who they were in an arrangement with became pregnant following embryo transfer.
[22] The other two respondents did not answer this question.
[23] Same-sex marriage has been possible in the UK since 2014 (following passage of the Marriage (Same-Sex Couples) Act 2013).
[24] The median was 37; mode was 37, 38.

**Table 1.** Reasons why heterosexual IPs ($n = 32$) were undertaking surrogacy

| Reason | Number |
|---|---|
| Unable/advised not to carry a pregnancy for health reasons | 10 |
| Unexplained infertility | 5 |
| Multiple attempts at IVF without success | 9 |
| Recurrent miscarriage | 4 |
| Unable to carry post-cancer (uterus removed/unviable) | 7 |
| Congenital absence of uterus (e.g. MRKH syndrome) | 1 |
| Fibroids/endometriosis/uterine scarring | 3 |
| Hysterectomy | 1 |
| Total | 40[a] |

[a] Respondents could give more than one reason.

surrogates at London Women's Clinic in a separate survey.[25] Overall ages for respondents ranged from 28 to 56 years. Stratifying the results between heterosexual intended parents and those in same-sex male couples[26] showed that the age range for heterosexual intended parents was 29–56 years, with a mean age of 39 years,[27] while for those within same-sex male couples, the age range was narrower (30–51 years) and the mean slightly lower at 37.[28] This is not surprising given the fact that heterosexual intended parents may have tried and exhausted the possibility of other medical interventions before coming to surrogacy. The single female intended parent was 32 years old, and the single male was 28 years old.

All the heterosexual respondents cited medical reasons for needing to use surrogacy (Table 1), as did the single female respondent. All respondents from same-sex male couples, and single male, cited their 'maleness' as the reason. Twenty-one (78%) of the surrogacies undertaken by same-sex male respondents used an unknown egg donor (as did the single male), while five (19%) used a known egg donor and in one case the surrogate donated her own egg. Among the 32 heterosexual respondents, 20 used the intended mother's egg (as did the single female), 10 used an unknown egg donor, and there were two cases where the surrogate donated her own egg.

Fifty-three intended parents answered a multiple-choice question asking them their ethnic group (categories defined by the Office of National Statistics). Of these, 35 (66%) described themselves as 'White English, Welsh, Scottish, Northern Irish, British', 2 (4%) were 'White Irish', 8 'any Other White background' (15%), 3 'African (6%), 1 'Indian' (2%), 1 'Chinese' (2%), 2 'mixed White and Asian' (4%), and 1 'any other ethnic group' (2%), where the respondent self-described as 'Latin American'.

Fifty-two IPs answered a question about their occupation, giving a diverse selection of responses. Responses were coded and organized into categories where appropriate (Table 2).

Table 3 illustrates how 53 intended parents answered a question (multiple-choice in ranges) about their household income. The range of answers was from 'below £29,900' (the average national wage at the time) to 'above £200,000'. As can be seen from the table, the incomes declared were spread across the range, though 20 (38%) of the intended parents who responded (33% of the total number of respondents) reported annual household incomes of over £100,000 and 10 (19%) reported incomes above £160,000 (the highest reported household income in the separate survey of surrogates).[29]

[25] Horsey and others (n 7).
[26] $n = 26$ as one did not answer.
[27] The median was 38; mode was 35, 38, 42.
[28] The median and mode were both also 37.
[29] Horsey and others (n 7).

**Table 2.** Occupations of intended parents

| IPs' occupation type | No. (total = 52) | % |
|---|---|---|
| Finance and accounting | 10 | 19 |
| Business administration/management/entrepreneur | 14 | 27 |
| Human resources | 3 | 6 |
| Teaching/education | 4 | 8 |
| Creative arts/writing | 5 | 10 |
| Sales and marketing | 3 | 6 |
| Medical/care professional | 4 | 8 |
| Legal professional | 1 | 2 |
| IT consultant | 1 | 2 |
| Other | 7 | 13 |

The 'other' category included intended parents who worked in media, insurance, housing, science, as an HGV driver and as a guest-house owner. One respondent was a mature student.

**Table 3.** Intended parents' annual household income

| Household income | No. (total = 53) | % |
|---|---|---|
| Below £29,900 | 4 | 8 |
| £29,901–£40,000 | 3 | 6 |
| £40,001–£50,000 | 2 | 4 |
| £50,001–£60,000 | 5 | 9 |
| £60,001–£70,000 | 6 | 11 |
| £70,001–£80,000 | 2 | 4 |
| £80,001–£90,000 | 6 | 11 |
| £90,001–£100,000 | 5 | 9 |
| £100,001–£110,000 | 1 | 2 |
| £110,001–£120,000 | 1 | 2 |
| £120,001–£140,000 | 3 | 6 |
| £140,001–£160,000 | 5 | 9 |
| £160,001–£200,000 | 3 | 6 |
| Above £200,000 | 7 | 13 |

In our article on the survey of 47 surrogates who received treatment at London Women's Clinic, we demonstrated that surrogates worked in a range of professional occupations, with the majority working in health care, education, or business administration.[30] Single surrogates unsurprisingly reported the lowest household incomes on average; most surrogates (85%) reported household incomes below £70,000. It does therefore appear that, in general, the intended parents' household incomes tend to be higher than surrogates', though this is not universal and one-third of the intended parents also reported incomes below £70,000. In part, the relative difference in household incomes between surrogates and intended parents might potentially be explained by social factors: most of the surrogates surveyed already had their own families and so may have been working part time or flexibly or faced delayed progression in their careers while they had children. The intended parents did not have their own children and, given the cost of private fertility treatment, may already be within a demographic who could fund this for themselves.

[30] Ibid.

### B. Treatment relationships

Eleven (18%) of the 61 respondents said that they or their partner were related to the surrogate (none of these were the single intended parents: six were from heterosexual couples and five were from same-sex male couples). This was a lower proportion of intrafamilial arrangements than was reported by surrogates in our separate survey,[31] though corresponds with the proportions found in other studies, where between 5% and 20% of arrangements were found to be intrafamilial, sitting towards the higher end of that range.[32] The most common family member identified was a sister of one of the partners (five were sisters of one of the partners in a heterosexual relationship and three sisters of a partner in a same-sex male couple), with two cousins and one mother of an intended parent acting as surrogates. Sixteen respondents (26%) described the surrogate as a friend, ranging in description from a 'very close friend, like a sister to me' to 'friend of a friend'.

Sixteen intended parents (26%) met their surrogate through a surrogacy support organization and 18 (30%) said they met their surrogate 'online'. Taken together, this is a similar proportion, though slightly higher, to that reported by surrogates (51%). This is not surprising in the UK context, where commercial 'matching' agencies cannot operate and participants in surrogacy must find each other themselves (though sometimes with 'matching' by a non-profit organization). The non-profit surrogacy organizations represented were Surrogacy UK (10), Nappy Endings (4), Missing Piece (1), and COTS (1). Of those intended parents who undertook a second surrogacy journey at London Women's Clinic, two additional (different from the first journey) surrogates were met online, and one further surrogate was matched through a surrogacy organization (British Surrogacy Centre).

We asked the intended parents 'Approximately how long did it take from the point of deciding to go ahead with surrogacy to entering an agreement with your surrogate?' The answers given were very varied, ranging from '0 months' to '5 years'. It is possible this question was ambiguous as some answered with detail that suggested that they were not measuring the time from 'the point of deciding to go ahead with surrogacy' and were measuring from 'the point of deciding to go ahead with treatment with *this surrogate*'. Nevertheless, the timeframes given were all converted to months, resulting in a mean of 12 months before entering an arrangement.[33] This does not suggest that there is a pattern of substantial delay, as is often claimed to be a reason why some UK-based intended parents seek surrogacy overseas in commercial surrogacy destinations.[34]

### C. Experiences at the clinic

Respondents were asked to rate their experience at London Women's Clinic, first in relation to various aspects of their time there, with answers chosen from a 5-point Likert scale

[31] Horsey and others (n 7). In that survey, just under half of the surrogates said they were in either intrafamilial arrangements (28%) or were friends (21%) of the intended parents.

[32] See e.g. E. Blyth, '"I Wanted to be Interesting. I Wanted to be Able to Say 'I've Done Something Interesting with My Life'": Interviews with Surrogate Mothers in Britain' (1994) 12 *Journal of Reproduction and Infant Psychology* 189–198; S. Imrie and V. Jadva, 'The Long-term Experiences of Surrogates: Relationships and Contact with Surrogacy Families in Genetic and Gestational Surrogacy Arrangements' (2014) 29 (4) *Reproductive Biomedicine Online* 424–435; V. Jadva and S. Imrie, 'Children of Surrogate Mothers: Psychological Well-being, Family Relationships and Experiences of Surrogacy' (2014) 29 *Human Reproduction* 90–96; V. Jadva, S. Imrie and S. Golombok, 'Surrogate Mothers 10 Years On: A Longitudinal Study of Psychological Well-being and Relationships with the Parents and Child' (2015) 30 *Human Reproduction* 373–379; E.S. Lorenceau and others, 'A Cross-cultural Study on Surrogate Mother's Empathy and Maternal-Foetal Attachment' (2015) 28 *Women Birth* 154–159; S. Yee, C.V. Goodman and C.L. Librach, 'Determinants of Gestational Surrogates' Satisfaction in Relation to the Characteristics of Surrogacy Cases' (2019) 39 (2) *Reproductive Biomedicine Online* 249–261.

[33] The median was 6 months, mode was 3 months. Five answers were excluded.

[34] See e.g. J. Doward, 'Childless UK Couples Forced Abroad to Find Surrogates' *The Observer* 20 February 2016; V. Jadva and others (n 2). Private correspondence with two of the non-profit surrogacy organizations operating in the UK and recognized by the Department of Health and Social Care suggests that the current average time taken to enter an arrangement (from first contact with the organization) is 10–12 months 'but subject to many variables' (SurrogacyUK) or 'around 13 months' (My Surrogacy Journey).

**Table 4.** Intended parents' experiences in the clinic setting[a]

| Experience considered | Very Satisfactory/ satisfactory (%) | Neither satisfactory or unsatisfactory (%) | Not very satisfactory/ unsatisfactory (%) |
|---|---|---|---|
| Your welcome/first visit to the clinic | 95.1 | 1.6 | 3.3 |
| Organization and coordination of your/ the surrogate's treatment | 80.3 | 4.9 | 14.8 |
| Your relationship with the nursing team | 86.9 | 3.3 | 8.2 |
| Clinical/medical processes | 90.2 | 3.3 | 4.9 |
| Appropriateness of counselling offered | 70.5 | 9.8 | 18.0 |
| Ease of understanding consent procedures and forms | 68.9 | 18.0 | 13.1 |
| The way the clinic communicated with you throughout the process | 70.5 | 9.8 | 19.7 |
| The way the clinic communicated with the surrogate throughout the process | 72.1 | 6.6 | 18.0 |
| Ability to contact someone when necessary | 63.9 | 9.8 | 23.0 |
| Any follow-up undertaken of you | 57.3 | 11.5 | 16.4 |

[a] Where rows do not add to (close to) 100% this is because some respondents entered N/A for that question. This was most significant in the final question (on follow-up), where nine respondents thought the question was not applicable to them. If these are disaggregated from the results, then 67.3% said very/satisfactory and 19.2% were dissatisfied.

ranging from 'not very satisfactory' to 'very satisfactory' (Table 4). Second, they gave an overall rating score out of 10 for the clinic. Answers ranged from 0 to 10. The median score was 9/10 (mean = 7.7; mode = 10).

As can be seen, satisfaction levels with all aspects of the treatment received were generally high, mirroring the satisfaction expressed by surrogates who were treated in the clinic.[35] The biggest differences relate to the 'ease of understanding consent forms and procedures', with intended parents experiencing less satisfaction than surrogates. This is likely to be related to the complicated nature of the forms that must be completed by intended parents according to the Human Fertilization and Embryology Authority's Code of Practice, whereas surrogates complete forms consenting to the embryo transfer (though there can be additional complications where a surrogate is married/civilly partnered, as her spouse would need to complete an additional form). There was also a lower satisfaction score in relation to communication between intended parents and the clinic, and a noticeably higher dissatisfaction score. This was also seen in relation to the intended parents' perception of the clinic's communication with surrogates. A similar pattern was seen in scores given for the 'ability to contact someone when necessary'. It is likely that both differences reflect the different status of the respondents in relation to the clinic. Surrogates are the actual patients being treated and, though registered as patients and in some cases undergoing some treatment (e.g. egg retrieval or providing semen samples to be used to create embryos to be transferred to the surrogate), intended parents in a clinical surrogacy arrangement are more likely to be considered the 'client' or 'customer'. Correspondingly, because they are the ones paying for the treatment, they may understandably have higher expectations about communication and contact.

Respondents were also given free-text space to share comments about their clinical experiences and 40 did so. Positive comments tended to single out specific members of staff or

[35] Horsey and others (n 7).

sites of treatment. Unsurprisingly, those with negative comments were both more likely to respond and shared more detail than those whose experience had been positive. The negative comments reflect the table data and discussion above, with many referring to problems with contacting clinic staff, not having questions answered, having to chase things up (e.g. test results or prescriptions), or problems with having received conflicting information or advice from different staff or at different stages. Some respondents directly linked this to the cost of the treatment/service they were paying for.

Several respondents mentioned how difficult, confusing, or inappropriate they had found the consenting procedures. Some same-sex male respondents in particular commented that the system was not set up 'for two gay dads'. One said that 'as a same sex male couple, all forms were wrong and did not reflect our family status'. Another made the same point more starkly:

> The forms ... were only aimed at heterosexual couples with fertility problems and there were no forms made for us. I had to keep answering questions about how many times I was having sex with my wife or how often my periods were... We felt completely uncatered too (sic) and unconsidered. They [London Women's Clinic] had sponsored a surrogacy event aimed at same-sex couples and [we] were left feeling extremely disappointed.

One respondent who was overall satisfied (and had had twins following their surrogacy journey) recommended: 'My suggestion for improvement would be for staff to have a bit more thought about the special dimension surrogacy creates when you are having treatment'. This mirrored the surrogates' survey where satisfaction scores were higher among those who had felt their treatment to be 'a more personalised experience, with value placed on what surrogates do'.[36] Another intended parent commented that 'it would be nice to have correspondence sent from/to one point of contact'.

### *D. Birth experiences and achieving legal parenthood*

In relation to the 42 live births achieved on the first surrogacy journey, one was a home birth and all others occurred in a medical setting. There were some duplications of hospitals seen in the responses (x7), which might suggest that both intended parents in a journey each responded, though this is not necessarily the case (and in any case one hospital was represented three times). Most (33) IPs reported that they were able to be at the birth, with the nine who were not citing Covid-19 restrictions (4), the surrogate's preference (3), an emergency Caesarean operation (1), speed of delivery (1), and visa issues (1) as the reason they had been unable to attend.

When asked whether there were any problems/issues with the care of the baby being handed to them after the birth, most respondents (36) said there were no problems, while six said that there were. When the details were examined, one of these was not an issue with being given immediate care of the baby. The issues experienced by the five remaining intended parents are detailed in Table 5.

Thirty-two of the 42 respondents who had completed journeys in which the surrogate gave birth to a child had already obtained legal parenthood via a parental order, with one further order in the process of going through the court at the time of the survey. Of the remaining nine who had 'not yet' obtained a parental order, it was not possible to discern whether the process had even been started.

[36] Horsey and others (n 7).

**Table 5.** Issues experienced by IPs in being given care after the birth

| | |
|---|---|
| 1 | For us this was all pre-Covid which means expectations about who could be at a birth were different. The hospital was not able to say before time that we could attend the birth despite us being willing to meet/answer questions. In the event, the staff were lovely. However, they were just a bit unsure how to proceed as our twins were ready to go home/our surrogate was not (we stayed in the hospital for one night with our twins). In the event, the hospital discharged us with our surrogate coming down to wave us off and show her permission. Or maybe helped in navigating this that my husband is a medical doctor and put his foot down that staying in a tiny room with newborn twins until our surrogate was ready to go home wasn't good for anyone. Overall, everyone tried their best but legal clarity would have made it much smoother. |
| 2 | My wife was allowed in for the C section but as the Dad I was only allowed to be in recovery. |
| 3 | Hospital considers surrogate to be the mother. |
| 4 | The staff at the hospital sent us away after visiting hours and we were told we could not stay with our newborn baby despite our child being biologically our own and in no way related to the surrogate. |
| 5 | Surrogate is regarded in law to be mother, so any medical issues after birth were discussed primarily with surrogate. Our opinion was not considered; however, this was aligned with surrogates (sic) view so no issue. |

### *E. Contact and communication*

Among the 42 respondents where the surrogate had delivered a baby on their first surrogacy journey, 38 said that they maintained ongoing contact with the surrogate. When asked about the frequency of this contact (using a scale given in a multiple-choice format), a variety of answers emerged (Figure 1). As can be seen, most (71%) of the parents had contact with the surrogate more than eight times per year, with 8% reporting at least weekly contact. The lowest frequency of reported ongoing contact was between one and four times per year.

Only eight of the 38 respondents who maintained ongoing contact with the surrogate were those for whom the surrogate was a family member. All except one of these respondents reported contact at >8 times per year, while the other reported 1–4 times. When the results for those parents were disaggregated (as it may be expected that family members where one was prepared to act as a surrogate for the other might maintain high levels of contact), 67% had contact >8 times per year with 10% having at least weekly contact.

Nine of the respondents who maintained contact with the surrogate had used a surrogacy organization, with reported frequencies of contact ranging from 1–4 times per year (4) to >8 times per year (3). Interestingly, all these ongoing relationships were formed through SurrogacyUK (in the 16 other surrogacies facilitated by a surrogacy organization there had been no established pregnancy in two, a further two where a pregnancy had not led to a live birth and three where the surrogate was still pregnant at the time of the survey).

Most respondents reported high levels of happiness when asked 'how happy you were with the communication (including e.g. openness, trust, warmth) you had with the surrogate at different points of your journey' (trying to conceive, during pregnancy, and the period immediately after the birth) and 'tell us how happy you were with the frequency of contact you had with the surrogate at different points of your journey'. For the first question of the 38 who maintained contact, 32 said they were 'very happy' with the communication throughout. Only one reported being 'somewhat unhappy' (this was a parent who reported ongoing contact 5–8 times per year). On the second question, 32 also reported being 'very happy' with ongoing levels of contact (one of these was not the same as before: one respondent changed from 'very happy' with communication to 'somewhat happy' with ongoing levels of contact at 1–4 times per year, whereas one who was 'neither happy nor unhappy' with

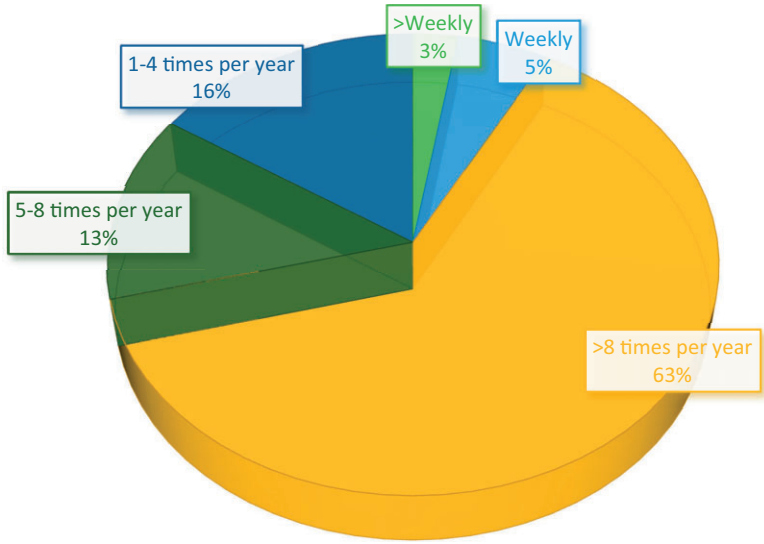


**Figure 1.** Frequency of ongoing contact with the surrogate reported by IPs.

communication, became 'very happy' with ongoing contact at 1–4 times per year). No IPs reported being very unhappy with ongoing contact, while one reported being 'somewhat unhappy' (with contact levels reported as 5–8 times per year).

## 2. Legal aspects and perspectives on reform

### *A. Understanding legal parenthood*

The survey asked 'Before considering surrogacy, did you know that the surrogate would be the legal mother if she gave birth to a child?' Fifty-three respondents answered, with four saying 'no' and 49 saying 'yes'. Of the 53 who answered, two thought that it was right that the surrogate should be the legal mother, while seven said 'in some cases', three were undecided and one said she should not be 'if not biologically connected'.

The remaining 40 respondents (75%) said the surrogate should not be the legal mother at birth.[37] Reasons were given for this by 38 respondents, these were analysed and coded into categories, as shown in Table 6. A total of 46 reasons were given, as some respondents' answers contained more than one reason. The most common answers referenced the intention of the parties and/or the biological connection to the (intended) parents.

Some respondents who said the surrogate should *not* be the legal mother added further information:

> Much as I . . . appreciate the reproductive rights of women must be respected, I do think a form of legal contract at the beginning of a surrogacy journey to explain the intended parentage upon birth would simplify matters for all parties. (same-sex married respondent)

> We should not need to go to court to prove we are capable of being parents. I think this contributes to unintentional discrimination - we were treated differently by the Health

[37] A similar proportion of surrogates in our separate survey said that they did not think they should be the legal mother at birth (75.5%), with only four (9%) saying that they should be (Horsey and others, n 7). See also, S. Yee, S. Hemalal and C.L. Librach, '"Not My Child to Give Away": A Qualitative Analysis of Gestational Surrogates' Experiences' (2020) 33(3) *Women Birth* e256–e265.

**Table 6.** Reasons why intended parents think the surrogate should not be the legal mother

| Reason type | No. ($n = 38$) |
|---|---|
| The child is not biologically the surrogate's/is biologically the intended parents' | 13 |
| The surrogate did not intend to be a mother/all parties intended the intended parents would be the parents | 10 |
| Intended parents are the ones bringing the child up/are the parents | 5 |
| Legal responsibility (including medical decisions for the child) should not be a burden on the surrogate | 5 |
| It is confusing/stressful and/or risky for the intended parents | 5 |
| Because neither party wants it | 4 |
| It makes decision making (including medical decisions for the child) difficult | 2 |
| The intended parents go through a process that demonstrates they should be parents | 2 |
| Total | 46 |

> Visitor and even by our GP because surrogacy is 'different'. (female heterosexual married respondent)
>
> The term mother means 'care' and more than carrying a child and giving birth. As such, surrogates find this term offensive. Further, as intended parents, we don't view the surrogate as a mother to our child. (same-sex cohabiting respondent)
>
> . . . [T]his law only serves to further stigmatise women who cannot give birth. In my experience, surrogates do not wish to be called the legal mother, so it is unclear who this law protects. (male heterosexual married respondent).

Of the two respondents who thought it was right that the surrogate is the legal mother at birth, only one gave a reason: 'It protects the woman carrying the baby, and this should be first priority.' Of the seven who said 'in some cases' the surrogate should be the legal mother, three indicated that it might be appropriate for the law to differentiate between surrogates who use their own egg and those who do not. We saw similar answers in the survey with surrogates, where some surrogates said that where the intended parents were the genetic parents then the surrogate should not be the legal parent.[38] One respondent said that it depends on the agreement made between the parties and one said that 'we need simple rules where it is clear in law'. One said: 'Women/pregnant people need to be protected in this context but there should be a process with safeguards where the consent/court process can happen before birth'. The other simply said: 'it's complicated. . .'. Of the three who said they were 'undecided', two said they were not sure yet/did not know what was best, while the other referenced potential situations where the 'surrogate has concerns about the intended parents and their ability to take care of the child'.

### *B. Views on the Law Commissions' proposals*

The survey included a section on proposals made by the Law Commissions in their 2019 consultation document.[39] It outlined some of the main proposals that were made in relation to legal parenthood and advertising and the options that were presented about what expenses and/or payments should be allowed for surrogacy arrangement. The survey then asked

[38] Horsey and others (n 7).
[39] Law Commission (n 1).

intended parents for their views on these issues and what, if any, reforms they would support. Not unexpectedly, there was considerable support for reform in general.

**The 'pathway to parenthood'**

On legal parenthood, the survey explained that the:

> Law Commissions are proposing a new 'surrogacy pathway' that means that, where certain steps are followed, the intended parent(s) will be able to be a child's parent(s) from birth, unless the surrogate objects. Intended parents who do not follow the 'pathway' would still need to go to court to obtain a parental order transferring legal parenthood to them.

It then briefly outlined what steps would give IPs access to the 'pathway', before asking respondents whether they agreed with the proposal. Fifty-three respondents answered the question; 44 said that they agreed, five said they didn't know, and only two said they did not agree. Two gave other answers: one said they 'agree with most of it', but did not elaborate further; the other said:

> It doesn't seem much different to going to court. Why would the child not be safe? There is still a bias against surrogacy.

A follow-up question asked for reasons for the responses given. Both respondents who said they did not agree with the 'pathway' proposals gave reasons suggesting that the pathway treated them differently from other parents (e.g. who could conceive naturally). Both had said that the intended parents and not the surrogate should be the legal parents at birth. Four of the five respondents who said that they did not know if they agreed with the pathway proposal gave reasons: two of these were related to the level of medical or social checks proposed, which they thought could be too stringent. One said that it depends on individuals' circumstances, adding that they would 'veer more towards yes than no'. The final respondent simply said: 'I don't know what's best'.

Forty of the 44 respondents who agreed with the proposed 'pathway' gave reasons for their answer. These were analysed and divided into five themes: the pathway better reflects the reality of the situation or is logical/sensible (21), the pathway protects the best interests of everyone involved (7), the pathway would replace the slow/onerous parental order process (7), the pathway would better protect intended parents (3), the pathway reflects the consents given (2). Compared with the question on legal motherhood, there was less reference to biology/genetics here, with only one respondent mentioning the fact that their being the genetic parents was a reason to support the proposal. Some examples from the majority theme illustrate the sentiment behind many of the responses:

> The wonder of surrogacy fundamentally rests on the voluntary and fully realised consent of multiple individuals, going into this journey with altruistic goodwill. As such, the spirit of this proposed new pathway fully realises that. If all the parties are filly (sic) knowledgeable of this pathway existing, and are accepting of it, then I cannot see it except as an advantageous thing. It gives greater clarity to the final relationship which is sought by all parties going into this.
>
> If implemented it would be provide (sic) a clear framework and make an amazing but sometimes difficult process easier on women who cannot conceive naturally.

**Table 7.** Who should be able to advertise for/as surrogates?

| | Agree/strongly agree (%) | Do not know/ neutral (%) | Disagree/strongly disagree (%) |
|---|---|---|---|
| Potential *surrogates* should be able to advertise | 62.3 | 13.2 | 24.5 |
| *Intended parents* should be able to advertise if they are seeking a surrogate | 67.9 | 11.3 | 20.8 |
| *Non-profit surrogacy organizations* should be able to advertise for surrogates | 73.6 | 15.1 | 11.3 |
| *Clinics* should be able to advertise for surrogates | 69.8 | 7.5 | 22.6 |

### Views on advertising

Respondents were asked who, if anyone, should be able to advertise in respect of surrogacy. The options included were surrogates, intended parents, non-profit organizations, and clinics. Each was given a 5-point Likert scale ranging from 'strongly agree' to 'strongly disagree'. A 'don't know' option was also included.

Responses were generally positive towards allowing advertising in surrogacy (Table 7). The strongest support was for non-profit surrogacy organizations being able to advertise, followed by support for clinics, then intended parents. The lowest support was for potential surrogates being able to advertise, as it had been in our survey of surrogates.[40] Nevertheless, the support for both surrogates and clinics being able to advertise was considerably higher among intended parents than it had been among surrogates (where it was 51% and 56%, respectively), perhaps reflecting the frustrations some intended parents had felt when initially considering surrogacy.

Correspondingly, the highest proportion who 'disagreed' or 'strongly disagreed' about advertising was found in relation to surrogates. Similar proportions disagreed or strongly disagreed that clinics or intended parents should be able to advertise for surrogates. In this survey, there was also more disagreement that intended parents should be able to advertise than there had been among the surrogates. By far, the lowest number of objections to advertising related to non-profit organizations (this was also where the largest number of 'strongly agree' answers were seen). Thus, it appears that there is a tendency among intended parents to support a change in the law to allow advertising in relation to surrogacy generally, with some preference for non-profit organizations being where this takes place. Interestingly, there was a higher proportion in this survey who disagreed/strongly disagreed that intended parents should be able to advertise when seeking a surrogate. As with the surrogates, reflecting on oneself in advertising seems to provoke more discomfort.

### Views on expenses and payments

As the Law Commissions made no concrete proposals in relation to expenses and/or payments in surrogacy arrangements, four different potential models were put to the survey respondents. These were assessed according to a 5-point Likert scale ranging from 'strongly agree' to 'strongly disagree'. A 'don't know' option was also included (Table 8).

[40] Horsey and others (n 7).

**Table 8.** Intended parents' views on expenses and payments

| | Agree/strongly agree (%) | Do not know/ neutral (%) | Disagree/strongly disagree (%) |
|---|---|---|---|
| Surrogates should only be able to be reimbursed for expenses they incur by virtue of the pregnancy | 60.4 | 15.1 | 24.5 |
| Surrogates should be able to be reimbursed for all expenses incurred and receive a modest payment on top | 52.8 | 18.9 | 28.3 |
| Payment for surrogacy should be allowed, at a standard rate set in law | 32.1 | 22.6 | 45.3 |
| Payment for surrogacy should be allowed, at a price determined by agreement between the surrogate and the intended parents | 26.4 | 28.3 | 45.3 |

There was considerably less support among intended parents for the idea that payment for surrogacy would be allowed at a standard rate set in law or at a price agreed upon between the surrogate and the intended parents than for any of the expenses-based models. As we noted in the paper on our survey of surrogates,[41] this is interesting because a standard set rate *is* applied to gamete donation in the UK. This difference perhaps reflects the understanding—or at least gut feeling—that surrogacy involves far more personal and human interaction than donation, even though both are done with altruistic motives, and is not something that is or should be viewed transactionally.

The greatest support was for a model in which surrogates could be reimbursed for expenses incurred because of her undertaking the pregnancy, which is the model currently built into the law as part of the 'requirements' for intended parents to be granted a parental order.[42] Interestingly, in our survey of surrogates, the expenses model plus a modest payment on top received the greatest support, though previous studies have also indicated that surrogates do not want to be 'paid'.[43] Overall, despite there being some support for payment models, among intended parents, this did not exceed one-third of the respondents, with nearly half of the respondents to the two different payment-based options also expressing disagreement (much more so than surrogates had).

Given the overlap between the answers and the fact that respondents could agree or disagree that more than one model was acceptable, it would be useful to explore further the overlap between the answers given, which appears somewhat contradictory in places. For example, 32 intended parents agreed or strongly agreed that surrogates should only be reimbursed for pregnancy-related expenses, while 28 agreed/strongly agreed that surrogates should be able to receive a modest payment on top of expenses.

Overall, it was clear that the option with the lowest negative response was also for expenses only, or expenses with a modest payment on top, with 13 and 15 respondents

[41] Ibid.

[42] 'Requirements' is in inverted commas here as successive cases have shown that even where intended parents have made payments that would be considered 'above reasonable expenses' (e.g. payments to agencies, surrogates, and others in a commercial surrogacy context), such payments can be—and routinely are—retrospectively authorised by the courts, where it is in the child's best interest to do so. Only in the 'clearest case of the abuse of public policy' is this likely to ever occur (per Hedley J, *Re L (A Minor) (Commercial Surrogacy)* (2010) EWHC 3146 (Fam)).

[43] Horsey (2015) (n 2).

respectively either disagreeing or strongly disagreeing with this option. There were higher levels of disagreement with the other two payment-based options.

## IV. WHAT CAN WE CONCLUDE FROM THIS STUDY?

While it is not unexpected that there would be support for reform among intended (or actual) parents who have experience with surrogacy, it is interesting to note how non-radical the intended parents in this study were, how they considered the overall picture, and how alike their preferred versions of reform were to those of the surrogates we previously surveyed.

Previous longitudinal research has shown that surrogacy-created families fare well and that children born this way are psychologically well-adjusted and functioning well.[44] The experiences and voices of intended parents, like those of surrogates, and children born from or who experience surrogacy,[45] are vital in informing those who will shape law and policy on surrogacy for the future, as only by understanding and reflecting lived experiences—rather than myth or assumption—will any new surrogacy law be fit for purpose.

Together with the result of our previous survey with surrogates at London Women's Clinic,[46] the results of this study can inform the public and parliamentary debates on surrogacy that are imminent in the UK, as well as in other jurisdictions considering (re)regulating surrogacy. As with the surrogates' survey, the results here may also help clinics to develop good practice models whereby both surrogates and intended parents feel cared for appropriately on their clinical surrogate journeys, which are experienced both individually and as part of a team. Again, on an everyday basis, our findings support the need for clinical and support staff to be aware of the law as it relates to the provision of IVF surrogacy, and for them to keep abreast of any changes that might be to come.



[44] See summaries in S. Golombok, *We are Family: What Really Matter for Parents and Children* (Scribe Publications, 2020); S. Golombok, 'The Psychological Wellbeing of ART Children: What Have We Learned from 40 Years of Research?' (2020) 41 (4) *Reproductive BioMedicine Online* 743. See also V. Söderström-Anttila and others, 'Surrogacy: Outcomes for Surrogate Mothers, Children and the Resulting Families-A Systematic Review' (2016) 22 (2) *Human Reproduction Update* 260.

[45] Other than the longitudinal psychological research just referenced, there has until recently been little or no work undertaken on understanding and incorporating children's experiences and views on surrogacy into the debates. Now see K. Wade, K. Horsey and Z. Mahmoud, 'Children's Voices in Surrogacy Law: Phase One Preliminary Report' (January 2023) <https://childrensvoices.le.ac.uk/> accessed 2 March 2023.

[46] Horsey and others (n 7).