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Cross-border and domestic surrogacy in the UK context: an exploration of practical and legal decision-making

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ABSTRACT

This study aimed to explore UK intending parent's reasons for cross-border and domestic surrogacy, their preparations for the birth and the practical and legal challenges faced after the birth. An online survey was completed by 203 participants, of which 132 had a child born through surrogacy, 33 were in the process of surrogacy and 38 were planning a surrogacy arrangement. The most common reason for pursuing surrogacy in the UK was wanting a relationship with the surrogate (43%; $n = 17$) and for conducting surrogacy in the USA was because of a better legal framework (97%; $n = 60$). Parents returning to the UK from countries other than USA experienced greater delay and difficulties in obtaining the necessary documents for their return. This study highlights the disparities in parents' experiences of undergoing surrogacy in different countries, the frustrations some face in obtaining legal parenthood and the feelings of stress and anxiety this may cause. Whilst this is the first study comparing the experiences of people from the UK having surrogacy in different countries, the representativeness of the sample is unknown. The findings are important in identifying future directions for research, including assessing the impact of these early decisions and experiences for later parental wellbeing and children's welfare.

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Introduction

In recent years, the UK has seen a rise in the number of intending parents travelling abroad for surrogacy, in particular to the USA, India and Eastern Europe (Crawshaw, Blyth, & van den Akker, 2012; Gamble, 2016). This growth reflects the global increase in cases of cross-border surrogacy, with many intending parents now travelling abroad due to surrogacy not being permitted in their country of residence (Söderström-Anttila et al., 2016). Other reasons include limited numbers of donors or surrogates in some countries, and/or access to better standards of care in others (Palattiyil, Blyth, Sidhva, & Balakrishnan, 2010). In addition, intending parents may also not meet the legal prerequisites for surrogacy treatment in their home country: for example, because of age or marital status (Ferraretti, Pennings, Gianaroli, Natali, & Magli, 2010).

There are no available, accurate statistics on the number of surrogacy births to UK parents. One way to monitor the number of surrogacy arrangements is through the number of Parental Order applications

made. The Parental Order transfers legal rights from the surrogate to the parents and, once granted, a new birth certificate is issued with the intending parents named as the child's parents. Parental Orders can currently only be granted to couples, one of whom must be the genetic parent of the child, and one of whom must be domiciled in the UK, and the consent of the surrogate and her spouse (where applicable) is required. The UK government is currently amending the law to enable single biological parents to apply for parental orders, following the ruling of the High Court in *Re Z* (No. 2) [2016] EWHC 1191 (Fam) in which the current law was declared to be incompatible with the Human Rights Act. A remedial order amending section 54 of the Human Fertilisation and Embryology Act 2008 was sent to Parliament for a second statutory period of consideration in July 2018, and the changes to the law allowing applications from single parents are expected to come into force in early 2019.

Concerns have been raised about how accurately the number of Parental Order applications reflect the overall number of surrogacy arrangements, as parents

may not always apply for a Parental Order, particularly when overseas surrogacy is involved (Crawshaw et al., 2012; Gamble, 2012, 2016; Prosser & Gamble, 2016). Reasons for not applying remain unclear, although it is possible that amongst those parents whose names are entered onto their child's birth certificate overseas, there is a lack of awareness, or a choice to ignore, the UK legal process upon return (Gamble, 2012). The Family Court deals with legal complications which subsequently arise (for example, between separating parents), leading one High Court judge to highlight her concern about the 'ticking legal time bomb' created by parents going overseas for surrogacy and not applying for a Parental Order (The Guardian, 2015). There are no statistics recording legal complications which arise in these circumstances, but a number of cases have considered difficulties arising on separation, including *JP v LP* [2014] EWHC 595 (Fam), *Re X* (2015) 1 FLR 349, *Re C and D* (2015) EWHC 1059, *Re A* (2016) 2 FLR 446, *Y v Z & Ors* (2017) EWFC 60 and *AB v CD* (2018) EWHC 1590 (and in at least three of these cases, parental orders could not be made).

A report published in 2015 by a UK surrogacy organisation concluded that although the numbers of international surrogacy arrangements are rising, most surrogacy arrangements involving UK citizens take place in the UK (Surrogacy UK, 2015). The most recent statistics available from the website of the Children and Family Court Advisory and Support Service (CAFCASS) (the body that records the number of Parental Order applications) in fact shows that of the applications made in 2016, 179 (51%) involved UK surrogacy arrangements, and 161 (46%) involved international surrogacy arrangements (including 78 from the USA and 63 from India), with the place of birth not recorded in nine cases. In 2015, the number of overseas surrogacy cases slightly exceeded domestic ones, with the child born overseas in 162 cases (51%) and the child born in the UK in 136 cases (43%). Therefore, the parents currently applying for Parental Orders (2015–2016) appear to be divided roughly equally between UK and international surrogacy arrangements (with international surrogacy therefore having grown significantly since 2008 when the first such application was made). The fact that these statistics do not include parents who do not apply for a Parental Order following overseas surrogacy suggests that more UK parents must now be going overseas for surrogacy than staying in the UK, although the extent of the difference is unknown since it is impossible to measure the numbers of parents who go overseas and do not apply for a Parental Order. Most applications in

2016 were made by heterosexual couples (234) with 82 made by same sex couples.

The USA has seen a rapid growth in the number of intending parents from overseas travelling to the USA for gestational surrogacy (Perkins, Boulet, Jamieson, & Kissin, 2016). Intending parents from the UK may be attracted to the USA by the availability of surrogates and donors and of professional services, and may perceive themselves to have greater legal security in this context (Gamble, 2016). The report by Surrogacy UK found that amongst the 19 respondents who had used a surrogate abroad, the main reasons for going overseas were 'certainty', 'availability of surrogates', 'ease of setting up arrangement' and 'ethical reasons' (Surrogacy UK, 2015). However, the number of respondents who had used overseas surrogacy was small, possibly because the study's recruitment strategy, predominantly through UK surrogacy organisations and websites, may not have reached those using overseas arrangements.

The country in which surrogacy arrangements take place, and the related regulation and support available to intending parents, may have an impact on intending parents' experiences. The few studies that have examined intending parents' experiences of surrogacy in India have highlighted the difficulties in obtaining valid birth certificates, and in negotiating Indian and domestic laws about legal parentage (Deomampo, 2015). The ambiguous legislation in India, coupled with limited information and a lack of direct contact with the surrogate, has been found to lead to additional anxiety and stress for parents (Ruiz-Robledillo & Moya-Albiol, 2016) and may also place them at risk of fraud and financial exploitation (Fronek, 2018).

Studies of patients travelling overseas for fertility treatment more generally, including for IVF and gamete donation, have found that reasons for travelling overseas can include greater availability of donors, better success rates, shorter waiting times and cheaper costs (Blyth, 2010; Culley et al., 2011; Ferraretti et al., 2010; Pennings et al., 2008). The internet has also been found to be a major source of information for patients travelling overseas (Blyth, 2010; Hudson et al., 2011; Jackson, Millbank, Karpin, & Stuhmcke, 2017), although this can vary for patients from different countries (Hudson et al., 2011).

Jackson et al. (2017) emphasised the importance of learning from the experiences of those travelling overseas for egg donation and surrogacy for policy makers and regulators. Preliminary findings from their qualitative study on the motivations and experiences of reproductive travellers in Australia found that the legal distinction between compensated and altruistic

surrogacy is often problematic in the context of overseas surrogacy. For example, Australians seeking surrogacy were travelling to Canada to access paid brokering services even though Canada is seen by policy makers to practice altruistic surrogacy (as surrogates cannot be paid more than their expenses) (Jackson et al., 2017).

Despite the increase in the number of people accessing cross-border surrogacy, few studies have examined the experiences of parents using international surrogacy arrangements, and none has directly compared the experiences of those using surrogacy in the UK to those who travel abroad. The present study aimed to examine intending parents and parents' motivations for going abroad or remaining in the UK, and the legal and practical challenges faced as a result. Participants were recruited through NGA Law, an English family law firm which specialises in surrogacy, and Brilliant Beginnings, a non-profit UK surrogacy agency, established by the owners of NGA Law in 2013 as its sister organisation. Overall, since 2009, approximately one-third of the clients seeking advice from NGA Law about surrogacy had sought advice in relation to UK surrogacy arrangements and two-thirds about international surrogacy arrangements. Brilliant Beginnings only advises parents who are domiciled in the UK and, of the UK's three surrogacy organisations, is the only one which advises and assists intending parents with both UK and overseas surrogacy options. Thus, recruiting through these organisations provided access to people who were conducting or had completed surrogacy in the UK as well as overseas. The current paper reports data from a larger survey examining the experiences of surrogacy for people who were either thinking about pursuing surrogacy, had started a surrogacy arrangement or who had completed a surrogacy arrangement in the UK or abroad.

Materials and methods

Recruitment

Invitation emails to participate in the study were sent to a total of 1212 individual email addresses representing 776 family units. The survey was available for two months from February to March 2017, during which time two further reminder emails were sent. Ethical approval for the study was granted by University of Cambridge Psychology Research Ethics Committee (reference number: PRE.2016.050).

Measures

The front page of the survey contained information about the study and consent procedures. To avoid data from the same surrogacy arrangement being reported twice, participants were asked to complete only one survey per couple and could choose to either complete the survey by themselves or as a couple.

The survey consisted of both open-ended and multiple-choice questions about the entire surrogacy process from initial motivations for using surrogacy, reasons for choosing the country in which to undertake surrogacy, experiences of surrogacy in that country, details about the surrogate, experiences after childbirth, and current experiences. Participants only saw relevant sections and questions for their particular stage of surrogacy. The present paper focuses on participants' decisions on where to undertake surrogacy, and for those who had a child born following surrogacy, their preparations for the birth and experiences of returning to the UK. For those with a child following surrogacy, the data relates to the participants' first successful surrogacy arrangement (i.e. their eldest child(ren) born following surrogacy) in order to reflect their experiences of their initial surrogacy arrangement. Questions were informed by previous studies on surrogacy (e.g. Jadva, Blake, Casey, & Golombok, 2012) and through engagement with staff at NGA Law and Brilliant Beginnings. The questionnaire was piloted by potential participants to ensure that questions were meaningful and contained no ambiguities, and to also check survey length and functionality. Following piloting, the survey was amended, mainly by rephrasing some questions and shortening the survey. Data were obtained on the following three sections:

(i) *Choosing where to conduct surrogacy*

Questions included: Where was your surrogacy arrangement carried out? (Drop-down list of countries); Did you consider surrogacy in any country other than the country you finally chose? (Yes/No) If yes, which countries did you consider? (Open-ended); Did you consider surrogacy in any country other than the country you finally chose (Yes/No) If yes, which countries did you consider? (Open-ended); Why did you decide against having treatment in these countries? (Open-ended); Why did you decide to have surrogacy in the country that you chose? (Multiple choice response which included options such as 'Better legal framework, Better success rates at clinic, Cheaper cost'); Did you explore surrogacy in the United Kingdom? (Yes/No); Why did you decide not to pursue surrogacy in the UK (Multiple choice responses which

Table 1. Participant characteristics.

	Stage of surrogacy		
	Completed	In progress	Considering
	Median (IQR)	Median (IQR)	Median (IQR)
Age	44 (9)	38 (8.5)	42 (9.25)
	<i>N</i> (%)	<i>N</i> (%)	<i>N</i> (%)
Sex			
Male	68 (52)	14 (42)	19 (50)
Female	64 (48)	19 (68)	19 (50)
Transgender			
No	130 (99)	33 (100)	0 (0)
Yes	2 (1)	0 (0)	37 (97)
Missing	0 (0)	0 (0)	1 (3)
Sexual orientation			
Heterosexual	85 (64)	24 (73)	24 (63)
Gay	46 (35)	9 (27)	13 (34)
Bisexual	1 (1)	0 (0)	0 (0)
Missing	1 (1)	0 (0)	1 (3)
Currently residing			
England	90 (68)	29 (88)	33 (87)
Scotland	2 (2)	0 (0)	2 (5)
Wales	1 (1)	0 (0)	0 (0)
Other	39 (29)	4 (12)	3 (8)
Nationality			
British	111 (84)	27 (82)	30 (79)
Australian	5 (4)	2 (6)	0 (0)
Irish	4 (3)	1 (3)	2 (5)
Canadian	2 (2)	1 (3)	0 (0)
German	2 (2)	1 (3)	0 (0)
Portuguese	0 (0)	0 (0)	2 (5)
Other <1 in each country	7 (5)	1 (3)	4 (11)
Ethnicity			
White	117 (88)	31 (94)	31 (82)
Black	1 (1)	0 (0)	1 (3)
Asian	9 (7)	2 (6)	4 (11)
Mixed	3 (2)	0 (0)	2 (5)
Other	2 (2)	0 (0)	0 (0)
Current relationship status			
Married	89 (67)	26 (79)	29 (76)
Civil partnership	23 (17)	0 (0)	3 (8)
Cohabiting	10 (8)	0 (0)	2 (5)
Single	7 (5)	3 (9)	0 (0)
Non-cohabiting partner	1 (1)	1 (3)	1 (3)
Separated	1 (1)	0 (0)	2 (5)
Other (engaged)	1 (1)	0 (0)	0 (0)
Relationship status during surrogacy			
Married	83 (63)	– (–)	– (–)
Civil partnership	25 (19)	– (–)	– (–)
Cohabiting	15 (11)	– (–)	– (–)
Single	7 (5)	– (–)	– (–)
Non-cohabiting partner	2 (2)	– (–)	– (–)
Highest educational attainment			
Less than high school	0 (0)	0 (0)	1 (3)
High school	9 (7)	2 (6)	1 (3)
College	4 (3)	2 (6)	7 (18)
Trade qualification	3 (2)	1 (3)	0 (0)
University degree	59 (45)	13 (39)	13 (34)
Higher university degree	57 (43)	15 (45)	16 (42)
Total household income			
Less than £10,000	1 (1)	0 (0)	2 (5)
£10,000–£49,999	11 (9)	2 (6)	5 (13)
£50,000–£99,999	19 (14)	11 (33)	5 (13)
£100,000–£199,999	48 (37)	8 (24)	21 (56)
£200,000–£299,999	19 (15)	3 (9)	2 (6)
£300,000 or more	28 (22)	9 (27)	1 (3)
Missing	6 (5)	0 (0)	2 (5)

(continued)

Table 1. Continued.

	Stage of surrogacy		
	Completed	In progress	Considering
No. of children born through surrogacy			
0	– (–)	33 (100)	38 (100)
1	81 (61)	– (–)	– (–)
2	43 (33)	– (–)	– (–)
3	7 (5)	– (–)	– (–)
4	1 (1)	– (–)	– (–)
Survey completed			
Alone	84 (64)	23 (70)	18 (47)
With partner	48 (36)	10 (30)	20 (53)

included options such as 'lack of legal framework', 'shortage of surrogates', 'lack of professional services'; and Please tell us about your experiences of surrogacy in the UK (Open-ended).

(ii) Preparations for surrogacy

Questions included: Did you do any of the below before pursuing surrogacy in the country you finally chose? (Multiple choice option which included responses such as 'Sought legal advice', 'Contacted a clinic in the UK for more information'); How did you prepare for the birth? (Multiple choice options which included responses such as 'bought baby clothes', 'sought legal advice', 'sought counselling'); Did you plan to be at the birth? (Yes/No); and Were you at the birth? (Yes/No).

(iii) Experiences after the birth

Questions included: What documents did you obtain to bring your child home? ('UK passport', 'US/Canadian passport', 'Other EU passport', 'Other, please specify'); How long did you stay abroad with your baby before you returned to the UK? ('Less than 1 month', '1–2 months', '3–5 months', '6 months to less than 1 year', 'more than 1 year'); Did you experience any particular challenges in bringing your baby to the UK? (Yes/No), If yes, please tell us about the challenges you experienced in bringing your child home (Open-ended); Did you apply for a parental order? (Yes/No/Currently in process/Planning to in future/Do not plan to apply); Please tell us why you did not/or do not plan to apply for a parental order (Open-ended); Did you face any difficulties with obtaining a parental order? (Yes/No), If yes, please explain these below (Open-ended); Approximately, how much did you spend on surrogacy overall? (Open-ended); Approximately, how much did the surrogate receive for expenses or compensation? (Open-ended); How did you arrive at the figure that was paid to the surrogate? (Open-ended); What were the advantages of carrying out surrogacy in the way that you did? (Open-ended); What were the

Table 2. Country where surrogacy was carried out.

Country	Stage of surrogacy		
	completed N (%)	In progress N (%)	Considering* N (%)
UK	39 (30)	13 (39)	24 (63)
USA	62 (47)	16 (48)	18 (47)
India	15 (12)	0 (0)	2 (5)
Thailand	7 (5)	0 (0)	2 (5)
Ukraine	3 (4)	0 (0)	2 (5)
Georgia	3 (4)	3 (9)	5 (13)
Mexico	2 (2)	0 (0)	1 (3)
Russia	0 (0)	0 (0)	1 (3)
Nepal	0 (0)	0 (0)	1 (3)
Greece	0 (0)	0 (0)	2 (5)
Canada	0 (0)	1 (3)	4 (11)
Cyprus	1 (1)	0 (0)	2 (5)
Czech Republic	0 (0)	0 (0)	1 (3)
South Africa	0 (0)	0 (0)	1 (3)
Laos	0 (0)	0 (0)	1 (3)
Bhutan	0 (0)	0 (0)	1 (3)

*Countries being considered.

disadvantages in carrying out surrogacy in the way that you did? (Open-ended).

Data analysis

Responses to the multiple-choice questions are reported as percentages and number of cases. Qualitative responses to open-ended questions were systematically coded into categories using the qualitative data analysis software Atlas.ti and the most common responses are reported as frequencies. Qualitative responses are also used to illustrate and explain the quantitative data. The findings are presented in three sections: (i) choosing where to conduct surrogacy, (ii) preparation for surrogacy and (iii) experiences after birth. The first section reports data from all three groups of participants (i.e. those considering surrogacy, those who were in the process of surrogacy, and those who had completed their surrogacy arrangement). The second section reports data from the latter two groups and the third section includes data from parents who had completed their surrogacy arrangement.

Results

A total of 203 surveys were completed, resulting in a response rate of 26% of the number of family units invited. Demographic information for participants is shown in Table 1. Most participants (65%; $n = 132$) had at least one child born through surrogacy, 16% ($n = 33$) were in the process of a surrogacy arrangement (i.e. their surrogate was trying to conceive or was pregnant), and 19% ($n = 38$) were thinking about or planning a surrogacy arrangement. For those

Table 3. Other countries considered for surrogacy according to final country chosen.

Countries considered	Country surrogacy conducted					
	UK ($n = 27$) N (%)	USA ($n = 20$) N (%)	India ($n = 9$) N (%)	Thailand ($n = 6$) N (%)	Other ($n = 7$) N (%)	Total ($n = 69$) N (%)
UK	– (–)	6 (30)	0 (0)	0 (0)	0 (0)	6 (7)
USA	19 (70)	– (–)	4 (44)	4 (67)	3 (43)	30 (43)
India	13 (48)	7 (35)	– (–)	4 (67)	4 (57)	28 (41)
Ukraine	2 (7)	0 (0)	4 (44)	0 (0)	1 (14)	7 (10)
Thailand	1 (4)	2 (10)	0 (0)	0 (0)	0 (0)	3 (4)
Poland	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
Georgia	1 (4)	0 (0)	1 (11)	0 (0)	1 (14)	3 (4)
Mexico	1 (4)	1 (5)	0 (0)	0 (0)	0 (0)	2 (3)
Russia	1 (4)	1 (5)	1 (11)	0 (0)	0 (0)	3 (4)
Guatemala	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
Nepal	0 (0)	1 (5)	0 (0)	0 (0)	0 (0)	1 (1)
Greece	0 (0)	1 (5)	0 (0)	0 (0)	0 (0)	1 (1)
Spain	0 (0)	1 (5)	0 (0)	0 (0)	0 (0)	1 (1)
Israel	0 (0)	1 (5)	0 (0)	0 (0)	0 (0)	1 (1)
Canada	0 (0)	1 (5)	0 (0)	0 (0)	0 (0)	1 (1)
Cyprus	0 (0)	0 (0)	1 (11)	0 (0)	1 (14)	2 (3)

intended parents who had completed a surrogacy arrangement, the majority (63%; $n = 83$) were in a heterosexual couple relationship at the time of the surrogacy arrangement and 32% ($n = 42$) were in a gay couple relationship. Of the seven (5%) participants who were single, four were male, all of whom identified as gay, and three were female, of whom two identified as heterosexual and one as bisexual. The age of the eldest child born using surrogacy ranged from 0 to 11 years (Mean = 2.84; Median = 2). Seventy-three per cent of the children were aged 0–3 years with 41% aged under two years.

Choosing where to conduct surrogacy

Table 2 shows where intending parents had completed or were currently undergoing their surrogacy arrangement. The UK and USA were the most commonly selected countries for all three groups of respondents.

Fifty-two per cent ($n = 69$) of those who had completed their surrogacy arrangement and 48% ($n = 16$) of those in the process of surrogacy had considered surrogacy in a different country to that which they finally chose. Table 3 shows which other countries were considered by parents who had completed their surrogacy journey, according to their final country. The most common countries to be additionally considered were the USA and India. Open-ended responses revealed that the main reason for not going ahead with surrogacy in the USA was financial ($n = 21$). Other reasons included wanting more involvement with the pregnancy and/or the surrogate ($n = 5$) and concern about geographical distance from the surrogate ($n = 4$). Six respondents reported that they had found

Table 4. Reasons for final country and preparations for surrogacy.

	Country					Total N (%)
	UK N (%)	USA N (%)	India N (%)	Thailand N (%)	Other N (%)	
Why did you decide to have surrogacy in the country that you chose?						
Better legal framework	16 (31)	76 (97)	7 (47)	1 (14)	8 (62)	108 (65)
Easier to find surrogate	8 (15)	51 (65)	11 (73)	4 (57)	11 (85)	85 (52)
Better success rates at clinic	3 (6)	48 (62)	5 (33)	1 (14)	3 (23)	60 (36)
Wanted agency to manage surrogacy process	3 (6)	50 (64)	5 (33)	3 (43)	6 (46)	67 (41)
Wanted a relationship with the surrogate	22 (42)	32 (41)	0 (0)	1 (14)	1 (8)	56 (34)
Cheaper cost	15 (29)	1 (1)	8 (53)	5 (71)	11 (85)	40 (24)
Did not want relationship with the surrogate	0 (0)	2 (3)	3 (20)	1 (14)	2 (15)	8 (5)
Other	21 (40)	16 (21)	6 (40)	5 (71)	4 (31)	52 (32)
Did you do any of the below before pursuing surrogacy in the country you finally chose?						
Sought legal advice	– (–)	61 (78)	11 (73)	6 (86)	8 (62)	86 (52)
Contacted a clinic in the UK for more information	– (–)	19 (24)	4 (27)	0 (0)	3 (23)	26 (16)
Obtained information from surrogacy support group in UK	– (–)	18 (23)	6 (40)	1 (14)	4 (31)	29 (18)
Obtained information from website	– (–)	17 (22)	7 (47)	1 (14)	4 (31)	29 (18)
Obtained information from HFEA	– (–)	7 (9)	6 (40)	0 (0)	1 (8)	14 (8)
Talked to others who had been to same country	– (–)	36 (46)	11 (73)	2 (29)	3 (23)	52 (32)
How did you prepare for the birth?						
I did not prepare	2 (4)	0 (0)	1 (7)	1 (14)	0 (0)	4 (2)
Bought baby clothes/food	40 (77)	55 (71)	14 (93)	6 (86)	9 (69)	124 (75)
Bought baby equipment	40 (77)	54 (69)	13 (87)	6 (86)	9 (69)	122 (74)
Decorated nursery	32 (62)	41 (53)	1 (7)	3 (43)	4 (31)	81 (49)
Talked to other parents	35 (67)	40 (51)	7 (47)	3 (43)	6 (46)	91 (55)
Sought legal advice	30 (58)	60 (77)	9 (60)	4 (57)	6 (46)	109 (66)
Sought counselling	19 (37)	8 (10)	0 (0)	0 (0)	1 (8)	28 (17)
Attended prenatal classes	16 (31)	18 (23)	3 (20)	0 (0)	1 (8)	38 (23)
Arranged a nanny	4 (8)	23 (29)	3 (20)	3 (43)	2 (15)	35 (21)
Arranged a doula	1 (2)	6 (8)	0 (0)	0 (0)	0 (0)	7 (4)
Did you plan to be at the birth?						
Yes	43 (83)	64 (82)	10 (67)	6 (86)	9 (69)	132 (80)
No	1 (2)	4 (5)	5 (33)	1 (14)	1 (8)	12 (7)
Were you at the birth?*						
Yes	36 (92)	41 (66)	5 (33)	3 (43)	4 (44)	89 (67)
No	3 (8)	21 (34)	10 (67)	4 (57)	5 (56)	43 (33)

*Percentages are of those who planned to be at the birth.

a surrogate in the UK. The reasons for not pursuing surrogacy in India were because the intending parent(s) did not meet the criteria for accessing surrogacy ($n=9$), perceived the arrangement to be characterised by legal uncertainty ($n=9$) and had ethical concerns ($n=7$). Four respondents reported that they went on to find a surrogate in the UK, and three said that they wanted a relationship with the surrogate.

Participants who had completed their surrogacy arrangement were asked to select their reasons for choosing their final country from a list of possible reasons (Table 4). In terms of the other reasons given, the most common, given by nine (17%) parents who undertook surrogacy in the UK, was having found a surrogate (family member or friend) in the UK. The other most common reason for having surrogacy in the USA, mentioned by seven (9%) parents, was its perception as more advanced or ethical. The most frequently mentioned other reason for parents who had been to India, stated by three (20%) respondents, was being of Indian heritage.

Of the 92 parents who had completed their surrogacy arrangement abroad, approximately half

(49%; $n=45$) had explored surrogacy in the UK. Their reasons for not pursuing UK surrogacy obtained from a list of possible reasons found the most common was 'lack of a legal framework' (67%; $n=30$). Forty-four per cent ($n=20$) selected 'shortage of surrogates', 36% ($n=16$) 'lack of professional services', and 33% ($n=15$) 'informal matching methods'. Twenty-two participants gave other reasons, of which the most common reason was not living in the UK ($n=5$), followed by being single ($n=3$). Open-ended responses illustrated their experiences, for example 'Without the legal framework, we felt it was an absolute no-go. Something as important as the right to raise your own child should not be subject to even the tiniest risk'.

Another example included: 'Very difficult to find matches. Lack of agencies so worries about vetting surrogates. We were older couple, impression that surrogates only interested in younger couples'. Another participant wrote 'After a brief investigation it became clear there was no support network or expertise in the UK and seeking a surrogate here would have been a case of "pot luck"'.

Table 5. Returning to UK by country.

	USA N (%)	India N (%)	Thailand N (%)	Other N (%)	Total N (%)
Documents obtained for return travel*					
UK passport	11 (18)	14 (93)	4 (57)	5 (56)	34 (37)
US passport	51 (84)	0 (0)	0 (0)	0 (0)	51 (55)
Other EU passport	0 (0)	0 (0)	1 (14)	0 (0)	1 (1)
Other	4 (7)	3 (20)	2 (29)	3 (33)	12 (13)
Length of stay abroad					
Less than 1 month	24 (39)	1 (7)	0 (0)	0 (0)	25 (27)
1–2 months	23 (37)	2 (13)	2 (29)	4 (44)	31 (34)
3–5 months	7 (11)	7 (47)	2 (29)	6 (67)	22 (24)
6 months to less than a year	1 (2)	2 (13)	2 (29)	2 (22)	7 (8)
More than 1 year	3 (5)	2 (13)	1 (14)	1 (11)	7 (8)
Missing	4 (7)	1 (7)	0 (0)	1 (11)	6 (7)
Challenges faced in bringing baby to UK					
Yes	23 (37)	11 (73)	5 (71)	5 (56)	44 (48)
No	37 (60)	3 (20)	2 (29)	3 (33)	45 (49)
Missing	2 (3)	1 (7)	0 (0)	1 (11)	4 (4)
Overall experience of surrogacy in chosen country					
Very positive	53 (87)	6 (40)	1 (14)	4 (44)	64 (67)
Positive	8 (13)	7 (47)	2 (29)	5 (56)	22 (24)
Neither negative nor positive	0 (0)	1 (7)	1 (14)	0 (0)	2 (2)
Negative	0 (0)	1 (7)	2 (29)	0 (0)	3 (3)
Very Negative	0 (0)	0 (0)	1 (14)	0 (0)	1 (1)
Missing	1 (2)	0 (0)	0 (0)	0 (0)	1 (1)

*Respondents could select more than one response.

Preparations for surrogacy

Table 4 shows how participants had prepared for surrogacy and for the birth of the child. Only one-third of parents whose surrogacy arrangements were carried out in India were at the birth, even though approximately two-thirds had planned to be there (Table 4). The open-ended responses indicated that this was usually because the child(ren) had arrived early, and parents were unable to amend their travel plans in time for the birth.

Experiences after birth

Intending parents obtained different documents according to which country they were returning from (Table 5). One-third (33%; $n = 44$) of parents reported having faced challenges in bringing their baby back to the UK with those returning from India most likely to report facing challenges. Open-ended responses highlighted that for parents returning from India, the main difficulty was the length of time it took to obtain the child's passport. Parents expressed feelings of disappointment with both UK and Indian agencies. For example:

Our daughter was granted British citizenship within 8 days, but it took 6 months to get a passport. The passport office did not communicate with us and gave us false information. It was a very very difficult process and in the end we got home with the help of a legal team. (Heterosexual couple returning from India)

Table 6. Parental order and cost of surrogacy.

	Country					
	UK N (%)	USA N (%)	India N (%)	Thailand N (%)	Other N (%)	Total N (%)
Did you apply for a parental order?						
Yes	34 (87)	45 (73)	11 (73)	6 (86)	7 (78)	103 (78)
No	0 (0)	7 (11)	2 (13)	0 (0)	1 (11)	10 (8)
Currently in process	4 (10)	6 (10)	1 (7)	0 (0)	1 (11)	12 (9)
Planning to in future	1 (3)	4 (6)	1 (7)	1 (14)	0 (0)	8 (6)
Did you face any difficulties in obtaining a parental order?						
Yes	6 (15)	10 (16)	1 (7)	1 (14)	4 (44)	22 (17)
No	32 (82)	40 (65)	11 (73)	5 (71)	4 (44)	92 (70)
Missing	1 (3)	12 (20)	3 (20)	1 (14)	1 (11)	18 (14)
How did you arrive at the figure that was paid to the surrogate?						
Set by agency/clinic	6 (15)	54 (87)	8 (53)	4 (57)	6 (66)	78 (59)
Expenses only	11 (28)	1 (2)	0 (0)	0 (0)	0 (0)	12 (9)
Took advice from agency/lawyers or internet	11 (28)	0 (0)	0 (0)	0 (0)	1 (11)	12 (9)
Amount fixed prior to surrogacy	4 (10)	0 (0)	0 (0)	0 (0)	1 (11)	5 (4)
Other	5 (13)	0 (0)	0 (0)	0 (0)	0 (0)	5 (4)
Missing/don't know	3 (8)	7 (11)	7 (47)	3 (43)	1 (11)	21 (16)

Similar problems were faced by those returning from Thailand, Mexico and Georgia.

Even amongst those returning from the USA, some reported feelings of anxiety about passing through UK immigration, and of experiencing delays once there. For example:

This whole thing is really not for the amateur. You need to be very switched on and have very good advice. Even though I knew we had done everything right, I was still terrified at Heathrow. (Heterosexual couple returning from USA)

As shown in Table 6, all parents who had used surrogacy in the UK had either applied for a Parental Order or were planning to apply for one in the future. The most frequently mentioned reason for not applying was because parents were not currently living in the UK ($n = 4$). Two respondents stated that a Parental Order was not needed, the first respondent explaining that they already are the legal parent of their child, and the second, reporting that their children had passports of other nationalities. Some respondents were unaware of the need to apply for a Parental Order until later on in the process, with one parent stating that they only understood this to be necessary upon reading a news article 6 months after the baby was born. This respondent had decided against applying because it seemed 'too late, too risky and certainly too costly'.

The majority (70%; $n = 92$) of parents did not face any difficulties in acquiring a Parental Order. For those who did experience difficulties, the open-ended responses revealed that parents who had surrogacy in the UK, had faced problems such as the surrogate

separating from her husband, which made it hard to obtain his signature for the necessary paperwork. One surrogate withdrew her consent, which led to the parents having to apply to adopt their child. Another respondent had difficulties due to undeclared expenses. Amongst those who had undergone surrogacy in the USA, difficulties experienced included exceeding the 6-month limit for applying for a Parental Order ($n=3$), obtaining court dates ($n=2$), being resident outside of England ($n=2$), and the extra cost involved ($n=2$).

Parents who had undergone surrogacy in the USA had spent more money on surrogacy (Median = £120,000; IQR = £60,000) compared to those having surrogacy in Thailand (Median = £55,000; IQR, £28,750) and India (Median = £50,000; IQR = 45,000) with those who had surrogacy in the UK spending the least amount of money (Median = £25,000; IQR = £22,000). The amount surrogates received varied by country with surrogates in the USA receiving the most (Median = £25,500; IQR = £15,000), followed by Thailand (Median = £14,000; IQR = £23,500), the UK (Median = £13,000; IQR = 6,500) and India (Median = £5,500; IQR = 3,500).

Over 40% of those who underwent surrogacy in India or Thailand either did not say how much the surrogate received, or reported that they did not know, explaining in their open-ended responses that this was managed by the agency or clinic.

In terms of how the amount of money received by the surrogate was decided upon, the open-ended responses were categorised into the most frequent responses. For overseas surrogacy, most agencies or clinics had a set fee for the amount of money the surrogate should receive, whereas for surrogacy arrangements in the UK, the amount received by surrogates was fixed in different ways as shown in Table 6.

In terms of the advantages and disadvantages of carrying out surrogacy in the way that they did. For those who had used surrogacy in the UK, the advantages included having a long-term relationship with the surrogate ($n=16$) and logistical simplicity because they stayed close to home ($n=7$) and were close to the surrogate which enabled them to attend scans and appointments ($n=8$). Other reasons for staying in the UK were that it was perceived to be legally easier ($n=9$) (although less certain than in the USA), and it was affordable ($n=8$), and a friend or family member was able to act as the surrogate ($n=5$). Disadvantages included anxieties over the surrogate wanting to keep the child after the birth, a concern compounded by the UK legal system which was perceived to be ill-

adapted to surrogacy cases ($n=7$). Others mentioned the difficult emotional investment required during the pregnancy ($n=5$) and the lack of support or understanding from hospital staff ($n=4$). Some said there were no disadvantages to domestic surrogacy arrangements ($n=7$).

For those who had surrogacy in the USA, the advantage that was by far the most cited was the legal framework ($n=39$) which offered certainty and peace of mind to parents who could then focus on other aspects of the surrogacy process that they deemed to be more important, such as their experience, and, in some cases, developing a close relationship with the surrogate. Many parents felt that the legal framework in the USA also offered protection for the surrogate and donors and thus made them confident that it was ethical ($n=10$). Other aspects mentioned included working with professionals who were familiar with the process ($n=10$), receiving excellent support ($n=10$), having choice and control over the process (e.g. type of relationship with surrogate, etc) ($n=5$) and having no stigma attached to surrogacy ($n=3$). The main disadvantages of carrying out surrogacy in the USA were cost ($n=35$) and geographical distance ($n=17$). The latter impacted parents' experience where they missed having friends and family by their side as they went through the surrogacy process. Some parents mentioned legal issues, which referred only to difficulties and delays on the UK side ($n=7$).

For those who went to India, the advantages included affordability ($n=2$), the advanced speed of the process, including ease of finding a surrogate ($n=2$), the legal process, perceived to be simpler than in other countries ($n=2$) and not having to have a long-term relationship with the surrogate ($n=2$). The most frequently reported disadvantage was having to stay in India after the birth of the child in order to obtain the paperwork for returning home ($n=7$).

The advantages of having surrogacy in Thailand or other countries such as Georgia, Ukraine or Mexico included it being fast ($n=3$), straightforward ($n=3$), including fewer restrictions upon, or scrutiny of, intending parents ($n=2$), and the process fostering a feeling of connectedness to the country in which it was conducted (in this case, Thailand) ($n=1$). The most reported disadvantage of having surrogacy in Thailand concerned the legal problems faced ($n=7$) and the unforeseen costs (legal or otherwise) these problems generated ($n=3$). Drawn out legal issues also meant families were on their own without the support from friends and family when they first welcomed their new-born child ($n=5$).

Discussion

The findings of this study show that intending parents are travelling abroad for surrogacy despite surrogacy being available in the UK. Approximately, half of those looking to use surrogacy did not consider more than one country, suggesting that many intending parents, and especially those having surrogacy in the USA, had a clear idea about where they wished to undergo their surrogacy journey. The main reason for not pursuing surrogacy in the UK for those who considered it was because of the perceived lack of a legal framework. However, other reasons, such as it being easier to find a surrogate, and wanting a professional agency to manage the surrogacy were reasons for considering and indeed pursuing cross-border surrogacy.

In the present study, for those carrying out their surrogacy arrangement in the UK, the most common reason for doing so was because they wanted a relationship with the surrogate, a reason also given by a similar proportion of those using surrogacy in the USA. Studies examining the relationship between intending parents using domestic surrogacy in the UK and USA have found that in some cases contact may be maintained with the surrogate as the child grows up (Blake et al., 2016; Jadva et al, 2012), although the amount of contact between intending parents and the surrogate has been found to decline over time in domestic UK surrogacy arrangements (Jadva et al., 2012). A recent study of adolescents found that although all felt positive or indifferent about their birth through surrogacy, around half of the adolescents who had no contact with their surrogate were interested in her (Zadeh, Ilioi, Jadva, & Golombok, 2018). Thus, it is important that parents recognise that although they may not view a relationship with the surrogate as important, their child may feel differently, and may be curious about their surrogate in the future.

Findings also illustrate that most intending parents had sought legal advice prior to going abroad. This is perhaps unsurprising given that the participants in this study were recruited through a law firm. Those intending parents who had accessed surrogacy in India had also obtained information from relevant websites such as the Human Fertilisation and Embryology Authority website, and over two-thirds had spoken to others about their experiences in India, suggesting that they had gathered information from multiple sources prior to embarking on their own surrogacy arrangement. Unlike intending parents who use professional agencies in the USA, this finding may reflect the greater need for intending parents visiting

India to actively seek out advice and guidance for themselves. Whilst all intending parents who had surrogacy in the UK had applied for or were intending to apply for a Parental Order, a small number of those who had surrogacy abroad did not apply, some of whom were not aware of the need to apply or felt they already had legal parentage of their child. As Parental Orders are the means by which parents become the legal parents of their children under UK law, there are potentially significant consequences if a parental order is not obtained, including inheritance disputes, nationality issues, problems if the parents separate, and issues over who can exercise parental responsibility to make medical or educational decisions for the child.

The findings of this study highlight how parents returning from countries other than the USA are most likely to report difficulties in obtaining the necessary paperwork, leading to feelings of frustration with government departments in the UK and abroad, and resulting, for some respondents, in costly legal counsel. These findings concur with those reported by Deomampo (2015), whose research found similar experiences amongst parents of different nationalities undergoing surrogacy in India. In the present study, many of those who had used surrogacy in the USA returned to the UK with a US passport for their child, documentation that was described as easier and faster to obtain than a UK passport, and which may have resulted in fewer challenges. However, some parents who had returned from the USA still reported feelings of anxiety and stress about going through UK immigration. Furthermore, parents who pursued surrogacy in countries other than the USA had often spent months abroad before returning to the UK, meaning that they also had to face the challenge of being a new parent in a foreign country. It is important for future research to address the impact that the experience of overseas surrogacy may have on those involved, and, in particular, to examine the impact of increased stress and anxiety where experienced by parents on the parent-child relationship and the well-being of the child. Indeed, it has been suggested that prior to embarking on surrogacy abroad, intending parents should be provided with official information about the possible legal and health risks involved (Jackson, 2016) which may lessen the stress and anxiety experienced.

The present study highlighted the huge variation in the cost of overseas surrogacy in different countries. The USA was the most expensive; parents who had surrogacy in the USA tended to have higher incomes

than those going elsewhere. Indeed, some parents who had considered the USA but accessed surrogacy elsewhere had said that cost had prevented them from pursuing surrogacy in the USA. States in the USA which offer surrogacy, operate under a compensated and professionally arranged model, where agencies, lawyers, fertility clinics, surrogates and egg donors receive compensation for their services which explains the greater costs involved (Braverman, Casey, & Jadva, 2012). In the UK, advertising or brokering a surrogacy arrangement is not permitted and surrogacy organisations work on a not-for-profit basis, although fertility treatment for surrogacy is provided on a privately paid basis. An application for a parental order following a UK surrogacy arrangement is typically also less costly, with most parents self-representing and little documentary evidence required in the magistrates court (which is the primary court of allocation where the child is born in the UK), compared with international surrogacy cases which are routinely heard by High Court judges and require the filing of detailed written evidence and legal argument and typically involve two court hearings. Furthermore, within the UK traditional surrogacy, where the surrogate uses her egg to achieve the pregnancy, is commonly practiced (whereas overseas surrogacy services exclusively involve gestational surrogacy) and is considerably cheaper than IVF treatment required for gestational surrogacy.

Parents who travelled to the USA were the least likely to have faced challenges returning home, a finding that is perhaps related to the additional support provided by surrogacy agencies in the USA, and the legal framework, which enables a USA passport to be issued to the baby. These findings therefore suggest that the decision to carry out surrogacy in a particular country may be a choice borne from financial circumstance. Simply put, surrogacy in countries perceived as providing a better legal framework and easier access to surrogates, such as the USA, is neither affordable nor feasible for all those who intend to have a child through surrogacy.

Although the study's findings are exploratory in nature, they highlight the need for greater support and advice for people seeking and pursuing surrogacy overseas. It is important that all professional services supporting intending parents are aware that even though parents may wish to pursue surrogacy in the UK, they may end up travelling overseas. The Human Fertilisation and Embryology Authority on their website stress the importance of applying for a parental order following overseas surrogacy and

includes a link to the webpage of the Foreign Commonwealth Office providing guidance for those considering treatment abroad. However, not all respondents to our survey were accessing the HFEA webpage. Providing guidance and support is further complicated by the fact that international surrogacy laws are always evolving, and countries which may be accessible at one point in time can quickly and abruptly change their policies, as has happened with India and Thailand which were popular destinations for parents in the present study, but which no longer permit surrogacy to foreigners. Thus, the onus must also be placed on parents themselves to take greater responsibility for making informed choices about where to have surrogacy as these decisions can lead to additional risks and challenges for them and more importantly for their child in the future (Fronek, 2018).

The present study has a number of limitations, which should be considered when interpreting its findings. The main limitation concerns the representativeness of the sample, which is unknown, the recruitment method for this study relied upon a self-selecting sample, and the proportion of those who participated related to those who were contacted was relatively low. However, low response rates are a common feature of online surveys (Nulty, 2008) and should be weighed up against the advantages of this method, such as its ability to access unique and hard to reach groups (Hewson, 2014). The strength of this study was its ability to access a large sample of intending parents who had used overseas surrogacy as well as surrogacy in the UK. However, the study recruited participants through one law firm and its related surrogacy organisation and thus the findings may not be generalisable. It is important to note that the law firm involved has advised parents working through all three UK non-profit organisations (COTS, Surrogacy UK and Brilliant Beginnings) and in independent UK surrogacy arrangements, as well as cross-border surrogacy arrangements in a range of different destinations. It is, of course, possible that intending parents look to surrogacy abroad without contacting any UK organisation or seeking legal advice. The experiences of these parents, although much harder to locate, are important to understand, as this group may receive the least amount of practical and legal support, and may be the group of parents least likely to apply for a Parental Order due to not having explored the legal issues fully or chosen not to do so. Future studies that combine UK-based recruitment strategies

with recruitment via overseas agencies and clinics would enable access to a wider pool of potential participants, including those who do not receive any professional assistance in the UK.

Despite its limitations, this study provides important exploratory data highlighting how UK intending parents navigate their way through practical and regulatory challenges in different countries to obtain their goal of parenthood. The consequences of these different routes to parenthood through surrogacy, including the psychological impact of cross-border surrogacy arrangements for intending parents and for the child, should be the focus of future research.

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References

- Blake, L., Carone, N., Slutsky, J., Raffanello, E., Ehrhardt, A.A., & Golombok, S. (2016). Gay father surrogacy families: Relationships with surrogates and egg donors and parental disclosure of children's origins. *Fertility and Sterility*, *106*, 1503–1509. doi: [10.1016/j.fertnstert.2016.08.013](https://doi.org/10.1016/j.fertnstert.2016.08.013).
- Blyth, E. (2010). Fertility patients' experiences of cross border reproductive care. *Fertility and Sterility*, *94*, e11–e15. doi: [10.1016/j.fertnstert.2010.01.046](https://doi.org/10.1016/j.fertnstert.2010.01.046).
- Braverman, A., Casey, P., & Jadva, V. (2012). *Reproduction through surrogacy: The UK and US experience*. In M. Richards, G. Pennings, & J.B. Appleby (Eds.), *Reproductive donation: Practice, policy and bioethics* (pp. 289–307). Cambridge: Cambridge University Press. doi: [10.1017/CBO9781139026390.016](https://doi.org/10.1017/CBO9781139026390.016).
- Crawshaw, M., Blyth, E., & van den Akker, O. (2012). The changing profile of surrogacy in the UK –Implications for national and international policy and practice. *Journal of Social Welfare and Family Law*, *34*, 267–277. doi: [10.1080/09649069.2012.750478](https://doi.org/10.1080/09649069.2012.750478).
- Culley, L., Hudson, N., Rapport, F., Blyth, E., Norton, W., & Pacey, A.A. (2011). Crossing borders for fertility treatment: motivations, destinations and outcomes of UK fertility travellers. *Human Reproduction*, *26*, 2373–2381. doi: [10.1093/humrep/der191](https://doi.org/10.1093/humrep/der191).
- Deomampo, D. (2015). Defining parents, making citizens: Nationality and citizenship in transnational surrogacy. *Medical Anthropology*, *34*, 210–225. doi: [10.1080/01459740.2014.890195](https://doi.org/10.1080/01459740.2014.890195).
- Ferraretti, A.P., Pennings, G., Gianaroli, L., Natali, F., & Magli, M.C. (2010). Cross-border reproductive care: A phenomenon expressing the controversial aspects of reproductive technologies. *Reproductive Biomedicine Online*, *20*, 261–266. doi: [10.1016/j.rbmo.2009.11.009](https://doi.org/10.1016/j.rbmo.2009.11.009).
- Fronek, P. (2018). Current perspectives on the ethics of selling international surrogacy support services. *Medicolegal and Bioethics*, *8*, 11–20. doi: [10.2147/MB.S134090](https://doi.org/10.2147/MB.S134090).
- Gamble, N. (2012). Made in the U.S.A.: Representing U.K. parents conceiving through surrogacy and ART in the United States. *Family Law Quarterly*, *46*, 155–168.
- Gamble, N. (2016). *A better legal framework for United Kingdom surrogacy?* In S. Golombok, R. Scott, J.B. Appleby, M. Richards, & S. Wilkinson, S. (Eds.), *Regulating reproductive donation* (pp. 140–162). Cambridge: Cambridge University Press. doi: [10.1017/CBO9781316117446.008](https://doi.org/10.1017/CBO9781316117446.008).
- Hewson, C. (2014). *Qualitative approaches in Internet-mediated research: Opportunities, issues, possibilities*. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (pp. 423–452). Oxford: Oxford University Press. doi: [10.1093/oxfordhb/9780199811755.013.020](https://doi.org/10.1093/oxfordhb/9780199811755.013.020).
- Hudson, N., Culley, L., Blyth, E., Norton, W., Rapport, F., & Pacey, A. (2011). Cross-border reproductive care: A review of the literature. *Reproductive Biomedicine Online*, *22*, 673–685. doi: [10.1016/j.rbmo.2011.03.010](https://doi.org/10.1016/j.rbmo.2011.03.010).
- Jackson, E. (2016). UK law and international commercial surrogacy: 'The very antithesis of sensible'. *Journal of Medical Law and Ethics*, *4*, 197–214. doi: [10.7590/221354016X14803383336806](https://doi.org/10.7590/221354016X14803383336806).
- Jackson, E., Millbank, J., Karpin, I., & Stuhmcke, A. (2017). Learning from cross-border reproduction. *Medical Law Review*, *25*, 23–46. doi: [10.1093/medlaw/fww045](https://doi.org/10.1093/medlaw/fww045).
- Jadva, V., Blake, L., Casey, P., & Golombok, S. (2012). Surrogacy families 10 years on: Relationship with the surrogate, decisions over disclosure and children's understanding of their surrogacy origins. *Human Reproduction*, *27*, 3008–3014. doi: [10.1093/humrep/des273](https://doi.org/10.1093/humrep/des273).
- Nulty, D.D. (2008). The adequacy of response rates to online and paper surveys: What can be done? *Assessment & Evaluation in Higher Education*, *33*, 301–314. doi: [10.1080/02602930701293231](https://doi.org/10.1080/02602930701293231).
- Palattiyil, G., Blyth, E., Sidhva, D., & Balakrishnan, G. (2010). Globalization and cross-border reproductive services: Ethical implications of surrogacy in India for social work. *International Social Work*, *53*, 686–700. doi: [10.1177/0020872810372157](https://doi.org/10.1177/0020872810372157).
- Pennings, G., de Wert, G., Shenfield, F., Cohen, J., Tarlatzis, B., & Devroey, P. (2008). ESHRE Task Force on Ethics and Law 15: Cross-border reproductive care. *Human Reproduction*, *23*, 2182–2184. doi: [10.1093/humrep/den184](https://doi.org/10.1093/humrep/den184).
- Perkins, K.M., Boulet, S.L., Jamieson, D.J., & Kissin, D.M.; National Assisted Reproductive Technology Surveillance System (NASS) Group. (2016). Trends and outcomes of gestational surrogacy in the United States. *Fertility and Sterility*, *106*, 435–442. doi: [10.1016/j.fertnstert.2016.03.050](https://doi.org/10.1016/j.fertnstert.2016.03.050).
- Prosser, H., & Gamble, N. (2016). Modern surrogacy practice and the need for reform. *Journal of Medical Law and Ethics*, *4*, 257–274. doi: [10.7590/221354016X14803383336842](https://doi.org/10.7590/221354016X14803383336842).

- Ruiz-Robledillo, N., & Moya-Albiol, L. (2016). Gestational surrogacy: Psychosocial aspects [Gestación subrogada: aspectos psicosociales]. *Psychosocial Intervention, 25*, 187–193. doi: [10.1016/j.psi.2016.05.001](https://doi.org/10.1016/j.psi.2016.05.001).
- Söderström-Anttila, V., Wennerholm, U.B., Loft, A., Pinborg, A., Aittomäki, K., Romundstad, L.B., & Bergh, C. (2016). Surrogacy: Outcomes for surrogate mothers, children and the resulting families—A systematic review. *Human Reproduction Update, 22*, 260–276. doi: [10.1093/humupd/dmv046](https://doi.org/10.1093/humupd/dmv046).
- Surrogacy UK. (2015). Surrogacy in the UK: Myth busting and reform. Retrieved from https://www.familylaw.co.uk/system/froala_assets/documents/27/Surrogacy_in_the_UK_report.pdf
- The Guardian. (2015). <https://www.theguardian.com/lifeandstyle/2015/may/18/unregistered-surrogate-born-children-creating-legal-timebomb-judge-warns>.
- Zadeh, S., Ilioi, E.C., Jadvá, V., & Golombok, S. (2018). The perspectives of adolescents conceived using surrogacy, egg or sperm donation. *Human Reproduction, 33*, 1099–1106. doi: [10.1093/humrep/dey088](https://doi.org/10.1093/humrep/dey088).