EDITORIAL

Towards best practice: Urgent need for surrogacy birth care guidelines in Australia

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Surrogacy, defined as the process in which a woman* carries and delivers a child for intended parents (IPs), has become an increasingly popular path to parenthood in Australia. Recent estimates suggest that there are around 130-150 surrogacy births occurring annually; a number that has nearly doubled over the last decade.[1] Despite the rising demand for surrogacy, especially among individuals and couples facing infertility or who are gender and sexually diverse, the healthcare system in Australia is not adequately prepared to manage the unique challenges associated with surrogacy birth care.[2] In contrast to countries such as the United Kingdom, where the Department of Health & Social Care has established guidance to support healthcare professionals in the care of surrogates and IP during surrogacy births,[3] Australia currently lacks cohesive, evidence-based policies to guide surrogacy birth practices. This deficiency in policy results in inconsistent care, thereby posing serious health, safety, and emotional risks for surrogates, IPs, and the newborns involved.[2,6]

Healthcare professionals, especially nurses and midwives, are at the forefront of managing pregnancy and surrogacy births. However, they often encounter uncertainties and challenges due to the lack of clear protocols.[4,5] Without a structured approach, the care provided can become inconsistent and misaligned with the needs of surrogates, IPs, and babies.[5-7] This inconsistency not only leads to disparities in treatment but also imposes unnecessary emotional and psychological burdens on surrogates and IPs.[6,8]

Despite good intentions, many healthcare professionals have a limited understanding of surrogacy arrangements and the roles of IPs.[8] As a result, IPs may be excluded from delivery rooms or other critical post-birth activities, such as skin-to-skin contact, catching their baby for the first time, or cutting the umbilical cord.[6,9] This exclusion can disrupt early parent-child bonding and leave IPs feeling marginalised during the initial stages of their child's life, even though research suggests that the involvement of IPs during delivery and the immediate post-birth period is crucial for their emotional well-being and fostering parental bonds.[10] Conversely, surrogates may feel pressured into activities that they had not anticipated or might be unwilling to participate in, such as breastfeeding or extended hospital stays, due to the healthcare team's limited understanding of the unique dynamics of surrogacy care.[6] Evidence also indicates that some surrogates in Australia have been denied access to delivery services because hospitals lack specific surrogacy care policies, and healthcare professionals often do not recognise surrogacy arrangements as legal, despite altruistic surrogacy being made legal at different times in each state and territory.[9,11] In some instances, surrogates have even been

*We acknowledge that not everyone who carries and delivers a child will identify as a woman.

refused discharge from the hospital unless they left with the baby, and IPs have been either ignored by staff or not accepted as the child's parents.[9]

In such situations of surrogacy care, nurses and midwives, as primary providers of care, often find themselves navigating a delicate balance between the principles of woman-centred care and the unique needs of surrogacy arrangements. The values and principles of Women-centred care emphasise safety, respect, choice and equitable access to care.[12] However, in the context of surrogacy, nurses and midwives must also consider the involvement and expectations of IPs while balancing the autonomy of surrogates – often without sufficient guidance on how to manage these dual responsibilities effectively.[5,7] This creates a challenging situation for nurses and midwives who genuinely want to provide appropriate care but may feel uncertain about how to meet the needs of both the surrogate and the IPs. Such situations not only cause emotional distress for all parties involved but can also strain relationships and contribute to long-term psychological impacts.[13,14] These challenges can also erode trust between surrogates, IPs, and healthcare providers, leading to enduring consequences for future interactions with the healthcare system.[8,15]

The lack of standardised guidelines to support healthcare professionals in navigating these sensitive interactions and the unique dynamics of surrogacy birth care is a significant issue particularly as surrogate parenthood is likely to become more common. Without clear directives, healthcare professionals may face dilemmas about whose interests to prioritise – those of the surrogate, the IPs, or the child – leading to challenges in managing the complex nature of both birth and surrogacy care. This lack of clarity can result in disputes and confusion, further complicating an already delicate process.

To address these critical gaps, the development of comprehensive, evidence-based practice for surrogacy birth care is essential. Such guidelines would provide a unified approach, offering healthcare professionals the tools and protocols necessary to manage surrogacy cases confidently and compassionately. Clear guidelines would help define the roles and responsibilities of healthcare professionals, ensuring appropriate care for surrogates and IPs at each stage of antenatal, delivery and post-delivery, thereby informing and supporting everyone throughout the journey. By incorporating insights from research and best practices, these guidelines could standardise care practices, promoting equitable treatment for all involved.

A surrogacy birth care framework would also enable the integration of specialised training programs for healthcare professionals, enhancing their understanding of the complexities inherent in surrogacy care. Such training would foster a more supportive and empathetic approach, reducing biases and enhancing the overall quality of care provided to surrogacy cases.[7] Additionally, guidelines would serve as a reference point for managing challenging scenarios, such as determining the appropriate level of IP involvement during delivery and effectively addressing the needs of both surrogates and IPs in caring for the surrogate-born baby.

The current lack of standardisation in surrogacy birth care practices in Australia underscores the urgent need for action. As surrogacy arrangements continue to rise, the healthcare system must evolve to meet the unique needs of surrogates, IPs, and their newborns. By developing and implementing evidence-based guidelines for surrogacy birth care, Australia can set a new benchmark, ensuring healthcare professionals have the tools and guidance to improve the quality and consistency of care. This will support the delivery of safe, effective, and optimised care, promoting the best possible outcomes for all parties involved.

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