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SURROGACY AND IT'S EFFECTS ON THE MENTAL HEALTH OF THE GESTATIONAL CARRIER

DayJahne Haywood

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SURROGACY AND ITS EFFECTS ON THE MENTAL HEALTH ON THE
GESTATIONAL CARRIER

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

DayJahne M. Haywood

May 2024

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ABSTRACT

Objective: This study examines the process of surrogacy and the effects it has on the gestational carrier's mental health during the pregnancy as well as after. While previous studies have highlighted the positive impact surrogacy has on the intended families and parents, there are few studies exploring the experiences of women who participate in the selfless act of bearing another person's child. My study explores and addresses the risks (health and mental health), the screening process, and the ethical issues associated with the surrogacy process. Additionally, I investigate the impact of familial, community, the intended parent(s) support has on the gestational carrier, as well as the emotions and reasons behind the decision of becoming a surrogate.

Method: Participants for this study were recruited by contacting social media pages focusing on surrogacy and through referrals (snowball effect). The sample consists of women who are 18 years of age or older, have participated in the surrogacy process as a gestational carrier at least once, or are currently pregnant as a result of the surrogacy process.

Findings: Most of the participants expressed financial gain as being a motivator for participating in the surrogacy process, while others expressed finding joy in helping others facing fertility complications. It was determined that the gestational carriers who experienced health complications such as preeclampsia, hypertension, and other issues were associated with developing symptoms of depression and anxiety. Additionally, the lack of support from the surrogacy agency and intended parents created an unpleasant experience for some participants.

DEDICATION

Give to my hear, Lord,
compassion and understanding.

Give to my hands,
Skills and tenderness.

Give to my ears,
The ability to listen.

Give to my lips,
words of comfort

Give to me Lord,
strength for the selfless service and enable me to give hope to those I am called
to serve.

Thank you to those who continuously believed in me when I didn't believe in
myself: Mom, Uncle Dickie, Dr. Christopher "Unoe" Collins, & Perle My Girl

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CHAPTER ONE:

INTRODUCTION

Problem Formulation

Surrogacy has long been an alternative for women who are unable to bear children (McEwen, 1999). Until recently, however, surrogacy has never challenged the principle that a woman and the child to whom she gives birth share the same genetic material (McEwin, 1999). There are two types of arrangements for surrogacy, and those are Traditional Surrogacy (TS) and Gestational Surrogacy (GS) with the women being referred to as Gestational Carriers (GC). Traditional surrogacy refers to the process in which an embryo is created from the sperm of the intended father and egg of the gestational surrogate, the process usually being carried out through artificial insemination (Ruiz-Robledillo & Moya-Albiol, 2016). In contrast, gestational surrogacy involves the creation of an embryo from the egg and sperm of the intended parents, a donated egg and sperm of the intended father, or donated sperm and eggs, and subsequent implantation of this embryo into a gestational surrogate or GC (Ruiz-Robledillo & Moya-Albiol, 2016).

In 2015, 2,807 children were born in the United States via surrogacy; a significant increase from 2004 when only 738 births were via surrogacy (Gonzalez, 2019). In the last 30 years, gestational surrogacy has become an increasingly common form of third-party reproduction, allowing individuals and couples to have a genetically related child (Klock et al., 2020). The American Society for Reproductive Medicine (ASRM) and the Society for Assisted Reproductive Technology (SART) released recommendations in 2012 for the use of gestational carriers, which were

updated in 2015 (Fuch et al., 2016). The recommendations included guidelines for the potential evaluation of gestational carriers based on a variety of physical and mental health factors, guidelines for advising potential gestational carriers about various risks, and a recommendation that compensation to the gestational carrier be noted in a legal contract before treatment (Fuch et al., 2016). These guidelines listed are recommended but not a necessity, which leaves opportunity for the increase of risks to the gestational carriers as well as legal issues between the intended parents. Patel, Kumar, and Sharma (2020) reported surrogates having higher levels of depression and factors such as low social support during pregnancy, hiding surrogacy, and criticism from others were found to be predictive of postpartum depression. Other risks and obstetric complications include but aren't limited to hypertensive disease, gestational diabetes, intrauterine death, preterm delivery, risk of cesarean section, and postpartum hemorrhaging. Additionally, gestational carriers experience a lack of emotional and mental support during and after pregnancy, compared to the intended parents. This single handedly can be a contribution to gestational carriers experiencing behaviors such as postpartum depression. Not to mention, gestational carriers can also lose a sense of autonomy due to restrictions and strict guidelines they must follow while participating in the surrogacy process.

Purpose of Study

The goal of this study is to examine how the lack of support affects the mental health of gestational carriers before and after giving birth, as well as after relinquishing the infant to the intended parents. For example, it is easy to search for and locate community support groups related to surrogacy for the intended

parent(s), but difficult to find community support groups for gestational carriers.

Therefore, I pose the question: What are the effects of surrogacy on the mental health of the gestational carrier and how do we best support them?

Contribution to Social Work

This study's findings will contribute to social work practice by bringing awareness to not only the difficult process of surrogacy, but also to its effects on the gestational carrier's mental health. Gestational carriers and other surrogates bear the responsibility of carrying a child for another person with the risk of developing an attachment to the unborn child as well as putting themselves at risk of medical complications. Therefore, bringing awareness to the challenges of women participating in the surrogacy process will create resources for support throughout the process as well as post-delivery. The influence of a support system for surrogates during and after pregnancy will provide insight into the mental health of gestational carriers as well as the challenges they face during the surrogacy process.

Assessing the mental health of gestational carriers at different stages of the surrogacy process, such as before pregnancy, during and after pregnancy will contribute to social work by assisting with developing appropriate programs and support groups for those who decide to become gestational carriers. With a positive support system, we'll be able to witness stress reduction, the decrease of depression and anxiety symptoms, the improvement of the gestational carrier's physical health, as well as the reduction of risks during pregnancy and birth complications such as, preterm delivery and low birth weight of the infant. The study will also bring

awareness to this particular matter and will allow for the social work practice to develop and implement ways in which gestational carriers can become supported by their communities around them as well as seek the proper assistance for mental health support.

Policy Implications.

The existing policies addressing surrogacy are focused on how the gestational carriers are compensated throughout the process. According to Ahmari-Tehran et. al., (2014), there is a lack of knowledge about the medical and psychological impact of surrogacy on children and surrogates in the policymaking process. Barr (2019) states, in some countries, the lack of regulation can lead to exploitation, including unscrupulous brokers who can use their financial leverage to control surrogates and violate their rights. Although compensation is important, there aren't many policies that focus on the importance of mental health awareness for gestational carriers in connection to surrogacy as well as community support groups. McPhee and Forest (1990) reports that due to the surrogate mothers being presumed to be at greater risk for psychological problems in connection to the relinquishment of the baby, proposals to regulate or ban the practice in the US are based on the assumption. Therefore, there is a need for policies that are implemented in community support groups for gestational carriers to decrease the chances of them experiencing negative effects on their mental health.

Senate bill 729 (2023) states, California requires a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility

and fertility service. According to Williams (2022), there are no Affordable Care Act medical plans that are designated to cover a woman for surrogacy. Therefore, a gestational carrier will need to have a medical insurance plan that does not have an exclusion for her using the maternity benefit of the policy while acting as a surrogate (Williams, 2022). Many insurance policies don't include coverage for surrogate pregnancy. A surrogate's insurance policy will often not cover a surrogate pregnancy. Instead, insurance covers infertility treatments, the surrogate's pregnancy and artificial insemination.

CHAPTER TWO:

LITERATURE REVIEW

Introduction

This chapter examines research that is closely related to the topics associated with challenges gestational carriers face while participating in the surrogacy process. It will also investigate risks and complications, mental health screening, ethical issues and concerns, and the legal issues surrounding surrogacy.

Risks and Complications

With surrogacy comes the possibility of encountering many health issues and complications just as any other pregnancy does. During any pregnancy, the woman is susceptible to experiencing gestational diabetes, hypertension, and miscarrying; but being a surrogate opens the door to complications such as, damage to the gestational carrier's reproductive system and infection due to the IVF or In Vitro Fertilization process. According to Shah, Parisaei and Garner (2019), previous studies have shown that the rate of hypertensive disease is higher in those who've participated in IVF treatments, than those who have conceived naturally. In other words, gestational carriers are at a higher risk of experiencing complications in connection to high blood pressure than those who have not participated in IVF. Preeclampsia particularly affects 3-5% of all pregnancies, and rates of pregnancy-induced hypertension and preeclampsia have been observed to vary from 16-40% in women who have donated their eggs. Prior research also indicates

that the incidence of hypertension disease is greater in those who received donor ovum from an unrelated person as opposed to a sibling.

Patel et. al., (2020) reports that surrogates had higher levels of depression and factors such as low social support during pregnancy, hiding surrogacy, and criticism from others were found to be predictive of postpartum depression. It has also been proposed that gestational carriers may become ostracized or shunned by disapproving neighbors and friends, which may have a negative impact on the psychological well-being of certain surrogate mothers and their families. The growth of post-natal depression, along with feelings of resentment or guilt, may add more stress to the gestational carrier's psychological health during the period where they have to relinquish the child. This is due to the majority of surrogates valuing the additional time spent with the infant. However, relinquishing problems and grief accompanied this phase throughout the time of separation.

Health issues such as gestational diabetes mellitus, hypertension, anemia, hemorrhaging, cesarean birth, and postpartum hemorrhaging have a higher probability in women with multifetal gestations (Yau, et. al., 2021). Multiple gestational pregnancies are linked to a higher risk of premature birth and neonatal death, primarily due to prematurity-related problems. When the gestational carrier is implanted with several donor ovum, multiple gestational pregnancies happen. This is to ensure a successful implantation, but occasionally, more than one egg will be fertilized by sperm, leading to the creation of numerous babies. Upon reviewing relevant literature, it was discovered that gestational carriers had reported being made aware of the dangers associated with the procedures and medications.

However, it was eventually revealed that they were probably not entirely conscious of the psychosocial effects of the surrogacy process.

Screening

Candidates for surrogacy must meet certain eligibility requirements, such as being between the ages of 21 and 45 and having had no more than three cesarean sections or five previous deliveries, but at least a previous uncomplicated pregnancy. However, the main topics covered by psychosocial counseling for surrogates include the necessity of reaching agreements with the intended parent(s), going over the medical protocol, and providing progressive follow-up with the gestational carrier's and her family's psychological and social adjustment to the pregnancy. Understanding each party's preferences throughout the pregnancy, confirming that there is no psychopathology or financial compulsion, and providing counseling regarding potential negative effects are all part of the psychosocial screening process. While not necessary, it is advised to have a psychosocial consultation, a full medical evaluation, legal counsel, and a conversation about the gestational carrier's compensation. The American Society for Reproductive Medicine (ASRM), the European Reproductive and Embryology (ESHRE), and the International Federation of Obstetrics and Gynecology created these screening to minimize negative and psychological risks associated with surrogacy (Yau, et. al., 2021). Furthermore, it is thought that some high-risk behaviors, such as drinking alcohol and smoking, exclude a woman from being a gestational carrier. From a medical perspective, extensive testing and screening is suggested in order to rule out genetic and systemic illnesses; however, only a questionnaire is provided.

Ethical Issues

Many ethical conundrums surface when exploring surrogacy, including the exploitation of women, the loss of autonomy, and worries about the fetus's health and wellbeing. Java et. al., (2003) makes the claim that surrogacy could take advantage of women who come from lower socioeconomic backgrounds. These women might participate into a surrogacy agreement out of financial need without fully understanding the hazards involved. A prenatal diagnosis or a perceived defect in the gestational carrier may give rise to a possible dispute in the surrogacy contract, which may lead to the intended parent(s) walking away from the arrangement (Tehran et. al., 2014). Additionally, the intended parent or parents may terminate the agreement with the gestational carrier if the fetus has developed a birth defect while still in utero. Also, if a fetal abnormality is discovered, they might also urge the gestational carrier to get an abortion in order to end the pregnancy.

Legal Considerations

The Surrogacy Arrangement Act of 1989, sponsored by Representative Thomas Luken (D-Ohio), sought to impose criminal penalties on those who participated in surrogacy arrangements on a commercial basis (McEwen, 1999). Though this plan never made it beyond its individual committees, discussions and disagreements about surrogacy's commercialization still rage today. The gestational carrier agreements may contain a number of legal concerns, such as those pertaining to child custody and medical bill coverage. Baron (2023) reports, in many countries and states where surrogacy is legal, the practice nonetheless permitted only in the case of putative "medical necessity" or due to "medical need".

Furthermore, in the United States, for example Louisiana state law requires that the intending mother's physician submits a signed affidavit certifying that in utero embryo transfer with a gestational carrier is medically necessary to assist in reproduction (Baron, 2023). Surrogacy is not governed by any federal rules in the United States. There are only two states that have laws specifically against surrogacy: Michigan and New York. On the other hand, California only permits and regulates complete surrogacy contracts; in comparison, fourteen states have laws that authorize surrogacy in some form.

Theories Guiding Conceptualization

The two theories used to guide conceptualization in this study are Rational Choice Theory (RCT) and Social Exchange Theory (SET). The RCT model was presented by Philosopher Adam Smith (1776). He describes RTC as individuals making logical and calculated decisions that result in outcomes that benefit their needs. This theory assists in identifying the reasons behind the decisions made by individuals, communities, and society at large depending on certain costs and benefits.

The Social Exchange Theory (SET) was proposed by George Homans (1958). The SET model is described as a component of social behavior in which individuals are driven to get something valuable in return for giving up something else valuable. In other words, people make the decision to form and keep relationships in an effort to minimize the expenses associated with them while maximizing their advantages. This theory helps with comprehending how to offer

emotional assistance to others. By eliciting pleasant emotions in them, it also helps them feel better about themselves.

Summary

This study will examine the process of surrogacy and the effects it has on the gestational carrier's mental health during and after pregnancy. The study will explore the risks associated with surrogacy as well as the ethical and legal dilemmas, and the screening process. Surrogacy focuses on the conception and birth of a healthy child, but during the process, the gestational carrier or the individual who is carrying the child can face challenges such as physical health concerns as well as mental health concerns such as postpartum depression, anxiety etc. With that being said, the findings of this study will contribute to the Social Work practice by creating awareness to the effects surrogacy has on the gestational carrier's mental health, as well as create and build long term support systems for gestational carriers throughout the process as well as after.

CHAPTER THREE:

METHODS

Introduction

The study's development process is outlined in the chapter. By exploring the gestational carrier's experiences with the intended families, the agencies they worked with, and their overall experience as a gestational carrier, this study aimed to evaluate the consequences surrogacy had on the mental health of the gestational carriers. The study design, sampling, data collection and tools, procedures, and data analysis are the six elements that are discussed in this chapter.

Study Design

The purpose of the study was to examine the process of surrogacy and the effects it has on the gestational carrier's mental health during and after pregnancy. A qualitative research design was used to explore participants' experience as well as overall wellbeing in connection to the surrogacy process. Comprehensive, qualitative interviews were used to gather data. With this method, it is possible to examine the topic in greater detail to obtain comprehensive and detailed answers to the research questions. This study is exploratory in nature because there hasn't been much prior research on surrogacy or the related topic. In order to give additional details on the various factors pertaining to surrogacy, the procedure, and the mental health of the gestational carriers, the study design also incorporates certain components of the descriptive study.

Sampling

This study recruited women at least the age of 18 years. The inclusion criteria for the participants are previously participated in the surrogacy process as a gestational carrier at least once or is currently pregnant as a result of the surrogacy process. The criteria for participants were kept similar to the qualifications and guidelines for participation in the surrogacy process to avoid disqualifying some participants. The researcher was able to complete a sample size of 10 participants. A nonprobability sampling technique will be employed since the participants will meet a particular eligibility requirement.

Data Collection and Instruments

One-on-one interviews, the snowball method, and self-selection sample method were the data gathering approaches used for this qualitative study. Zoom was used to conduct virtual interviews. Every interview's audio was captured and verbatim transcribed into writing form. The participants completed each interview for a duration of 45 to 60 minutes, and the interviews took place between December 2023 and January 2024.

The number of surrogate pregnancies and the number of live births the participants had personally were among the identification questions that were asked of them. It was unnecessary to inquire about identifying factors like age, gender, or sexual orientation because all of the participants were women falling into a particular age range. The participant's thoughts towards surrogacy, their experiences with mental illness, and other health-related issues were covered in the following series of questions. The participants were able to elaborate on their personal experiences

with mental health and the ways in which they received support throughout the surrogacy process.

Procedures

Referrals and outreach to surrogacy-related social media pages were used to find participants. In order to obtain these recommendations, a request for volunteers was distributed via fliers on social media and an email was sent to surrogacy agencies. Furthermore, the study employs the snowball effect, whereby participants are requested to recommend the study to others who satisfy the eligibility criteria. Zoom was used for the interviews. A few days before the interview, each participant received a unique zoom link that they could use only once. Each participant also received an email reminder one day and one hour prior to their scheduled meeting time. Using a link to Calendly, participants could set up a time and that was convenient for them. Upon the conclusion of the interview, the participants were asked whether they would like to hear more about any specific areas of focus that were not covered. The interview came to a close once the question was addressed, and the participants were thanked for taking part in the study and asked for an email address to which their \$20 digital Amazon gift card could be sent.

Data Analysis

The research study was conducted using the thematic analysis technique. Following the completion of the interviews, the researcher started the coding procedure. For privacy reasons, a pseudonym was assigned to every participant. Subsequently, the researcher typed the audio recordings and interview notes to make sure the data was accurate. The researcher employed an excel sheet with

designated codes to help with the examination of the data in order to detect patterns and themes.

Summary

The research investigated the impact of surrogacy on the emotional well-being of the gestational carrier. Exploring gestational carriers' experiences with surrogacy and its procedures was the main goal of the study. The exploration also examined the risks and complications, ethical dilemmas, the mental health screening process, and the legality of surrogacy. Social workers will benefit from this qualitative study by learning more about the impact surrogacy has on mental health by having a better understanding of how to create policies that will ensure that gestational carriers receive the long-term mental health support and treatment they are needed.

CHAPTER FOUR:

RESULTS

Introduction

The study's main research methodology was qualitative, and the data was gathered through interviews using self-selection sampling and snowball sampling. This allowed for the compilation of participant experiences about many elements of surrogacy, including mental health. What are the effects of surrogacy on the mental health of the gestational carrier and how do we best support them? is the question this study seeks to address.

Sample

The researcher interviewed ten women who met the requirements to be considered gestational carriers using self-selection sampling and snowball sampling. In December 2023 and January 2024, interviews were conducted with each participant. Each participant was asked to disclose the number of times they had taken part in surrogacy as well as the number of live births they had personally experienced. Questions on past mental health issues and whether or not they felt supported during the surrogacy process were posed to the participants.

Themes

Five main themes emerged from the experiences of the gestational carriers: motivations behind being a gestational carrier, health risks and issues, emotional

support, mental health experience, and overall experience. These several themes shed light on the participants experiences as gestational carriers.

Motivation Behind Being a Gestational Carrier

Generally, participants viewed being a gestational carrier and participating in the surrogacy process as an option for achieving financial stability. Financial gain was mentioned by 60% of research participants as a driving force and a solution to their debt, trouble with supporting their families, and their financial woes after finishing a higher level of education. Participant 2 stated,

The reason I became a surrogate is because I'm in a bit of a financially stressful situation as a single mother of two other children and I felt that this was a way to earn money". Participant 8 disclosed the difficulty of finding a job as a new graduate within the industry pertaining to her major. Job stability combined with debt promoted her to search for an alternative method to obtain money. Additionally, surrogacy constantly appeared in her google search, which proved to be persuasive.

Participants also expressed a level of satisfaction and joy in being able to help others struggling with fertility issues as being a motivator in participating in the surrogacy process. Participant 1 stated,

After my first pregnancy with my husband, I fell in love with being a parent and I wanted to give other families the same opportunity to experience being a parent the same way I'm able to experience being a parent to my children. I felt that being a surrogate was a way that I could go about doing that.

Participant 10 stated, “My sister and friend have had fertility struggles. My friend began to look into the option of a surrogate and although that ended up not being an option for her personally, it opened my eyes to the number of women and families that need to use a surrogate to have a baby. Therefore, I found an agency near my home and once I met with them, I knew I wanted to help a family have a baby”.

However, participants also expressed not having a specific reason for being a surrogate. Participant 6 stated, “I honestly can't tell you what my reasons behind being a surrogate were. It was just something that I've always wanted to do since high school and once I got into college, I started looking into it very seriously to see how I could become a surrogate.

While each participant had different motivations for becoming a surrogate, the method fulfilled the same aim of supporting those with fertility challenges in starting a family.

Health Risks and Issues

Surrogacy, like any other pregnancy, can result in health difficulties and complications. During any pregnancy, the woman is at risk of developing health problems and complications such as gestational diabetes, hypertension, and miscarriage. However, being a surrogate raises the chances of difficulties such as harm to the gestational carrier's reproductive system caused by infection from the IVF procedure. Approximately 20% of the participants expressed unease regarding the surrogacy process due to health difficulties they had experienced.

Participant 8 stated, “Just the severe morning sickness and swelling in my legs. I couldn't eat any of my favorite food, just the smell of sea food would make me sick. The leg swelling on the other hand made it hard to get around”.

Certain participants disclosed health risks that were not as severe. While others reported bleeding, hypertension, and pre-eclampsia, among other concerns. These issues are regarded as high risk and have the potential to cause serious harm to both the gestational carrier and the fetus. Participant 9 stated, “During the delivery, the baby pooped so I had to deal with an infection and stay in the hospital for a week after the birth”. Another participant, participant 5, expressed feeling scared during her pregnancy. “I did have a health complication during my last pregnancy. I had to go to the doctor for some spotting as well as high blood pressure and had to be admitted to the hospital for at least a week while they monitored me to find out why I was bleeding during the pregnancy. It was a pretty scary time”.

Participant 1 stated, “During the last surrogacy, I unfortunately developed preeclampsia and that is when there is not only high blood pressure, but fluid retention during pregnancy, so often times my legs would swell up which caused some pain”.

Overall, even though surrogacy is promoted as a happy experience, the health and physical state of the gestational carrier may suffer as a result of it.

Emotional Support

Due to the physical and mental strain that the surrogacy process places on the gestational carrier; inadequate emotional support can lead to emotional discomfort in the gestational carrier. Which can then have detrimental effects on

both the fetus and the surrogate. The majority of participants reported receiving emotional support from their families, while only a few reported feelings supported by the agency they've chosen as well as the intended parent(s). Participant 7 stated, "I got a lot of emotional support from the social workers and nurses at the hospital when I visited for my prenatal check-ups, and my mom was really supportive of my choice to be a surrogate, although she was confused on why I wanted to do it". Additionally, participant 3 in agreement to receiving emotional support from the agency stated, "The agency provides therapists and so if I needed to, I was able to talk to someone about the emotions that I am feeling during the pregnancy".

Conversely, a few participants conveyed their dissatisfaction with the surrogacy agency's disregard for their emotional requirements throughout the procedure. As a result, they had to rely on their familial support. Participant 4 stated, "The agency has been there for me when I need them but they aren't overly attentive when it comes to my emotional needs. For the most part, my emotional support has been coming from my mom who's always been pretty supportive of my decisions. She's gone to all of my visits with me, my husband watching my daughter when I needed to go to doctor's appointments when I couldn't find a babysitter. He has also been taking care of me during this pregnancy". Furthermore, participant 10 stated, "My husband and the family were wonderful support to me in any way possible. They were there for me to talk to and made sure I was able to relax and have time for myself to have a healthy pregnancy".

In light of the surrogacy firms' lack of assistance, it is advised to establish a robust network of family and friend support to ease the gestational carrier's transition during the surrogacy process, as it can be emotionally draining.

Mental Health Experience

A common connotation of pregnancy is the changes a woman's body experiences as well as the fluctuation of hormonal changes she feels. As with any other pregnancy, gestational carriers run the risk of mental health issues like anxiety and depression disorders, such as postpartum depression. Participants reported their experiences with mental illness while being a gestational carrier.

Participant 5 stated, "After the last surrogacy I experienced some postpartum depression. Thank goodness it wasn't very serious, but it was still the first time that I had experienced depression after a pregnancy, so it was concerning to both me and my doctor and my family. Fortunately, like I stated before, I have a very good support system in my family and was with me every step of the way until I started to feel like myself again". Participant 9 reported experiencing symptoms of depression and anxiety for three months during the pregnancy but did not experience any symptoms after giving birth.

Furthermore, another participant disclosed experiencing postpartum depression during two of her pregnancies as a result of not feeling supported by the surrogacy agency. She states, "I had some postpartum depression with the first two pregnancies. I always felt that the postpartum was because the first agency was so difficult and unsupportive. When I switched to a different agency, even though I had depression again, it was nowhere near as bad as the first time".

This just serves to highlight how important mental wellness is throughout pregnancy. In addition to relatives, organizations, and the families they are having a child for should all support gestational carriers while they experience physical, emotional, and hormonal changes.

Overall Experience

There were differing opinions expressed by study participants regarding whether or not they would consider becoming gestational carriers once more. Every participant discussed how the process affected them overall and how they experienced it overall. A number of participants reported not wanting to participate in the process again. One participant disclosed the negative effects the process had on her young daughter. Participant 9 stated, "I am very happy I chose to do this, but I don't think I'll try to be a surrogate again. My daughter was excited throughout the pregnancy, it was hard to explain to her that we weren't keeping the baby". Another participant reported having difficulty relinquishing the infant. Participant 8 stated, "The process itself was fine but it was hard to give up the baby after giving birth. It's the reason I haven't gone back to becoming a surrogate again. I don't think I'll be able to give the child away again. I'm not really close with my family so they haven't had much of an opinion about the surrogacy process".

While others found it difficult to relinquish the infant and disconnect from the maternal bond they've built from within; other gestational carriers reported being able to financially provide for their family, but also remembered the dangers that surrogacy pose on a woman's body. Participant 5 stated, "Overall, the surrogacy process is still something I think of positively. It allowed me to be able to help bring

in money for my family as well as help people who are trying to have a family of their own, but it did remind me of the danger associated with being pregnant, especially the last pregnancy. Being pregnant is very stressful and it's not a decision that you should take lightly if you are deciding to be a part of the surrogacy program. As for my family, they were pretty much very supportive of what I chose to do". However, another surrogate described her prior surrogacy experience as an educational opportunity.

Participant 7 stated, "I was hesitant to come back and be a surrogate again after that first experience. It took a couple of years before I went looking for other agencies and even after finding the one, I'm with now, I asked a lot more questions so I could get a better feel for the people who worked there. I am much happier about the second agency that I went to. My mom was hesitant as well because she saw how I struggled with the previous agency, and she didn't want me to have to go through that again".

Summary

When given the required emotional support, the participants thought that the surrogacy process was generally a good experience. Participants stated that although their families supplied support, the surrogacy agency's assistance was insufficient for the duration of the procedure. But by taking part in the process, participants were able to achieve their goals of having stable finances and supporting infertile families. Additionally, participants shared the difficulties they had during their pregnancies and how those difficulties influenced their general mental

health. More emotional support and access to mental health services both during and after the surrogacy process were also expressed by the participants.

CHAPTER FIVE:

DISCUSSION

Introduction

The study's results are reviewed in chapter five and contrasted with previous research on the impact of surrogacy on the gestational carriers' mental health. The limitations of the study are examined, along with the recommendations for social work.

Discussion

The main trend among the participants regarding the motivation behind being a gestational carrier was the desire to achieve financial stability. The participants listed their individual experiences of debt, inability to provide for their families financially, and the need for an additional source of income. Participants also described surrogacy as being the result of not being able to find employment in a specific field after completing a higher level of education. This aligns with the earlier study conducted by (Brandoa and Garrido, 2022) which discovered that most gestational carriers, especially those with dependent families go through the surrogacy process in order to get paid. Furthermore, it was found by Brandoa and Garrido, (2022) that certain women perceive the surrogacy process as “work” and refer to the surrogacy agency as their “boss”.

The study participants detailed several health risks and issues they encountered during their experience being a gestational carrier. The participants mentioned health issues that they experienced during their pregnancy via surrogacy,

including hypertension, spotting and bleeding, preeclampsia, and contracting an infection during childbirth. These risks and concerns are comparable to those mentioned in earlier research (Yau et. al., 2021), where participants reported suffering health issues connected to pregnancy, including hypertension, gestational diabetes, anemia, hemorrhaging, cesarean delivery, and hemorrhaging after giving birth.

Another identified theme was emotional support. Throughout the process, the participants expressed a lack of emotional support from the surrogacy agency. Therefore, the individuals had to depend on their friends and family for emotional assistance as a result. The report of inadequate emotional support aligns with that of Patel, Kumar, and Sharma (2020), wherein the participants expressed feeling emotionally abandoned when required to relinquish the infant. After giving birth, participants in this earlier study also mentioned feeling emotionally abandoned by the nursing staff at the hospital.

Additionally, previous literature found that participants lacked the information and education associated with the psychosocial effects of being a gestational carrier. Participants in the study reported experiencing being mentally affected by the process by experiencing symptoms of depression, anxiety, and postpartum depression while being a gestational carrier. Fuchs et. al., (2016) study, in comparison, reported the lack of information regarding ways participants mental health is affected during surrogacy, lead to gestational carriers developing feelings of depression and anxiety, as well as emotional difficulty when relinquishing the child to the intended family.

Lastly, participants shared a range of emotions related to their overall experience as a gestational carrier. Several participants shared that they felt the process was satisfying because they were able to help someone who was facing difficulties with reproduction. They also reported having a pleasant experience, since they were able to meet their financial objectives. Although some expressed gratitude for the experience, many declared that the emotional strain prevented them from wanting to become a gestational carrier again. Similarly, Ruiz-Robledillo and Moya-Albiol (2016) earlier study has also reported a mixture of emotions around the gestational carrier's overall experience. Reports disclosed that the surrogate typically experiences joy after the delivery and reports feeling relieved that the pregnancy and process are over, but they also express regret that it is coming to an end and worry that they won't be able to communicate with the intended parent(s) and child.

Limitations

One noted limitation for this research study was the lack of participants. The requested number of participants was 15, but only 10 participants were able to engage in an interview for the study. Another noted limitation was some participants expressed having difficulty with zoom, such as weak internet connection and speaker phone not working. This affected the sample size for the study. The third limitation was some potential participants felt uncomfortable with participating in an interview via zoom or telephone. These two options were for safety measures due to Covid-19. The final limitation was scheduling. For personal reasons, participants found it difficult to schedule an appropriate time for an interview.

Recommendations for Social Work

Surrogacy is not only strenuous on a woman's body, but also on their minds. Therefore, the researcher's recommendations for social work are to provide thorough mental health screenings to potential gestational carriers before as well as after the process. This provides the agency, social worker, and the gestational carrier with a clear picture of how they're doing emotionally as well as their risk level for developing symptoms of mental illness such as depression. Another recommendation for social work is to mandate that gestational carriers participate in an annual mental health screening for as long as they're participating in the surrogacy process. This allows for the social worker as well as the agency to monitor and detect any drastic life changes that will affect the gestational carrier mentally and put them at risk of developing a mental health disorder. My final recommendation for social work is to provide gestational carriers with an extended mental health resource, such as therapeutic services for at least one year after relinquishing an infant. Each of these recommendations are ways to help decrease the negative experiences that the gestational carriers have experienced, such as the lack of support as well as developing symptoms of depression and other mental health disorders.

Conclusion

Overall, this study was able to provide light on how the surrogacy process affects gestational carriers' mental health, as well as investigate their overall experience throughout the process. The participants were able to elaborate on their personal experiences with surrogacy, including motivations for participating, health risks they've encountered, whether they developed symptoms of mental illness as a

result of the process, their experience with emotional support, and how they felt about being a gestational carrier overall. In addition, this study demonstrated the significance of providing gestational carriers with the emotional support they require during their surrogacy journey.

APPENDIX A:
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate in is designed to examine the process of surrogacy and the effects it has on the gestational carrier's mental health during and after pregnancy. The study is being conducted by DayJahne Haywood, a graduate student, under the supervision of Dr. Nicole Arkadie, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of this proposed study is to examine the process of surrogacy and the effects it has on the gestational carrier's mental health during and after pregnancy.

DESCRIPTION: Participants will be asked a few questions in an interview setting via zoom, on how participating in surrogacy has effected their mental health during the pregnancy as well as after.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: The researcher will be gathering anonymous data. The researcher will not collect direct identifiers (e.g., name, social security number, contact information). Consequently, the data will not be labeled with any personally identifying information nor a code that the researcher can link to any personal identifying information.

DURATION: It will take approximately 15 minutes to answer interview questions.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Arkadie at (909) 537-7475.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2024.

I agree to have this interview be audio recorded: ____ YES ____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

APPENDIX B:
RESEARCH QUESTIONS

Interview Guide For Gestational Carriers

1. How many times have you participated in surrogacy as a gestational carrier?
2. What was your reason behind becoming a gestational carrier?
3. What has been your experience during the surrogacy process as well as after the surrogacy process?
4. Were there any health complications that you experienced, if so what were they?
5. During the process in pregnancy, what type of emotional support did you receive versus after the process and pregnancy?
6. Did you experience any symptoms of postpartum depression or other mental health issues?
7. How did the process affect your overall view of surrogacy, as well as your family's perception of the surrogacy process?

APPENDIX C:
IRB APPROVAL LETTER



IRB-FY2024-101 - Initial: IRB Admin./Exempt Review Determination Letter

1 message

<do-not-reply@cayuse.com>

Mon, Dec 18, 2023 at 8:34 AM

To: dayjahne.haywood3927@coyote.csusb.edu, Nicole.Arkadie@csusb.edu



December 18,

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2024-101

Nicole Arkadie DayJahne Haywood
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Nicole Arkadie DayJahne Haywood:

Your application to use human subjects, titled "SURROGACY AND ITS EFFECTS ON THE MENTAL HEALTH OF GESTATIONAL CARRIERS" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. You can find the modification, renewal, unanticipated/adverse event, study closure forms in the Cayuse IRB System. Some instructions are provided on the [IRB Online Submission webpage](#) toward the bottom of the page. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2024-101 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

K i n g - T o Y e u n g

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

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