

Behind the Scenes of Surrogacy

Mahboubeh Taebi^{1,*}

¹Department of Midwifery, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, IR Iran

*Corresponding author: Mahboubeh Taebi, Department of Midwifery, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, IR Iran. Tel: +98-9133252700, E-mail: m_taeabi@nm.mui.ac.ir

Received: September 14, 2014; Revised: October 2, 2014; Accepted: October 6, 2014

Keywords: Assisted Reproductive Technology; Surrogacy; Infertility

Dear Editor,

Today advanced assisted reproductive technology (ART) could offer hope to infertile couples to have a child. One of the most popular technique with increased worldwide interest is surrogacy (1) that need male and female gametes and a healthy woman with a healthy uterus (2). The term of surrogate mother or surrogate is usually used to the woman who carries and delivers a child for another woman (1). The first successful pregnancy after in vitro fertilization (IVF) and embryo transfer (ET) from an infertile woman to a surrogate mother was described by Utian et al. in 1985. This procedure enables women with medical contraindications for pregnancy or uterus without proper function, to have their biologic child (2, 3).

Although surrogacy, as an ART, offers several advantages and is being performed in some well-known infertility centers (1), surrogate mothers might face some risks. Some reports indicate that surrogate mothers experience multiple pregnancy, preterm labor, hysterectomy because of placenta accreta or rupture of uterus, pregnancy-induced hypertension, disturbance of glucose metabolism, and elective cesarean section that need specific prenatal care during pregnancy (3-5). Moreover, studies have shown that handover of the baby after delivery might cause psychologic stress and promote psychologic problems in surrogate mothers. The surrogate mothers might form a close bond with the baby in prenatal period and therefore, might have an increased risk of postpartum depression and feelings of guilt or anger (6).

In most cases in Iran, the surrogate mothers accept this procedure because of financial needs and without the knowledge about the aspects and possible complications of this method. Another important issue is that entering into this treatment might adversely affect surrogate

husband and children and could threaten her family life. Surrogate pregnancy should be considered as a high-risk psychologic experience. Hence, it is recommended that surrogates receive professional counseling before, during, and after pregnancy (6). Surrogate mother should be followed during their pregnancies by qualified obstetricians and perinatologists experienced with high-risk pregnancies. Moreover, precise counseling and notifying the volunteer women for surrogacy about the path ahead could help them to pass this period as apposite experience with a sense of helping and altruism toward the commissioning couples. Therefore, a consultant team consisting of various professionals who could counsel all aspects of surrogacy, including medical, psychological, social and legal issues to surrogate mothers, should be founded in the fertility and infertility centers.

References

1. Rahmani A, Sattarzadeh N, Gholizadeh L, Sheikhalipour Z, Allahbakhshian A, Hassankhani H. Gestational surrogacy: Viewpoint of Iranian infertile women. *J Hum Reprod Sci.* 2011;**4**(3):138-42.
2. Baykal B, Korkmaz C, Ceyhan ST, Goktolga U, Baser I. Opinions of infertile Turkish women on gamete donation and gestational surrogacy. *Fertil Steril.* 2008;**89**(4):817-22.
3. Duffy DA, Nulsen JC, Maier DB, Engmann L, Schmidt D, Benadiva CA. Obstetrical complications in gestational carrier pregnancies. *Fertil Steril.* 2005;**83**(3):749-54.
4. Kisu I, Banno K, Mihara M, Iida T, Yoshimura Y. Current status of surrogacy in Japan and uterine transplantation research. *Eur J Obstet Gynecol Reprod Biol.* 2011;**158**(2):135-40.
5. Soderstrom-Anttila V, Blomqvist T, Foudila T, Hippelainen M, Kurunmaki H, Sieberg R, et al. Experience of in vitro fertilization surrogacy in Finland. *Acta Obstet Gynecol Scand.* 2002;**81**(8):747-52.
6. FazliKhalaf Z, Shafieabadiabd E, Tarahomi M. [Psychological Aspects of Surrogate Motherhood]. *J Reproduct Infertilit.* 2008;**9**(1):43-9.