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Womb Service

An inside look at surrogate motherhood

Laura Pratt

When the baby was finally born, after nine months and nine hours of hard labour, the doctor handed him to his mom. But instead of savouring those first moments with her newborn son, she turned to the woman beside her and insisted that she hold him. "No," said Joanne Wright, weak from the delivery and still being stitched up by the surgeon. "He's yours."

Wright, who has three healthy children of her own, has given birth to two couples' children, and is in the process of arranging to do it again. Surrogacy, say some, is the answer to a prayer. But others regard it as nothing less than the unravelling of the moral fabric of society. The Guelph, Ontario mother is acutely conscious of how her vocation is received by the public: She's a curiosity, an aberration, a freak - God never intended for people to rent other women's wombs. But for those couples whose desire for children is a constant ache, Wright and women like her are miracle workers, plain and simple.

Until the last 25 years, these couples had only two alternatives: adopt or remain childless. Today, thanks to reproductive techniques such as artificial insemination and in vitro fertilization, they now have the medical means to have kids, and there are women out there who are willing to help them - for a fee.

Wright charges \$20,000 for her services. (Her first time, she charged \$10,000, but she figures she's proven herself now, and is therefore worth more.) In Canada, surrogates earn on average \$10,000 to \$18,000. (In the States, the procedure costs \$30,000 to \$40,000 US, including brokerage fees and medicinal.) Wright insists she's not motivated by money: "It's just knowing that you're doing a good thing." But there are many surrogacy opponents who would have no qualms calling this claim pure hogwash.

There are two types of surrogacy: A genetic, or traditional, surrogate is a woman whose own eggs have been inseminated (usually artificially) with the father's sperm. She is the biological mother of the baby she's carrying. Much more common is a gestational surrogate, a woman who carries another couple's embryo, but has no genetic link to the baby.

In July 1987, Joanne Wright met with her first clients, a Toronto couple who had to go through a clinic in Detroit because they couldn't find the kind of surrogacy support systems they were looking for in Canada. Wright gave birth to twins for them, a boy and a girl, in 1988.

In 1991, a doctor contacted her to see if she wanted to do it again. "I hadn't really thought about it," she says. But the couple's story appealed to her. She got pregnant on the first go.

It sounds so tidy and clinical, but there are downsides, admits Wright - like the toll it takes on her husband and family. Sometimes you just want someone to rub your back and put the kids to bed, she says, so you need a supportive partner. Her husband definitely is that. But the first time he did worry how his wife would be when it came to giving up the babies. As for her own children, Wright says they've grown up knowing that this is something Mommy does for other women "whose tummies are broken." They don't seem to have suffered for it, although Wright did send them to a psychiatrist after her first surrogate birth, to make sure they didn't perceive that they could be given away as easily as these babies were. "They needed to know that this is a special thing."

Since '91, Wright has gone into the business of surrogacy full force. Today, at 40, she serves as an intermediary between doctors who have infertile patients and women interested in acting as surrogates. "People were running around in circles and so I volunteered to be the centre person." She fields at least a couple of calls a week from both sides of the equation, and charges "a nominal expense fee" of about \$400 to match parties up.

Officially, surrogacy is not all that common in this country. IVF Canada, the nation's biggest infertility clinic, oversees just five or six surrogacy arrangements a year. The 1993 Royal Commission on New Reproductive Technologies cited research that said Canadians were involved in 118 cases of "preconception arrangements" in 1988. But, because nobody officially tracks these arrangements in Canada, this is not an accurate figure.

Further, there's no mechanism to help people find surrogates. Aside from Wright's services, the only avenue most clients have is to post an ad, sometimes in the personal section of university publications, or often on one of the increasing number of surrogacy Web sites. As a result, a lot of people take the matter into their own hands and, with the help of turkey basters and bravado, inseminate their friends and relatives. "It's a very scary thing because these people aren't using contracts," says Carole Craig, clinic manager for IVF Canada. "It's just like, 'Mary Jane needs \$5,000 for her tuition next year, let's pay her that and she'll carry our child for us.'"

In 1997, Robyn Moses* and her husband posted an ad on an infertility Web site seeking a surrogate (Moses was born without a uterus). "We didn't want anyone who was too young," she says. "We could tell by the response that some women were just doing it for the money, and we didn't want that. You have to be very cautious."

But when a woman from Montreal, married with four kids of her own, responded to Moses's ad, there was instant chemistry. A couple of weeks later, Moses and her husband, Frank, drove to Montreal from their home in the Boston area to meet with the surrogate, Sara Young*. They had their first embryo transfer (from Moses's egg and her husband's sperm) in August 1997 and got a positive blood test ten days later. But Young miscarried at eight weeks and the next two tries failed as well. There was one vial of embryos left.

On November 28, 1998, they became pregnant again. "We spoke every day during the pregnancy. I probably drove her crazy," Moses recalls of the woman she and her husband came to know affectionately as Pouch. They even named the baby before she was born: Nicole.

On August 7, 1999, after 32 hours of labour, Nicole was born to a room full of grateful parents. She was 9 lb. 2 oz., with a mound of dark hair. Frank cut the cord and, after the doctors cleaned Nicole up, he and his wife held their baby for the first time. "I can't even explain how I felt," says Moses. "She is our miracle child. She was so wanted and so loved before she even got here. It was not easy. It was very emotional at times. But she is so precious, so perfect. I can't get enough of her."

The case of Moses and Young is an unusual twist on North American surrogacy arrangements: a US couple using a Canadian surrogate. More often, Canadian couples end up south of the border, where the practice takes place on a much larger scale, and brokers charge excessively to match surrogate moms with would-be parents. (Generally, "coordinating agencies" charge between \$14,000 and \$17,000 US for their role. For this, couples get a range of services, including surrogate identification, legal support, assistance with insurance and coordination of fertility treatment.) "It's very commercialized in the States," says Craig, "which is one of the reasons Canada is trying to enter into it quite delicately."

Phyllis Creighton is an activist and surrogacy opponent from Toronto. Her principal argument with the practice is that nobody speaks for the child. She regards surrogacy as a scenario in which a woman is encouraged to gestate and deliver a baby, all the while intending not to care for him, not to love him. The baby is born, and the woman has made an irrevocable promise to detach from him. "If she's successful, then she abandons a child. When did we say that abandoning a child is a good thing? When did we say that denying your feelings is a good thing?"

Wright admits she had some baby blues in the hospital after the twins were taken away, but she also had a "really, really good psychiatrist" who had been following her throughout. He gave her his home number and invited her to call any time. She did, the second day in the hospital, and he helped her over the hump.

"The baby is no biological part of me," Wright says. "For this one, you're not planning what your life is going to be like. It's really very freeing." Indeed, so removed is she from the event that, when she gave birth in 1992 and watched the couple - whose friendship she'd grown to cherish during the pregnancy - react with elation, she too felt overjoyed, "because my best friend had just had a baby."

Creighton doesn't buy it. She believes surrogates who deny any attachment to the children they deliver are not being honest. The mother-infant bond is even more significant than biology, she says, and we know nothing about what it's like for a baby to be ripped from the familiar sounds and movements of the only mother he's ever known. "She is the real mother, whether she conceives the child or just gestates it," asserts Creighton.

Wright counters that carrying a baby for someone is no different than donating your blood to them. "If I give blood, am I somehow related to the person I give it to?"

Tough questions - it's no wonder they have legislators bogged down and butting heads. Sherry Levitan is a Toronto lawyer who dedicates a third of her practice to reproductive-technology issues (she draws up contracts for surrogacy arrangements). She admits that the impending legislation fills her with dread.

Ideally, Levitan would welcome a regulatory framework that covers such areas as licensing and setting standards for fertility clinics. "I'm not saying we don't need legislation. But we need thoughtful legislation. The easiest thing is to say no. It's much harder to say, 'There are some problems here, this is how we should protect against them.'" A complete ban on reproductive technologies, she believes, would only be counterproductive. "People who can only have a child by using an ovum donor or a gestational carrier tend to be highly motivated. They'll find a way. Those who can afford it will simply go to the States; those who can't will go around [the law]."

A key issue to be determined, says Levitan, is parentage. Who is the mother of a child born as a result of reproductive technology? The answer is easy, says Laura Shanner. "It's got to be whoever gestated and gave birth. That's the only parent the child knows. Genetics is important in all kinds of ways, but this is not the immediate concern of the newborn infant. At the moment of birth, the only relevant party for the child is the parent who carried him. That someone else takes custody under any circumstance, contract or adoption, is now the introduction of a new relationship to the child, and the fracturing of the relationship established through the pregnancy."

Levitan has a different view. She points out that the California Supreme Court, in a precedent-setting case in the US, clearly stated that a child could have two mothers: a genetic mother and a birth mother. The court went on to state that, in the absence of legislation that determines parentage, the "natural mother" will be decided based on the parties' intention of parentage. "In most cases of gestational surrogacy, the genetic mother takes responsibility for the child's care immediately upon birth, and it is the intention of the parties that she will rear the child to adulthood," says Levitan.

Aside from the parentage issue, there's the exchange of money to deal with, the notion of affluent people renting the wombs of those less fortunate. Wright would like the bureaucracy to get over this view of surrogacy. "I'm really quite annoyed at the government," she says. "It has the impression that women are being forced into it. They believe low-income women are doing this for a lifestyle change. But it's not happening." She says she's never had a woman on welfare call her to say she'd like to do it. Indeed, when she started out, her husband was making more than \$100,000 a year. "It's all middle-class women who don't need the money."

But Shanner disagrees. "Rich people do not become gestators," she says. "There are parallels in a lot of ways to prostitution and organ selling. People who have other options don't tend to do these things." Further, the only people who can pay for the services of surrogates are the wealthy. Less well-off people shoulder the risks, she says, and those better off get most of the benefits. "And this is just a hallmark of an unfair structure."

As for the instances of altruistic surrogacy, where a sister or best friend carries a pregnancy for someone who can't, the child becomes a gift to the infertile person. But the Royal Commission pointed out that a gift is still an object. "To give a human being as a gift is equally offensive," says Shanner. At a certain point, she says, people need to reconcile themselves to their limitations.

Pam Adams* first learned she was sterile just as she was reaching puberty. Adams vividly remembers her mother's invitation into the den to "have a talk," and her horrified response when she learned that she was born without a uterus and without the ability to produce eggs.

So sharp was her pain at being excluded from the miracle of making life, that she dedicated her own life to helping others have children - she became an obstetrician-gynaecologist. That way "I could be as close to it, from a different perspective, as possible - at least help other women bring life into the world," she says. But Adams admits there are days when she questions her career choice for its constant reminder of her own situation.

At 33, Adams has been married for seven years, and longs to complete her family with a child. This past winter, she and her husband identified a surrogate who has agreed to carry a baby for them. As soon as they locate a suitable egg donor, they will embark on their adventure. "I'm totally excited," Adams enthuses. "We're very hopeful now. We want a baby so badly."

To those who would argue that she's overstepping the laws of nature to make this happen, Adams has these words: "Unless you're truly within a situation yourself, it's hard to make judgments, and I would just ask people to be open about it. You could be an atheist who's drowning and find yourself praying to God."


"This is our way of doing what's best for us as a couple. I do not believe that we're hurting anybody else. I'm a whole person, I'm a good person, I have a wonderful life. But I don't have the privilege of being able to give birth. People who criticize it just don't realize how strong the desire is, and what lengths you'll go to."

*Names changed by request.

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