



IN THE US AND INDIA, YOUNG WOMEN PAY OFF THEIR DEBTS BY BEARING BABIES FOR CHILDLESS COUPLES, WHEREAS COMMERCIAL SURROGACY IS ILLEGAL HERE. AMANDA CROPP MEETS A SINGLE SURROGATE WHO DOES IT FOR LOVE

Going it alone

Katherine Andrews lifts a baggy black T-shirt to reveal a cute Kermit the Frog tattoo and a pregnant belly swelling with her second surrogate baby. A box on the coffee table is filled with photos of her first surrogate bub, a chubby charmer with her mother's eyes.

In New Zealand, most surrogates are close friends or relatives of the intended parents, or at the very least women who already have children. Andrews, by contrast, is up front about the fact that she is unattached, not remotely maternal and has no desire for a family of her own.

The 30-year-old ex-Navy chef is a duty officer for the Auckland Coast Guard and works shifts broadcasting weather reports and co-ordinating rescue efforts for boats in trouble. Home is a tiny apartment in the Auckland Marine Rescue Centre overlooking the helicopter pad in Mechanics Bay. "Can you see a child running around this kind of environment? I certainly can't.

"When I was eight I decided I was never going to get married because that way I never had to have kids. Since then of course I've figured out you can get married and still not have kids, but I can't ever see myself with children. I don't want to be tied down by children; I value my independence and like the fact that I can just pack up and do what the hell I want whenever I want."

But, she thought, it seemed a shame to let a perfectly healthy womb go to waste. And as a registered organ donor and regular blood donor, Andrews decided that donating an egg and the use of her "incubation facilities" would be a worthy act of charity. "I'm doing it to help people. People say that's not enough, but I can't think of any other way to explain it. I'm not some skittish teenager doing this for a lark. I know what I'm doing and I've assessed all the risks."

Andrews' interest in surrogacy was piqued when a relative had difficulty conceiving and she read about a surrogacy website in a magazine. She gave birth to her first surrogate baby 18 months ago and, like the child she is currently carrying, the parents are a Wellington couple she met through the website.

Andrews was keen on gestational surrogacy (GS) because she would have no genetic link to the child, who is created in-vitro with gametes from the intended parents and implanted in the womb. But GS requires approval from an ethics committee, which must take into account factors such as whether the intending surrogate has completed her family, and Andrews felt that ruled her out.

Traditional surrogacy (TS), on the other hand, is a DIY affair requiring nothing more than a sperm donor and a woman prepared to commit a year of her life to the process. Andrews is constantly asked if she has sex with the father and the answer is "absolutely not"; this is conception via syringe. She likes the simplicity of TS and the close friendships forged with couples who need her help in starting a family, but her status as a single surrogate has not been without controversy.

When nz-surrogacy.com polled members about whether they would use a single surrogate, all bar one of the 25 respondents said no. The big fear is a surrogate who is a first-time mother will take one look at her newborn and refuse to give the child up, but that did not happen when Andrews gave birth after a 13-hour labour. The baby went straight into the arms of her intended parents and Andrews patiently waited 45 minutes for her first cuddle.

"Everyone in the room was bawling their eyes out except me. She has never felt like my baby – even when I look at her now and she looks like me. Right from the beginning it was their baby, and even after the birth it was like my best friend had just given birth."

ANDREWS BELIEVES surrogates with a family find it harder to give up the baby because they have experienced the joys of motherhood and know what they will be missing, while she sees only the benefits of escaping dirty nappies and sleepless nights.

Some have questioned her motives, suggesting that surrogacy is a substitute for a long-term relationship, but Andrews claims she is happily single and doesn't need a man in her life full-time to feel complete. "I call this the Immaculate Conception but it's certainly not the Virgin Birth."

She has met only one other singleton considering surrogacy, but the young woman decided not to proceed in the face of family opposition. Andrews says family support is vital and she dropped the idea of carrying a baby for two gay men when she realised her father would have difficulty coping with that scenario.

Some of her peers are appalled that she puts her body through the rigours of pregnancy and labour for someone else's benefit. There is that. Severe morning sickness saw her hospitalised with dehydration, and she still suffers painful twinges from ligament damage sustained during that first delivery.

"A good mate said 'You shouldn't do this, think of what it will do to your figure!' I said 'I'm not a supermodel as it is!' I never got stretch marks, thank God. The boobs have dropped a bit and my belly is a bit saggier, but it doesn't worry me."

There have been other sacrifices too. Andrews agreed not to have sex for two months before insemination and a month after to guarantee paternity of the child. She also consults the intending parents before undertaking activities that could be considered remotely risky, and gave up volunteering on Coast Guard rescue vessels on her days off in case she fell and miscarried. "Imagine having to make a phone call to say, 'I was stupid, I've just killed your baby.'"

The contents of the spirit still on her kitchen bench won't be passing her lips while she is pregnant either, but Andrews says that's not a big deal because although she makes her own liqueurs for the occasional cocktail party, she's not much of a drinker.

Issues such as alcohol consumption are covered in a statement of intent, a legally unenforceable document drawn up by parties to a surrogacy



ABOVE
Surrogate mother
Katherine Andrews.
Photo: Phil Doyle

“I’ll be a Christmas and birthday auntie who pops up here and there”

arrangement. Andrews’ document covers everything from who will be present at the birth to grounds for a termination, and she asked the father of the baby she is carrying to give up smoking before the birth.

But just getting to the stage of attempting conception can be something of a marathon and Andrews describes the match-up process as a bit like dating as the two parties suss each other out. “What seems fine at first can often turn sour when more of the personality is revealed. Out of every five match-ups, probably only one, maybe two, actually produce a child.”

Andrews pulled out of a surrogacy arrangement after several unsuccessful inseminations when she discovered the father had not had a sperm motility test as requested and the couple failed to apply for Child Youth and Family approval to adopt, claiming it would all be arranged through their iwi authority.

Because of the small number of available surrogates Andrews says some intending parents get truly desperate. “They go from saying they won’t take a surrogate who smokes to saying they’ll take anybody.”

That puts surrogates in a very powerful position so there’s potential for parents to be “held hostage”, and Andrews has heard of surrogates being given holidays, cars or money towards a house. “(Some surrogates) make demands and the parents feel they have to go along with it because otherwise the surrogate may keep the child or refuse to sign the adoption papers.”

Recompense for surrogates is strictly limited under the Human Assisted Reproductive Technology Act and anyone convicted of breaching the law can be

imprisoned for up to a year and fined up to \$100,000.

Andrews was astounded when a lawyer she consulted about legal issues around surrogacy suggested she charge a “maintenance fee” of \$5000 and continually referred to the “commissioning parents”.

“To me that implies a money transfer,” she says. “You commission a painting, you don’t commission a baby.”

New Zealand surrogates can only be reimbursed for limited expenses such as ovulation and pregnancy testing kits, vitamins, legal and counselling fees and transport to and from inseminations. They can’t be paid compensation for the difference between full pay and maternity pay, and the cost of maternity clothes, scans and travel to pregnancy checks is not covered.

Andrews says it’s unfair that surrogates can end up out of pocket but she is firmly against the commercial approach because it means surrogacy becomes the preserve of the rich. “If I was in the US I’d get paid \$US25,000 for my first surrogacy and then \$30,000 as a proven surrogate for the second one.”

A blog written by a very bitter young American man who did not know he was a surrogate baby until he met his birth mother at the age of six further convinced Andrews that commercial surrogacy is not in the best interests of the child. “He was having a go at his adoptive mother, saying she bought him just like a commodity that could be sold at the nearest market; it was horrendous. I don’t want a child to be able to come back and say ‘You sold me’, or worse yet, say to the parents ‘What kind of parents are you that you had to buy a child?’”

Andrews insists her offspring are formally adopted because it cements the family bond. It also means she can’t be held liable for

providing financial support for them at any stage in the future, and they can’t claim on her estate in the event of her death.

Under adoption law, intending parents aren’t allowed to take the baby straight after birth unless one is related to the surrogate and the birth mother can’t sign the adoption papers until 10 days after the delivery.

Andrews says the 10-day delay is ridiculous in surrogacy cases and she was angered by the attitude of a Child Youth and Family social worker who made the intended mother feel like a baby stealer. “The only coercion I was feeling was from the social worker telling me I didn’t have to give up my baby.”

In fact, signing away her rights as a mother was a huge relief. “It was like ‘Oh my God, we’ve finally done this’. We’d navigated CYFs, we’d navigating the lawyers, the baby was safe and well. It was quite a big moment.

“We planted the placenta that afternoon under an olive tree in my parents’ Dargaville garden because we wanted the baby to have a tie back to my birth place and a place that’s important to me. As soon as it was done they (parents and baby) all headed back to Wellington.”

Andrews was present three months later when a final adoption order was granted by a Wellington Family Court judge and had no regrets then either. “It was like, excellent, well done, journey over.”

She receives regular photo updates on her daughter, who will be told the truth about the circumstances of her birth, and there is ongoing contact. “I’ll be a Christmas and birthday auntie who pops up here and there.”

Now Andrews is concentrating on surrogate baby No. 2 and it’s very likely her last. “Never say never, but I think so.”

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IT'S THE ULTIMATE IN OUTSOURCING, AND A MULTIMILLION-DOLLAR INDUSTRY. RUTH HILL REPORTS ON COMMERCIAL SURROGACY IN INDIA.

THE SURROGATE

A doe-eyed young woman sits down nervously in the consultation room. She is 23 but looks even younger, dressed in a traditional salwaar kameez embroidered with sequins, her hair smoothed back demurely in a bun.

Married five years with a three-year-old daughter, this Mumbai housewife is three months pregnant again – but not to her husband. She has met the father just once and can't remember his name or even what country he comes from.

She has no biological connection to the child she bears – the egg came from a donor – and she will never see the baby after the birth. As a surrogate mother, she is a human incubator for nine months.

With its combination of liberal laws, skilled medical professionals and millions of desperately poor women willing to rent out their wombs at bargain-basement prices, India is increasingly popular with foreigners looking for surrogacy services.

Speaking through a translator, this surrogate mother explains she is doing it “for financial reasons”. Explaining further: “We need the money to pay off a loan to get our house back.”

Her husband, an embroiderer by profession, has accompanied her to the fertility clinic for her check-up. “Because it is for our future, I am fine with it,” he says.

It was the couple's neighbour who suggested the venture. She is the egg donor. The donor and the surrogate are always different women. The theory is that surrogates are less likely to bond with the babies if there is no genetic connection.

Apart from her neighbour and husband, the only other person to know the truth about this pregnancy is the surrogate's mother. “I need the money, which is why I chose this, but I don't feel it is the right way to get money,” she says, twisting her bracelets and sliding a sideways look at her husband.

Once the surrogate starts to “show”, she will be moved into a special hostel near the private hospital where she will deliver.

“I need the money, which is why I chose this, but I don't feel it is the right way to get money”

In the last few months of pregnancy, she will be under constant medical supervision and watched over by a matron.

She has not thought about what she will tell other people when she comes home with no baby. Maybe she will make up a story about a miscarriage or a stillbirth, she shrugs.

She says she does not like to think about how it will feel to give away the baby. “At the moment it doesn't feel any different (to the first pregnancy).” When asked if she hopes to meet the child one day, she shakes her head vehemently: “No, no, never, never.”

Embryologist Ashwini Dahale says it is not uncommon for surrogates to keep their situation a secret. “Surrogacy is still quite new in India and many people do not yet understand IVF. If they know she is carrying another man's baby, they will think she has been unfaithful to her husband.”

THE DOCTOR

The Gynaecworld offices are above a Chinese restaurant at Kemp's Corner in Mumbai's fashion outlet district, where roads converge from all directions in a crazy spaghetti junction. In the blistering heat, six-year-old beggars jiggle wizened babies against the windows of cars paused at the traffic lights.

Inside the pleasantly air-conditioned waiting room, the noticeboard is plastered with photographs of beautiful babies. Their bright eyes, gummy smiles and chubby limbs must fill prospective clients with confidence.

Obstetrician-gynaecologist Sukhpreet Patel says overseas clients make up about 30 percent of business these days. Initially, it was mainly non-

resident Indians coming back to the Motherland for fertility treatment because it was cheaper. Now, increasingly it is foreigners coming for surrogacy, not only because it is low cost but also because it is “easier”.

Over and above her clinical responsibilities, Dr Patel often ends up negotiating between the parties. “Keeping both sides happy is not easy.

ABOVE India, July 23: 10 surrogate mothers with gynaecologist Dr Naina Patel.

Photo: Getty



ABOVE Indian doctor Kakoli Ghosh Dastidar holds a newborn surrogate baby at a clinic in Kolkata.

Photo: Getty

Surrogates are predominantly working-class women and not highly educated. They understand the basic concept – the child will not be theirs and will live overseas – but often they sign without really understanding some of the legal intricacies.

“I spend a lot of time talking with the surrogates and making sure they understand the terms of the contract and negotiating with the intending parents if, for instance, the surrogate needs to go home for a couple of weeks on some family business.”

Like any expectant parents, intending parents are often anxious and would prefer their surrogates be kept in virtual purdah in the hostel. Surrogates, who all have children and lives of their own, often have other ideas.

The intending parents usually come to Mumbai a few days ahead of the due date. Babies born prematurely are cared for by intensive-care neonatal teams till the parents arrive.

“Surrogates are not shown the baby and that prevents a lot of the bonding,” says Dr Patel, who has two young children herself. “Of course it’s not easy. Post-partum depression often occurs even with natural mothers. But at the same time, they got into it in the first place for money and that helps. They learn to disassociate very quickly.

“Most of them guard their emotions. In most cases, they are doing it for the security of their own children, to give them a better life, and that is their focus.”

Dr Patel says they often receive applications from women who have been abandoned by their husbands and want

to become surrogates to provide for their children. “Unfortunately we can only proceed if we have permission from the husband or a divorce paper. Otherwise we have to turn them down, which is very hard. Your heart cries for women in this position.”

THE GO-BETWEEN

The headquarters of Bhuvneshwari Makharia’s surrogacy agency, Become Parents Ltd, is sandwiched in a row of shops in an upmarket Mumbai suburb. Half a dozen young men sit hunched over flickering terminals in the front office – the family share-trading business.

The family car rental business, tour company, yoga resort enterprise and the medical tourism are run out of the tiny back room, jammed with desks.

The Makharias, a landowning dynasty from Rajasthan, are an enterprising clan. Mrs Makharia was inspired to get into medical tourism after observing that many overseas guests at her yoga retreat in Rishikesh were also suffering from a variety of health problems.

“I have many friends who are doctors; I know and trust them and they are leaders in their fields. I approached them and they were open to the idea and that is how we started.”

The medical tourism enterprise, launched three years ago, has over 200 clients a year, seeking everything from dental surgery to kidney transplants, heart bypasses, joint replacements, cosmetic procedures and now fertility services.

Makharia only got into the fertility business two years ago, but it is already one of the fastest growing branches of her business

“I spend a lot of time talking with the surrogates and making sure they understand the terms of the contract”

empire, with about 40 babies born so far and now living in Australia, Britain, the United States and Israel.

In July, a surrogate gave birth to a baby “commissioned” by a gay couple living in Australia. Initially marketing was done through the internet, but the company has now built up a trusted network of overseas agents. Makharia has just signed a deal with a Middle Eastern airline to offer medical tourism packages. She says India is an attractive medical tourism destination because it has excellent private hospitals, and “top-of-the-line doctors who are very well versed in working with international clients”.

Clients facing long waiting lists for operations in the public system or huge

private healthcare bills in their own countries are attracted by the Indian prices.

Including pre-implantation screening costs, IVF, board and medical expenses for the surrogate during pregnancy, her fee, hospital charges, doctors’ fees, and of course Makharia’s cut, a couple pays \$NZ30,000 to \$40,000 – about a third of what it would cost in the United States.

Surrogates get about \$NZ7500 to \$10,000 – about 10 years’ salary for some. Makharia says some Americans prefer Indian surrogates because they think they would be “healthier” (less likely to abuse drugs and alcohol) than candidates in the United States.

Makharia says her “100 percent success rate” to date is due to careful selection and vetting of egg donors and surrogates. They are all young, aged 22 to 32, free of disease and vices and have proven fertility.

SURROGACY IS still in its infancy in India. Under guidelines issued by the Indian Council of Medical Research, surrogate mothers sign away their rights to any children.

Makharia says neither the surrogate’s name nor that of the egg donor appear on the birth certificate; newborns can simply leave India with their new parents. It is the responsibility of the intending parents to ensure all their paperwork is in order in their home country. The company supports them with all documentation required from India.

However, the guidelines have no legal force yet and the law is still playing catch-up with what clinics are already doing. Lawmakers have been apparently reluctant to get into such a fraught area but it is obvious regulation is needed to avoid a repeat of the kind of abuses in India’s notorious “kidney bazaar”.

The Assisted Reproductive Technology (Regulation) Bill and Rules, first proposed in 2005 but only drawn up last year, still hasn’t been passed into law as the political wrangling continues.

One sticking point for the industry is the proposal to ensure surrogates are paid 75 percent of the fee at implantation. This is designed to protect surrogates from exploitation, but clinics fear there would be nothing to stop women pocketing the cash and taking an abortion pill.

And while the Indian government is keen to promote India’s medical tourism industry, there is some discomfort around what is essentially a trade in babies. Dr Patel admits surrogacy has been “a grey area” in India and welcomes better regulation.

“The process itself (IVF) is quite straightforward, but it’s the legal and ethical issues around it that make it complicated. It’s not like doing a knee replacement on a patient and sending him on his way. You’re bringing another person into being.” **YW**

Ruth Hill’s trip to India was funded by the Asia New Zealand Foundation