

SURROGACYUK

SurrogacyUK Guidance: Covid-19 and Care in UK Surrogacy Pregnancies & Births

30 March 2020



surrogacyuk.org

Introduction

Due to the current COVID19 pandemic, all NHS Hospitals have been instructed by central Government to minimise non-essential attendance in a hospital setting in order to help reduce contact-based transmission of Covid-19. It is for each hospital to decide on what steps to take.

Within the context of a surrogacy arrangement this has the potential to cause considerable practical, physical health, and mental health impacts for pregnant surrogates, intended parents and their children born through surrogacy. Policies designed to limit hospital attendance may have the unintended consequence of excluding intended parents from maternity appointments and the birth of their children. In turn, this may force surrogates to assume the inappropriate role of a parent in pregnancy decision-making and the care of new-born children, contrary to the current Department of Health and Social Care “Care in Surrogacy” guidance*.

This guidance note is intended to support healthcare professionals in making appropriate decisions about delivering suitable, surrogacy-specific care to all parties in UK-based surrogacy pregnancies and births during the Covid-19 pandemic. It has been developed by SurrogacyUK in consultation with the Department of Health and Social Care.

Objectives of this Guidance Note

1. Help healthcare professionals to continue to meet the special care needs of surrogacy pregnancies and births when planning and/or implementing their response to the Covid-19 pandemic.
2. Ensure surrogates continue to be recognised and treated as surrogates and not as the parents of the children they carry for intended parents during the Covid-19 pandemic.
3. Ensure intended parents, with the consent of their surrogates, remain closely involved in decision-making around their pregnancies, are present at the births of their children, and are able to care for their children from birth onwards during the Covid-19 pandemic.

A case study of a recent surrogate birth at Chesterfield Royal Hospital is appended to demonstrate what can be achieved in practice to accommodate the special circumstances of surrogacy in the current environment.



Guidance for Healthcare Professionals and Professional Bodies

Continue to take account of the principles and recommended practice in the Department of Health & Social Care's "[Care in Surrogacy](#)" guidance when designing and/or implementing new policies in response to the Covid-19 pandemic.

This guidance states that usual practice is for intended parents to be treated as the parents of their children and that surrogates do not usually see themselves as the mothers. It is in the interest of children born through surrogacy and the existing children of surrogates that this continues to be respected during pregnancy and birth.

Consideration should be given to making limited exceptions to existing Covid-19 related policies for surrogacy-related patients so that their care is consistent with this guidance.

SurrogacyUK estimates that there are approximately 150-200 surrogate births per annum in the UK, accounting for fewer than 1 in 3000 births. Healthcare professionals are unlikely, therefore, to be caring for more than a small number of surrogacy-related patients during the Covid-19 pandemic.

Any queries from healthcare professionals or professional bodies regarding the Department of Health & Social Care's "Care in Surrogacy" guidance should be directed to Steve Pugh:

- by email steve.pugh@dhsc.gov.uk or
- by phone 020 7210 4350.



Guidance for Surrogates and Intended Parents

Surrogates and intended parents should actively prepare now for modification or disruption to their birth plans as follows:

1. Discuss the potential for disruption to their birth plans, including: the impact of travel restrictions; social-distancing; self-isolation; and, Covid-19 infections within the team on attendance at appointments and births. This should include agreeing what should happen if intended parents cannot attend appointments or the birth, or suitable hospital accommodation is unavailable for everyone at the delivery.
2. Liaise with their maternity teams **as soon as possible** to discuss their surrogacy-specific care needs and what the hospital requires of them in order to deliver this; for example: prior self-isolation of intended parents.
3. Refer to this guidance note and the Department of Health and Social Care's 'Care in Surrogacy' guidance where necessary.
4. Take the following steps to minimise the chances of contracting Covid-19 during pregnancy and around the time of the expected birth:
 - Observe government guidance on social-distancing;
 - Surrogates should strictly observe social-distancing measures from 28 weeks onwards in line with [advice from the Royal College of Obstetricians and Gynaecologists](#);
 - Intended parents should self-isolate for at least 14 days prior to the due date to maximise the likelihood of being clear of infection and able to be present for the birth of their child;
 - Wherever possible, intended parents should also consider relocating to be close to the location of the birth.

Any queries from surrogates or intended parents regarding this guidance note or for examples of best practice during the Covid-19 pandemic should be directed to SurrogacyUK by email enquiries@surrogacyuk.org.

SurrogacyUK members can also seek advice, support and healthcare advocacy from their SurrogacyUK Support Worker, where required.

Appendix 1: Case Study of Recent Surrogate Birth at Chesterfield Royal Hospital

A SurrogacyUK 'team' (a surrogate and her intended parents) successfully delivered their baby together at Chesterfield Royal Hospital in the week commencing 23rd March 2020. Following careful planning and discussion, the hospital was able to accommodate the intended parents at the delivery so that they could care for their child from birth. Below is an account from the team's perspective of the key issues and how they dealt with them.

Start the conversation as early as possible

The team met with the hospital's Head of Midwifery months beforehand so that everyone was familiar with relevant guidelines, including the Department of Health and Social Care's "[Care in Surrogacy](#)" guidance.

The team then called the hospital in advance of the due date to discuss the Covid-19 situation, and were glad they did: the hospital changed their minds on how to deal with their situation a few times in the days before the birth. The team felt that having a few days to make their case was essential in reaching a positive conclusion, as was the earlier meeting with the Head of Midwifery.

Don't be seen as "birth partners"

Currently, all hospitals seem to be saying that no partners are allowed at scans and only one birth partner is allowed at delivery. Whilst the team felt they could accept this for scans (though less than ideal), they didn't feel it was right that the intended parents could not be present at the birth to care for their child. All members of the team were clear that the intended parents were the expected baby's parents and should not be seen as "birth partners". They felt that making this distinction helped clarify matters with the clinical staff.

Always discuss what's in best interests of the child

The team asked the hospital to think about what would be in the best interests of the child. The team argued it must be in the child's best interests to be cared for by its parents from birth. The team felt that this was the most important point made in discussions and really helped the hospital reach their decision.

Surrogate's and intended parents' best interests

The surrogate spoke to Head of Midwifery on the phone and described how important it was for her to see the intended parents with their baby for the first time. It was very important that the hospital understood first-hand that the surrogate genuinely wanted the intended parents there. The intended parents also spoke about the importance of being there to bond with, and care for, their child.

Self-isolate in advance

The intended parents live in London so booked a cottage in Derbyshire for three weeks around the birth date. As soon as Coronavirus hit the UK they called the owner of the cottage to arrange to move in early and they began self-isolation: the intended parents were essentially in isolation as part of the surrogate's family until the birth. Telling the hospital about this self-isolation and that they had no symptoms was also helpful. They also offered to have their temperatures taken at the hospital prior to arrival (but the hospital didn't feel that this was necessary).

Politely raise any concerns with the hospital's proposed solution

The hospital's first solution was to provide the intended parents with a separate room close to the labour ward through the labour so that the child could be transferred to them as soon as she had given birth. The team queried this: if everyone was in the hospital why couldn't they be in the same room? The team asked the staff to reconsider, promising that the intended parents would not wander about the ward irresponsibly and would just stay in the room with the surrogate and her husband throughout. The hospital was happy with this suggestion and revised the proposal.

...and the result?

In the end, the hospital came back with a plan that the team thought was great. The surrogate and her husband were to go to hospital without the intended parents at first. Once it was confirmed that she was in established labour the intended parents could be called to join. This made sense: the hospital wanted to limit unnecessary contact and didn't want the whole team coming in and out if labour wasn't far enough along. The intended parents' rented cottage was only 15 minutes by car from the hospital so even though the surrogate's labour was really quick – less than two hours from arrival in hospital – they were there in really good time.

After initial skin-to-skin contact and the first bottle feed, the hospital then set the new family up in one room and the surrogate in a separate room overnight. The midwives then allowed the team to see each other whenever they wanted to, before all were discharged separately. They were happy and relieved about how it all was handled in the end.

The team have given Chesterfield Royal Hospital permission to talk to others about how they handled their delivery. Please contact SurrogacyUK by email enquiries@surrogacyuk.org for more details.

References

*Link to the 'Care in Surrogacy' guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843891/Care_in_surrogacy_-_guidance_for_the_care_of_surrogates.pdf

^Link to RCOG guidance:

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>