POLICY

Mothers of surrogate pregnancies receive care and give birth at BC Women’s Hospital.

Surrogate mothers and/or the intended parents of the surrogate newborn, or primary care providers notify BC Women’s Hospital staff in advance if possible, by telephone call or fax.

The intended parents shall have custody and all parental rights and duties from the moment of birth of the newborn.

Applicability: Surrogate birth of the newborn occurs in the Birthing, Postpartum and Neonatal Program areas of the Acute Perinatal Program.

PROCEDURE

1.1 Planning for Surrogacy Birth

The surrogate birth mother is the patient.

The assigned program Social Worker or Senior Practice Leader follows up with the reporter to obtain details of the surrogate situation, and communicates with the appropriate team members.

Documentation

Surrogacy Agreement

The assigned program Social Worker or the Senior Practice Leader obtains a copy of the Surrogacy Agreement.

The agreement must be signed before a child is conceived through assisted reproduction. A written agreement is made between a potential surrogate and an intended parent or the intended parents. The agreement provides that the potential surrogate will be the birth mother of a child conceived through assisted reproduction and that, on the child's birth,

(i) the surrogate will not be a parent of the child,
(ii) the surrogate will surrender the child to the intended parent or intended parents, and
(iii) the intended parent or intended parents will be the child’s parent or parents.

There are two options:

a) Obtain a copy of a letter prepared for the hospital by a lawyer specializing in surrogacy agreements that outlines the terms between the surrogate birth mother and the intended parents. See sample letter, Appendix A.

b) When there is no lawyer involved, the intended parents present a copy of the signed surrogacy agreement

Place the Surrogacy Agreement in the birth mother’s chart.

1.2 Labour and Delivery

The surrogate birth mother presents for delivery.

An Advanced Care Plan or written communication outlines details of the surrogate birth mothers wishes about:

a) Her supports during the birth process
b) Interaction with the intended parents during the birth process and afterward
c) Location of care for the baby (Fir Square Central Nursery, or under the care of the intended parents)
d) Feeding plan for the newborn

For births occurring in the Operating Room, see WW.11.03 Third Party Persons in the Surgical Suite at BC Women's regarding the intended parents attending in the Operating Room.

Admission of Newborn (Birthing Unit clerk)
Admit newborn under birth mother’s surname
Refer to the Registration Standards & Data Quality Office Newborn: Surrogacy document (appendix B) to admit the baby using the intended parent’s name.

1.3 Care for the Birth Mother
The Physician/ Registered Midwife completes the Vital Statistics Agency “Notice of Live Birth or Stillbirth” with the birth mother’s name but not the name of the child
• Provide the birth mother with a private room after delivery, whenever possible
• Support her wishes for feeding, if not breastfeeding, provide education for reducing lactation
• Perinatal Social Worker to provide counselling and assist with appropriate support services, as required.

Surrendering Custody of the Newborn
The purpose of the surrogate pregnancy is to surrender the custody of the newborn to the intended parents. The intended parents shall have custody and all parental rights and duties from the moment of birth of the newborn.

1.4 Care for the Newborn on Postpartum
Provide care to the newborn as per usual practice standards. The birth mother relinquishes herself as primary care provider of the newborn baby to the intended parents as medical caregivers with permission to make medical decisions for the newborn.
• Transfer of care of the newborn to the intended parents occurs immediately following birth.

Newborn identification

• Put the INTENDED PARENT’S surname name on the newborn bracelets
• There is no need to protect the birth mother’s surname from view
• Put the NEWBORN MRUN as well as the sex of the baby on the newborn bracelets

1.5 Care and teaching for the intended parent(s)
Provide the intended parents access to the newborn immediately following birth.
• Where possible, provide the intended parents a room on the postpartum area to allow them to provide full care to the newborn. If no room is available, the baby will be admitted to Central Nursery and the intended parents will be provided full access to give care to the newborn.
• Contact the CNL on shift to discuss finding a postpartum room at BC Women’s

Encourage the intended parents to receive postpartum teaching.
The intended mother should be informed that an individual physiotherapy appointment would be available to her for instruction in good posture, positioning and body mechanics whilst caring for her baby.

Provide intended parents with opportunities to provide newborn care, including:
  a) Feeding
b) Diapering  
c) Bathing  
d) Newborn states  
e) Common newborn disorders (jaundice, colic, etc.)  
f) Purple crying

1.6  Preparation for Discharge

Birth Mother  
- After the child's birth, the birth mother gives written consent to surrender the child to an intended parent or the intended parents, and the intended parent or the intended parents take the child into his or her, or their, care.  
- The birth mother may be discharged when she is medically stable and physically ready.

Newborn  
- The newborn may be discharged when he/she is medically stable and physically ready.  
- The intended parents sign the discharge papers.

1.7  Written Letter from Birth Mother Required

According to the Family Law Act (Current 2016), on the birth of a child born as a result of assisted reproduction, a person who is an intended parent under the agreement is the child's parent if all of the following conditions are met:

(a) before the child is conceived, no party to the agreement withdraws from the agreement;  
(b) after the child's birth,
   (i) the surrogate gives written consent to surrender the child to an intended parent or the intended parents, and  
   (ii) an intended parent or the intended parents take the child into his or her, or their, care.

A copy of the written letter must be obtained from the birth mother prior to discharge, and placed on the newborn chart.

Neonatal Intensive Care Unit (NICU)

1.8  Care for the Newborn in NICU

When the newborn is admitted to the Neonatal Intensive Care Unit, the newborn is registered to the birth mother initially. The newborn receives the INTENDED PARENT’S surname (As per Registration Standards & Data Quality Office Newborn: Surrogacy document)  
- The birth mother transfers care to the intended parents of the newborn immediately following birth.

Newborn identification:  
- Put the INTENDED PARENT’S surname name on the baby bands  
- There is no need to protect the birth mother’s surname from view  
- Put the NEWBORN MRUN as well as the sex of the baby on the baby bands

1.9  Care and teaching for the intended parent(s)
Provide the intended parents access to the newborn immediately following birth.

- Provide intended parents with opportunities to provide newborn care, including:
  a) Feeding
  b) Diapering
  c) Bathing
  d) Newborn states
  e) Common newborn disorders (jaundice, colic, etc.)
  f) Purple crying

**Registration of Newborn**

The intended parents complete the Registration of Live Birth Registration form. The intended parents choose the name of the newborn and make court applications to name them as parents.

**DOCUMENTATION**

- Advanced Care Plan
- Interprofessional Progress Notes
- Notice of Live Birth or Stillbirth

**REFERENCES**


*Third Party Persons in the Surgical Suite at BC Women’s* CO0300.

**APPENDIX**

- Appendix A  Sample Letter for Surrogacy Agreement
- Appendix B  LMC Registration of Newborn Surrogacy 2016