

OTA Survey of Surrogate Mother Matching Services

As part of this assessment, OTA identified the following surrogate mothering matching services around the country (see box 14-B):

California

Hilary Hanafin and William Handel
Center for Surrogate Parenting
8383 Wilshire Boulevard
Beverly Hills, CA 90211

Nina Kellogg
Surrogate Parent Program
11110 Ohio Avenue, Suite 202
Los Angeles, CA 90025

Bruce Rappaport
Center for Reproductive Alternatives of
Northern California
3313 Vincent Road, Suite 222
Pleasant Hills, CA 94523

Bernard A. Sherwyn
10880 Wilshire Boulevard
Suite 614
Los Angeles, CA 90024

Katherine Wycoff
Center for Reproductive Alternatives
727 Via Otono
San Clemente, CA 92672

Georgia

Debra A. Patton
Infertility Alternatives
P.O. Box 1084
Snellville, GA 30278

Indiana

Steven Litz
Surrogate Mothers, Inc.
2612 McLeay Drive
Indianapolis, Indiana 46220

Kansas

Beth Bacon
Hagar Institute
1015 Buchanan
Topeka, KS 66604

Kentucky

Katie Marie Brophy
Surrogate Family Services Inc.
713 W. Main Street
Suite 400
Louisville, KY 40202

Richard Levin
Surrogate Parenting Associates
250 East Liberty Street, Suite 222
Louisville, KY 40202

Maryland

Harriet Blankfeld
Infertility Associates International
5530 Wisconsin Avenue, Suite 940
Chevy Chase, MD 20815

Michigan

Noel Keane
930 Mason
Dearborn, MI 48124

Nevada

Juanita Lewis
Surrogate Mother, Inc.
620 Lander Street, Suite 2A
Reno, NV 89509

New York

Betsy Aigen
Surrogate Mother Program
Suite 3D
640 West End Avenue
New York, NY 10024

Ada D. Greenberg
Surrogate Pregnancy Consultations
P.O. Box 52
Jamaica, NY 11415-6052

Infertility Center of New York
14 East 60th Street, Suite 1204
New York, NY 10022

Oregon

Norma Thorsen
Surrogate Foundation, Inc.
P.O. Box 6545
Portland, OR 97206

Of 27 services contacted, 5 were no longer in business, 5 had moved with no forwarding address, 4 failed to respond, and 13 returned completed questionnaires. For the 2 nonrespondents, data were collected by examining the contracts they have used in the past, the testimony of their directors at congressional hearings, in their own published writings, and their interviews with the press.

The following are the questions asked on the survey questionnaire. For the purposes of this survey, "client" referred to the person who wishes to hire a surrogate mother. "Client's spouse/partner" referred to the person with whom the client intends to rear the child. "Surrogate mother" referred to a woman who is artificially inseminated with the intention of relinquishing custody upon birth to the genetic father. With the exception of question (27), this survey did not concern "surrogate gestational mothers," i.e. women who bear children to whom they are not genetically related.

NATIONAL SURVEY OF SURROGATE MOTHER MATCHING SERVICES

OPTIONAL IDENTIFICATION

Your completion of this page **allows us** to know which organization have responded to the survey.

Please detach this page and return it **separately, so that your agency~name cannot be matched to** your response. **A** self addressed, postage **paid** envelope is **enclosed for your convenience.**

Of course, we are also happy to receive your responses to the survey **without** your having completed this section at all.

Organization

Address
.....
.....
.....

TELEPHONE

NATIONAL SURVEY OF SURVEY MOTHER MATCHING SERVICES

This is a survey of surrogate match services in the United States. The results of this survey will be used in the assessment Infertility Prevention and Treatment, being prepared by the Office Of Technology & Assessment The request of Congress your participation is greatly appreciated.

For the purposes of this survey, "client's spouse/partner" **surrogate** mother. "Client's spouse/partner" refers to the person with whom the client intends to *rear* the child. Please answer all questions concerning demographics by reference to **the** Client and not the client's spouse or partner. "Surrogate mother to a woman who is artificially inseminated with the intent of relinquishing custody Upon birth to the genetic father. With the exception of **question (27), this Survey does** not concern "surrogate gestations mothers," i.e. women who bear children to whom they are not genetically related,

DEMOGRAPHICS OF YOUR AGENCY

1. Location:
 - ☐ major metropolitan area
 - ☐ smaller city
 - ☐ suburb
 - ☐ rural area
2. Size and professional **qualification of staff:**

3. **Are you affiliated with:**

	Yes	No
a hospital?		
a physician's practice?	<input type="checkbox"/>	<input type="checkbox"/>
an infertility clinic?	<input type="checkbox"/>	<input type="checkbox"/>
a law firm?	<input type="checkbox"/>	<input type="checkbox"/>
other?		
(specify) _____		
4. Year of first **matching arrangement**, _____
5. **How many matches have you made:**

Since you opened?	<input type="checkbox"/>
In 1986?	<input type="checkbox"/>
in 1987?	<input type="checkbox"/>

SCREENING CLIENTS

6. How many babies have been born as a result:

since you opened? _____
in 1986? _____
in 1987? _____

7. How many matches do you predict you will arrange per year:

in 1988? _____
5 years from now? _____
10 years from now? _____

How many clients and surrogate mothers are currently seeking the services of your agency?

Clients _____
Surrogates _____

Do you perceive any recent change in the number of inquiries from prospective clients or prospective surrogates, perhaps as a result of the Baby M case?

	Increase	Decrease	No change
Clients	_____	_____	_____
Surrogates	_____	_____	_____

10. How are potential clients and surrogates attracted to your agency? If possible, please rank in order of frequency (1 for most frequent, 2 for next most frequent, etc.).

	Clients	Surrogates
a) Word of mouth	_____	_____
b) Direct solicitation	_____	_____
c) Advertisement	_____	_____
d) Other (specify)	_____	_____

11. Have you ever matched clients and surrogate mothers:

	Yes	No
a) from different states?	_____	_____
b) from different countries?	_____	_____
c) from different religions?	_____	_____
d) from different ethnic groups?	_____	_____
e) from different races?	_____	_____

2. Have you ever offered to find a surrogate mother for a client is:

	Yes	No	Would if asked
a) an unmarried woman	_____	_____	_____
b) an unmarried man	_____	_____	_____
c) an unmarried couple	_____	_____	_____
d) a homosexual man	_____	_____	_____
e) a homosexual woman	_____	_____	_____

13. Do you require that the person seeking to hire a surrogate mother:

	Client		Client's Partner	
	Yes	No	Yes	No
a) be in good health	_____	_____	_____	_____
b) be fertile	_____	_____	_____	_____
c) be infertile	_____	_____	_____	_____
d) be within a certain age range (specify)	_____	_____	_____	_____
e) have a minimum income (specify)	_____	_____	_____	_____
f) other (specify)	_____	_____	_____	_____

14. Do you require that clients and their spouses/partners undergo:

	Client		Client's Partner	
	Yes	No	Yes	No
a) Home review	_____	_____	_____	_____
b) Physical examination	_____	_____	_____	_____
c) STD testing	_____	_____	_____	_____
d) Psychological examination	_____	_____	_____	_____
if yes: what type?	_____			
by whom?	_____			
where are professional services obtained	_____			
e) Other exam	_____			

SCREENING SURROGATES

15. Which of the following do you require of the person seeking to be a surrogate mother?
- | | Yes | No |
|---|------------|-----------|
| a) be heterosexual | — | — |
| b) be in a stable relationship | — | — |
| c) be married | — | — |
| d) be in good health | — | — |
| e) have a prior conception | — | — |
| f) have a prior birth | — | — |
| g) have previously given up a child for adoption | — | — |
| h) have previously given up a child as a surrogate mother | — | — |
| i) be within a certain age range (specify) | — | — |
| j) have a minimum income (specify) | — | — |
| k) other (specify) | — | — |
-
16. Do you require that surrogates and their partners undergo:
- | | <u>Surrogate</u> | | <u>Surrogate's Partner</u> | |
|---|------------------|----|----------------------------|----|
| | Yes | No | Yes | No |
| a) Home review | | | | |
| b) Physical examination | — | | — | |
| c) Psychological examination | | | — | |
| If yes: what type? _____ | | | | |
| by whom? _____ | | | | |
| where are professional services obtained? _____ | | | | |
| d) Other exam _____ | | | | |
17. Do you allow clients to choose a surrogate mother on the basis of:
- | | Yes | No |
|-----------------------------|------------|-----------|
| a) physical characteristics | — | — |
| b) ethnic origin | — | — |
| c) race | — | — |
| d) religion | — | — |
18. Do you allow clients and surrogates to:
- | | Yes | No | |
|--|-----|----|---|
| a) know each other's names and addresses? | | | [if yes, when?
(before or after
conception, birth)] |
| b) meet each other? | | — | — |
| c) have periodic contact during pregnancy? | | | — |
| d) have contact after birth? | | | — |

USE OF PROFESSIONALS

19. Where do surrogates and clients obtain legal advice?
- | | <u>Surrogates</u> | | <u>Clients</u> | |
|---------------------------------------|-------------------|----|----------------|----|
| | Yes | No | Yes | No |
| a) We have in-house attorneys | — | — | — | — |
| b) We refer to attorneys | — | — | — | — |
| c) Must obtain attorneys on their own | — | — | — | — |
20. Does the same attorney ever represent both parties?
[f yes, under what circumstances? _____]
- Yes — No —
-
21. Where do surrogates and clients obtain psychological advice?
- | | <u>Surrogates</u> | | <u>Clients</u> | |
|---|-------------------|----|----------------|----|
| | Yes | No | Yes | No |
| a) We have in-house mental health professionals | — | | — | — |
| b) We refer to mental health professionals | — | | — | — |
| c) Must obtain mental health professionals on their own | — | — | — | — |
22. Is the use of mental health professionals or other support groups:
- | | <u>Surrogates</u> | <u>Clients</u> |
|---|-------------------|----------------|
| a) mandatory before signing a contract? | | — |
| b) mandatory during pregnancy? | — | — |
| c) mandatory after the birth? | — | |
23. Where do surrogates and clients obtain medical services?
- | | <u>Surrogates</u> | | <u>Clients</u> | |
|---|-------------------|----|----------------|----|
| | Yes | No | Yes | No |
| a) We have in-house physicians | — | | — | — |
| b) We refer to physicians | — | | — | — |
| c) Must obtain physicians on their own | — | — | — | — |
| d) Client obtains physician for surrogate | — | — | — | — |

CONTRACTS

24. Do you provide a standard contract? Yes ☐ No ☐
25. What are your most typical contract provisions? Please comment on the following possible provisions and any others not mentioned. If you have a standard contract, please enter its provisions. If not, enter those which are most typical. We would appreciate receiving a copy of the typical contract(s) if possible.

a) Does the contract provide that the client has any authority to make decisions concerning:

	Yes	No
(1) a chorionic villus biopsy?	<input type="checkbox"/>	<input type="checkbox"/>
(2) an amniocentesis?	<input type="checkbox"/>	<input type="checkbox"/>
(3) termination of pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
(4) prenatal care?	<input type="checkbox"/>	<input type="checkbox"/>
(5) use of prescription medicine?	<input type="checkbox"/>	<input type="checkbox"/>

b) Are any of the following prescribed or proscribed in the contract:

	Prescribed	Proscribed	No mention
(1) Diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Surrogate agrees to follow doctor's orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Other (please specify)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Does your contract state that:

	Yes	No
(1) the surrogate will relinquish custody at birth?	<input type="checkbox"/>	<input type="checkbox"/>
(2) the surrogate will terminate her parental rights prior to birth?	<input type="checkbox"/>	<input type="checkbox"/>
(3) the surrogate will terminate her parental rights upon birth?	<input type="checkbox"/>	<input type="checkbox"/>
(4) the client will accept the child regardless of gender?	<input type="checkbox"/>	<input type="checkbox"/>
(5) the client will accept the child regardless of health?	<input type="checkbox"/>	<input type="checkbox"/>
(6) the client will accept the child regardless of health unless the problem is due to surrogate's carelessness or breach of contract?	<input type="checkbox"/>	<input type="checkbox"/>
(7) the client's partner will accept the child if the client fails ill or dies?	<input type="checkbox"/>	<input type="checkbox"/>

d) What remedies are listed in the contract in the event that:

(1) the surrogate fails to abide by a life-style restriction?

(2) the surrogate fails to follow her doctor's advice?

(3) the surrogate fails to relinquish custody?

(4) the surrogate fails to relinquish parental rights?

(5) the client fails to accept the child?

(6) the client fails to pay?

(7) the client and partner die before birth or finalization of adoption?

e) What are the fees paid to the surrogate in the event of:

(1) failure to become pregnant?

(2) miscarriage?

(3) terminated pregnancy?

(4) stillbirth?

(5) birth of child with health problems?

(6) birth of healthy child?

f) What other fees and deposits are specified?

How much? Paid by whom? Paid when?

(1) Fees to attorneys

(2) Fees to psychiatrists

(3) Fees to physicians

for prenatal care

(4) Fees to your agency —

(5) Deposits in escrow accounts

(6) Other (specify) _____

26. Have your agency, your clients, or your surrogates ever been threatened with litigation? [f yes, please give an estimate of the number of cases dropped, settled, or pending.

OTHER SERVICES

27.

	Yes	No
a) Do you offer preconception sex selection?	—	
b) Do You offer surrogate embrvo transfer?	—	
c) Do you offer artificial insemination by donor?	—	
d) Do you match clients and surrogate gestational mothers, i.e. women who carry a child to whom they are not genetically related?	—	

If the answer to (d) is yes, are any of the above screening, counseling, contract or fee provisions different? Please specify.

DEMOGRAPHICS OF CLIENTS

(if no precise data, use best guess)

28. Age: Range Average (best estimate) —
29. Marital status:
- | | |
|-------------------|---------|
| Married: | percent |
| Unmarried couple: | percent |
| Single: | percent |
30. Sexual orientation:
- | | |
|---------------|---------|
| Heterosexual: | percent |
| Homosexual: | percent |
| Bisexual: | percent |
31. Religion (please give best estimate of percentages, or rank in perceived frequency):
- | | |
|-----------------------------|---|
| Catholic | |
| Protestant (fundamentalist) | |
| Protestant (ail other) | |
| Jewish | |
| Muslim | |
| Other | |
| Unknown | — |
32. Race (please give best estimate of percentages, or rank in perceived **frequency**):
- | | |
|-------|--|
| White | |
| Black | |
| Asian | |
| Other | |
33. **How many already have a child?**
34. Reasons clients cite for seeking a surrogate mother (please rank in order of frequency):
-
-
-
-
35. Economic statue of those seeking a surrogate mother (please give best estimate of percentages, or rank in perceived frequency):
- | | |
|-------------------------------|---|
| family income below \$15,000: | |
| between 15,000 and 30,000: | — |
| between 30,000 and 50,000: | |
| above 50,000: | |
36. Educational status:
- | | |
|------------------|---------|
| High school: | percent |
| College: | percent |
| Graduate degree: | percent |

DEMOGRAPHICS OF SURROGATES

37. Age: Range Average (best estimate)
38. Marital status:
- | | |
|-------------------|---------|
| Married: | percent |
| Unmarried couple: | percent |
| Single: | percent |
39. Sexual orientation:
- | | |
|---------------|---------|
| Heterosexual: | percent |
| Homosexual: | percent |
| Bisexual: | percent |
40. Religion (please give best estimate of percentages, or rank in perceived frequency):
- Catholic
protestant (fundamentalist) —
Protestant (all other)
Jewish
Muslim
Other
Unknown
41. Race (please give best estimate of percentages, or rank in perceived frequency):
- White
Black
Asian
Other
42. Reasons cited for seeking to be a surrogate mother (please rank in order of frequency):
- _____
- _____
- _____
- _____
43. Economic status of those offering to be a surrogate mother (please give best estimate of percentage, or rank in perceived frequency):
- family income below \$15,000: —
between 15,000 and 30,000:
between 30,000 and 50,000:
above 50,000:
44. Educational status:
- | | |
|------------------|---------|
| High school: | percent |
| College: | percent |
| Graduate degree: | percent |
45. Percentage who:
- a) have had a prior pregnancy:
b) have had a miscarriage:
c) have had an abortion:
d) have relinquished a previous child for adoption:
e) have relinquished a child as a surrogate:
f) are themselves adopted:

OPINION

46. What do you think of the Baby M decision?
- _____
- _____
- _____
- _____
- _____
47. Do you think there is any role for professional societies with respect to surrogate mothering practice? Yes ___ No ___
- If not, why not? _____
- _____
- _____
- If so, precisely what would you like to see done?
- _____
- _____
48. Do you think there is any role for state government with respect to surrogate mothering practice? Yes ___ No ___
- If not, why not? _____
- _____
- _____
- If so, precisely what would you like to see done?
- _____
- _____
49. Do you think **there is any role for the federal government with respect to surrogate mothering practice?** Yes ___ No ___
- If not, why not? _____
- _____
- _____
- If so, precisely what would you like to see done?
- _____
- _____

Please feel free to attach further comments.