Reconsidering.the.Altruistic.Model.in.Australia

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This submission argues that the current altruistic surrogacy model in Australia is both outdated, restrictive and fails to appropriately value the time, labour, risk and commitment undertaken by surrogates.

I was a surrogate for two close friends of mine who were unable to conceive. As a result, in 2023, I gave birth to a healthy baby. When I first learned of their struggles, there was no hesitation, I knew I wanted to help. I had no fertility issues and had already birthed two daughters. It felt like the most meaningful gift I could offer.

And truly, it was everything I hoped it would be, deeply fulfilling, emotionally rich, and transformative. That experience can never be reduced to monetary terms. However, when people ask if I would do it again, my answer is an unwavering no, not unless I were compensated.

As a working mother, I am acutely aware of the value of time, particularly my own. The surrogacy journey involved countless appointments: IVF procedures, ultrasounds, endless blood tests, an endometrial biopsy, legal and psychological consultations, gynaecological care, midwifery support, and more. While some appointments during work hours were covered through lost wages, the majority were scheduled outside work hours to minimise disruption to my employment, meaning the burden remained mine.

I also experienced hyperemesis gravidarum (severe morning sickness), a debilitating condition that rendered me bed or couch-bound for most of the pregnancy. This had a significant impact on my family. My partner had to take over parenting responsibilities completely, school drop-offs and pick-ups, meals, extracurricular activities, while I was physically unable to participate in my children's lives. Professionally, I was only able to continue working because my employer graciously allowed me to work from bed. Without this I would have had to resign.

Out of pocket costs are frequently underestimated. It is commonly acknowledged among surrogates that the process often results in personal out of pocket expenses. Current laws allow for reimbursement of medical and pregnancy-related expenses, among others, yet many costs exist in grey areas that are frequently taken on by the surrogate.

For example, my friends generously paid for pregnancy-safe skincare, but the long-term hormonal effects on my skin extended well beyond birth, requiring treatments and products I paid for myself. I received no compensation for postpartum-related expenses such as vitamins to manage hair loss, hormone-balancing supplements, or the purchase of clothing when I could no longer fit into my pre-pregnancy wardrobe. The law seems to presume the surrogacy journey ends at birth, but physiologically, a woman's body can take up to two years to fully recover—and many effects endure well beyond that period.

Since giving birth, I have been diagnosed with adenomyosis, a painful condition where the uterine lining grows into the muscular wall of the uterus. While I cannot definitively attribute this to my surrogacy experience, research suggests that pregnancy can be a contributing factor and due to the extensive testing required of a surrogate to be eligible it was not present before

this pregnancy. It is a personal example of the unpredictable, long-term health consequences that surrogates face, often without acknowledgment or support.

Australia's altruistic surrogacy framework, by denying women the right to negotiate compensation for these profound physical and emotional contributions, reinforces an outdated view of reproduction as a duty rather than a service. In contrast, regulated compensatory models, such as those seen in the UK and Canada, allow for broader reimbursement and recognition of time, risk, and effort, though even these systems can leave surrogates vulnerable to under-compensation due to vague expense definitions. The United States' commercial model, in which surrogates and intended parents enter formal, transparent payment agreements, offers the clearest form of respect and autonomy for all parties involved.

Importantly regulated compensation is not about commodifying pregnancy or children, it is about respecting the work and sacrifice involved, and ensuring surrogates are not financially or emotionally disadvantaged. It also provides a protective buffer in cases where relationships break down. Expecting surrogates to be compensated solely for direct pregnancy-related expenses places undue reliance on emotional fulfilment as their primary reward. This dynamic creates an unfair burden on intended parents, who, while adjusting to the demands of caring for a newborn, may not be able to continually provide the emotional validation the surrogate relies upon. If that relationship deteriorates for any reason, the surrogate is left with little to no recourse, and the emotional 'payoff' is effectively lost. In contrast, a regulated commercial surrogacy framework offers a safeguard: it ensures that a surrogate's contribution is acknowledged in a tangible, equitable way, reducing the risk of them feeling exploited in the event of a relationship breakdown.

Australia must move beyond the romanticised ideal of altruism and embrace a commercial framework, or a more fairly compensated one. One that empowers surrogates, values their labour, and reflects the complex, demanding reality of what it means to carry a child for another family. If this can be achieved, it is my firm belief that more surrogates will be accessible for intended parents.

Thank you for reading my submission,

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Surrogate.