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07/04/25

The Commissioner
Australian Law Reform Commission
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Dear Commissioner,

SUBMISSION TO THE AUSTRALIAN LAW REFORM COMMISSION – REVIEW OF AUSTRALIA'S SURROGACY LAWS

I am making this submission to contribute to the Australian Law Reform Commission's review of Australia's surrogacy laws.

At the time of being a surrogate in ACT, I was a 47-year-old woman and a single parent, which placed me in a high-risk category for pregnancy and birth. I approached this journey with great care and responsibility. I sought medical clearance from my doctors and was deemed physically capable of carrying a pregnancy. I also sought psychological advice and support before entering into the arrangement to ensure that I was a suitable candidate for surrogacy from a mental and emotional wellbeing perspective. I did the necessary research and due diligence to prepare myself for the commitment.

What I did not account for, however, was that the Intended Parents, whom I considered friends, lacked the emotional intelligence, awareness, and psychological preparedness required for such a complex and relational process. This created significant trauma responses throughout the journey and ultimately led to a breakdown in connection and trust. I also take responsibility for having not maintained the friendship long enough to commit to the surrogacy, trusting that shared values and closeness would see us through.

Despite everything, I do not regret my decision to become a surrogate. I have no regrets about bringing a beautiful child into the world and helping to create a family. However, my experience has made it painfully clear that the current surrogacy system does not adequately support or protect surrogates — particularly in terms of emotional wellbeing, enforceable agreements, and balanced power dynamics.

Throughout the journey, I had to fight for basic considerations. This included advocating for appropriate hospital care, as there was no surrogacy-specific policy in place. My concerns led me to contact the Minister for Health and contribute to a review of the hospital's surrogacy policy. A deeply personal point of distress was my request to have grieving time with the baby alongside my daughter — a request that was not supported by the IPs. One IP refused mediation, stating disbelief in the value of psychological support.

In addition, the written agreement for post-birth psychological care and financial support was prematurely terminated by the IPs, leaving me without essential support during recovery. Were it not for the surrogacy-related leave and entitlements available to me through my role in the state government, I would not have been able to proceed as the financial impact would have been too great to bear alone.

My story highlights urgent areas in need of reform including mandatory psychological education and screening for all parties, trauma informed care, enforceable agreements, and recognition of the surrogate's full humanity throughout the journey.

I feel strongly that surrogacy laws need to change. I am willing to speak out to help create a system where surrogates are fairly and ethically compensated. Right now, the power imbalance leaves many women vulnerable, especially when hopeful outcomes aren't achieved. This can lead to long-term mental health and financial mental health and financial impacts.

Too often, surrogates are left unprotected, while intended parents, especially same-sex couples are given media spotlight. Why aren't we hearing from women actually carrying the pregnancy? Their voices are essential.

This isn't about commodifying birth, it's about justice, agency, and acknowledging the physical and emotional labour involved. Fair compensation is not just reasonable, it's the ethical next steps. I understand the media's focus on showcasing diversity and inclusion, particularly when highlighting intended parents from same -sex or diverse backgrounds. However, it is deeply disappointing that the voices of surrogates are consistently excluded from these conversations. This exclusion reinforces a harmful imbalance, one where these who carry the greatest physical and emotional burden are left out of public dialogue.

As someone that has worked in a diversity and inclusion role with the ACT Government, I would be more than willing to speak publicly on this issue. From a social justice perspective, it's clear that surrogates are not treated equally within the current framework, and therefore policies and media representation must evolve to acknowledge and address this inequality. Without including surrogate voices, we risk continuing systems that exploit and silence the very women whose experiences are at the heart of the process.

I have read the Issues Paper and have responded to the questions posed in the paper below.

I seek that my submission be published but de-identified.

1. If you or someone close to you has had personal experience of surrogacy, please describe:

-What parts of your experience were positive?

The most meaningful part of my surrogacy experience was the opportunity to contribute to the creation of a family. It was a deeply holistic act that aligned with my core values of compassion, community, and giving back to a world needs more empathy. For me, helping others become parents was an act of love and service.

-What parts of your experience were negative?

The breakdown of the relationship with the intended parents (IPs) revealed significant issues in the current surrogacy model. There was a profound lack of understanding or consideration of my emotional, physical, and psychological needs throughout the process. I experienced a complete loss of connection not only with the IPs but also with the child I carried. This severing of ties had a lasting impact on my mental health and sense of identity in relation to the experience.

-What could be improved and how?

Based on my experience, I strongly recommend the following changes to improve the surrogacy framework and protect all parties involved, particularly surrogates:

- **Enhanced Screening:** The current screening process lacks depth, especially in assessing the emotional readiness and capacity of intended parents to sustain a respectful and reciprocal relationship with the surrogate throughout and after the process.
- **Mandatory Mediation:** Ongoing, independent mediation should be mandatory at all stages before conception, during pregnancy, and post-birth to ensure clear communication, mutual accountability, and early intervention when relationships begin to strain.
- **Accountability Measures:** There should be enforceable responsibilities placed on IPs to uphold their commitments to the surrogate's wellbeing throughout the journey, not just until the child is born.
- **Financial Compensation:** Surrogates currently carry a disproportionate burden with no guaranteed benefit. Recognising this through structured financial compensation would help redress the power imbalance and provide meaningful acknowledgement of the physical, emotional, and relational labour involved.
- **Adoption Law Reform:** Consider reforming and easing the restrictive adoption laws in Australia to prioritise providing homes for vulnerable children already in need. This would allow people who want to become parents to consider adoption as a viable and socially responsible option before turning to surrogacy.

2. What reform principles should guide this Inquiry?

- **Equity and Legal Protection for Surrogates**

  Surrogates must be recognised as equal participants, not passive service providers. This includes consistent access to physical, emotional, and financial support before, during, and after pregnancy. While formal agreements may exist, the current system often relies on goodwill. From lived experience, pursuing legal action felt impossible, not only due to the state of my mental health, but also because of personal values. It felt petty and emotionally distressing to seek legal recourse after giving birth and creating life. This highlights the inadequacy of current legal protections in addressing real-life dynamics and emotional vulnerability.

- Regulation and Accountability for IVF Clinics

  IVF clinics must be governed by clear, enforceable legislation specific to surrogacy arrangements. At present, many clinics operate as profit-driven businesses, often exploiting vulnerable people both Intended Parents (IPs) and surrogates during what is a highly emotional and personal journey. The physical and mental wellbeing of surrogates is frequently overlooked, with priority placed on achieving a pregnancy rather than safeguarding the rights and health of those involved.

  Doctors must be ethically obligated and professionally empowered to assess the psychological and physical suitability of all parties, particularly in surrogacy arrangements. They must also be willing to speak up and advise against proceeding when circumstances indicate it is not in the best interest of the surrogate, the IPs, or the potential child. Currently, there appears to be no formal record of any individual being declined for participation in a surrogacy arrangement a fact that warrants serious investigation. This raises important concerns about oversight, ethical standards, and whether the current system is truly acting in the best interests of all parties.

  Surrogates and egg donors are too often treated as vessels, not as whole human beings with long-term needs. Clinics must be held accountable for ensuring informed consent, emotional support, and genuine health advocacy not just successful medical outcomes.

- **Lived Experience at the Centre**

  Reform must be co-designed with surrogates who have lived experience. Excluding their voices has created systemic blind spots, especially around emotional needs, vulnerability, and post-birth grief. Policies, services, and media representation must reflect the actual experiences of those most impacted.

- **Trauma-Informed and Ongoing Mental Health Support**
  Surrogates often experience complex grief after relinquishing a child a reality rarely acknowledged or supported. IPs also need support to understand these emotional dynamics. Counselling should be embedded from the beginning of the arrangement and continue for at least four months post-birth. This must be a non-negotiable, trauma-informed, and culturally safe element of all surrogacy pathways.
- **Ongoing Mediation and Relational Support**
  The relationship between surrogates and IPs is often shaped by unspoken power dynamics. Surrogates may suppress their needs to avoid jeopardising the connection with the IPs or the child. Mediation should be embedded from the start of the arrangement and continue for at least six months after the birth, or until one party chooses to withdraw. This ensures safety, voice, and accountability in an often emotionally loaded dynamic.
- **Mandatory Training for Intended Parents**
  Intended Parents should undertake compulsory education before entering into a surrogacy arrangement. This should cover empathy, communication, understanding the physical and emotional experiences of surrogates, and the ethical complexities involved. Surrogacy is not just about having a baby it is about building relationships grounded in respect, equality, and care.
- **Recognising Surrogacy as a Human Relationship, Not a Transaction**
  Surrogacy is a deeply personal and emotional journey. Systems that focus solely on the outcome a baby ignore the human relationships and sacrifices involved. Legal, medical, and psychological systems must reflect the relational nature of surrogacy, not reduce it to a contract or transaction.
- **Fair Financial Compensation for Surrogates**
  Financial compensation must be considered as a fundamental principle of equity. Surrogates carry the physical, emotional, and psychological burden of pregnancy and the entire process. Equality cannot be achieved if this contribution is not acknowledged and valued. Unless someone has experienced pregnancy and birth, it is impossible to fully grasp the sacrifice involved. Hormonal treatments during IVF can cause long-term health impacts, including early menopause impacts, which are rarely acknowledged or supported.
- **Mandatory Regulation Against International Surrogacy Exploitation**
  International surrogacy should be criminalised where it exploits individuals who lack legal, physical, mental health, and educational protections. If Australian adoption and domestic surrogacy systems were more ethical, accessible, and safe, there would be less need to seek arrangements abroad especially those that put vulnerable people at risk.
- **Hospital Policies That Support Surrogates and IPs**
  Hospitals should adopt mandatory policies that provide shared post-birth support for surrogates and IPs. This includes at least one to two nights of joint care, offering time for emotional processing, physical recovery, and access to grief support services. This creates space to honour the emotional complexity of the surrogacy experience for all parties involved.

3. What do you think are the key human rights issues raised by domestic and/or international surrogacy arrangements and how should these be addressed?

One of the key human rights issues in both domestic and international surrogacy arrangements is the lack of protection and recognition for surrogates as equal participants. Too often, surrogates are treated as a means to an end, valued only for their ability to carry a child, rather than as whole human beings with emotional, physical, and psychological needs. This is particularly evident in the lack of legal safeguards, access to independent counselling, and post-birth support. The current systems frequently prioritise the desires of

Intended Parents (IPs), leaving surrogates to suppress their own needs in order to maintain the relationship or protect their bond with the child. This unequal power dynamic undermines genuine consent and autonomy, and can lead to long-term emotional harm.

International surrogacy raises even more serious human rights concerns, particularly when arrangements occur in countries where surrogates lack legal protections, adequate healthcare, or informed consent processes. These practices often exploit women in economically vulnerable situations, reducing them to the role of incubators for wealthy foreign clients. To address these issues, surrogacy arrangements, domestic and international, must be grounded in human rights principles. This includes enforceable laws to ensure equity, fair compensation, trauma-informed mental health support, and the inclusion of surrogates' voices in all decision making processes. International surrogacy that circumvents these protections should be criminalised, and improved domestic systems should be developed to prevent the need for Australians to look overseas for arrangements that carry high risks of exploitation and abuse.

4. What information about the circumstances of their birth do you think children born through surrogacy should have access to? How should this be provided / facilitated?

   Children born through surrogacy have a fundamental right to know the truth about the circumstances of their birth. Withholding this information can create confusion, identity challenges, and a sense of betrayal later in life. Psychological research strongly supports that children who are told the truth from an early age about their conception and birth story in an age-appropriate, honest, and loving way experience stronger emotional wellbeing and identity security. Truth-telling from the beginning allows the child to integrate their story as part of who they are, rather than it being revealed as a disruptive secret later on.

   This process should not be left to chance or personal discretion. It must be embedded into the surrogacy framework through education, resources, and ongoing support for Intended Parents. This includes mandatory training on how to talk to children about their birth origins, supported by child psychologists and professionals with lived experience of surrogacy. Counselling services should be made available as the child grows, to support their evolving understanding and emotional needs. Additionally, records of the surrogacy arrangement including information about the surrogate and, where applicable, egg or sperm donors should be securely stored and made accessible to the child, with legal

5. What do you think are the main barriers that prevent people from entering into surrogacy arrangements in Australia, and how could these be overcome?

   One of the main barriers preventing women from becoming surrogates in Australia is the complete lack of meaningful financial recognition. The current altruistic model assumes that women will carry the physical, emotional, and psychological burden of pregnancy, including the very real risk of long-term health impacts or even death, without any form of compensation beyond basic reimbursements. For most women, especially those with existing responsibilities or health considerations, this sacrifice is simply too great. The reality is that surrogacy requires significant personal risk, time, and emotional labour, yet the current system offers no viable benefit to outweigh these costs. Until this is addressed, surrogacy in Australia will remain inaccessible and unsustainable for many women who might otherwise consider it.

   Additionally, surrogates are often more inclined to support first-time parents, where the emotional motivation and perceived purpose feels more meaningful. Many people seeking surrogacy already have a child, and while their circumstances are valid, they may not be seen as significant enough for a surrogate to take on the risks involved. It is also important to recognise that surrogates must have already completed their own families, which limits the pool of potential candidates. Most are unlikely to consider becoming a surrogate more than once due to the intensity of the physical and emotional journey. To overcome these barriers, Australia must

move toward a regulated, ethical model of compensated surrogacy, one that honours the surrogate's contribution, protects her rights, and makes the process safe, transparent, and respectful for everyone involved.

6. Should there be eligibility criteria for surrogacy? If so, what should those requirements be?
   Yes, eligibility criteria should apply to both surrogates and Intended Parents (IPs) to ensure all arrangements are ethical, safe, and informed. Surrogates should be over 25, have completed their own families, and undergo thorough physical and psychological assessments. These assessments should not be conducted solely by fertility clinics but overseen by an independent committee made up of both professional experts and individuals with lived experience. IPs should likewise be emotionally, financially, and psychologically prepared for the journey, with independent assessments that include the authority to determine suitability. Both parties must complete trauma-informed counselling, comprehensive education, and a mandatory mediation process of a minimum of 3 months (8 sessions) before entering into any surrogacy agreement.

   To ensure national consistency and fairness, an **Independent National Surrogacy Ethics & Oversight Committee (NSEOC)** should be established. Currently, decision-making varies between states and is often left to fertility clinics or legal professionals, creating the risk of inconsistent, biased, or commercially driven outcomes. A national body would bring much-needed oversight, remove conflicts of interest, and embed ethical safeguards across the surrogacy process.
   National Surrogacy Ethics & Oversight Committee (NSEOC)
   Purpose:
   To ensure ethical, trauma-informed, and consistent decision making across all surrogacy arrangements in Australia.
   Responsibilities:
   - Review and approve eligibility of surrogates and IPs based on medical, psychological, and ethical criteria
   - Ensure assessments are trauma-informed, culturally safe, and independent of fertility clinics
   - Monitor IVF clinic practices and service providers to prevent exploitation
   - Provide guidance on disputes, red flags, or high-risk situations
   - Include lived experience voices, particularly past surrogates, to ensure grounded, real-world understanding

   Composition:
   - Medical and psychological professionals
   - Independent legal experts
   - Lived experience representatives (surrogates, IPs, and donor-conceived individuals)
   - Trauma-informed practitioners and ethicists
   - Cultural and First Nations advisors

7. Are there any current requirements which should be changed or removed?
   The strict prohibition of financial compensation must be reconsidered. The altruistic-only model places the burden of sacrifice entirely on the surrogate, which is inequitable and discourages participation. Furthermore, the current requirement that IPs be in a specific type of relationship (e.g. married or de facto) can exclude otherwise suitable individuals or families and should be reviewed for inclusivity and relevance.

8. Are there any requirements for a valid surrogacy agreement you think should be added, removed or changed?
   Yes. Surrogacy agreements should be expanded to include structured post-birth mediation and guaranteed access to mental health support for all parties, fully covered by Medicare. These services should not be optional, as they are essential to supporting the emotional wellbeing of both surrogates and Intended Parents (IPs). Agreements should also include a clear, professional-led plan for ongoing connection if desired by any

party, respecting the relational nature of surrogacy. Additionally, a grief informed care plan should be developed prior to birth in consultation with a qualified practitioner. This plan should be reviewed in a facilitated mediation session and apply whether the surrogacy results in the birth of a child or is terminated before completion. Emotional support must be embedded in the agreement, not left to chance.

9. Should surrogacy agreements be enforceable?
   Surrogacy agreements should be partially enforceable. While the surrogate's right to withdraw consent prior to embryo transfer and birth must always be protected, enforceability should apply to areas such as financial reimbursements, agreed support services, and obligations for counselling and mediation. This protects all parties without compromising bodily autonomy.

10. What process requirements should be in place for surrogacy arrangements?

Surrogacy arrangements should follow a clear, trauma-informed, and ethically robust process that protects the rights and wellbeing of all parties involved. The following stages should be mandatory:

1. **Comprehensive psychological and medical assessments** for both surrogates and Intended Parents (IPs), conducted by independent professionals. These assessments must be more rigorous than current standards and include the genuine ability to determine unsuitability, with no obligation to proceed if concerns arise.
2. **Trauma informed counselling** for all parties, commencing prior to conception and continuing post-birth, to support emotional resilience, grief processing, and healthy relational dynamics.
3. **Independent legal advice** provided by separate legal representatives for surrogates and IPs, ensuring that all parties fully understand their rights, responsibilities, and the legal framework surrounding the arrangement.
4. **Mandatory education sessions** for surrogates and IPs, covering the legal, emotional, medical, ethical, and relational aspects of surrogacy.
5. **Structured mediation processes**, available at key stages during the arrangement (pre-conception, during pregnancy, and post-birth) to support communication, manage expectations, and address emerging concerns in a neutral, supportive environment.
6. **Documented consent and care planning**, with scheduled reviews throughout the process to ensure plans remain aligned with the evolving needs and wishes of all parties.
7. **A formal grievance and transition process**, overseen by an independent body, which includes not only mechanisms for resolving disputes, but also structured support for the emotional and psychological process of handing over the child. This must include dedicated space for the surrogate to process the transition and grief in a supported, safe, and respectful way.
8. **Transparent financial arrangements and fair compensation**, clearly documented and agreed upon prior to embryo transfer. This should include a framework for reimbursing expenses, compensating for time and health impacts, and recognising the physical and emotional labour involved. Financial processes must be managed independently to protect both parties and avoid undue influence or conflict.

11. What are the gaps in professional services for surrogacy in Australia?
    There is a critical lack of trauma-informed mental health support for both surrogates and Intended Parents (IPs), particularly from professionals with direct experience or specialised knowledge of surrogacy. Access to trained mediators who understand the emotional complexities and relational dynamics of surrogacy is also limited. Furthermore, there is a noticeable absence of qualified professionals with lived experience involved in guiding or supporting the process, which contributes to a disconnect between policy, practice, and the realities of surrogacy.

    IVF clinics often lack the specialised services, training, and holistic support structures required to ethically support surrogacy arrangements. Similarly, hospitals, including maternity wards, midwives, and nurses, frequently operate without specific policies or aftercare frameworks tailored to surrogacy, leaving both surrogates and IPs without adequate emotional or practical support during the postnatal period. Legal

services also present a gap, with limited availability of lawyers who specialise in surrogacy law and can offer nuanced, compassionate, and comprehensive advice throughout the journey.

12. What is the best way for professional services for surrogacy to operate?
    Services should be coordinated through a centralised, government-regulated body that provides ethical oversight, education, and professional support. Professionals should be trained in trauma-informed care, surrogacy ethics, and cultural safety. Services should be independent of fertility clinics to avoid conflict of interest.
13. How should surrogacy advertising be regulated?
    Surrogacy advertising should be allowed but regulated. All advertisements must be transparent, respectful, and not coercive. They should include disclaimers about risks, legal requirements, and direct users to approved services. Ads by IVF clinics should be independently reviewed to ensure ethical messaging.

14. What entitlements, if any, should be available to surrogates and intended parents?
    Surrogates should have access to paid leave entitlements and finical compensation, Medicare-covered psychological care, and compensation for lost wages, medical costs and paid recovery leave. IPs should be entitled to parent leave from the birth, access to education and counselling, and legal support services.

15. How could the process for reimbursing surrogates for reasonable expenses be improved?
    The reimbursement process should be streamlined through a centralised, independent body that pre-approves eligible expenses and distributes funds directly to surrogates. This would eliminate the need for surrogates to request or justify each expense to Intended Parents (IPs), reducing stress and preventing power imbalances. A pre-agreed reimbursement amount could be provided on a fortnightly basis throughout the surrogacy journey to ensure consistent and timely support.
    An independent governing body should be responsible for determining what constitutes a fair and reasonable reimbursement. This would include establishing national guidelines for allowable expenses and setting standardised amounts based on the physical, emotional, and logistical demands of the surrogacy process. Such a system would create greater equity, transparency, and trust between all parties involved.

16. Do you support a) *compensated* surrogacy and/or b) '*commercial*' surrogacy? You might want to consider whether you agree with how we have described compensated and 'commercial' surrogacy?
    Yes, I support **compensated surrogacy** defined as regulated, ethical financial recognition for the surrogate's time, risk, and sacrifice. I do not support exploitative or profit-driven "commercial" surrogacy. The distinction is important: compensation respects the surrogate, whereas commercialisation risks commodification.
17. If Australia was to allow for compensated or 'commercial' surrogacy, how could this be implemented?

    Compensated surrogacy could be implemented through a capped, government-regulated scheme. Independent panels would assess and approve compensation based on physical, emotional, and time contributions, similar to models used in organ donation follow-up or victims' compensation schemes. It must include protections from coercion or over commercialisation.

18. What are the main problems with the requirements and processes for obtaining legal parentage for a child born through domestic and/or international surrogacy?
    The current process for transferring legal parentage is often slow, inconsistent across jurisdictions, and emotionally distressing for both surrogates and Intended Parents (IPs). The legal gap between birth and the

formal transfer of parentage leaves all parties in a state of limbo. Surrogates retain legal parentage despite having no intention to parent, while IPs are left without formal rights to make decisions for their newborn. This legal uncertainty can create significant psychological strain, with IPs experiencing anxiety about the possibility of the surrogate changing her mind which may foster distrust and trigger the breakdown of an otherwise positive relationship.

Additionally, the process places undue pressure on surrogates during a highly vulnerable time. Being asked to complete legal paperwork and participate in court proceedings while physically recovering from birth can be traumatising and reinforces the sense of being treated as a vessel, rather than a respected individual. The lack of coordinated, trauma-informed support during this phase contributes to a dehumanising experience and fails to honour the surrogate's emotional and physical contribution. Urgent reform is needed to make this process more timely, respectful, and psychologically safe for everyone involved.

19. How could the process for intended parents to become the legal parents of children born through surrogacy be improved?

Parentage orders should be fast-tracked and begin during pregnancy, with consent from all parties. Independent legal reviews should be conducted pre-birth, and the court process should shift toward an administrative model rather than a complex legal proceeding, provided all conditions are met.

20. What, if any, are the main problems with obtaining the following documents for a child born through international surrogacy:

a. Australian citizenship;
b. an Australian passport; or
c. an Australian visa.

21. How could the process for obtaining these documents be improved?

Create a dedicated federal surrogacy liaison unit within Home Affairs that provides consistent guidelines and fast tracks cases involving children born through verified arrangements. This would reduce delays, ensure child safety, and support returning Australian families.

22. What is the best way to approach differences in surrogacy regulation between or within jurisdictions?

A national surrogacy framework should be established to ensure consistent laws across states and territories. This would prevent legal loopholes, forum shopping, and confusion, while preserving state-based flexibility where appropriate.

23. Is it appropriate for surrogacy arrangements to be subject to oversight? If so, what is the best approach?

Yes. Oversight is essential for ethical protection. A national, independent body should oversee surrogacy processes, clinics, and agencies, ensuring compliance, handling complaints, and monitoring outcomes for surrogates, children, and IPs.

24. Should the law have a role in discouraging or prohibiting certain forms of surrogacy?

Yes. The law should prohibit exploitative or unregulated international surrogacy, especially where women lack legal protections or informed consent. Domestic surrogacy should be supported, safe, and ethically guided — not discouraged through punitive policy.

25. Do you think there is a need to improve awareness and understanding of surrogacy laws, policies, and practices?
    Absolutely. Many surrogates, IPs, and even professionals lack clear knowledge of their rights and responsibilities. National awareness campaigns, targeted training, and public education initiatives are essential to promote ethical practice and informed participation.

26. Do you have any views about the issues we consider to be in or out of scope?
    The current scope should be expanded to include the long-term emotional impact on surrogates and children, the lack of formal grief support, and the gap in post-birth legal limbo for IPs. These are core issues often overlooked in policy debates.

27. Are there any important issues with regulating surrogacy that we have not identified in the Issues Paper? Do you have any other ideas for reforming how surrogacy is regulated?
    Yes. One key issue is the lack of hospital policy and post-birth care protocols that recognise the emotional complexity for both surrogates and IPs. Hospitals should implement mandatory shared care policies for one to two nights post-birth, allowing time for transition, emotional processing, and access to counselling.
    Additionally, the role of lived experience — especially surrogate voices — must be embedded in all levels of policy and program design.

Thank you for considering my submission.

Yours Faithfully,

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