

2<sup>nd</sup> December 2025

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Dear ARLC panel,

I wish to state at the outset that my preferred position is for surrogacy to be abolished in its current form. My concerns arise from the significant human-rights implications inherent in any arrangement where a woman's reproductive labour, bodily autonomy, and legal status as the birth mother may be compromised. I also hold deep concerns about the potential for exploitation, coercion, and the creation of conditions that resemble child-trafficking pathways, particularly where financial incentives, power imbalances, or inadequate oversight exist.

However, if the law is not prepared to end surrogacy, then it must take urgent and substantial steps to strengthen protections for surrogate mothers, children born through surrogacy, and all parties involved. The purpose of this submission is therefore not to promote surrogacy, but to ensure that the law recognises the inherent risks and implements robust safeguards to prevent harm.

My perspective comes from lived experience rather than academic theory or commercial interest. I served as a surrogate mother in 2013 and gave birth to a baby girl through altruistic surrogacy. I am also an adopted person, with my adoption taking place in 1974, a period marked by secrecy, limited rights for birth mothers, and a lack of transparency for adopted children.

These personal experiences give me a unique lens through which to understand the emotional, psychological, and lifelong identity impacts that arise when a woman's reproductive experience and a child's origins are mediated by legal systems, professionals, and the desires of intending parents. My submission does not reflect the perspective of lawyers, fertility clinics, or individuals motivated by commercial gain or profound personal longing for a child. It reflects the perspective of someone who has lived both sides of the experience: a woman who has carried a child for others, and a child who grew up separated from her birth mother.

My goal is simple: **to ensure that no surrogate and no child is ever placed in a position where their rights, dignity, or wellbeing can be overshadowed by the needs or expectations of others.** If surrogacy is permitted to continue, the law must be rewritten with human rights, not industry interests at its core.

## **Proposal 18**

### **Mandatory Authority for Release of Medical Information**

I recommend that surrogacy legislation require the signing of an authorised consent form permitting the release of relevant medical records for both the intended parents and the surrogate mother.

The purpose of this measure is to ensure that:

- All parties' mental-health histories are available for assessment.
- Significant mental-health conditions cannot be concealed.
- Clinicians and legal professionals can make informed recommendations; and
- Psychological and medical risks are identified early, allowing for appropriate support and intervention.

This requirement promotes transparency, mitigates risk, and supports ethical decision-making throughout the surrogacy arrangement.

### **Question D**

I recommended that intended parents undergo professional counselling for infertility-related trauma before any surrogacy arrangement is approved. Infertility can produce long-term emotional impacts, including grief, anxiety, and unresolved psychological distress. Addressing these factors proactively ensures:

- Emotional readiness for the surrogacy process.
- Healthier relationships between intended parents and the surrogate.
- Increased stability for the resulting child.
- Reduction of future conflict, unmet expectations, or attachment trauma.

Mandatory counselling is a preventative safeguard that strengthens the integrity and sustainability of the surrogacy arrangement.

### **Question E Option 19.2**

I recommended that all surrogacy arrangements be reviewed and approved by an independent governing body or regulatory authority. This body should be responsible for assessing the criminal-record disclosures of both intended parents and surrogate mothers.

Approval should be granted if none of the specified high-risk offences are present in an applicant's history, including:

- Offences involving violence or harm.

- Offences involving children or vulnerable persons.
- Drug or alcohol-related offences that indicate addiction or impaired judgement.
- Serious or repeated dangerous driving offences;
- Relevant financial or fraud-related offences that raise concerns regarding reliability or honesty.

This would ensure a consistent, evidence-based assessment process that prioritizes child safety, minimises risk, and supports ethical surrogacy practice. This centralised approval mechanism would strengthen accountability, ensure fairness, and maintain clear standards across all surrogacy arrangements.

### **Proposal 21**

The proposed requirements of one to two counselling sessions significantly understate the complexity, emotional depth, and psychological impact of surrogacy, particularly for women undertaking the role of a surrogate. Surrogacy involves profound physical and psychological demands, and these impacts often extend to the surrogate's partner and children. Because the surrogate's family is directly affected by the arrangement, counselling should be extended to include her partner and, where appropriate, her children, ensuring that the entire household is informed, prepared, and supported.

A minimal counselling framework risks cheapening the seriousness of the process and failing to acknowledge the emotional and psychological realities faced by surrogates. The process should never be rushed or structured in a way that favours the timelines, expectations, or convenience of intended parents over the surrogate's wellbeing and informed consent.

Given the highly emotional nature of surrogacy, legislation should require a comprehensive, multi-session counselling program, delivered over time and available before, during, and after the pregnancy.

This expanded counselling requirement promotes ethical practice, safeguards all parties involved, and reinforces that surrogacy is a complex, deeply personal process that must be approached with care, respect, and adequate support.

Importantly, the legislation should require that intended parents cover the cost of post-birth counselling for the surrogate. This includes support specifically aimed at identifying and treating postnatal depression and other postpartum mental-health concerns, which does occur even when the surrogate is not raising the child. Ensuring funded access to qualified psychological support post-birth recognises the legitimate mental-health risks associated with pregnancy and protects the

surrogate's long-term wellbeing. For intended parents, post-birth counselling helps establish healthy boundaries, reduces the likelihood of becoming overly reliant on or overly involved with the surrogate, and supports the development of a respectful, balanced relationship as roles transition after the birth. Including both parties in structured post-birth counselling helps prevent relationship strain, clarify expectations, and maintain emotional safety and stability for everyone involved.

### **Proposal 30**

Granting automatic legal parentage to intended parents at the moment of birth fundamentally conflicts with long-established human-rights principles that recognise the woman who gives birth as a rights-bearing individual with autonomy, dignity, and inherent legal standing.

Human-rights framework, including the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR), and the Convention on the Rights of the Child (CRC)—emphasise bodily autonomy, protection from exploitation, dignity in childbirth, and the right to family life. These principles collectively support the long-recognised legal presumption that the woman who gives birth is the initial legal parent, regardless of how the child was conceived.

Erasing this legal recognition at birth, and instead assigning parentage automatically to intended parents, removes the surrogate's ability to provide free, informed, and post-birth consent. It denies her the right to process the physical and psychological demands of pregnancy and childbirth before finalising such a significant legal decision. This creates an imbalance of power: the surrogate's rights and lived experience become subordinate, while intended parents receive immediate legal protection without corresponding safeguards for the woman who carried the child.

Moreover, automatic reassignment of parentage does not allow the surrogate to reconsider her position after the profound physical, emotional, and psychological toll of pregnancy and birth. A surrogate must retain the right to change her mind until she has fully recovered from childbirth and is able to provide meaningful, pressure-free consent. Removing these right risks turning surrogacy into a commercial transaction that treats the surrogate as a means to an end, rather than recognising her as a person with enduring human rights, agency, and legal identity.

In cases of male only Intended Parents, removing the surrogate's legal status at birth effectively eliminates the representation of the female reproductive role from the legal framework. This will unintentionally diminish the recognition of the surrogate's profound biological, physical, and emotional contribution, and will reduce her role to that of a service provider rather than a rights-bearing individual whose participation makes the entire arrangement possible.

For these reasons, any transfer of parentage must occur after birth, through a structured legal process that ensures:

- the surrogate's consent is informed, voluntary, and free from coercion.
- she has access to mandatory post-birth counselling and support.
- all parties' rights and wellbeing are protected; and
- the dignity and autonomy of the woman who gives birth remain central to the legislative framework.

Protecting the surrogate's right to retain parentage at birth is not only consistent with human-rights standards, but also essential to preventing exploitation and ensuring that surrogacy operates in an ethical, respectful, and balanced manner.

### **Question R: Proposal 34 and 35**

In addition to medical and gestational information, legislation should require the preservation of a personal statement from the surrogate, outlining her reasons for choosing to become a surrogate and the values that guided her decision.

Surrogacy is typically undertaken from a place of compassion, generosity, and informed choice. Ensuring that the child born through surrogacy has access to this information is vital for several reasons:

- It supports the child's long-term emotional wellbeing and identity formation.
- It ensures the child can understand the surrogate's motivations from her own words, not through second-hand interpretation.
- It protects against the possibility that, if relationships between adults later deteriorate, the child is not left with a distorted or negative narrative about the surrogate.
- It gives the child a stable and truthful account of the positive reasons the surrogate chose to help create their life.

This mirrors existing practices in adoption, where a birth parent's statement can provide a crucial anchor for a child's sense of self, security, and understanding of their origins.

To safeguard the child's right to truth and identity, surrogacy law should therefore mandate the collection and secure preservation of:

- the surrogate's gestational and medical information, and
- a voluntary personal written statement from the surrogate about why she chose to carry the child.

This information should be held in a formal registry and accessible to the child at an appropriate age, ensuring transparency, identity protection, and lifelong wellbeing.