Review of Surrogacy Laws: Discussion Paper (2025)

Thank you for the opportunity to contribute to this important discussion. For context, I am Anna McKie and I am writing this submission on behalf of the organisation Surrogacy Australia (SA), as well as including my own lived experience as a surrogate and egg donor.

For context
I am a part time high school senior Math teacher, a single mum with two children in Adelaide, and birthed as a surrogate in September 2020 for two Dads who were previously strangers. I have been closely involved in the Australian surrogacy community for 9 years since 2016, have conducted research with surrogates, have been involved in government enquiries on surrogacy reform and provided talks at annual surrogacy conferences. I am responsible for the day-to-day administration of Surrogacy Australia's Support Service (SASS), for the last 4.5 years since April 2021 have run fortnightly free webinars for the community, a weekly podcast and YouTube channel, social media, and co-host national, monthly Zoom catch up sessions for the surrogacy community which has been running for 5 years since October 2021.

Surrogacy Australia supports Australians who are planning on navigating surrogacy in Australia. Our mission is to enhance the understanding of, and access to, best practice surrogacy arrangements through education and support. The Mentor program within SASS has members across Australia to support those new to surrogacy.

Towards the end of this submission, I have included more information about the day to day running of SASS to highlight how much of the work we do is being suggested in the Discussion Paper. I have also included links to my own surrogacy journey if they are of interest or relevance.

Proposal 1

We are in support of a National Regulator as opposed to empowering existing agencies (like PRP in Victoria and ethics boards within IVF clinics).

Proposal 2

Thoughts / questions regarding a National Regulator
Who would be funding the National Regulator?

- If it is one main person, which government department covers their wage?
- (c) Licence conditions for SSOs - how is a licence obtained in the first place? How is it revoked?
- (g) When SSOs approve surrogacy arrangements, where/how are those records kept? Do the SSOs need to submit them somewhere?
- (i) - Surrogacy Australia provides free, fortnightly webinars to address misunderstandings for the community, as well as social media to share stories and dispel myths (Facebook,

instagram, tiktok). Having a website as a national regulator to provide basic information would be good, and to direct people to the webinars.

- (m) This would be amazing, but would take quite some work to achieve. Gathering together the psychologists / counsellors who are specialists in surrogacy would be valuable so they can upskill future counsellors, and as suggested, provide training materials. Group professional development for these people would be more/as valuable.

Question A

Who keeps the regulatory board accountable? How are they appointed?
Sometimes there are fractures / politics among the surrogacy community, and there is uncertainty about what would happen if some of the 'big voices' are in the majority who are part of the regulatory body. Do those big voices necessarily represent the opinion of the majority or not?

Proposal 3, 5 | **Question B, C**

We are mostly definitely in support of SSOs - especially as we consider SASS to already be doing much of the work suggested for SSOs. It is exciting to see this suggestion of SSOs and I hope this submission might help to guide further recommendations.

1. SASS currently facilitates free introductions of intended parents (IPs) and surrogates. This is in compliance with state laws as the payments are made either side of the introduction. IPs are paying for the support - as is done in similar 'altruistic' jurisdictions like the UK and Canada. It is pleasing to see this mentioned in the Discussion paper to formalise our work.
2. We currently maintain a 'Trip Advisor' style list of counsellors, lawyers and doctors who are experienced, recommend and have recent experience in surrogacy. Each of these counsellors and lawyers know about our list and have agreed (and want) to be on it.
3. We have 2 stages of support currently. Stage 1 (for surrogates and IPs) to assist with medical and police checks, a Mentor session (to meet with a peer), a potential pre-surrogacy counselling session (to establish psychological suitability), and the creation of a Written and Expectations Profile. Stage 2 (for SASS or self-matched teams) we support teams through surrogacy 'dating', working through the compulsory steps (counselling, legals, IVF clinic), then give continued guidance through pregnancy attempts, all trimesters of pregnancy, planning for birth, and until a year post birth. See end of submission for more detail.
4. SASS provides ongoing, pre-paid counselling so the surrogate can access sessions without having to ask for more money from her IPs. This brings peace of mind to the surrogate as she can have a counselling session without her IPs knowing (and vice versa for the IPs too). IPs cover the cost of this counselling in their payment of Stage 2 and I approach them for 'top-ups' when the first 6 hours of counselling have been used. In this way, it is similar to the proposal about managing disbursement of funds.
5. IPs currently have a joint bank account with Surrogacy Australia and the surrogate has a debit card connected to that account. She then uses that card to pay for surrogacy related

purchases. The agreement is that the balance of that account stays above $1000 so the surrogate has peace of mind that the IPs are covering her expenses. The move to trust accounts is a welcome suggestion.

6. The addition of the approval function to SSOs / SASS is new and welcome. This would then remove the need for PRP in Victoria (RTC in WA) and for internal ethics boards at IVF clinics in other states. The IVF clinics would have peace of mind that they do not need to be the body who determines if a surrogacy team is suitable or not.
7. Surrogacy Australia is currently a not-for-profit organisation. We are a for-purpose registered charity. SASS is one of the projects within Surrogacy Australia, and the model we run works well. Perhaps it is already a capped fee model - Stage 1 $1300 and Stage 2 $3300 (which includes 6 hours of counselling, equivalent to 6 hours x $250 / hour = $1500). The unknown variable for every team is how many hours of ongoing counselling will the team need? This does not include the cost of the mandatory counselling prior to pregnancy. Looking at current/previous SASS teams and the amount they have spent on counselling from pregnancy attempts through to 12 months post birth, it ranges from $1500 - $5,500. How do we plan for that? Perhaps the cost of counselling becomes an itemised amount in the payment structure for SSOs and that is part of what is kept in Trust, knowing that the remainder can be reimbursed to the IPs at the end of the journey?
8. There will be some self matched teams (those who know each other prior to surrogacy) who might choose to not have the support of an SSO during their journey. In theory, they would then just need the approval part of SSOs. What would be a suggested fee for this? Parts of that we already do in Stage 1 of SASS with the collating of medical and police checks. Those wanting just the approval process are essentially then paying for the hours it would take an employee to collate those documents (which might be emailed in over time and not in one go), the business costs to house those documents electronically, the time taken to correspond with the IPs/surrogate, time taken for some teams to follow up difficult cases, the time to prepare say a one page PDF document citing that all of the documentation has been received, sending that approval document to the IVF clinic to confirm the team is now allowed to have an embryo transfer. Would this perhaps be $200 - $500? Essentially now this is what PRP does. PRP is free….however there are wages to cover for those on PRP and those managing the documentation. But we don't want this amount of money to be excessive for surrogacy teams. I imagine SASS would become the first SSO and doing this approval process. I can't imagine many people/organisations would start an SSO just to do the approval process part as it would not be a large income stream.
9. IVF clinics currently charge teams fees for surrogacy coordination. Would their fees be slightly reduced if they do not need to collate all of that paperwork?
10. We like the removal of PRP - but would be happy to keep parts of their process in terms of what documentation they require. It will alleviate a lot of stress for teams knowing that approval IS guaranteed (provided their counsellor/lawyer say so in their report), as opposed to currently where some teams fear PRP will not approve their team.
11. We would want to see clear guidelines for the 'licensing conditions' for SSOs. We believe SASS would already meet requirements but would want to ensure that whatever conditions are created are considerate of the structures we already have in place which work.

Proposal 16

In support of this - especially **removing the requirement for a surrogate to have had her own children**. Although still rare for a surrogate to not have had her children, I would say, from my data gathering, there are a few surrogates in Australia each year who fall into this category. Agree that a medical professional / counsellor who need to have an extra session with the surrogate to help her understand the risks (i.e. potentially not being able to carry her own in the future).

Proposal 17

Medical Screening. We currently have this step in place at SASS (both for surrogates and IPs). We have a form on our website under the SASS section for surrogates Step 2 (any surrogate can access this, not just SASS surrogates). Surrogates print it off and take it with them to their GP appointment. We have found that sometimes these appointments also serve as a way to educate GPs about surrogacy and the requirements. Essentially if a surrogate is fit and healthy enough to have another pregnancy, she is probably suitable to be a surrogate. There is a section where the GP can request she has a follow up appointment with an Obstetrician if there were pregnancy/birth complications, and also request a session with a Psychologist if they have concerns for her mental health.

As an aside note, SASS was created based on the model of the group SUK (Surrogacy UK). They shared their resources and time with us when we started. This medical check was modelled off what they do. This form for surrogates was also created with the input of two surrogates who are also GPs themselves. They were able to lend their insights to help with the wording of this form so it was accessible for GPs.

In the form, GPs essentially discuss the previous pregnancies and births of the potential surrogate, as well as her current health.

GP Report for Surrogates
https://www.surrogacyaustralia.org/register-as-a-surrogate/

Proposal 18 | **Question D**

Definitely in agreement with this Proposal and agree that **both** the surrogate (and her partner) and the IPs undergo **psychological assessment**.
Agree that these assessments are not determining if a person is suitable to be a parent or not. They are in place to determine if a person(s) has the capacity and ability to navigate a surrogacy journey - which is essentially an emotional one. It is a very intimate journey, and not everyone is suited to be able to support their surrogacy.

Would the SSOs keep a list of the current Psychologists / Lawyers who are experienced and current, and would the Psychologists know about the SSOs and want to be on their lists?

In my presentations about surrogacy, we talk about how the payment for a surrogate in Australia is not a financial one, rather it's an emotional one. The currency is not money, the currency is Time Friendship and Love. The IPs need to be able to 'pay' the surrogate in this way so she feels as though her cup is full.

Proposal 19	Question E

Yes - there should be a requirement for the IPs, the surrogate, and her partner if she has one to have a **criminal history check.**
This is the usual step in our SASS application. The reason we encourage all parties to do this:

- By SASS helping with this step, we are the third party that is seen to request it. For the surrogate and partner, knowing her IPs have no criminal records, especially with things like child sex offences, will bring her peace of mind that the child she will carry for them is not going to a house with parents with a dark past. SASS is here to start those awkward conversations on their behalf from the beginning of your journey, all the way through pregnancy and post birth.
- For the peace of mind of IPs, they want to know that neither the surrogate or her partner have a history of things like domestic violence. A very hard conversation to raise with friends/family. They want to know that when she is pregnant with their child, that baby and the 'Tummy Mummy' are in a household that is safe.

Proposal 20	**Legal advice requirement**

137 - Specifying the matters that need to be discussed, I agree adds to more consistency. However we don't want the lawyers to end up being a second counsellor. Time with lawyers is often very expensive, so we don't want them covering the same topics that are discussed in more depth in counselling - due to time constraints and leaving the areas of expertise to the different professionals.
There is currently a lot of fear among the community in terms of 'getting it right' legally for covering surrogacy expenses. There is discrepancy among the states for being allowed to cover loss of wages (for the surrogate and her partner). She should technically take leave without pay and they cover her wage and superannuation. Due to fear, we have seen IPs not reimburse their surrogate for wages/expenses, and this can lead to a breakdown in the relationship, sometimes resulting in no contact after birth. I hope that with trust accounts, more generous expenses, loss of wages and the hardship payment, that these breakdowns will happen less often.
Consideration also to safe guard IPs - if a surrogate only needs a few hours off work, but takes a full day of leave unnecessarily, how do we protect IPs in this scenario?

Question F, G

Yes - the **surrogate's partner** should undergo a **police check** and **implications counselling**. They are often the unsung heroes of surrogacy, as they are the ones supporting their surrogate partner (and their children), through this enormous journey. They are the ones with their 'boots on the ground' in terms of helping the surrogate through the daily challenges of pregnancy and raising their children. Although surrogates are usually the driving force behind wanting to be a surrogate, it is the partners who come along for the ride. And it's an enormous ride! The partners need to understand the complexities of this journey, how to advocate to the IPs for the surrogate when she is struggling, and who are often the initial mediator for conflict - and all of these things are discussed in the implications counseling.

We would like to see ongoing counselling mandated for teams, or at least strongly advised. By mandating ongoing counselling, it takes the pressure off the surrogate to have to ask for more counselling. The model we suggest for our SASS teams is - a solo session for the surrogate each trimester of pregnancy, and a group session as a team each trimester. We also recommend the surrogate has a session after a couple of failed embryo transfers / miscarriages, as she might not want to continue with the surrogacy.
Our model supports the team until 12 months post birth, and this is often when the surrogate needs her counselling sessions. The guidance we give to teams about some of the common times/reasons for needing counselling is:

- To discuss difficult births and/or births that didn't go to plan (this need to debrief may arise at any time, not necessarily just after birth)
- When expressing milk ends as there is a natural drop in oxytocin so she will feel sadder and might find it harder to pinpoint why
- When going back to work, as there may be sadness that the massive project of surrogacy has ended
- 9 months in, 9 months out - when baby has been with their parents longer than with the surrogate
- Mother's day / Father's day / Christmas day can sometimes bring up mixed emotions
- The 1st birthday - as a nice way to round out the year and for one last counselling session to mark the end of being a SASS team.
- For the new parents - adjusting to life as new parents while supporting the surrogate and her family (it's complex!).

To summarise, adding up the suggestions of extra counselling sessions, it is easy to see that needing at least 10 counselling sessions (once pregnancy attempts begin until 12 months post birth is reasonable). This would be around $2500 that should be factored in at least (10 x $250/hour). Teams who use this model often say that although they initially feel like they don't have anything to discuss with the counsellor, there are always topics which come up. The counsellors are very experienced in helping teams to navigate surrogacy and to prepare for upcoming challenges in the different stages of pregnancy/post birth. People doing surrogacy are usually doing it for the first time, as opposed to the counsellors who have helped hundreds. Also,

by having the sessions booked in, it allows the surrogate to raise issues (initially in her solo sessions) that she might not be sure how to raise i.e. the IPs not providing some of the physical/emotional support promised in earlier counselling. If this is then followed up a week later with a group session, the counsellor can be the one to facilitate the conversation. Having a stressed surrogate = a stressed baby, and we want to minimise risk as much as possible.

Question H **Anything extra to be included in surrogacy arrangements.**

Ongoing contact if the relationship dissolves.

I'm not sure how you would mandate this in a legal agreement, but I wanted to bring it to your attention. There are teams where the relationship dissolves during the pregnancy/post birth and the IPs don't maintain contact with the surrogate. This is heartbreaking as the surrogate and her family have shared their lives (and body) so the IPs can become parents. The surrogate child has a right to their birth story, so maintaining contact is important for this. We appreciate that relationships are complex at the best of times, without surrogacy! This would be one reason to mandate ongoing counselling during pregnancy, to potentially catch these fractures in the relationship while they are small and to have a third party hear both sides and help guide them.

Surrogates want to maintain contact - even if it is fractured. It is usually the IPs in these situations who 'block' contact with the surrogate. The surrogate's children have seen their mum be pregnant and they are bonded with the surrogate baby, more like a cousin than a sibling. The IPs would have spent time with them all during the 'surrogacy dating' and pregnancy, and they in turn bond with the surrogate's children. If the IPs cut contact, it's one thing for the surrogate to have to navigate this hurt and pain, but it is unfair for the surrogate's children to have to navigate this cessation of contact.

I understand that in the Foster care system, maintaining contact with the family of origin is important. Continued contact with their families has a positive impact on how they see themselves and their sense of self-value and identity. Maintaining family contact has a significant impact on a child or young person's emotional and psychological development.

If this requirement of maintaining contact is in place for those in the Foster system, could we include some similar wording/requirement with new surrogacy arrangements?

We appreciate that surrogacy relationships can become strained and break down. It is important to remember that there are often many children involved here - the surrogacy baby and the surrogate's children. We need to consider the psychological impact for the surrogate's children if contact is terminated.

We also appreciate that sometimes the relationship is strained in reverse - where the parents through surrogacy are maintaining contact but the surrogate has her own complexities to navigate in life which adds tension. It may be necessary to involve lawyers and/or psychologists to help the team find a way to navigate ongoing contact, where/ if possible in the month/years post birth. Provided it is in the best interests of the child.

Proposal 25

Cost recovery for surrogates.

I would like to share how we help SASS teams to navigate expenses as this is a major and important part of our service. Again, this was modelled from the group Surrogacy UK and also forms an important part of their Surrogacy Agreement (as they don't have the depth of legal steps that we have in Australia).

Two stages - a **List of Expenses** and a much more detailed version for each surrogate called an **Expenses Calculator**.

This list of expenses might help if you need extra items to consider within Proposal 25.

Expenses	During Pregnancy		After the birth
IVF	Parking	Acupuncture	Maternity Pads
Egg donor costs (post rebate)	Travel costs (petrol, tolls)	Childcare for surrogate's children	Time off work surrogate's partner
Pain relief post EPU	Flights (IPs/surrogate)	(hrs/sessions)	(number of weeks)
Sperm analysis	Medications and vitamins	Cleaner for surrogate	Maternity Breast pads
PDG testing	Maternity Clothing	(hours/fortnight)	Breast milk storage bags
Medication for transfer	Health/life/income protection insurance	Heat packs	Breast pump hire/purchase
Possible clinic transfer of embryos	Maternity Services/OBGYN (if private)	Body pillow	Steriliser hire/purchase
Counselling	Antenatal classes	Breast pump hire/purchase and ste	Counselling post birth
Pre-surrogacy total	Private health Insurance excess	and steriliser	Transport of breast milk
	Accommodation costs if interstate	Medication extreme morning sick.	Re-insertion of birth control
Lawyers	Meals when IPs are away from home	Extra dental care	Pain relief
IPs legals	Meals for surro and her family	Footwear for swollen feet	Alcohol/flowers/care package
Surrogate and partner legals	Pet sitting/kennels	Belly bands	Post birth complications
	Extra blood work/scans	SRC shorts	- Physio
Pre Pregnancy	GP appointments (gap payment)	Pedicure/Waxing/Pampering	- GP
Removal of birth control	Loss of wages during pregnancy		- OBGYN
Blood tests	Additional counselling	**Labour and Birth**	- Medications
Travel for tests	Harmony test (NIPT)	Accommodation costs if interstate	- Supplements
Loss of wages to attend appointments	Massage (# sessions, cost/session)	Birth pool hire	- Hair loss
Ovulation/Pregnancy tests	Chiropractor	Time off work surrogate	
Interstate flights		Meals in hospital for IPs	**Lawyers**
Independent OBGYN assessment		Hospital room	Transfer of parentage
Private health insurance		Photographer	
if planning private care and don't already have it		Anaesthetist	
IVF transfer(s)			

In our Expenses Calculator, we take each of the sections listed above, and provide a suggested range of costs, an average, and suggested examples. Screenshot provided.

MATERNITY WEAR AND ACCESSORIES		EXAMPLES	COMMENTS
Maternity bras	200	3 x $100 = $300	I got them from kmart I think something like $50 each, 4 bras
Maternity clothes (Tops, pants, dresses, suits for work, pjs, underwear, coat, swimsuit, smart outfit, casual gear, postpregnancy clothes)	800	7 tops@$40 + 7 pants/skirts@$60 + 4 dresses@$70 + 1 coat@$100 + 1 smart outfit@$85 + 1 bathers@$100 + post pregnancy@$200 = $1465	I spent this more for the pregnancy than for the post. But these things can change.
Shoes due to swollen feet	0	2 x $100 = $200	
Maternity recovery pants	300	$200	I haven't bought them but I know they are really helpful especially after c-section so I calculated two of them
Maternity pads/breast pads	50	$50 - $150	
Support Pillow/Belly-buds/Belly bands	200	$100 - $400	in the past, I have got a belly band for pregnancy and support pillow to sleep (the best thing ever)

MATERNITY/BIRTH PHOTOGRAPHER		EXAMPLES	COMMENTS
Capturing the pregnancy and most importantly, the birth, is something that surrogates have identified as their way of filling their emotional cup. To have photos to look back on of the moment you helped to create/expand a family are some of the most precious gifts.			I think would be amazing to have a baby shower and pictures of us during the birth and maybe a maternity photo shoot. This is a one-time only and really unique experience for all of us. But I leave this choice to the IPs.
Maternity photo shoot and photos	800	$1,000	
Birth photo shoot and photos	1500	$1500 - 2000	honestly, I have no idea. I didn't have professional pictures during the birth only my doula took a few pics here and there.

The comments are provided by the surrogate.

Part of our SASS process is once the surrogate has completed the same steps as the IPs (medical and police checks), and having attended a webinar, we prepare her for her Mentor session.

As a side note, in every capital city, and some regional centres, I have a surrogate, mum and gay dad who are SASS mentors. They have all navigated surrogacy in Australia and like to support those at the beginning of their journey. The surrogate/IPs get to meet with their Mentor 1-on-1 to ask all of their questions. Since SASS members have attended a webinar, the Mentor does not need to spend time explaining how surrogacy works in Australia, the steps involved etc. Rather they can spend time explaining their journey, making suggestions, hearing the IPs/surrogate's story as often it is a long road to bring people to surrogacy in the first place. Mentors are paid $100 for this session to cover their travel costs/time. Mentors often extend the hand of friendship if their mentee would like to maintain contact in the future.
The extra steps for surrogates before this mentor session is to attempt the Expenses Calculator. Their Mentor then also has a look at their estimations, and provides guidance (usually because the surrogate underestimates costs). As SASS Manager, I also check over the Expenses Calculator and provide guidance. This Calculator then forms part of the surrogate's collection of documents when we get to the point of an introduction (match), along with the Expectations and Written Profiles. The surrogate chooses a set of IPs (with our suggestions) and then I approach the IPs to inform them that they have been chosen. They then have the opportunity to choose the surrogate 'on paper' to see if she is the right fit for them. For example, if the surrogate is a full time worker in a professional industry (one was an architect which is not an industry which has generous maternity leave for the surrogate, unlike education and health care), the IPs need to decide if they would be able to cover her loss of wages if she was forced to have 20 weeks of bedrest.

For the UK, this Expenses list (I created the Calculator) forms part of an in-depth conversation with the new surrogacy team. They go over it item by item to discuss the ranges / averages and it is an opportunity to educate teams about some of the potential surrogacy scenarios.

I imagine we would add this step (or expand on our current structure) for a more robust discussion with the team about the Expenses Calculator, especially with suggestion of a Trust account. It would be vital to have a fairly accurate view of how much surrogacy might cost each individual team so we are safeguarding it for both the IPs and surrogates.

I would welcome the opportunity to discuss this Expenses Calculator, or any other part of this submission in more detail in person. I hope this explanation can provide an example of how SSOs would support surrogacy teams in these discussions about reimbursements.

I also recommend that the Trust account is open for at least 6 months post birth, preferably a year (as matches our SASS model). Some post birth medical issues are ongoing or arise in those months post birth.

Question L **Should the National Regulator set caps on recovery amounts?**

I would like to see us move to the model which they do at Surrogacy UK. Once the expenses for the surrogate have been agreed upon, essentially it can be assumed that these costs will happen across the course of the pregnancy - let's assume that's about 10 months to include the time pregnancy attempts begin. If the total expected costs are $15,000 then the monthly payment takes this number and divides it by 10. The surrogate is then given a monthly allowance of $1500.

It is worth nothing that this is not income, rather a reimbursement of surrogacy related expenses. Also that loss of wages might need to be revisited for unexpected circumstances, for example the surrogate is advised by a doctor to stop work sooner than expected, then this cost would not have been included in the original Expenses Calculator.

In terms of caps for this amount - I would say no. It would be reasonable for the expenses for the surrogate to be up to $25,000 (especially if they are an interstate team and there is travel involved). Perhaps mention that any expenses for a team up to $25,000 are reasonable, and anything above that would need to be outlined in their agreement in some way. Perhaps in the legal agreement, and outlined in the counselling discussions as well, and of course they would be reflected in the Expenses Calculator if SASS was the SSO.

What about teams who choose NOT to engage with an SSO for the support part, and just the approval?

Those teams would then be missing out on the expenses guidance - how do we safeguard them? Some may be experienced surrogacy teams, meaning the surrogate carried their first child and their doing a 'sibling project'.

How would these teams safeguard their surrogate financially?

Do they still engage with a Trust account for the reimbursements (monthly allowance) and Hardship payment? What organisations will just offer a trust account without support?

Or does SASS as an SSO have another entry level for those types of teams where perhaps they have a session with a SASS staff member as a team to discuss the Expenses calculator, and once that is agreed upon, the Trust account can be set up. The fee would cover the cost to maintain that Trust account, as in theory there would not be as much guidance / interaction needed for those teams (although it would be our advice that teams stay for the full support, or perhaps they can join for the support at a later stage if they request it). Or the Trust is managed by a separate entity.

Or perhaps this is attached to the approval stage of SSOs - in terms of confirming paperwork and confirming that the team have set up a Trust account in some way.

SSOs (SASS) could adjust to have

Stage 1 - looking for a surrogate, education, mentoring, profile creation, maintaining pool of IPs

Stage 2 - SASS / self matched - approval process, Trust account (monthly reimbursements and hardship payment), **ongoing support from 'surro dating' until 12 months post birth.**

Stage 3 - self matched - approval process, Trust account (monthly reimbursements and hardship payment)

If a National Regulator is suggesting caps on the reimbursable amounts and the monthly allowance - how often are these reviewed? Will they increase with the cost of inflation?

Question M

Should the IPs pay an additional support amount?

YES! A warm, whole hearted, YES.

164. Indeed there are many 'costs' to the surrogacy in terms of physical and emotional, essentially the 'wear and tear' on her body and mind.

The ongoing physical challenges can include prolapse, stomach muscles not closing after pregnancy (Diastasis Recti Abdominis), changes to breasts, weakened pelvic floor muscles etc. Some of these issues might present years after birth, so the hardship payment helps to recognise this sacrifice.

I myself suffered postnatal depression after the birth of my surro bub and it hit me hard. I was taken to some dark places, the bottom of the pit as it were. I experienced suicidal ideations, required ongoing counselling (with the wonderful Katrina Hale) and antidepressants. It put me on a long road to recovery, to wellness. It was a hard road for my surrogacy team to navigate, and I am thankful to my team (and husband at the time, [redacted]) for staying by my side.

Write up of my Postnatal Depression after surrogacy. I am also due to release this as a podcast episode at the end of December 2025. It will be episode 134 on our podcast series. This photo was taken mid December 2025. Two dads [redacted] and [redacted] and 5 year old surro bub [redacted] We have a tradition where the dads come and help us set up the outdoor Christmas lights (my whole street does lights). We have done this for 8 years in a row now. I share this as an example of the ongoing friendship of our team - and to acknowledge that the people reading this submission are humans and appreciate seeing/hearing positive stories, even if they had challenges. My children are also pictured, [redacted]

https://www.surrogacyaustralia.org/podcast/episode-134-my-postnatal-depression-after-surrogacy/

Would the hardship payment be issued as a monthly payment from the Trust account? In which case, is this combined with the monthly amount decided regarding the expected expenses (Expenses Calculator for SASS teams)?

Amount for the hardship payment - agree with it would be at least $1000, but for how many months? We propose 10 months. Discussion would need to be made about when those payments start, because some expenses will be incurred before there is a planned confirmed pregnancy. And what about a miscarriage or termination of pregnancy? Do the 10 months start again?

Cost of surrogacy
I have done some data gathering on this over the years. I have a survey that parents through surrogacy fill out so we can better estimate the cost of the different stages of surrogacy. I have found that the average cost for surrogacy in Australia is $60,000 with a range from $35,000 to $90,000.
Those teams at the lower end - it worked first embryo transfer, they only needed one round of egg collection (or previously had embryos stored), they lived locally to each other and didn't experience loss of wages for the surrogate. Those at the higher end - usually needed multiple embryo transfers (and possibly egg collections without Medicare rebates), they lived interstate or a long distance from each other (meaning costs of flights and accommodation for the IPs), and they had to pay loss of wages for the surrogate.

Proposal 27

Holding the funds in a trust account
FANTASTIC!! This is game changing for surrogacy in Australia. Thank you for these proposals.

174 - Could be managed by a lawyer - this raises questions. Is that a conflict of interest if the lawyer is also the lawyer for the IPs / surrogate? Would lawyers really want to do this, do they have the time/capacity? I would like to see the Trust account managed by SSOs, or perhaps an independent body to the SSOs. Perhaps there are some parallels we could work from regarding Real Estate agents who regularly navigate this in terms of Bonds for rental properties.

What about scenarios where the surrogate has to follow medical guidance - say she is 20 weeks pregnant and for the next 20 weeks she needs complete bedrest. She now can't earn an income, and she will need help around the house with her children. This is an unexpected cost - how is it paid? Does the SSO need to contact the IPs to make sure they increase the amount put in Trust, or will they pay the surrogate directly for this extra cost? What if the IPs do not pay this extra cost? Will there be extra money held in Trust to safeguard the surrogate for scenarios where the IPs choose not to pay?
The payments for a surrogacy journey could be staged rather than needing all the money up front. IPs could potentially pay portions throughout in two or three stage payments to the Trust.

Proposal 28, 29

Medicare entitlements

ABSOLUTELY - Medicare should be available for everyone undergoing ART, including egg collection from donors for the purposes of surrogacy. This should also include embryo transfers for surrogacy and being allowed to create embryos even when the Intended Parents do not have a confirmed surrogate.
It would be fantastic to see Medicare rebates for the mandatory counselling required for surrogacy, as well as ongoing counselling sessions - without having to obtain a Mental health Care plan.

Proposal 30 Administrative pathway to legal parentage

In full support of this change - in terms of the 'functional parents' being recognised as the child's parents from birth and having their names on the first and only birth certificate. If surrogate's partners are involved in the mandatory counselling, this shows their support of the journey and giving up rights as a birthing parent. In turn, supporting the consideration of having the IPs listed on the birth certificate.

Proposal 33

The child is entitled to their story - so we would like to see a mention on the birth certificate of either

1. More information is held at Birth, Deaths and Marriages so the child can seek this out when they're old (if the Intended Parents have not been upfront about their creation story)
2. Mention on the birth certificate if the child is conceived via donation and/or surrogacy.

We appreciate that not all children and parents want this information displayed on their birth certificate and having to potentially explain it whenever they produce the certificate. On the other hand, surrogacy and donation is something to be proud of, and finding this out as a teenager/young adult is really too late and can have negative effects.
Our preference would be for Option 33.1 - Every copy of the birth certificate issued to the person born through surrogacy from birth (stating additional information is available)

Question N

Surrogate seeking parentage

In my experience, it is more likely that the surrogate will seek reimbursement for unpaid surrogacy related expenses. I have not witnessed any case of the surrogate actually wanting to keep the child. Even if the relationship breaks down, the surrogate does not want the baby.
But I can appreciate that there needs to be included an option for this legal pathway.

Thank you for the opportunity to provide a submission and to be part of changing history for surrogacy in Australia. We're excited to see what unfolds in the coming years.

Surrogacy Australia Information

Providing free information free for 4.5 years, since April 2021.
Webinar dates

The webinar recordings can be found on our **podcast** series on Spotify and Apple, as well as on YouTube. You'll hear episodes from surrogates, gay dads and mums, as well as psychologists, doctors, lawyers, and themed episodes from partners of surrogates, mothers of surrogates, children of surrogates, inducing lactation and education episodes about How to find a surrogate (episode 23 and episode 9), How much does surrogacy cost (episode 3) and How long does surrogacy take (episode 6).

Monthly report
For numbers of those Intended Parents and Surrogates engaged with SASS.

GP form - IPs
GP form surrogates

This time next year - clip from the TV show with myself as egg donor, surrogate [redacted] and Intended Parents [redacted] and [redacted] All from Adelaide and all initially strangers.

EDUCATION and SUPPORT DETAILS within SASS

Mentorship Program
For those enrolled in Surrogacy Australia's Support Service, a mentorship program ensures that experienced surrogates and parents can provide one-on-one education, support and guidance to reduce anxiety, and the likelihood of psychological and medical trauma that might otherwise arise in surrogacy arrangements.

Delivery mode: One-on-one face to face or web-enabled sessions
Number Conducted 2019 - 2025

- Surrogates 22 sessions
- Intended parents 94 sessions

Counselling sessions (by a psychologist accredited with ANZICA)
These professional support sessions are at least one hour in duration. They are delivered to surrogates and sometimes to their intended parents.
Number Conducted 2019 - 2025

- Pre-surrogacy: 36 sessions
- Ongoing: 76 surrogacy teams

Education and Mental Health webinars
Aim: Educate and support involuntarily infertile Australian intended parents and potential surrogates to set expectations; set budgets; understand financial and logistical challenges; navigate the psychological barriers, mental and medical health risks inherent in surrogacy arrangements. They aim to provide a safe space to be supported, ask questions and learn about the medical and psychological implications of surrogacy arrangements.

Delivery mode: Fortnightly group learning online sessions, available free to surrogates and intended parents nationally

Surrogacy Australia funds these at no cost to surrogates and intended parents.
Separate webinars are run for surrogates and intended parents as their support and information needs differ.
Webinar speakers include health professionals, counsellors, surrogates, parents via domestic surrogacy and family members of surrogates.

Number Conducted April 2021 – December 2025

- Intended Parent-focused education: 66 sessions
- Surrogate-focused education: 57 sessions

Other sessions include a guest speaker such as partners of surrogates, a lactation consultant, an IVF specialist, surrogacy lawyer or counsellor.

Surrogacy Australia Support Service Provision 2019 - 2025

Intended Parent Applications (singles and couples)	355
Surrogate Applications	228
Paid Service users (singles and couples)	229