



Submission to ALRC's Surrogacy Inquiry Discussion Paper 12-11-2025

Submitted by **Active Watchful Waiting Inc. (AWW)**

Active Watchful Waiting Inc. (AWW) welcomes the opportunity to provide this submission to ALRC's Surrogacy Inquiry Discussion Paper. Our organisation is dedicated to safeguarding children, supporting families, and ensuring that laws and policies uphold human dignity. This submission can be made public.

1. Context and Terms of Reference

Response to Selected Proposals in the ALRC Discussion Paper

Active Watchful Waiting Inc. reiterates its opposition to all forms of surrogacy and its concern that the current ALRC Discussion Paper represents a decisive shift away from harm-reduction and toward the **systematic expansion and normalisation of surrogacy in Australia**.

While framed as regulatory refinement, the proposals below collectively function to **remove structural barriers, expand recruitment, entrench industry infrastructure, and re-engineer parentage law** in ways that irreversibly commodify women and children. This submission addresses Proposals **1, 2, 3, 11, 14, 25 and 30**. It then reiterates the harms of surrogacy to mother, child and an industry inherently designed to exploit women and children.

We also refer you to our first submission:

<https://www.alrc.gov.au/wp-content/uploads/2025/11/250.-Active-Watchful-Waiting-Inc.pdf>

Proposal 1 & Proposal 2

Creation of a National Regulator and a nationally consistent surrogacy framework

We oppose the creation of a National Surrogacy Regulator and the consolidation of surrogacy law at the federal level.

Surrogacy is not comparable to defence, taxation, or border control — the areas typically regulated nationally in Australia. Historically, ethically contested practices such as prostitution, adoption, abortion, and assisted reproduction have remained **state-based precisely because decentralisation preserves democratic contestability**.

A national regulator would:

- elevate surrogacy to a **nationally endorsed industry**,
- entrench a single regulatory orthodoxy resistant to reform or abolition, and
- make future ethical correction far more difficult once harms become undeniable.

State-based regulation, while imperfect, preserves the possibility that jurisdictions can **tighten laws, halt expansion, or move toward prohibition**. National consolidation forecloses this possibility and cements surrogacy as a permanent social institution

Proposal 3

Establishment of Surrogacy Support Organisations (SSOs)

We strongly oppose the creation of Surrogacy Support Organisations.

This proposal would create a **new cottage industry** of licensed intermediaries — effectively franchising surrogacy facilitation across Australia. SSOs would normalise, promote, and geographically distribute surrogacy, including into rural and regional communities.

Key concerns include:

- structural conflicts of interest where organisational viability depends on **maintaining a supply of surrogate mothers**,
- replication of known harms seen in international “support organisations” such as [REDACTED], and
- professionalisation of recruitment under the guise of counselling and safeguards.

This proposal does not reduce exploitation — it **institutionalises it**, ensuring surrogacy becomes easier, more visible, and more culturally embedded over time

Proposal 11

Permitting advertising for surrogate mothers and gamete donors

We oppose any relaxation of advertising prohibitions.

Advertising is not neutral. It is inherently persuasive and asymmetrical, targeting women’s empathy, financial vulnerability, and sense of moral duty. International evidence shows that once advertising is permitted, recruitment escalates and ethical boundaries erode rapidly.

Claims that advertising can be sufficiently “regulated” ignore reality: **advertising increases volume by design**.

If the policy objective were truly to reduce exploitation and limit surrogacy, advertising would remain prohibited. Proposal 11 directly contradicts the stated aim of protecting women and children by expanding demand and recruitment pipelines

Proposal 14

Lowering or conditionally waiving minimum age requirements for surrogate mothers

We strongly oppose the inclusion of discretionary exemptions allowing surrogacy below the age of 25.

The clause permitting approval by an “accredited counsellor” introduces a dangerous loophole, particularly in light of recent state-level moves to permit surrogacy at **18 years of age without prior childbirth**.

This undermines the rationale for age safeguards entirely and exposes young women — often without full neurological, psychological, or social maturity — to irreversible medical and emotional risks.

The proposal also reveals a deeper incoherence: while acknowledging surrogacy’s gravity, it simultaneously lowers thresholds in pursuit of expanding supply. This is ethically indefensible

Proposal 25

Expanded payments and “monthly allowances” for surrogate mothers

We oppose any mechanism that extends beyond reimbursement of direct, verifiable expenses.

Proposal 25(4), particularly when read alongside the Discussion Paper’s rejection of the altruistic/commercial distinction, represents a **clear pathway toward compensated surrogacy**.

Monthly allowances, escrow arrangements, and flexible payments are not incidental — they mirror international commercial surrogacy structures and incentivise participation through financial dependence.

This proposal directly contradicts Australia’s longstanding prohibition on commercial surrogacy and signals a policy shift toward its de facto legalisation

Proposal 30

Automatic recognition of intended parents on birth certificates

We strongly oppose Proposal 30.

Naming commissioning parents on the birth certificate at birth:

- **erases the woman who carried and gave birth to the child,**
- legally rewrites biological reality, and
- treats the child as the fulfilment of a pre-approved contract rather than a rights-bearing person.

Birth certificates exist to record truth, not intention. This proposal amounts to state-sanctioned falsification of identity and completes the commodification of children whose gestation was contractually arranged only after regulatory approval.

It also contradicts the child's right to identity under international human rights law and mirrors practices already condemned in other jurisdictions

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Concluding Position on the Selected Proposals

Taken together, these proposals do not refine surrogacy regulation — they **construct an integrated national surrogacy system**:

- recruitment (advertising),
- facilitation (SSOs),
- financial normalisation (allowances),
- identity erasure (birth certificates), and
- regulatory entrenchment (national regulator).

This trajectory is incompatible with the protection of women and children and directly conflicts with Australia's international human rights obligations.

2. Core Ethical Position

Regardless of whether surrogacy is altruistic or commercial, the practice is ethically problematic. The commodification of both women's reproductive capabilities and children's lives cannot be justified.

Ethical Concerns:

- Surrogacy is a human rights violation of the child who never consented to be a "take-away baby".
- Surrogacy treats women as mere vessels and commodifies human life.
- Contracts are weighted toward the protection of the commissioning parents but offer little protection to the mothers.
- Mothers can be forced to abort children if multiple pregnancies are unwanted by the buyer.
- Surrogacy is a form of child trafficking and has involved slavery worldwide.
- IVF has inherent risks of permanent harm for egg donors and surrogate mothers, for the latter even occasioning death.

3. Broad Overview

Gay. Straight. Transgender. Married or Single. **Surrogacy is always wrong.**

Infertility is devastating and must be met with the highest level of compassion. However, the fact that singles or couples desire a child does not create an inherent right to one. Through surrogacy, children become unconsenting victims of social experiments, left to bear the lifelong consequences of adults who treat them as commodities to satisfy personal desires.

The commodification of children inevitably requires the separation of babies from their mothers and siblings. It exploits women, and it is always unjust.

Surrogacy is often marketed as a beautiful, selfless act — especially when it involves a heterosexual couple struggling with infertility. A woman agrees to carry a child for them, and after nine months, she “hands the baby over in love.” What could be more generous?

But behind the marketing lies a global industry — much of it unregulated — where children are commodified, mothers are exploited, and the rights of the most vulnerable are routinely violated. Around the world, commercial surrogacy is a euphemism for slavery. Spare children from IVF multiple births are sold into slave labour, organ harvesting, or paedophile brothels. Women are trafficked as surrogates for those who

can pay. Yet in Australia, those who engage in commercial surrogacy still go unpunished.

Case Studies and Evidence

- **Surrogates and babies abandoned during war** — e.g. Ukraine, where infants were left in bunkers for foreign clients [\[Link\]](#), [\[Link\]](#).
- **Criminalisation leaving women in crisis** — Cambodia’s surrogacy ban forced surrogates to choose between prison or raising abandoned babies [\[Link\]](#).
- **Maternal deaths** — documented cases include [Brooke Browne](#), [Crystal Wilhite](#), and [Michelle Reaves](#) , all of whom died from surrogacy complications.
- **Physical harms from ART** — surrogates face heightened risks of gestational diabetes, pre-eclampsia, haemorrhage, and cardiac damage [\[Link\]](#).
- **“Spare” babies sold** — IVF surplus embryos and infants channelled into sex trade, organ harvesting, and slavery [\[Link\]](#), [\[Link\]](#).
- **Trafficking by brokers** — surrogates recruited and controlled by intermediaries, often moved across borders [\[Link\]](#).
- **Slave-like control** — intended parents exercising contractual control over every aspect of surrogates’ lives, in both commercial and “altruistic” arrangements [\[Link\]](#).
- **Abandonment of children with disabilities** — e.g. [Baby Gammy in Thailand](#), left by Australian intended parents because he had Down syndrome.
- **Forced abortion / selective reduction** — surrogates pressured to abort when commissioning parents’ demands were unmet [\[Link\]](#).
- **No screening of purchasers** — children sold to unsuitable buyers, including single elderly men [\[Link\]](#).
- **Extreme neglect** — e.g. a 74-year-old man in Europe acquired twin boys via surrogacy/IVF and kept them caged for years [\[Link\]](#).
- **Paedophile purchasers** — documented cases of paedophiles acquiring children through surrogacy networks [\[Link\]](#), [\[Link\]](#).
- **Children killed** — instances where single men purchased babies they were unfit to raise, resulting in fatalities [\[Link\]](#).
- **International trafficking conviction** — In 2023, a fertility clinic in Crete was convicted of 182 cases of human trafficking for surrogacy and egg harvesting.

Around 60 Australian couples were implicated, linked via recommendations from

None of these cases are rare.

They reveal what surrogacy truly is: a system that treats children as custom-ordered products, reduces the maternal bond to a disposable contract, and reduces women to “birthing persons,” “baby ovens,” or other dehumanising labels.

Even in so-called “best-case” arrangements, a child is always separated from the woman who carried them. And it makes no difference whether the intended parents are gay or straight, infertile or simply busy professionals, rich or middle-class. **Surrogacy violates the rights of children 100% of the time.**

Why is surrogacy always wrong? Broadly because of these three things:

1. Surrogacy breaks the first and most formative bond a child has.

A baby knows the mother whose voice it has heard for nine months, whose heartbeat and scent are imprinted on them. In surrogacy, she is contractually obligated to vanish at birth. In tragedy, maternal separation is accidental. In surrogacy, it is deliberate. [See section 11](#) for effect of that separation on the child.

2. Surrogacy turns children into contract-bound products and mothers into service providers.

Embryos are chosen for sex or eye colour. Surrogates are required to surrender babies — often without being allowed to touch or even see them. A child is not property but a person with rights, foremost the right to their mother and father. Surrogacy places contracts above bonds and creates loss at the very beginning of life. In surrogacy, adults are the clients. Children are the products.

3. Surrogacy risks permanent harm and injury to mother and child.

Pregnancy with a “foreign” embryo carries significant risks: placenta praevia, placental abruption, gestational diabetes, pre-eclampsia, haemorrhage, and long-term cardiac damage. A Canadian study (Veles et al., 2024) described these harms as “*Severe Maternal and Neonatal Morbidity.*” [\[Link\]](#).

Women also suffer emotional harms: never seeing their child again, being denied breastfeeding, or being erased from birth certificates. Yet cells from their child remain in their bodies for decades — and vice versa.

Egg “donors” face additional harms, including drug-related damage and complications from egg harvesting (sepsis, punctured bladder, long-term hormonal effects).

For children, the harms are profound: early life trauma, maternal separation, disrupted bonding and attachment, loss of breastfeeding, and loss of the only known mother.

If one creates a child with the express purpose of separating that child from their birth mother, significant harm is inherent in the process. The buying and selling of babies must never be tolerated. No one has a “right” to be a parent at the expense of trauma, ill health, or death. **A just society would ban surrogacy — which, at its core, is child trafficking.**

4. Harms and Exploitation

Women

To enable embryo implantation, surrogates are subjected to [extensive medication regimens](#), including immunosuppressants to prevent rejection. These protocols classify the pregnancy as high-risk, increasing the likelihood of complications such as [gestational diabetes](#), high blood pressure, restricted foetal growth, pre-eclampsia, premature labour, and even [maternal mortality](#). The overlooked deaths of surrogate mothers such as [Brooke Browne](#), [Crystal Wilhite](#), and [Michelle Reaves](#) highlight the urgent need for ethical scrutiny in surrogacy practices.

Surrogacy contracts frequently include provisions for abortion or “selective reduction,” compelling surrogates to comply with the commissioning parents’ wishes under threat of legal action or financial penalty. [Brittney Rose Torres](#) and [Melissa Cook](#) were both coerced into aborting one of the triplets they carried. These cases demonstrate how commerce takes priority over humane or ethical concerns in surrogacy arrangements.

Children

Child trafficking of “spares” from multiple births: Journalist [Gianna Toboni](#) (HBO) investigated India’s surrogacy industry and found women recruited from impoverished areas, pressured to sign contracts they could not read, and confined in facilities for up to a year. They were required to deliver babies by cesarean section so doctors could maximise the number of births per day.

To increase success rates, doctors often implant multiple embryos. Commissioning couples are rarely informed when more than one child is conceived. These “spare” babies are then sold on the [black market](#). If not sold to wealthy families, they are often trafficked, exploited for forced labour, sexual exploitation, or organ harvesting.

Immediate and long-term harms: Children experience the “[Primal Wound](#)” of planned maternal separation, disrupting bonding and attachment. Research links this to long-term psychological harm, impaired brain development, and emotional distress. Children born through ART face higher risks of low birth weight, stillbirth, congenital anomalies, and cardiovascular problems. (Supported by research on maternal separation and early life trauma, e.g. Feng et al. 2011; Shonkoff et al. 2012; National Scientific Council on the Developing Child, 2014. [See also section 11.](#))

Siblings and Families

Personal Testimony: As the Māori author of this document, I carry the trauma of witnessing my youngest sister taken by strangers when I was five years old. I remember screaming and running down the driveway, desperately trying to stop her from being bundled into a car and driven away. I have witnessed the debilitating grief of my older sister, who had her baby forcibly taken from her at 15 years old.

Two years ago, I spoke with a young girl whose mother had been a surrogate. She expressed the same profound upset about having her baby sister "taken away" that I have carried throughout my life. Yet the impact of surrogacy on siblings receives scant attention in policy discussions.

At its heart, the surrogacy debate represents a conflict between the sanctity of family bonds and the interests of those who seek a profitable supply of what becomes, in practice, a living commodity.

5. Industry and Financial Bias

The fertility industry is a multi-billion-dollar enterprise, projected to grow rapidly in coming years. Advisory committees are dominated by IVF specialists and surrogacy lawyers who stand to profit from expansion. This creates conflicts of interest that bias inquiries towards increasing access, while silencing dissenting voices. Such industry capture undermines ethical scrutiny. ([Precedence Research values the global fertility market at \\$38.7 billion in 2024, expected to rise to \\$71.2 billion by 2033.](#))

6. Legal and Human Rights Frameworks

In Australia, commercial surrogacy is banned in all states, though altruistic surrogacy remains legal. Attempts such as the NSW Equality Bill sought to create loopholes for overseas commercial surrogacy. Internationally, countries including France, Germany, Switzerland, and Austria have banned surrogacy altogether, recognising its inherent violations of human rights. Italy has gone further, criminalising surrogacy abroad. Surrogacy contravenes core human rights instruments including CEDAW, the UN Convention on the Rights of the Child, and the UN Slavery Convention. ([UN Rapporteur on Violence Against Women, 2025, highlights surrogacy as exploitation under CEDAW and the CRC.](#))

7. Recommendations

Legislative Action: Support legislation explicitly banning all forms of surrogacy, both altruistic and commercial, domestically and internationally. Reject the expansion IVF access for surrogacy.

Legal Enforcement: Strengthen existing laws with clear penalties against Australians participating in overseas surrogacy arrangements. Ensure all surrogacy arrangements remain closely monitored for adherence to international human rights standards.

Maintain Geographical Nexus for Offences: Strengthen legal protections against cross-border and commercial surrogacy.

Public Education: Initiate a comprehensive public education campaign on the risks and harms of ART and highlighting surrogacy's ethical and human rights issues.

Independent Inquiry: Establish an independent inquiry into the health and psychological impacts of IVF and surrogacy.

Protective Measures: Implement protective legal measures ensuring children's full biological heritage and identity transparency through truthful birth certificates. Prioritise protection of surrogate mothers and children from exploitation and harm. Reject any expansion of altruistic or compensated surrogacy.

Alternative Family-Building: Actively promote ethical alternatives to surrogacy, such as permanent care orders and ethical adoption practices.

8. Conclusion

Surrogacy represents a systemic violation of the rights of women and children. It commodifies life, exploits vulnerable women, and causes lifelong harm to children and families. We urge the NSW Parliament to reject the expansion of assisted reproductive technologies and surrogacy, and instead commit to safeguarding families, protecting women, and upholding the inherent dignity and rights of children.

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10. We ask you to examine following evidence: Effects of Early Life Trauma and Separation

Early Life Trauma and Neuro-behavioral Development

1. Millie Rincón-Cortés and Regina Sullivan, “Early Life Trauma and Attachment: Immediate and Enduring Effects on Neurobehavioral and Stress Axis Development” (2014). [Link](#)

Maternal Separation and Long-Term Effects

2. Xiaoli Feng et al., “Maternal separation produces lasting changes in cortisol and behaviour in rhesus monkeys” (2011). [Link](#)
3. A. Dettling, J. Feldon, and C. Pryce, “Repeated parental deprivation in the infant common marmoset (*Callithrix jacchus* primates) and analysis of its effects on early development” (2002). [Link](#)
4. Seymour Levine, “Developmental determinants of sensitivity and resistance to stress” (2005). [Link](#)
5. Luisa Diehl et al., “Long-lasting effects of maternal separation on an animal model of post-traumatic stress disorder: effects on memory and hippocampal oxidative stress” (2012). [Link](#)

Physiological and Psychological Stress in Infants

6. Elsevier, “Maternal separation stresses the baby research finds” (2011). [Link](#)

Long-term Impacts of Early Childhood Adversity

7. Jack Shonkoff et al., “The lifelong effects of early childhood adversity and toxic stress” (2012). [Link](#)
8. Zero to Six Collaborative Group, National Child Traumatic Stress Network, “Early Childhood Trauma” (2010). [Link](#)

Excessive Stress and Brain Development

9. National Scientific Council on the Developing Child, “Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3” (2014). [Link](#)

Epigenetic Effects of Early Stress

10. Tamara Franklin et al., “Epigenetic Transmission of the Impact of Early Stress Across Generations” (2010). [Link](#)

Mother-Infant Bonding and Attachment

Neonatal Sleeping Arrangements

1. Barak Morgan, Alan Horn, and Nils Bergman, “Should Neonates Sleep Alone?” (2011). [Link](#)

Very Preterm/Very Low Birthweight Infants 'Attachment

2. Dieta Wolke, Suna Eryigit-Madzwamuse, and Tina Gutbrod, “Very preterm/very low birthweight infants 'attachment: infant and maternal characteristics” (2014). [Link](#)

Eye Contact and Mother-Infant Bonding

3. Noboru Kobayashi, “Eye-to-eye Confirmation of the Mother-infant Love Bond - Part1” (2002). [Link](#)

Behavioural Development and Mother-Infant Interaction

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5. Jay Rosenblatt, “Behavioural development during the mother-young interaction in placental mammals” (2010). [Link](#)
6. J. Winberg, “Mother and newborn baby: mutual regulation of physiology and behaviour- a selective review” (2005).
7. Stephen Brake, Harry Shair, and Myron Hofer, “Exploiting the Nursing Niche: Infant's sucking and feeding behaviour in the context of the mother-infant interaction” (1988).

Recognition and Preference for Maternal Stimuli

Newborns 'Preference for Mother's Voice

1. Anthony DeCasper and William Fifer, “Of Human Bonding: Newborns Prefer Their Mothers 'Voices” (1980).
2. Maude Beauchemin et al., “Mother and Stranger : An Electrophysiological Study of Voice Processing in Newborns” (2011).

Prenatal Olfactory Learning

3. H. Varendi, R. Porter, and J. Winberg, “Attractiveness of amniotic fluid odour: evidence of prenatal olfactory learning?” (1996). [Link](#)

Foetal Voice Recognition

4. Barbara Kisilevsky et al., “Effects of experience on foetal voice recognition” (2003). [Link](#)
5. D. Querleu et al., “Reaction of the newborn infant less than 2 hours after birth to the maternal voice” (1984).

6. E. Ockleford et al., “Responses of neonates to parents ’and others ’voices” (1988).

Breastfeeding and Early Contact

Importance of Early Breastfeeding

1. Global Health Media Project, “Breastfeeding in the First Hours After Birth – Breastfeeding Series” (2015). [Link](#)
2. Rachel Eddie, “Heartwarming video reveals newborn baby's natural instinct to 'breast crawl'” (2016). [Link](#)

Long-term Effects of Breastfeeding

3. Bernardo Horta and Cesar Victora, “Long-term effects of breastfeeding: a systematic review” (2013). [Link](#)
4. World Health Organization, “Breastfeeding” (2017). [Link](#)

Early Contact and Interaction

5. K. Bystrov et al., “Early contact versus separation: effects on mother-infant interaction one year later” (2009). [Link](#)

Historical and Policy Context

Forced Adoption Policies and Practices

1. The Senate Community Affairs References Committee, “Commonwealth Contribution to Former Forced Adoption Policies and Practices” (2012). [Link](#)

Historical Account of Newborn Separation

2. St Margaret Hospital Ward Report for “Girl Rheinberger - BFA (Baby For Adoption)” (1972).

Coping with Trauma in Adoptive Families

3. American Academy of Paediatrics, “Helping Foster and Adoptive Families Cope With Trauma” (2015). [Link](#)

Integration of Neuroscience and Psychology

Neuroscience and Early Experiences

1. Megan Gunnar, “Integrating Neuroscience and Psychological Approaches in the Study of Early Experiences” (2003). [Link](#)

The Dark Side of the Surrogacy Industry

1. <https://www.standingforfreedom.com/2022/04/the-dark-side-of-the-surrogacy-industry/>
2. <https://www.thecut.com/2015/03/dark-side-of-international-surrogacy.html>
3. <https://www.abc.net.au/news/2023-08-24/parents-left-in-limbo-after-raid-at-surrogacy-clinic/102773230>

4. <https://www.abc.net.au/news/2023-09-09/greek-surrogacy-scandal-australian-intended-parent/102819796>
5. <https://medium.com/@babymoonfamily/the-surrogacy-crisis-in-greece-and-how-the-world-should-respond-d66f53eb0cc5>
6. <https://www.abc.net.au/religion/invasion-of-ukraine-reminds-us-of-the-cost-of-surrogacy/13787532>
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8. <https://www.theguardian.com/australia-news/2016/may/19/man-who-sexually-abused-surrogate-twin-baby-daughters-jailed-for-22-years>
9. <https://archive.ph/24SQi> (Ukraine's Surrogacy Industry Has Put Women in Impossible Positions)
10. Collateral damage": The invasion of Ukraine reminds us of the cost of surrogacy, and who pays the price
11. Fresh surrogacy concerns over boy abandoned in India
12. 50% of children taken to orphanages in Ukraine are born through surrogacy
13. <https://www.humanrightsresearch.org/post/trapped-in-the-surrogacy-boom-thai-women-rescued-from-human-egg-farms-in-georgia>