“It’s not just that I’m having a baby for someone I don’t even know, it’s that they’re gay”:

Experiences of Gestational Surrogacy for Gay Men in Canada

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How do gay intended fathers and gestational surrogates in Canada experience the practice of gestational surrogacy?

1. **Motivations** to pursue surrogacy

2. **Relationships** between surrogates and gay fathers:
   a. *Before Pregnancy*
   b. *During Pregnancy*
   c. *Post-Birth*

3. **Individual and institutional supports and barriers**
1. Accessibility of information on surrogacy

- How to discern information readily available online
- Overwhelmed by horror stories and paranoia
- No official resource, ‘how-to guide’ or formal information
- Heteronormative information on parenting & fertility

2. Practices and Policies of Clinics and Hospitals

- Surrogates wanted more transparency about reproductive risks, medical issues & side effects, childbirth contingency plans
- Unwelcoming or unfamiliar with surrogate pregnancies
- Lack of LGBTQ inclusivity, language, terminology, sperm donation practices
3. Public attitudes towards Surrogacy

- Stigma surrounding surrogacy (e.g., monetary payment, baby farming)
- Abuse of women and exploitation
- Added discrimination/bias when carrying for gay men
- There is a public perception of shame
- Discriminatory attitudes towards gay fathers
- Unconscious bias (e.g., giving the wife a break/daddy’s babysitting)

4. Federal Regulations and Resources

- Participants advocated for legislative change to surrogacy laws
- The need for more clarity and political transparency
- Governmental forms, administrative (office) personnel
- Drop-in parenting groups and resources (formula feeding, pre-natal)
Discussion

- Lack of reliable and accurate information
- Ambiguous guidelines and regulations
- Legality of online surrogacy consulting services
- Negative public attitudes

- Limited resources that reflect same-sex families
- Irrelevant administrative documentation
- Discriminatory & exclusionary practices and policies
- Confronted with anti-gay epithets while out with their children
- Delays with health insurance documents and birth certificates
Moving Forward

- Individual and institutional strategies to confront biases in healthcare practices and social services
- Policies that respect IP decision-making and surrogate pregnancies
- Clear informed consent
- Promote substantial administrative changes to mirror federal legislation

1. Promote inclusive language
2. Relevant pamphlets and posters and safe spaces
3. Equitable practices and policies to include gay father families
4. Resist institutional level sexual stigma and heteronormativity
Additional Slides for Questions
Results

Sample Characteristics

21 Total Eligible Participants

- 1 Separated Father
- 2 Partner Dyads (4 participants)
- 1 Gestational Surrogate
- 5 Matched Surrogate Triads (15 participants)

17 Participants met through surrogacy consulting services
<table>
<thead>
<tr>
<th>Demographic</th>
<th>Gay Fathers (n=15)</th>
<th>Surrogates (n=6)</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Avg: 39 years old (29-50 years)</td>
<td>Avg: 34 years old (22-45 years)</td>
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| **Individual Income (CDN)** | <40,000  
40,000-80,000  
81,000-120,000  
121,000-160,000  
161,000-200,000  
200,000+ | 47% (n=7)  
13% (n=2)  
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Median: 81,000-120,000 | 50% (n=3)  
17% (n=1)  
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-------  
Median: <40,000 |
| **Race**            | White (n=13)  
Aboriginal  
Asian | 87%  
13% (n=2) | 83% (n=5)  
17% (n=1)  
------- |
| **Education**       | High School (n=2)  
College (n=2)  
University (n=5)  
Post-Grad (n=6) | 13%  
13%  
33%  
40% | 50% (n=3)  
33% (n=2)  
------- |
| **Region**          | Rural  
Urban  
Suburban | -------  
73% (n=11)  
27% (n=4) | 17% (n=1)  
33% (n=2)  
33% (n=2) |
<p>| <strong>Number of Children</strong> | Avg: 1.4 children (1-2; surrogate offspring) | Avg: 2.7 Children (1-5; own children) |
| <strong>Age of Children</strong> | Avg: 2.3 years old (1 month-5 yrs) | |</p>
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| • Clear/easy to understand informed consent:  
  a. Procedures  
  b. Medications  
  c. Perinatal Risks  
  d. Childbirth contingency plans  
  e. Risks to offspring | • Hospital staff who are understanding and supportive of surrogacy pregnancies  
• Managing reproductive questions in a respectful way that recognizes surrogate’s detached role post-birth  
• Provide intended parents’ last name to newborn, rather than the surrogate’s name  
• Training on how to care for the surrogate post-birth |
| • Counselling and therapeutic support during the process  
• Information on expectations and guidelines of: medical process, reproductive testing, potential mental health issues, and potential birth and delivery complications | }

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<td>• Visible LGBT positive environment (e.g., posters, forms, physical space)</td>
<td>• Policies that respect intended parents’ reproductive decision-making</td>
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<td>• Pamphlets, resources and services specifically aimed to assist gay intended parents through surrogacy</td>
<td>• Beds and/or rooms for the intended parents to stay in the hospital with the newborn</td>
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<td>• Parenting resources for gay fathers post-birth</td>
<td>• Staff who are knowledgeable about forms and familiar with post-birth documents that are non-inclusive and confusing</td>
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<td>• Inclusive language and active representation of same-sex parents and families</td>
<td>• Social workers and allied health professionals who can support gay fathers on their transition to parenthood</td>
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<td>• Consideration of inclusivity of sperm donation</td>
<td>• Refer to the intended parents as the parents</td>
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<td>• Formula feeding consultations</td>
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