



SURROGATE MOTHERHOOD: MEDICAL CONSIDERATIONS

SURROGATE MOTHERHOOD STARTS WITH IN VITRO FERTILISATION (A PRACTICE CALLED IVF OR FIVET) OF THE GENETIC MATERIAL OF THE COUPLE REQUESTING IT AND, IF NECESSARY, OF A DONOR'S. DURING THIS STAGE IT IS ALSO POSSIBLE TO ADOPT MEASURES TO AVOID THE TRANSMISSION OF ANY GENETIC ILLNESSES. THE EMBRYOS THUS OBTAINED ARE IMPLANTED IN THE UTERUS OF A WOMAN WHO WILL HAVE CARRIED OUT THE NECESSARY ANALYSES AND WILL HAVE RECEIVED BRIEF HORMONAL TREATMENTS. DURING THE PREGNANCY, THIS WOMAN – CALLED A BEARER OR SURROGATE MOTHER – WILL BE LOOKED AFTER BY DOCTORS WHO WILL ENSURE HER OWN GOOD HEALTH AND THAT OF THE UNBORN BABY.

IN ORDER TO HAVE A CHILD WITH THIS PROCEDURE IT IS IMPORTANT TO BE AWARE OF ALL THE LITTLE PROBLEMS THAT CAN APPEAR, OF WHICH WE GIVE YOU SOME EXAMPLES IN THE CONCLUSION. USING SPECIALISED CENTRES HELPS OVERCOME THESE HITCHES IN A SAFE AND INFORMED MANNER.

ESPECIALLY WHEN PARENTS AREN'T VERY YOUNG THERE COULD BE DIFFICULTIES CAUSED BY SPERM THAT IS NOT SUFFICIENTLY ACTIVE OR EGGS THAT ARE NOT COMPLETELY FERTILE. THIS LEADS TO A REPETITION OF IMPLANTING EFFORTS EVEN FOR VARIOUS MONTHS OR, IN THE END, HAVING TO RESORT TO A SPERM OR EGG DONOR.

THE LIKELIHOOD OF MULTIPLE BIRTHS IS HIGH. EMBRYO ATTACHMENT INTO THE UTERUS IS NOT GUARANTEED, SO MORE THAN ONE IS USUALLY IMPLANTED.

IT IS ALSO IMPORTANT TO UNDERSTAND THAT THE HEALTH INSURANCE OF THE BEARER DOES NOT COVER ANY MEDICAL TREATMENTS THAT MIGHT BE REQUIRED FOR THE CHILD'S HEALTH, AS IT IS NOT GENETICALLY HERS.

BEING INFORMED IN ADVANCE IS ESSENTIAL ALSO TO BE AWARE OF WHAT MEDICAL CHECKUPS ARE CARRIED OUT ON THE SURROGATE MOTHER. IN SOME COUNTRIES, FOR EXAMPLE, INVASIVE TESTS, SUCH AS AMNIOCENTESIS, ARE CARRIED OUT ONLY IF STRICTLY NECESSARY.

THE POSSIBLE OBSTACLES THAT CAN ARISE TAKING THIS COURSE MEAN THAT IT MUST BE UNDERTAKEN WITH THE RIGHT



AWARENESS, AND, IN PARTICULAR, RELYING ON CENTRES OF EXCELLENT LEVEL THAT ARE COMPLETELY TRUSTWORTHY.