

# Cafcass Study of Parental Order Applications made in 2013/14

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## Contents

Introduction .....	3
Research aims .....	3
Methodology.....	4
Findings: Data derived from all 2013/14 applications.....	5
Findings: data from case file study.....	10
The proceedings.....	10
The work of the Parental Order Reporter (POR) .....	12
The surrogacy arrangements.....	15
The commissioning couple .....	20
The surrogate .....	21
Discussion.....	22
Summary of key findings and recommendations.....	27

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## Introduction

The definition of surrogacy in UK law is contained in the Surrogacy Arrangements Act 1985 and is an arrangement made before a pregnancy that the commissioning couple will become the legal parents of a child born to a surrogate as a result of insemination or of the placing in her of an embryo, of an egg in the process of fertilisation or of sperm and eggs. Commercial payments or commercial brokering of surrogacy arrangements are illegal in the UK and surrogacy contracts drawn up in advance of a pregnancy of birth are not enforceable. There are many countries where commercial surrogacy is lawful and commissioning couples may bring their child into the UK after the child has been born abroad. To confirm their legal status as parents the commissioning couple need to apply for a Parental Order, in accordance with section 54 of the Human Fertilisation and Embryology Act (HFEA) 2008.

In Parental Order proceedings, the court will appoint a Cafcass officer to act as Parental Order Reporter (POR). The responsibilities of the POR include providing a report to court which assesses whether the criteria for a parental order (set out in s54 of the HFEA 2008) are met and addresses the welfare checklist.

There is limited public availability of administrative data about surrogacy<sup>1</sup>, despite a general awareness, supported by Cafcass' records, that the number of surrogacy arrangements is increasing: there were 138 applications for parental orders in April 2011 - March 2012 rising to 241 applications in April 2014 - March 2015. This study provides basic descriptive data on applications for Parental Orders made in April 2013 – March 2014 in five areas of interest: the proceedings; the work of the Parental Order Reporter (POR); the surrogacy arrangements; the applicants (commissioning couples); and the surrogate.

## Research aims

The primary aim of this study was to make information available to Cafcass managers and practitioners which will assist them in dealing with Parental Order cases and in acting as PORs, in particular, information relating to:

- The level of involvement required by the court from the POR and the court's general expectations of the POR.
- The legal and child welfare issues that can arise in such cases and to which practitioners should be alert.

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<sup>1</sup> This was noted by Crawshaw et al in 2012 in a paper reporting research they had carried out using the limited data they could access from Cafcass, UK General Register Offices and UK surrogacy agencies, see Crawshaw, M., Blyth, E., & van den Akker, O. (2012) The changing profile of surrogacy in the UK – Implications for national and international policy and practice, *Journal of Social Welfare and Family Law*, 34:3, 267-277.

This information will also be used to inform future reviews of Cafcass' Parental Order Guidance (now part of the Adoption and Surrogacy Handbook<sup>2</sup>) to ensure it meets the needs of practitioners working on these cases.

In addition the study aimed to provide additional information about surrogacy arrangements leading to Parental Order applications to other stakeholders, such as the Family Court.

## Methodology

This study presents data collected from two sources:

- Basic data extracted from Cafcass' electronic case management systems (CMS and ECMS)<sup>3</sup> on all Parental Order applications made in 2013/14;
- Data collected from the electronic case files of a random sample of 79 cases drawn from the 189 applications made in 2013/14.

Basic data on all parental order applications was recorded on Cafcass' CMS system (used for applications made and closed before July 2014) and ECMS system (used for cases made or continuing from July 2014 onwards), including, for example, the date the application was made and information about the legal parties to the application, such as gender and date of birth. The data was prepared by consolidating duplicate cases and removing cases which were not Parental Order Applications (for example, there were a small number of parental responsibility and contact/residence cases which had been incorrectly recorded as Parental Order applications). This left 189 applications. A number of individuals erroneously recorded on the system as applicants, respondents and subjects were also deleted from the data as they were not actually legal parties to the case (for example, live-in nannies, older siblings of the child who were not subject to the application). Analysis was carried out on the data using SPSS.

For reasons of time and resource constraints, data was collected through case file scrutiny on a smaller sample of 80 cases. SPSS was used to select this simple random sample of 80 cases. One of the 80 cases was removed from the sample due to insufficient information being available on the file.

The sample of 79 cases was then split between three researchers and each used the same protocol to collect information on the following areas in respect of each case: the proceedings; the work of the POR; the surrogacy arrangements; the applicants (commissioning couple); and the surrogate. The researchers discussed the protocol and the data collection both before and after data collection to ensure that data collection was consistent.

The data presented with regard to all 189 parental applications made in 2013/14 is purely descriptive. Where applicable, limited inferential statistical tests have been carried out on the

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<sup>2</sup> Available here:

[http://www.cafcass.gov.uk/media/198312/adoption\\_and\\_surrogacy\\_handbook\\_final\\_for\\_launch\\_08\\_01\\_14.pdf](http://www.cafcass.gov.uk/media/198312/adoption_and_surrogacy_handbook_final_for_launch_08_01_14.pdf)

<sup>3</sup> ECMS is an application which is used to record case information electronically, this includes both the case documents and the details of the case. In July 2013 ECMS replaced ECF and CMS, the former was used to store case documents and the latter was a national database of case details.

data collected from the sample of 79 cases through case file scrutiny. These tests are to allow inference from the 79 case studies to the overall population of 189 applications in 2013/14. However, inference should not be drawn outside of these parameters, for example, to Parental Order applications made outside of this period or to surrogacy arrangements not involving parental order applications, as the profile of these cases may differ. Due to the large size of the sample in relation to the population, Finite Population Corrections have been made when reporting confidence intervals for proportions and means.

## Findings: Data derived from all 2013/14 applications

### *Number of applications*

There were 202 cases recorded on Cafcass' case management system as Parental Order applications. However, once the data had been prepared, including the removal of a number of cases which were not Parental Order applications but had been incorrectly recorded as such on the system and the consolidation of duplicate cases, there were 189 Parental Order applications made in 2013/14 remaining in the dataset, as outlined in Methodology above.

### *Service areas<sup>4</sup> of applications*

The majority of applications (n=101, 53.4%) were recorded as allocated to teams in Greater London, (either A15, A15a or A15b<sup>5</sup>), on the system.

*Table 1: Service area of teams allocated to cases*

<b>Service area</b>	<b>Frequency</b>	<b>Percent</b>	<b>Service area</b>	<b>Frequency</b>	<b>Percent</b>
A1	2	1.1	A10	5	2.6
A2	5	2.6	A11	6	3.2
A3	5	2.6	A12	4	2.1
A4	7	3.7	A13	3	1.6
A5	3	1.6	A14	13	6.9
A6	4	2.1	A15	101	53.4
A7	10	5.3	A16	9	4.8
A8	2	1.1	A17	3	1.6
A9	7	3.7	Total	189	100.0

### *Circuit of applications*

Whilst the data from ECMS showed that only 15.3% of cases were dealt with by the High Court, analysis of the smaller sample indicated that the High Court actually deals with a much higher proportion of cases. This may reflect the fact that many cases, particularly international cases, are transferred to the High Court and therefore the ECMS data does not accurately record the involvement of the High Court throughout the case.

<sup>4</sup> Cafcass is made up of 17 Service Areas, A1-A17, each covering a local geographical area. For a map of all Cafcass Service Areas, see Appendix 9, p87, of the Cafcass Operating Framework: [http://www.cafcass.gov.uk/media/212819/cafcass\\_operating\\_framework.pdf](http://www.cafcass.gov.uk/media/212819/cafcass_operating_framework.pdf)

<sup>5</sup> A15a covers public law in Greater London; A15b, private law.

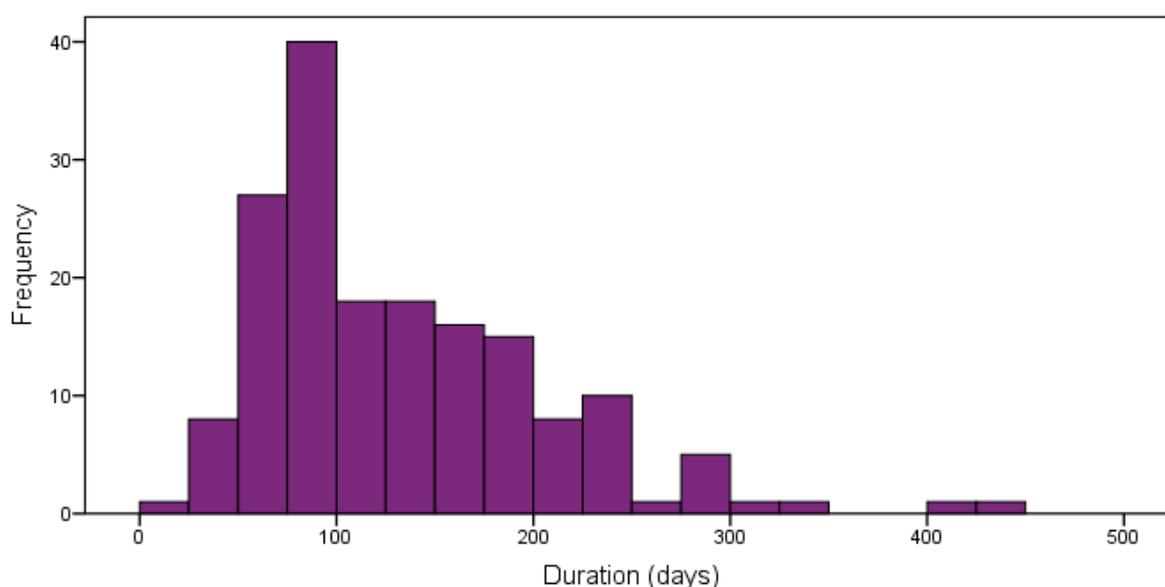
Table 2: Circuit of applications

Circuit	Frequency	Percent
London	88	46.6
Midlands	11	5.8
High court	29	15.3
North West	10	5.3
South East	25	13.2
South West	10	5.3
North East	16	8.5
<b>Total</b>	<b>189</b>	<b>100.0</b>

### Duration of cases

One hundred and seventy one cases were complete at the time the data was extracted from the system (November 2014). The mean duration of the closed cases was 133 days or 19 weeks, with a minimum of 24 days and a maximum of 434 days (62 weeks).

Chart 1: histogram showing duration of proceedings



### Number of children subject to application

Three-quarters of applications related to only one child; 23.8% related to two children and only 1.1% (n=2) related to three children. The high number of twins, which accounted for the majority of applications relating to two children, reflects the use of in vitro fertilisation (IVF) in the conception of many of the children, where in some cases multiple embryos may be transferred to the surrogate.

Table 3: Number of children subject to application

Number of children subject to application	Frequency	Percent
1	142	75.1
2	45	23.8

3	2	1.1
<b>Total</b>	<b>189</b>	<b>100.0</b>

The total number of children subject to Parental Order applications in 2013/14 was therefore 238.

### *Gender of applicants*

The majority of cases (78.8%) involved one male applicant and one female applicant (i.e. opposite-sex couples), the remaining 21.2% of cases involved two male applicants (i.e. same-sex male couples). This compares to only 7% of children adopted in 2013-14 being adopted by same sex couples, however, as the overall number of adoptions in 2013-14, at 4835, is much higher than applications for parental orders, there were more adoptions by same-sex couples in 2013-14 than parental order applications, 340 against 40<sup>6</sup>.

*Table 4: Gender of applicants*

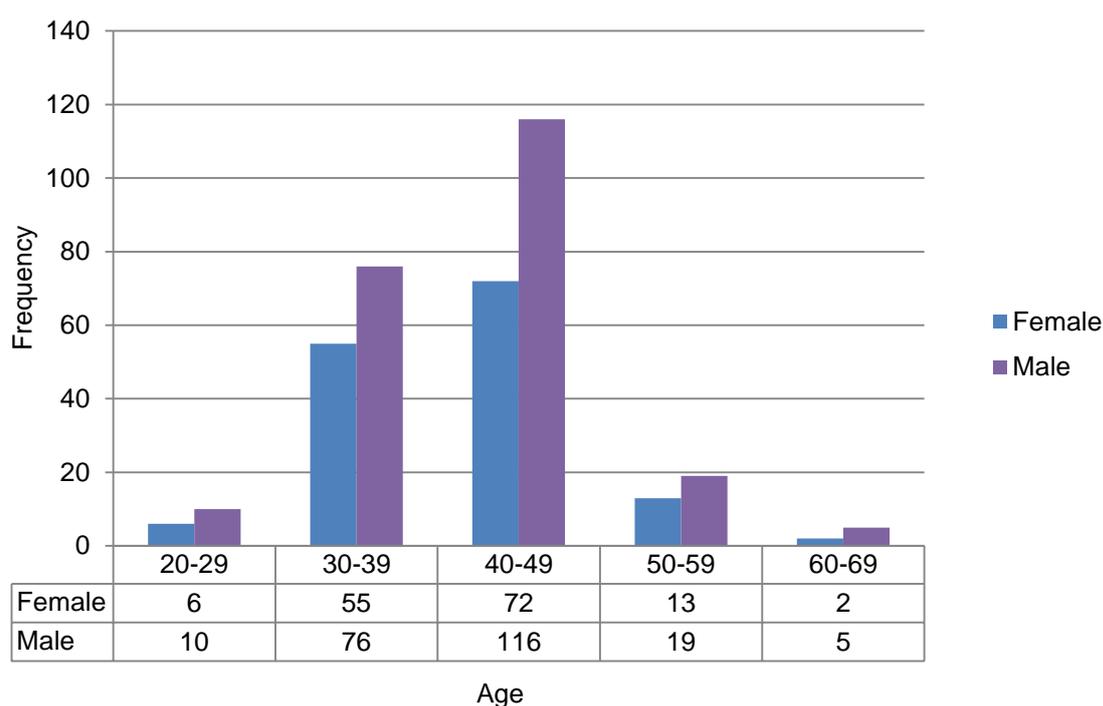
<b>Applicant gender</b>	<b>Frequency</b>	<b>Percent</b>
One male and one female applicant	149	78.8
Two male applicants	40	21.2
<b>Total</b>	<b>189</b>	<b>100.0</b>

### *Age of applicants*

The applicants in a Parental Order application are the couple who are intended to be the child's parents (the 'commissioning couple'). The date of birth was recorded for 374 of 378 applicants. The mean age at application of the applicants was 42 years; the minimum was 26 years; and the maximum, 66 years. The chart below shows the number of applications within each age group by gender.

*Chart 2: Age of applicants (commissioning couple)*

<sup>6</sup> <http://www.baaf.org.uk/res/statengland#sources>, note the 340 figure relates to individual children but the 40 figure relates to applications which may be in respect of more than one child.



The ages of the applicants in parental order applications in 2014/15 are considerably higher than those of birth parents in the general population. In the general population (England and Wales), the vast majority (90.6%) of birth parents of children born in 2013 were aged under 40<sup>7</sup>, in comparison with only 39.3% of the applicants for parental orders. Just over half of applicants were between 40 and 49 and 35% were between 30 and 39. Fewer applicants fell into the oldest and youngest categories: 10.4% of applicants were between 50 and 69; whilst only 4.3% were under 30. In the general population, however, the percentage of those in the higher age brackets are much lower, with only 1.4% of fathers aged 50-69 and only 0.3% of mothers being aged 45 and over (data for older mothers is not broken down into smaller age brackets). As the chart shows, the total number of male applicants was higher (due to there being cases with two male applicants) but the distribution of age was similar for both genders.

### *Number of respondents*

In 73 cases, there was a second respondent to the application and all of these second respondents were male. It is reasonable to assume that in at least 73 cases (38.6%) the surrogate was married. It is likely that this figure is an underestimate as in some cases there may have been insufficient information about a surrogate's marital status or about the surrogate's husband to add them to the system as a respondent.

*Table 5: number of respondents*

<b>Respondents</b>	<b>Frequency</b>	<b>Percent</b>
One female	116	61.4
One female and one male	73	38.6

<sup>7</sup> Office for National Statistics: Live Births in England and Wales by Characteristics of Mother 1, 2013, available at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-327586>

<b>Total</b>	<b>189</b>	<b>100.0</b>
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### *Age of respondents*

The respondents to a Parental Order applications are the surrogate mother and her husband (or civil partner/wife) if she has one. The mean age of the respondents at the time the parental order application was made, where the respondent's date of birth was known (n= 53, including male respondents), was 37 years. The mean age of female respondents only (i.e. surrogate mothers), where known (n=43), was 35, of whom 69.8% were between 20 and 39, 25.6% were between 40 and 49 and 4.7% (n=2) were between 50 and 59.

### *Legal outputs*

There was a record of a known legal outcome in 156 of the 171 cases which were complete at the times of data extraction (in 15 cases the outcome was unknown or missing from the system), of these, in 154 cases (98.7%) the outcome was the making of a Parental Order. In one of the remaining cases the application was withdrawn and in another the outcome of the case was Care and Placement orders.

*Table 6: legal outputs*

<b>Legal outcome</b>	<b>Frequency</b>	<b>Percent</b>
Parental Order	154	81.5
Case by leave withdrawn	1	0.5
Care and Placement orders	1	0.5
Unknown	33	17.5
<b>Total</b>	<b>189</b>	<b>100.0</b>

## Findings: data from case file study

The data in this section is derived from a random sample of 79 of the 189 applications made in 2013/14 and findings are reported under five headings: the proceedings; the work of the POR; the surrogacy arrangements; the commissioning couple; and the surrogate.

### The proceedings

There was a fairly even split between the number of cases dealt with by magistrates, 43%<sup>a</sup> (n=34) and the number dealt with by the High Court, 41.8% (n=33), with only a minority, 12.7% being dealt with by district judges and circuit judges (n=10, with an even split between district and circuit judges). In two cases we were not able to establish which level of judge dealt with the case.

Chart 3: level of judge who dealt with case

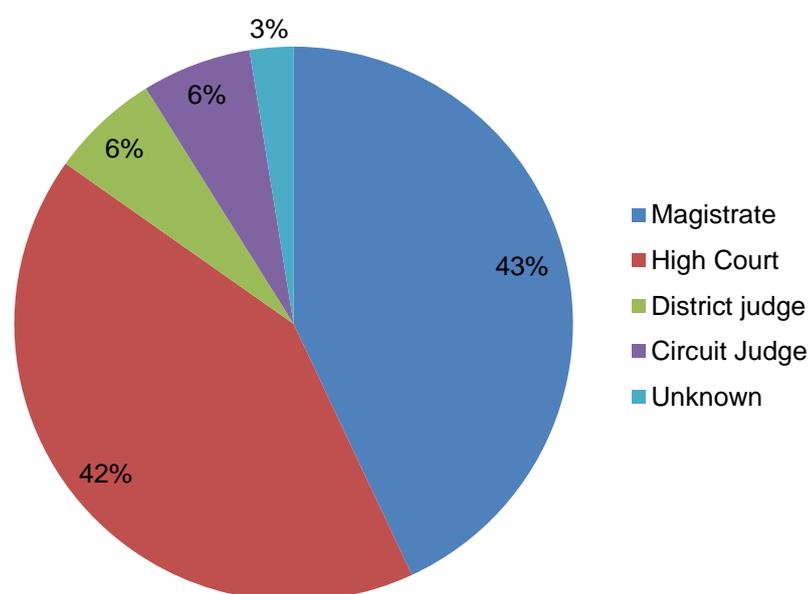


Table 7: level of judge who dealt with case

Judge level	Frequency	Percent
<b>Magistrate</b>	34	43.0
<b>District judge</b>	5	6.3
<b>Circuit Judge</b>	5	6.3
<b>High Court</b>	33	41.8
<b>Total</b>	77	97.5
<b>Unknown</b>	2	2.5
<b>Total</b>	<b>79</b>	<b>100.0</b>

As would be expected, the mean duration for High Court cases was significantly higher at 27 weeks than cases dealt with by magistrates at 13 weeks<sup>d</sup>. This reflects the profile of the cases dealt with by the High Court:

Table 8: level of judge who dealt with case by surrogacy type

Surrogacy type	Other judge level	High Court	Total
International	0	32	32
Domestic	44	1	45
Total	44	33	77

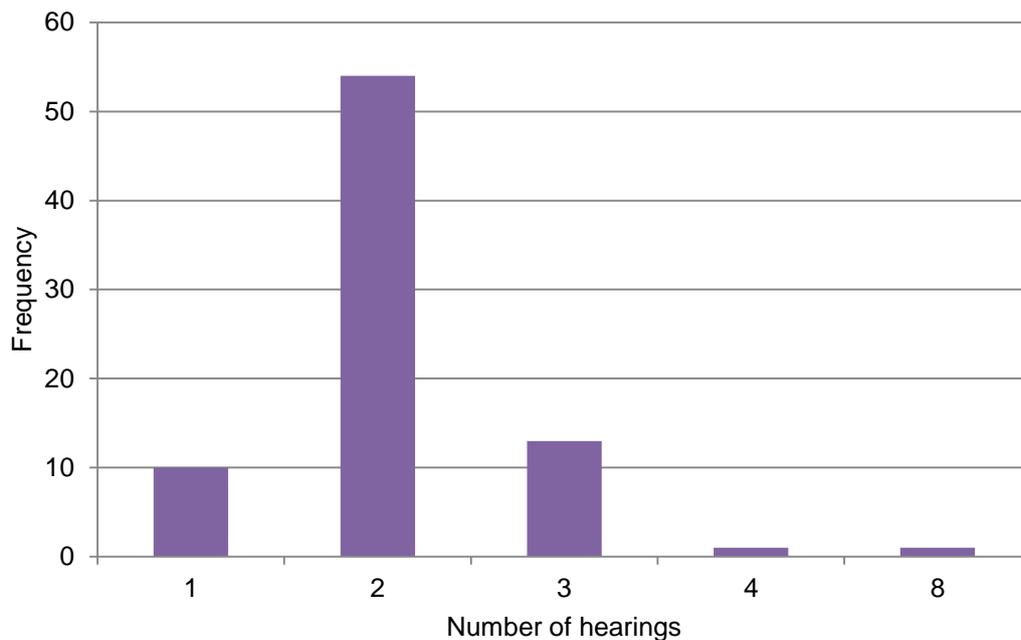
Table 8 shows that all international cases were dealt with by the High Court and all but one of the domestic cases (where the judge level was known) were dealt with by magistrates, district judges or circuit judges. A chi-square test confirmed the relationship between Judge level and whether a surrogacy was international or domestic<sup>c</sup>.

Most cases had few hearings; most commonly (68.4%<sup>d</sup> of cases) there were only two hearings. In many cases directions were made by the court without a hearing and in the absence of the parties. In establishing the number of hearings, it was observed that it was common for the child to attend the final hearing and that, in the majority of cases, the surrogate did not attend any hearings.

Table 9: number of hearings per case

Number of hearings	Frequency	Percent
1	10	12.7
2	54	68.4
3	13	16.5
4	1	1.3
8	1	1.3
<b>Total</b>	<b>79</b>	<b>100.0</b>

Chart 4: Number of hearings per case



## The work of the Parental Order Reporter (POR)

The responsibilities of the POR are set out in 16.35 of Part 7 of Practice Direction 16A, and include providing a report to court which assesses whether the criteria for a parental order (set out in s54(1) to (8) of the HFEA 2008) are met and addresses the welfare checklist. The criteria for a Parental Order (paraphrased) are as follows:

- a) The child is carried by a surrogate, who is not the wife of the applicant, after the placing in her of an embryo or sperm and eggs or artificial insemination.
- b) One or both of the applicants are genetically related to the child.
- c) The applicants must be husband and wife, civil partners or two people in an enduring family relationship.
- d) The application must be made within 6 months of the child's birth.
- e) The child's home is with the applicants and one or both of them are domiciled in the UK.
- f) Both applicants must be over 18 years of age.
- g) The surrogate and her husband<sup>8</sup> (if any) must consent freely and unconditionally to the order.
- h) The court must be satisfied that no money or other benefit (other than for expenses reasonably incurred) has been given or received by either of the applicants.

As part of the study information was collected from the case file on how the POR went about her or his enquiries and, in particular, how they investigated whether the above criteria were met.

All reports looked at as part of the study had a strong focus on the welfare of the child. The welfare checklist was considered and the attention to this aspect of the POR role was consistent across teams. This reflects that enquiring into the welfare of the child with reference to the welfare checklist is a core part of the FCA role and even those not experienced in Parental Order cases are likely to remain confident in assessing welfare in these cases.

### *Number of enquiries*

The POR saw the child in all but one of the cases (98.7%<sup>8</sup>), in one case the child was seen twice and in the remainder (77) the child was seen once. There was a clear focus on child welfare in PORs' interviews with the commissioning couples and visit to the child (which usually took place in one visit to the couple's home allowing the POR to see the couple with the child). Commonly PORs asked to see the child's red health book and enquired into the child's routine and the arrangements for their care.

In all but one case (98.7%<sup>1</sup>) the POR met and interviewed the commissioning couple face to face at least once. In five cases (6.3%<sup>9</sup>) the POR interviewed the couple twice, no couples were interviewed more than twice.

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<sup>8</sup> Or "any man who is the father by virtue of section 35 or 36 or any woman who is a parent by virtue of section 42 or 43" 54(6) HFEA

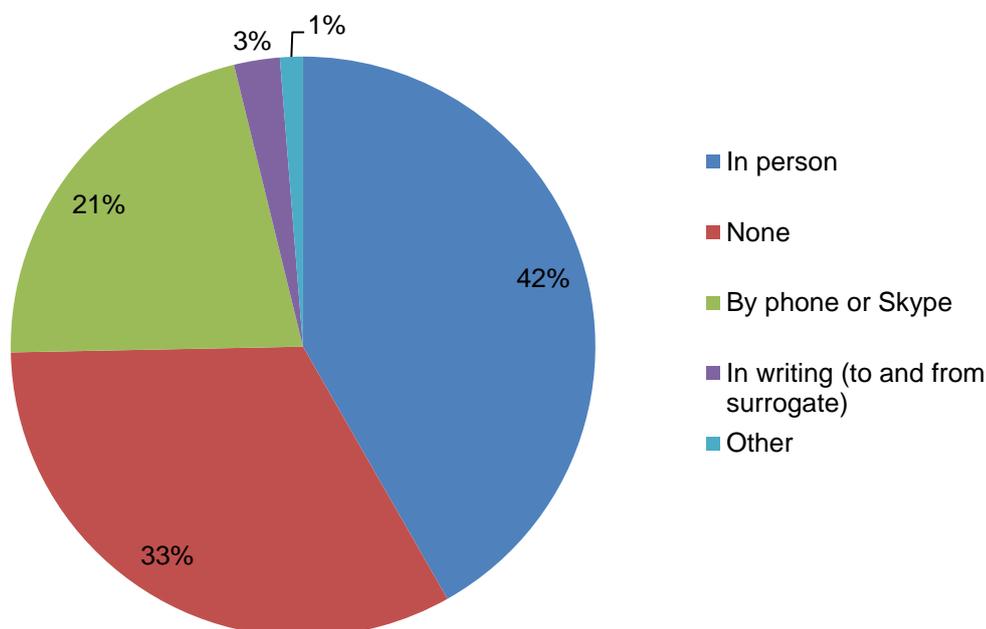
### *POR contact with the surrogate mother*

The table below shows the method by which the POR contacted the surrogate mother:

*Table 10: type of contact between POR and surrogate*

<b>Type of contact</b>	<b>Frequency</b>	<b>Percent</b>
In person	33	41.8
By phone or Skype	17	21.5
In writing (to and from surrogate)	2	2.5
None	26	32.9
Other	1	1.3
<b>Total</b>	<b>79</b>	<b>100.0</b>

*Chart 5: type of contact between POR and surrogate*



The most common form of contact between the POR and the surrogate, (n=33 cases, 41.8%<sup>h</sup>) was meeting in person. The type of contact the POR had with the surrogate appeared to depend on the country in which the child was born (and thus where the surrogate was living):

*Table 11: Type of contact between POR and surrogate by country of surrogacy*

<b>Type of contact between POR and surrogate</b>	<b>UK</b>	<b>India</b>	<b>USA</b>	<b>Total</b>
In person	33	0	0	33
By phone or Skype	13	1	3	17
In writing (to and from surrogate)	0	0	2	2
None	0	17	9	26
Other	1	0	0	1
<b>Total</b>	<b>47</b>	<b>18</b>	<b>14</b>	<b>79</b>

There was some form of contact between the surrogate and the POR in all of the 47 cases where the child was born in the UK and in 33 (70.2%) of these the contact was in person. In the 18 Indian surrogacy cases, there was only one case (5.6%) where the POR had any form of contact with the surrogate mother, this was by telephone. In the 14 American cases there was also no contact in person, but in 3 cases (21.4%) there was telephone contact and in 2 (14.3%) there was contact in writing; in the remaining 9 cases (64.3%) there was no contact.

### *Form of consent from surrogate*

In 35 cases (44.3%<sup>i</sup>) the form of consent provided to the court was an A101 form witnessed by the POR or a Cafcass FCA at another office acting on their behalf. In two cases the POR met with the surrogate in person but the form of consent was 'other' (including for example, in person at court). All of the 35 cases where the POR witnessed the signing of the A101 form were domestic cases.

### *Form of evidence of genetic relation to child*

The below table shows the form of evidence submitted by the applicants to the POR and/or the court to demonstrate compliance with the criterion at 1(b) of s54 HFEA, that "the gametes of at least one of the applicants were used to bring about the creation of the embryo":

*Table 12: form of evidence of genetic relation to child*

<b>Form of evidence</b>	<b>Frequency</b>	<b>Percent</b>
DNA test	10	12.7
Other medical confirmation from clinic	39	49.4
Verbal or written confirmation from surrogate	7	8.9
None	20	25.3
Other/unknown	3	3.8
<b>Total</b>	<b>79</b>	<b>100.0</b>

In almost half of all cases (n=39, 49.4%<sup>j</sup>), this was demonstrated through confirmation from a medical clinic involved in the child(ren)'s conception. However, in 20 cases (25.3%<sup>k</sup> of all cases), no such evidence was provided to the POR and in 7 (8.9%), the evidence was a written or verbal confirmation from the surrogate (either that she had received the medical treatment described by the commissioning couples or that she had refrained from sexual activity during the period the child was conceived). Out of the 17 traditional surrogacy arrangements (where the egg of the surrogate mother is used), in more than half (n=9, 52.9%) no form of evidence of a biological link to the commissioning couple was provided, in one the form of evidence was unknown and in one a DNA test was carried out. In the remaining six cases the evidence took the form of an assurance given by the surrogate.

### *Time taken to file POR report*

The average number of weeks taken for the Parental Order Reporter to file their report to the court, from the date of the order requesting the report, was 8.7<sup>l</sup>, with a range between zero weeks and 18 weeks. The cases with a duration of zero weeks for filing occurred where the Parental Order Reporter had begun the report on case receipt or on appointment, where this occurred prior to a filing date for the report being set. When looking instead at the weeks for the report to be filed from case receipt, the minimum was 3 weeks.

## The surrogacy arrangements

### *Surrogacy type: traditional or gestational; and domestic or international*

Surrogacy arrangements can either be gestational or traditional. In gestational surrogacy, the surrogate is not genetically related to the child; an embryo formed of the gametes of either one (and a donor egg or donor sperm) or both of the commissioning applicants is placed in the surrogate. In traditional surrogacy the child is conceived through the insemination of the surrogate mother using the commissioning father's sperm; the child is therefore genetically related to the surrogate. The majority of arrangements, 78.5%<sup>m</sup> (n=62) were gestational arrangements with 21.5% of cases (n=17) being traditional.

The split between domestic<sup>9</sup> and international<sup>10</sup> surrogacies was fairly even, with 59.5%<sup>n</sup> being domestic (n=47) and 40.5% (n=32) international.

The data demonstrated a relationship between whether the surrogacy was gestational or traditional and whether it was domestic or international, with all of the 32 international arrangements being gestational, in contrast to 63.8% (n=30) of the domestic arrangements being gestational and the remaining 17 (36.2%) being traditional<sup>o</sup>.

In some of the domestic cases in the sample, whilst the surrogate was resident in the UK and the child was born in the UK, medical treatment associated with the conception of the child (IVF) was undertaken outside of the UK. In at least two of these cases, the commissioning couple and the surrogate did not inform the overseas clinic that the conception was part of a surrogacy arrangement.

The international cases all involved surrogacy arrangements in either India (22.8%<sup>p</sup> of all surrogacies in the sample; 56.3% of the international arrangements) or America (17.7%<sup>q</sup> of all the surrogacies in the sample; 43.8% of the international arrangements). It is likely that some of the applications made in 2013/14 involved international arrangements made outside of these countries, however we are confident on the basis of our sample and based on previous analysis of Cafcass address data<sup>11</sup> that the majority of the surrogacy arrangements leading to parental order applications made in 2013/14 related to surrogacy arrangements made in the UK, the USA and India.

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<sup>9</sup> Defined as where an arrangement was made with a surrogate who was resident in the UK and the child was born in the UK

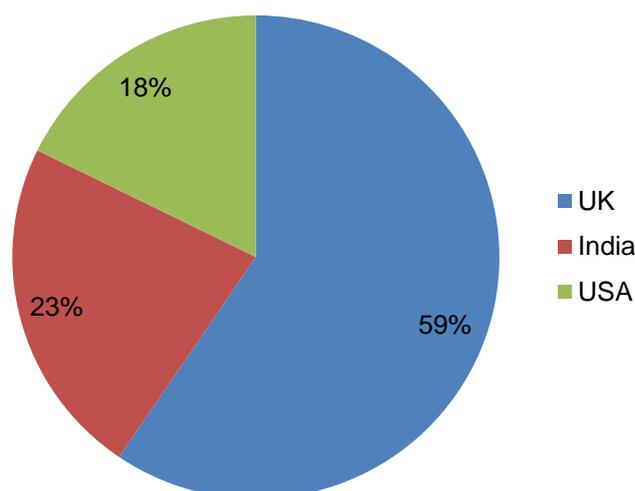
<sup>10</sup> Defined as where an arrangement was entered into with a surrogate who was resident outside of the UK and the child was born outside of the UK

<sup>11</sup> Crawshaw, M., Blyth, E., & van den Akker, O. (2012) The changing profile of surrogacy in the UK – Implications for national and international policy and practice, *Journal of Social Welfare and Family Law*, 34:3, 267-277

Table 13: Country where surrogacy took place

Country	Frequency	Percent
UK	47	59.5
India	18	22.8
USA	14	17.7
<b>Total</b>	<b>79</b>	<b>100.0</b>

Chart 6: Country where surrogacy took place



In nine of the 32 international cases there was evidence in the case file of the commissioning couple facing issues when returning home to the UK with the child. Usually this related to delays of up to several months whilst the required documents were obtained. In all of the cases involving difficulties bringing the child back to the UK, the child was born in India. This is likely to be an underestimate as in many cases there was insufficient information on the case file to establish whether or not returning to the UK with the child had been straightforward.

### *Use of donor eggs*

In just over half of all cases ( $n=41$  51.9%<sup>12</sup>), a donor egg was used in the arrangement, this equates to 66.1% of the gestational surrogacy arrangements. In only just over a quarter of cases (26.6%  $n=21$ ) was genetic material from both parents used in conception, this represents 33.9% of the 62 cases involving opposite-sex applicants.

In the seven cases where there was a record on the case file of the amount of money paid to the egg donor, the mean payment was £10248.45<sup>12</sup>. In the three Indian cases, the mean was much lower than that of the four American cases: £4482.67; against £14572<sup>5</sup>. It was unfortunately not possible to establish reliable further information about the egg donor, such as nationality, from the case file.

<sup>12</sup> Note that all figures used include conversions from US dollars or Indian Rupees both from data available on the case file or made by the researcher using current exchange rates, they are thus approximations.

Most reports contained discussion about the intentions of the commissioning couple in respect of giving their child an understanding of the circumstances of their conception and birth and what relationship or contact the child might have with the surrogate (as part of addressing Section 1(4)(f) of the Welfare Checklist as set out in the Adoption and Children Act 2002). This is an important issue for the child's welfare as research on children conceived through donor conception indicates that openness with children about their conception is more important for the child's adjustment than the actual circumstances of their conception<sup>13</sup>. Most commissioning couples expressed a positive desire to be open with their child about their birth throughout their child's life, and where they had not planned to be open with their child throughout the child's life or had not developed a specific plan for how they would do this, they were receptive to the advice provided to them by the POR in this respect. However, some reports did not discuss the implications of the use of an anonymous donor egg for the child's awareness of their background and heritage. In the UK, children conceived with donor eggs, sperm or embryos have the right to access identifying information about the donor on reaching adulthood and, through their parents, non-identifying information from birth. This may not be available to children born through international surrogacy arrangements, depending on the legal framework for donor gametes in the country where the donated gametes were obtained. Should the number of international surrogacy arrangements continue to rise, this could have implications for an increasing number of children.

### *Total payment for surrogacy*

In 73 cases we were able to establish from the case file the total amount paid in relation to the surrogacy. This includes both expenses (of the surrogate and the agency, if applicable, so may include medical expenses, e.g. IVF, private hospital treatment, paid through the agency) and payments to the surrogate and/or agency not accounted for by expenses. It was unfortunately not possible to reliably break the total payment figures down into their component parts (i.e. the expenses incurred by the surrogate and reimbursed by the commissioning couple; medical costs and/or other costs incurred through a clinic or agency; and any commercial aspect paid to the surrogate and/or agency requiring retrospective authorisation by the court). The mean total amount for all cases was £15961.66<sup>14</sup>.

Looking at the total amount by country, the UK and India figures were similar with means of £10694.13 and £10981.31 respectively. The American cases had significantly higher costs, with a mean of £39875<sup>15</sup>. The highest cost incurred was £96000<sup>15</sup> in an American case and the lowest were four domestic cases where no payment was made to the surrogate (reasons for this included the surrogate being a relation or friend of one of the commissioning couple). An important caveat to these figures is that the total costs to the commissioning couple associated with the surrogacy are likely to be higher in all countries than those recorded on the case file cited here. This is because these figures do not include any payments associated with the surrogacy which were not paid directly to either the surrogate (UK cases) or the agency or the surrogate (USA and India cases). For example, the figures for the UK cases do not include costs paid directly to a medical clinic in gestational surrogacy

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<sup>13</sup> Golombok, S (2013) Families created by reproductive donation: issues and research *Child development perspectives*, 7:1, 61-65

<sup>14</sup> Note that all figures used include conversions from US dollars or Indian Rupees both from data available on the case file or made by the researcher using current exchange rates, they are thus approximations.

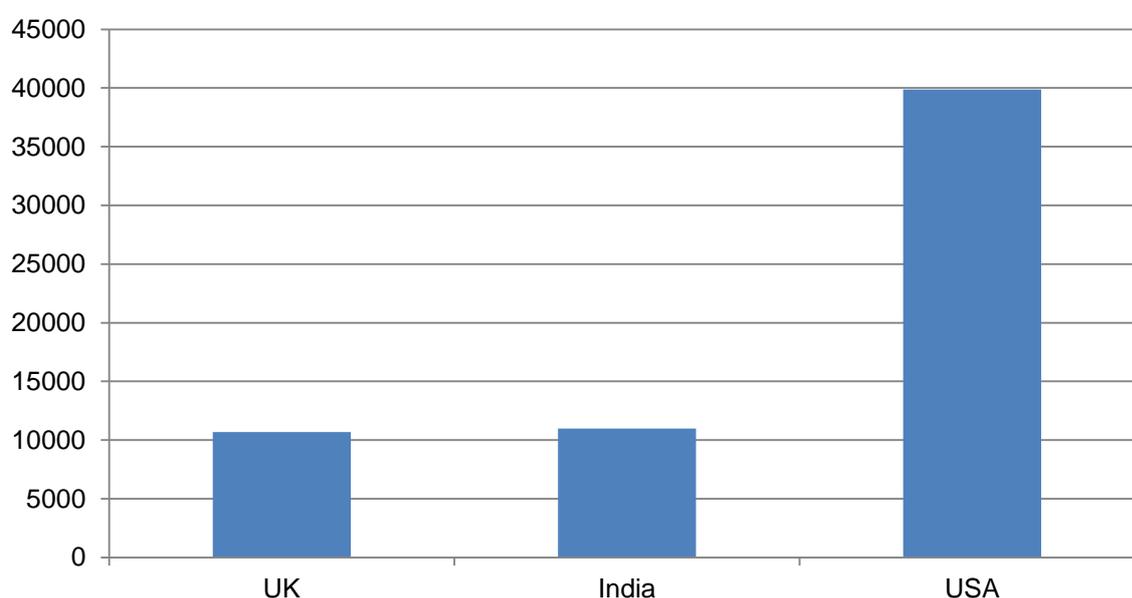
<sup>15</sup> Rounded to nearest £100

arrangements where medical intervention was involved. In the India and America cases they do not include the commissioning couple’s travel and accommodation costs (which might be extensive, especially where parties are required to stay in the country for a period following the birth whilst the necessary legal documents are obtained to take the child back to the UK).

*Table 14: Mean, minimum and maximum amount paid for surrogacy by country*

Country	Mean (£)	Frequency	Minimum (£) <sup>16</sup>	Maximum (£) <sup>17</sup>
UK	10694.13	42	0.00	23500.00
India	10981.31	18	1400.00	25600.00
USA	39875.69	13	18000.00	96000.00
<b>Total</b>	<b>15961.66</b>	<b>73</b>	<b>0.00</b>	<b>96000.00</b>

*Chart 7: Mean total amount paid for surrogacy by country (£)*



### *Intended future contact between commissioning couple and surrogate*

Most of the Parental Order reports referred to arrangements for future contact between the child(ren), commissioning couple and surrogate. This information was used to extract data on the level of contact that the commissioning couple planned on maintaining with the surrogate. This data relates to the apparent intentions of the commissioning couple only, not to the intentions of the surrogate or the likelihood of the intended contact actually taking place. It was observed that in some cases, the wishes of the commissioning couple and the surrogate in respect of future contact differed; in some the commissioning couple’s desire to keep in contact appeared stronger than that of the surrogate, and in others the surrogate’s desire for this appeared stronger.

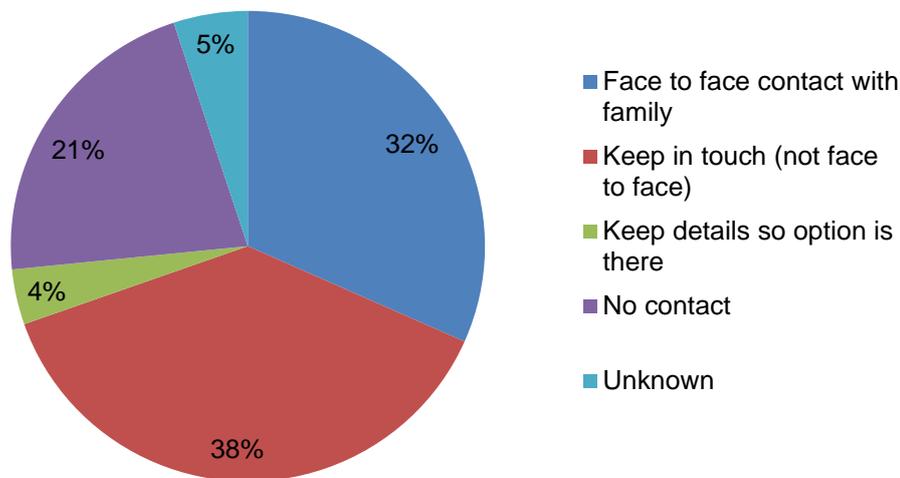
<sup>16</sup> Rounded to nearest £100

<sup>17</sup> Rounded to nearest £100

Table 15: type of intended contact between surrogates and applicants and child

Type of contact planned	Frequency	Percent
Face to face contact with family	25	31.6
Keep in touch (not face to face)	30	38.0
Keep details so option is there	3	3.8
No contact	17	21.5
Unknown	4	5.1
<b>Total</b>	<b>79</b>	<b>100.0</b>

Chart 8: type of intended contact between surrogates and applicants and child



In most cases, the commissioning couple indicated that they intended to keep in some form of contact with the surrogate, in 25 cases (31.6%)<sup>u</sup> this would include face to face contact between the child and the surrogate and in 30 cases (38.0%)<sup>v</sup> this was framed as ‘keeping in touch’ but not amounting to face to face contact between the child and the surrogate.

It is important to consider the reasons that were recorded for contact being maintained in the ‘face-to-face’ cases. Twenty-one of the 25 face to face cases were domestic arrangements and in many of the domestic cases, the parents had become close to the surrogate during the pregnancy and any contact anticipated between the child and the surrogate appeared to be anticipated as a result of the friendship that had developed between the commissioning couple and the surrogate, rather than specifically or only as a way of promoting or maintaining a relationship between the child and the surrogate. This also applies to those cases where the surrogate was already a friend or was a relative of the commissioning couple before the surrogacy arrangement was entered into. This is in line with other research which has found positive relationships and contact persisting between the surrogate and the commissioning couple and family after the child’s birth<sup>18</sup>. The ‘keeping in

<sup>18</sup> Jadva, V., Blake, L., Casey, P., and Golombok, S., (2012) Surrogacy families 10 years on: relationship with the surrogate, decisions over disclosure and children’s understanding of their surrogacy origins. *Human Reproduction*, 27(10), 3008-3014

touch' cases also sometimes reflected the relationship that had formed between the commissioning couple and the surrogate but in other cases, there was a more conscious desire to encourage the child to develop an understanding of their origins and/or to share information about the child with the surrogate, for example, by sending updates about photographs of the child to the surrogate.

Of the 17 cases where there were no plans for any contact with the surrogate, 15 of these were Indian arrangements (representing 15/18 total Indian cases). In some reports it was noted that the commissioning couple would have wished to have kept in contact with the surrogate but that they had been told that this was “not encouraged” by the clinic.

## The commissioning couple

The majority (86.1%<sup>w</sup> n=68) of commissioning couples were married or in a civil partnership. In most cases where the couple was married or in a civil partnership, in order to demonstrate that the criterion at s54(2)<sup>19</sup> of the HFEA 2008 was met, the Parental Order Reporter would see a copy of the marriage or civil partnership certificate. In some cases where couples were not married or in a civil partnership, the Parental Order Reporter included information about the length of the couple’s relationship within the report or other details regarding their relationship such as owning a house together.

Table 16: marital status of commissioning couples

Marital status	Frequency	Percent
Married	57	72.2
Civil Partnered	11	13.9
Other	11	13.9
<b>Total</b>	<b>79</b>	<b>100.0</b>

The details of each couple’s journey to surrogacy included within the POR’s report and on the file provided information regarding how many, if any, existing children the couple had, including any children of each parent from previous relationships (including those living with another parent and/or now adult). For the majority (68.4%<sup>x</sup>, n=54) of applicants, the child(ren) subject to the application was/were their first child(ren).

Table 17: total number of existing children of applicants

Number of existing children	Frequency	Percent
0	54	68.4
1	21	26.6
2	1	1.3
3	2	2.5
4	1	1.3

MacCallum, F., Lycett, E., Murray, C., Jadva, V., Golombok, S. (2003) Surrogacy: The experience of commissioning couples *Human Reproduction* 18 (6): 1334-1342.

<sup>19</sup> “The applicants must be— (a) husband and wife, (b) civil partners of each other, or (c) two persons who are living as partners in an enduring family relationship and are not within prohibited degrees of relationship in relation to each other.”

<b>Total</b>	<b>79</b>	<b>100.0</b>
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In addition, data was collected on how many of the existing children were born through surrogacy arrangements; 12 of the couples (15.2%<sup>y</sup>) already had one existing child born through surrogacy, none had more than one. In six of these cases at least one child had been carried by the same surrogate mother. Five of these cases were traditional surrogacies. It was noted in some reports and statements of those couples for whom this was their first child through surrogacy, that they intended to have a second child through surrogacy in the future.

## The surrogate

There was less information available on the case files in respect of the surrogate mother as there was in respect of the commissioning couple. In international cases, where there may have been little or no contact between the POR and the surrogate and, in many cases little contact between the commissioning couple and the surrogate (in at least two of the Indian cases, the commissioning couple never met the surrogate mother), this was particularly so.

In 59 cases, there was enough data to conclude whether or not the surrogate had previously entered into another surrogacy arrangement. In 33 of these there was evidence that she had. Due to the extent of the missing data, it is not possible on this basis to make an inference about the overall percentage of surrogate mothers who were respondents in 2013/14 parental order applications who had previously acted as a surrogate.

We also collected information on the surrogate's marital status where such information was available. The marital status of the surrogate is important in the Parental Order proceedings as where the surrogate is married or in a civil partnership, her husband or partner is the other legal parent of the child<sup>20</sup> and as such must give their consent to the Parental Order.

*Table 18: marital status of surrogate*

<b>Marital status</b>	<b>Frequency</b>	<b>Percent</b>
Married	39	49.4
Single	34	43.0
Unknown	6	7.6
<b>Total</b>	<b>79</b>	<b>100.0</b>

The number of married surrogates and the number of single surrogates was roughly equal, with 39 (49.4%<sup>z</sup>) being married and 34 (43.0%) being single. In respect of the remainder of surrogates, we were not able to determine marital status from the case file.

<sup>20</sup> Except, in accordance with section 35 (or 42 in the case of a female wife/civil partner) of the HFEA 2008 "where it is shown that he did not consent to the placing in [the surrogate] of the embryo or the sperm and eggs or to her artificial insemination can be shown that he did not consent to [the surrogate's] treatment"

## Discussion

The preceding analysis provides a profile of surrogacy arrangements leading to Parental Order applications in 2013/14. In Parental Order proceedings, the court's paramount concern is the welfare of the child or children subject to the application. The consideration of the child's welfare is also part of the POR's role and it was clear from our analysis that this was the primary focus of PORs in making recommendations to the court. Most POR reports emphasised that, given the difficulties many commissioning couples had been through in trying to become parents, commissioning couples were generally extremely committed to parenting their child and securing their welfare. Most also indicated a positive desire to be open with the child about the circumstances of their conception and birth. In almost all cases the outcome of the proceedings which the court considered to be in the child's best interests was a Parental Order being made to the applicants.

In addition to the ethical questions raised by surrogacy and in particular, international surrogacy<sup>21</sup>, there are child welfare implications arising from the new ways in which families are being created using modern technologies and across different countries. PORs, and the court, can consider, examine and address these implications in respect of the individual children subject to the application but the consideration of these issues at a societal level and in respect of future children who will be born through surrogacy arrangements goes beyond their remit.

The majority of the arrangements in the research sample were gestational arrangements, and there was a relationship between whether the arrangement was domestic or international and whether the surrogacy was gestational or traditional. The availability of IVF is a factor contributing to the high proportion of surrogacy cases which are gestational surrogacy arrangements. In addition, some commissioning parents may believe that there is a lower risk of the surrogate mother being unwilling to relinquish the baby after birth if she is not genetically related to the baby. The reason why all of the international arrangements in our sample were gestational arrangements may relate to the legal and commercial context in America and India. In some states, gestational surrogacy may be more straightforward legally and may be preferred by surrogacy agencies. There may also be a stronger preference to gestational surrogacies on the part of 'commercial surrogates' abroad as opposed to 'altruistic surrogates' in the UK. Gestational surrogacy always requires medical intervention (IVF) for conception, and the costs this attracts may also account for why those pursuing less expensive surrogacy in the UK, rather than commercial surrogacy abroad, are more likely to enter into a traditional arrangement.

Only just over a quarter of the cases in our sample used genetic material from both of the commissioning parents as part of the surrogacy arrangement. Over half of all the cases in

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<sup>21</sup> Parallels have been drawn between surrogacy and Inter-Country Adoption (ICA), the extent of which has been significantly curtailed through the introduction of the Hague Convention on Protection of Children and Cooperation in Respect of ICA in response to human rights and social justice concerns, see Smith Rotabi, K., and Footen Bromfield, N. (2012) The Decline in Intercountry Adoptions and New Practices of Global Surrogacy Global Exploitation and Human Rights Concerns *Affilia* 2012 27: 129 and Smith Rotabi, K. (2014). Force, fraud, and coercion : Bridging from knowledge of intercountry adoption to global surrogacy. (K.E Cheney, Ed.) ISS Working Paper Series / General Series (Vol. 600, pp. 1–30). International Institute of Social Studies of Erasmus University (ISS). Retrieved from <http://hdl.handle.net/1765/77403>. Discussion of such issues goes beyond the scope of this report.

our sample used a donor egg in the arrangement (66.1% of the gestational arrangements). Almost half of the arrangements in the sample were international arrangements, where the surrogate was based outside of the UK. These two features of surrogacy arrangements, the genetic link to either the surrogate or an egg donor and the arrangement being international, and in particular the interaction between them, raise particular issues for the children born as a result of them.

Where a donor egg from another country is used in international arrangements, the child's access to information about their genetic heritage will depend upon the legal framework in the country where the egg was donated or used. The use of donor eggs in international surrogacy arrangements in the context of the global market for donor gametes also raises ethical questions about the circumstances in which eggs are obtained for surrogacy and the impact of surrogacy on egg donors<sup>22</sup>.

In the UK, whilst children are entitled to access information about their donor, children will be reliant on receiving information about the use of donor gametes in their conception in order to know to access the HFEA register for details of their gamete donor as their original birth certificate will only record their legal parents at birth. Most commissioning couples in the cases within the sample we looked at expressed to the POR a desire to be open with their child about the circumstances of their conception and birth. Research has also indicated that parents of surrogate children are more likely to be open with their children about the circumstances of their birth<sup>23</sup>. However, parents may only partially disclose details of birth to their child; one study has found that parents of children born through surrogacy using either the surrogate's or a donated egg, whilst open about the surrogate birth may be less open with their child about the use of the donated or surrogate's egg<sup>24</sup>.

A related issue to the use of a donor egg or the surrogate's egg in conception is the evidence presented to the court regarding the genetic link between the child and at least one of the commissioning couple, this being required to fulfil the HFEA s54 criteria for a Parental Order. The research showed that the evidence used to demonstrate this link varied and in some cases consisted only of an assurance on the part of the surrogate. The variation in the form of evidence provided may reflect differences in the circumstances of cases which sometimes meant that one form of evidence was more appropriate than another. However, it is important that all concerned in surrogacy arrangements and Parental Order applications consider the child's needs both now and in the future in ensuring there is certainty around the child's genetic heritage.

The country in which the surrogacy took place will be a factor shaping any future contact the child may be able to have with their surrogate mother, or what information about the surrogate the child will be able to find out. Many of the commissioning couples in the sample intended for there to be some form of contact between their child and the surrogate mother. However, in some cases, the nature of the arrangements made (including, but not limited to the country the arrangement took place in) may mean that, despite the commissioning

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<sup>22</sup> Darnovsky, M, & Beeson, D. (2014). Global surrogacy practices. (K.E Cheney, Ed.)ISS Working Paper Series / General Series (Vol. 601, pp. 1–54). Retrieved from <http://hdl.handle.net/1765/77402>

<sup>23</sup> Golombok, S. (2015) *Modern Families: Parents and Children in New Family Forms* Cambridge University Press: Cambridge p132.

<sup>24</sup> Jadva, V., Blake, L., Casey, P., and Golombok, S., (2012) Surrogacy families 10 years on: relationship with the surrogate, decisions over disclosure and children's understanding of their surrogacy origins. *Human Reproduction*, 27(10), 3008-3014

couple desiring their child to have the option to contact their surrogate mother or gamete donor later in life, this may turn out to be extremely difficult or impossible to achieve. In some cases, surrogacy agencies may be in a position to either facilitate or obstruct contact between the commissioning couple and the surrogate.

Another important implication of the high proportion of surrogacy arrangements carried out outside of the UK is that the requirements placed upon fertility clinics by the Human Fertilisation and Embryology Authority (HFEA) do not apply to clinics outside of the UK. In the UK, where surrogacy arrangements are carried out with medical assistance from a clinic licensed by the HFEA, clinics must take account of the welfare of the child that may be conceived and any children affected. They also have a role in providing information as to legal parenthood and in offering counselling to those involved in the arrangement. Depending on the country where the arrangement is made, clinics outside of the UK may not take on such a role when providing treatment as part of a surrogacy arrangement.

Difficulties arising from delays to parents being able to bring their child home have been highlighted as a serious issue arising from, among other things, the different legal frameworks for surrogacy internationally and have been cited by those who are seeking reform to surrogacy legislation<sup>25</sup>. Such delays, where a child may be living in unsuitable accommodation and may be separated from one of their parents (for example, who must return home for work) are clearly not in the best interests of the child. These problems highlight the need for commissioning parents to be fully informed of and prepared for the process of bringing their child home before making a surrogacy arrangement abroad.

Whilst there was not enough data to investigate any possible link between the country of the surrogacy arrangement and whether a surrogate had entered into a previous surrogacy, on one case file it was recorded that the particular Indian agency had said they would not contract the same surrogate twice, whereas in some of the American cases and UK cases, successful previous surrogacies appeared to be presented as a reason to choose one prospective surrogate over another. This approach in American and UK cases was reported to be on the grounds that couples were reassured by the knowledge that a surrogate has previously carried a pregnancy to term and has had a healthy child. Additionally, commissioning couples may have more confidence that a surrogate will relinquish the child to them both in cases where she has her own children and/or she has previously had a child as part of a surrogacy arrangement and has relinquished that child. A possible reason for a surrogacy agency to claim to commissioning couples that they do not employ the same woman to act as a surrogate more than once could be the potentially detrimental effects on women's health of multiple pregnancies in close succession. Five of the six cases where the parents already had a child born through surrogacy carried by the same surrogate were traditional arrangements. This may indicate these families desiring a stronger (or any, in the case of same-sex male couples who each provide the genetic material for one child) genetic link between their children.

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<sup>25</sup> This issue, amongst others, was raised at a Westminster Hall debate on Surrogacy on 14<sup>th</sup> October 2014, available at: <http://www.publications.parliament.uk/pa/cm201415/cmhansrd/cm141014/halltext/141014h0001.htm>

As has been discussed extensively elsewhere<sup>26</sup>, given that their paramount concern is the welfare of the child, the courts are constrained in their consideration of the case (and the PORs in their assessment and recommendations) by the timing of their involvement, which comes after the arrangements have been made and is in respect of a child who is already living with the applicants. Whilst this research has been carried out by examining the proceedings relating to individual children and where the child's welfare is the court's paramount concern, the limits of the court's involvement described above have been highlighted in the data.

A clear example of the constraints on the court in determining whether the HFEA s54 criteria are met is the level of payments made to the surrogate as part of the arrangement. The data showed that this was often high and that payments are either accepted as reasonable expenses or authorised retrospectively by the court in order to secure the best outcome for the child. The retrospective authorisation by the court of commercial payments for surrogacy highlights the dilemma faced by the court that by acting in the interests of individual children born through surrogacy arrangements, they may be undermining the regulations prohibiting commercial surrogacy which serve to uphold children's rights in general, preventing children being acquired for payment<sup>27</sup>. It should also be noted that the high costs associated with surrogacy mean that surrogacy as a means to solving problems of involuntary childlessness is limited to those couples who are able to afford it.

In several case files relating to domestic arrangements there was a reference to the expenses paid being within a limit advised by COTS, a voluntary surrogacy organisation which supports and facilitates members in making surrogacy arrangements. Couples following guidance provided by COTS and payments being consistent with those made in other cases may be a good indication that the couple concerned were acting in good faith. However, it is arguably problematic that, in the absence of clear statutory guidance about the appropriate level of payment constituting reasonable expenses, this is may, in some cases, be being defined by a voluntary agency which itself facilitates the making of surrogacy arrangements between surrogates and commissioning couples. Previous research carried out with PORs in 2012 also found that whilst many PORs were using COTS' guidance as a reference for an appropriate level of payments, some were concerned that this was being used as a benchmark<sup>28</sup>.

Another of the criteria for making a Parental Order is that the surrogate has given her consent. This research showed that the way in which consent is given varies depending upon the country in which the surrogate is resident, in many cases this being only in writing and in the absence of any contact between the surrogate and the POR (and indeed, the court). In addition to impact on the form of consent obtained for the proceedings, the legal framework within the country where the surrogacy took place provides the context within which consent was given. Surrogates in countries where surrogacy contracts are enforceable and surrogate mothers are not recognised as legal parents of the child within

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<sup>26</sup> See for example, Fenton-Glynn, C. (2015) The regulation and recognition of surrogacy under English law: an overview of the case law *Child and Family Law Quarterly*, 27:1, 83-96

<sup>27</sup> *Report of the Committee of Inquiry into Human Fertilisation and Embryology*, Cm 9314 (HMSO, 1988) (Warnock Report) and *Surrogacy: Review for Health Ministers of Current Arrangements for Payments and Regulation, Report of the Review Team*, Cm 4068 (HMSO, 1998) (Brazier Report).

<sup>28</sup> Crawshaw, M., Purewal, S., van den Akker, O. (2012) Working at the Margins: The Views and Experiences of Court Social Workers on Parental Orders Work in Surrogacy Arrangements *British Journal of Social Work* pp.1–19

that country (though they would still be recognised as the legal mother within the UK), are providing their consent to the surrogacy arrangement for the English courts in significantly different circumstances to those in the UK.

This research relates only to those surrogacy arrangements which result in an application for a Parental Order. A wider issue is those surrogacy arrangements carried out in either the UK or overseas where parents do not seek to obtain a Parental Order. Information is not available on the number of such arrangements though we do know, for example from recent court judgements<sup>29</sup>, that they do occur. The lack of robust data about such arrangements is concerning on two counts. These are, firstly, because it is in children's interests to have their parents legally recognised as such and, secondly, because we do not know if the profile of these arrangements differs significantly from that of arrangements subject to Parental Order applications. Whilst we know that in almost all Parental Order applications, the court's order made in the best interests of the child is a Parental Order in favour of the applicants, we do not know if this would be the case in those arrangements not subject to an application, or if, in these cases, there is a lesser degree of compliance with section 54 of the HFEA or if there are particular safeguarding or welfare issues arising.

This research illustrates a profile of surrogacy arrangements which reflects the technologically-advanced and increasingly global society in which we live and highlights the importance of ensuring that professionals involved in surrogacy arrangements are fully informed of the issues that can arise and their implications for child welfare. Should any reform of the legal framework for surrogacy arrangements in the UK take place to recognise and respond to these changes, child welfare should be at its heart. This is particularly important given the number of surrogacy arrangements appears to be increasing rapidly, with the number of parental order applications increasing from 58 in 2009-10 to 241 in 2014-15.

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<sup>29</sup> See *Re X (A Child)* [2014] EWHC 3135 (Fam) and *Re A (A Boy) and B (A Girl)* [2015] EWHC 911 (Fam)

## Summary of key findings and recommendations

### *Key findings*

- Over half of surrogacies leading to Parental Order applications in 2013/14 were domestic, the other applications related to children born to surrogate mothers outside of the UK.
- India and the USA appear to be the most common countries outside of the UK for surrogacy arrangements chosen by commissioning parents applying for a Parental Order in 2013/14.
- The characteristics of the surrogacy arrangement differed significantly based on the country where the arrangement took place.
- There is considerable variation in the contact that the commissioning parents, and therefore the child, are likely to have with the surrogate mother. The relationship formed between the commissioning couple and the surrogate had an important impact on this.
- The majority of applications relate to children born through gestational surrogacy, where the child is not genetically related to the surrogate.
- A donor egg was used in around half of the surrogacies leading to Parental Order applications in 2013/14.
- Around half of the surrogates who gave birth to children subject to Parental Order applications in 2013/14 were married.

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- <sup>a</sup> 95% CI (with FPC) 43.0±9.5  
<sup>b</sup> Independent samples t-test gave a t value -7.215, df=65 p<0.0001  
<sup>c</sup>  $\chi^2=74.976$ , df=1, p<0.0001  
<sup>d</sup> 95% CI (with FPC) 68.4±9.0  
<sup>e</sup> 95% CI (with FPC) 98.7±2.2  
<sup>f</sup> 95% CI (with FPC) 98.7±2.2  
<sup>g</sup> 95% CI (with FPC) 6.3±4.7  
<sup>h</sup> 95% CI (with FPC) 41.8±9.5  
<sup>i</sup> 95% CI (with FPC) 44.3±9.6  
<sup>j</sup> 95% CI (with FPC) 49.4± 9.6  
<sup>k</sup> 95% CI (with FPC) 25.3±8.4  
<sup>l</sup> 95% CI (with FPC) 8.7±0.82  
<sup>m</sup> 95% CI (with FPC) 78.5±7.9  
<sup>n</sup> 95% CI (with FPC) 59.5±9.5  
<sup>o</sup>  $\chi^2=14.748$ , df=1, p<0.0001  
<sup>p</sup> 95% CI (with FPC) 22.8±8.1  
<sup>q</sup> 95% CI (with FPC) 17.7±7.4  
<sup>r</sup> 95% CI (with FPC) 51.9±9.6  
<sup>s</sup> T test not carried out as this is small number of cases from a sample drawn from a finite population and, as all the cases were UK commissioning parents, it would not be appropriate to draw statistical inferences from these cases to the costs of donor eggs in US and Indian surrogacy arrangements in general.  
<sup>t</sup> A one way ANOVA for total amount with factor country in which surrogacy took place giving F=34.055, df=2, p<0.0001.  
<sup>u</sup> 95% CI (with FPC) 31.6±9.0  
<sup>v</sup> 95% CI (with FPC) 38.0±9.4  
<sup>w</sup> 95% CI (with FPC) 86.1±6.7  
<sup>x</sup> 95% CI (with FPC) 68.4±9.0  
<sup>y</sup> 95% CI (with FPC) 15.2±6.9  
<sup>z</sup> 95% CI (with FPC) 49.4±9.6