

Surrogate pregnancy during the COVID-19 pandemic

Venus Haynes, Tru Hunter, Justyn Ceruti, Clare Bowley MSW, Rupa Patel MD

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In 2019, Venus, a woman living in Canada with 1 child of her own, decided to carry a surrogate pregnancy for Justyn and Tru, a gay couple living in the United States. As often occurs with surrogate pregnancies, an agency facilitated the meeting of Justyn and Tru with Venus, managed the referral to the fertility clinic and provided assistance with legal documentation and payment of Venus' expenses.¹

After egg and sperm donation, in vitro fertilization and confirmation of pregnancy, Venus' prenatal care was transferred to her family physician, who followed her until 28 weeks' gestation. She was then referred to a family physician with expertise in obstetrics for further prenatal care and childbirth. Although assisted reproductive pregnancies can have higher rates of complications, Venus' pregnancy proceeded without major medical concerns.

Under normal circumstances, the surrogate and the intended parents meet in person, and the intended parents often attend prenatal and ultrasonography appointments and communicate face to face with the health care workers involved. However, shortly after Venus' procedure to carry Justyn and Tru's child, the US border would close because of the COVID-19 pandemic, meaning that all subsequent communication was virtual. As Venus' due date approached, the situation became particularly stressful. It was not clear if Justyn and Tru would be able to be at the hospital at the time of the birth, given that they had to quarantine in Canada for 2 weeks before being allowed into the hospital.

Parents' perspective

Our surrogacy journey started in January 2019. We live in the US, a teacher and a soldier in the US Army. We always wanted to have children together and consider ourselves fortunate to have started this journey in our mid-20s.

As gay men, we have very few options to have children and it was difficult to know where to start. We could think of only 2 options: adoption or surrogacy. To educate ourselves about what was involved, we attended a conference by an organization that helps gay couples who want to have a child by bringing together the different parties, including doctors, lawyers, representatives from fertility clinics and other professionals. This opened our eyes to our options, particularly that surrogacy was a possibility. We also learned that we could create embryos with



Baby Maya. Photograph by Justyn Ceruti.

our own genetic material. This was mind blowing! Our goal was to have genetically related children, so surrogacy became our only option.

Before we could have our child, we had to find a fertility clinic, interview surrogacy agencies, choose a lawyer and learn about the legal requirements. In the US, intended parents pay for the surrogate's services but, in Canada, we were responsible for reimbursing the surrogate for pregnancy-related expenses. It is a different process.

Through our fertility centre, we used Justyn's sperm and eggs from Tru's sister. This allowed for the best genetic link between

our families. The centre created and froze 9 embryos. In the summer of 2019, we met Venus and immediately felt a connection. We were similar in age, reasonably close in distance (despite the border between us) and felt communication would be easy. Thankfully, we were scheduled for embryo transfer in early March 2020, just before the world shut down because of COVID-19.

For 9 months, we could communicate only via FaceTime and text message. This was the most challenging aspect of the pregnancy for us. We felt ashamed and sad, and often worried that we were not supporting Venus as much as we should. Digital communication does not replace face-to-face contact. We had planned on visiting Venus often to provide support, have dinners together and attend ultrasonography appointments, but this was not possible. Without a face-to-face connection, we felt we were not doing our part as future parents.

In November, our other big challenge became figuring out how we could be there for the birth of our daughter. To not be there would have been devastating for us. At the time, cross-border travel was banned and the hospital was strict about not letting in people who were not patients, even intended parents. In the end, we were able to cross the border with letters from the hospital and our fertility lawyer. We quarantined for 2 weeks, in accordance with the rules. Our daughter arrived a week early and we spent the 2 weeks after her birth in Canada to sort out her citizenship paperwork, as well as to adjust to being new parents. Through this experience, we learned what it means to be patient and adaptable. — Tru Hunter, Justyn Ceruti

Surrogate mother's experience

My motivation for this surrogacy journey stemmed from being an LGBTQ2+ woman. I wanted to play a role in bringing life to another LGBTQ2+ family because options are limited for gay couples. Two women require a donor and 2 men require a surrogate, unless they decide to adopt. Having a daughter myself, I felt compelled to help. I had had such a healthy, beautiful pregnancy 6 years before with my daughter that I knew surrogacy was something I wanted to do.

With no expectations of what this experience would be like for me, I contacted an agency for more information. Within hours, I was scrolling through many profiles of couples who were seeking a surrogate. It was quite overwhelming, to say the least. I did not know what I was looking for until I found Tru and Justyn. Their profile stood out; we were close in age and I could see the love shining through their pictures. We agreed to a video call, guided by a woman who worked with the agency, which was a nerve-racking experience because I did not know what to expect. Would I like them? Would they like me? Was I really doing this?

Once it was over, we decided it would be a good fit, exchanged numbers and that was that! We were paired. I was officially going to carry a baby for Tru and Justyn!

Within weeks, I was driving to Toronto for the many medical appointments. The process began with lots of bloodwork and a review of my medical history to be sure my body was in the right shape to go ahead with surrogacy. After passing all the tests, I was assigned a counsellor to be sure that I could mentally handle

the pregnancy. After passing that test with flying colours too, it was medication time.

About a month after starting the fertility medication, we were able to book the embryo transfer. Tru and Justyn came to Toronto to support me through the procedure and then we waited for a positive pregnancy test. Four days after the transfer, the World Health Organization declared a global COVID-19 pandemic, which was something none of us could have prepared for. Nor did we know what this would mean for us and the surrogacy journey. To say the COVID-19 restrictions made it tough would be an understatement, but the moment I gave birth to their baby girl, all the hardships disappeared.

Would I do it again? In a heartbeat! — Venus Haynes

Social worker's perspective

I learned of Venus, Justyn and Tru's gestational carrier agreement through a letter from their lawyer that named all the parties to the agreement and stated that the plan was for Venus to deliver at my centre. The letter outlined their wishes for Justyn and Tru to be present when Venus delivered their daughter and for the guardianship of the baby to be transferred to Justyn and Tru after the birth.

My hope with surrogate deliveries is for the hospital experience to be as positive as possible for everyone. This is difficult to balance at the best of times and was further complicated by the pandemic. Hospital rules for visiting and who could be present were always "subject to change." Justyn, Tru and Venus wanted to know what to expect during the hospital stay and it was hard to tell them with any certainty. I was concerned that what they originally envisioned and what would actually happen might be quite different.

Justyn and Tru had been hopeful that the quarantine requirement would be lifted in advance of the birth. However, in the early fall, it became apparent that this would not be the case. We had conversations around the timing of their arrival in Canada; Venus and I wanted them to come earlier than originally planned in the event that Venus went into labour before her due date. We were all worried about them making it in time and the resulting stress if they did not.

One of the COVID-19 restrictions was that only 1 person could be present for the labour and delivery. For Venus, it was important that her partner be present to support her, but this meant that Justyn and Tru would not witness the birth of their child. For some, this would cause substantial disappointment, but they graciously came to terms with not being in the delivery room. We developed an alternative option — for them to be in a nearby quiet room where they could meet the baby shortly after birth.

Venus, Justyn and Tru dealt with unanticipated challenges and uncertainties throughout their surrogacy journey. I appreciated their ability to be flexible and to "go with the flow" at this stressful time. None of us knew things would be alright until the last minute. After the birth, it was rewarding to see the relief and joy on each of their faces. What an honour to be part of their experience! — Clare Bowley

Family physician's perspective

Caring for a woman who is a surrogate has been an interesting experience for me as a family physician who provides obstetrical services. I work in a clinic where many of my patients have unplanned pregnancies and issues with attachment. Thus, during prenatal visits, I am usually intentionally promoting attachment and connection with the unborn child.

With Venus, I found myself doing the opposite. I worried that it would be harder for her to separate from the baby after birth if she formed an attachment. I thought that remaining more detached and distant might facilitate the separation. Thus, during our prenatal visits, I avoided my usual strategies to encourage connection.

I learned a lot from my experience with Venus. She had a mature outlook on her pregnancy and was sincerely motivated by altruism. She thought of the pregnancy as a gift to Tru and Justyn and this kept her grounded in her boundaries. She knew that she was being a surrogate to give Justin and Tru a chance to parent a biologically related child.

The logistics around the birth were tricky to navigate during the COVID-19 pandemic. At the best of times, the birth of a baby can be logistically difficult, but since Justyn and Tru needed to self-isolate for 2 weeks upon arrival to Canada, there was much discussion about where the baby would go if Venus delivered before her due date. Planning for possible foster care or for a stay in the neonatal intensive care unit, and the paperwork needed for those alternatives, were all completed. Luckily, the baby arrived a week early, on the same day that Tru and Justyn finished their quarantine, so they were able to see and claim the baby immediately after birth.

The joy of Tru and Justyn, as well as the joy that Venus expressed, made me realize that the surrogacy experience can be very special and honourable. I had previously worried that surrogacy could sometimes promote the exploitation of vulnerable young women. However, in this situation, in which Venus truly viewed the birth as a gift to Justyn and Tru, who could not have a

child of their own, it was magical. The COVID-19 pandemic has been distressing at times. However, the birth of baby Maya was a time of great happiness. It was an honour to witness the selfless intentions of Venus and the gratitude of Justyn and Tru. I am so grateful to have been part of this experience. — Rupa Patel

Reference

1. *Assisted Human Reproduction Act* (S.C. 2004, c. 2). Available: <https://laws-lois.justice.gc.ca/eng/acts/a-13.4/fulltext.html> (accessed 2021 June 21).

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Affiliations: Surrogate mother (Haynes), Kingston, Ont.; Parents (Hunter, Ceruti), Shoreham, NY; Kingston Health Sciences Centre (Bowley); Department of Family Medicine (Patel), Queen's University, Kingston, Ont.

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Correspondence to: Rupa Patel, patelr@queensu.ca

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