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# Surrogate Motherhood

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The rapid developments in medical technology has presented ethical and moral dilemmas that directly impact on the way we understand reproductive ethics. Since the first surrogate baby was delivered in the 1980s, this procedure has become an increasingly viable alternative for a variety of people. Worldwide, this includes couples who are unable to have children for medical reasons.

This document has pastoral origins. One of the members of the Methodist Church of Southern Africa was considering becoming a surrogate mother for a member of her family who was unable to have children. Conscious of the enormous effects that accepting this process would have on her and her family, she approached her minister for guidance on the ethical, moral and spiritual dimensions of this decision. At present, the Methodist Church of Southern Africa has no specific guidelines on this matter and it was therefore raised at the DEWCOM meeting in 2004 as a topic of discussion.

Since then, there have been a number of revisions – primarily because of the drafting of the government bill on children which clarified the South African legal requirements for surrogacy.

## **Summary of the bill on children**

Surrogacy has been established as a legally recognized procedure in South Africa. However, the following conditions have been set in place.

- No surrogacy is permissible for economic gain. The practice of trading human eggs and the so called “rent-a-womb” is outlawed. Only altruistic surrogacy is permissible with the understanding that it is permissible for the commissioning parent(s) to cover the medical costs associated with surrogacy.
- The Surrogate Mothers must be suitably qualified in that they must have had at least one pregnancy and viable delivery and must have a living child of her own.
- No surrogacy is permissible outside of a Legal contract that has to be entered into.
- At least one of the commissioning parent(s) is required to be a gamete donor.
- The surrogate mother has the right to terminate the pregnancy provided the commissioning parent(s) is/are informed and consulted.
- Post-birth rights – if the surrogate mother is a genetic parent, she may terminate the agreement by giving notice within 60 days of birth

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We as the church are not asking whether or not the procedure is legal but whether we ought to encourage or discourage our members from participating in the procedure on spiritual principles. As a church we pastorally support those who choose, for conscience sake, not to pursue any form of intervention in the reproduction process. However, we do not suggest that this be the normative practice for all members of our church.

From a biblical perspective there is no clear separation difference between reproductive ethics and sexual ethics. Regarding reproduction, the scriptural perspective, on the whole, affirms that the gift of life and the gift of children are a blessing from God - "Offspring are a heritage from the Lord, children a reward from God" (Psalm 127:3 ff). Even though scriptures like 1 Timothy 2:15 are controversial in their dealing with women, there is nevertheless an overwhelming affirmation of the gift of children. This scriptural perspective has been affirmed in the traditions and practises of our church. In explicit scriptural reference, only time that the inability to have children is ever considered a blessing is during time of trial and hardship where people are considered blessed only because they would not see their children suffer (cf Luke 23:29)!

Advances in Medical technology, however have meant that it is both possible and necessary to separate sexual and reproductive ethics. Reproduction is now possible in the absence of any sexual intimacy or even contact with the donor parents. In the context of surrogate motherhood therefore, none of the issues pertaining to sexual ethics are applicable (given that there was no prior sexual intimacy between the surrogate mother and either of the donor parents)!

If reproductive matters deal with the process from conception, through pregnancy, birth and extending (arguably) until a baby is able to survive without medical intervention, then we need to recognise that at present the church condones some practices which are not part of a "natural" order of reproduction such as Gamete Intra-Fallopian Transfer (GIFT), in vitro fertilization (IVF) - even caesarean section and incubators (for premature births). Surrogate motherhood fulfils the role of assisting the reproductive process in the "middle-phase" between conception and birth.

It needs to be acknowledged that in the IVF process, where multiply embryo implants can take place, not all embryos are likely to survive to term. It could then be argued that this violates our understanding of the sanctity of life - if life is considered as starting at conception. Whilst this loss of fertilized ovum probably does occur, the intention of the process is not to destroy that which has been conceived, but to ensure the best possibility of life. When miscarriages occur during pregnancy, we do not interpret such events as contrary to the sanctity of life, especially when they occur within the first month and the "mother" is often not aware that she is "pregnant".

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Regarding the procedure of surrogate motherhood, we encourage our members who are interested in this procedure to explore it within the following pastoral guidelines.

1. In as much as the bible affirms the gift of children, it specifies that this gift is best experienced in the context of a marriage. This is supported in our Service Book "Such marriage is the true foundation of family life and, when blessed with children, is God's chosen way for the continuance of mankind [sic] and the bringing up of children in security and trust. (The Methodist Service Book, 1975, p. E4)"
2. The willingness of someone to become a Surrogate Mother ought to be based on love and compassion for the Commissioning-Mother who is unable to bear her own child(ren). To enable a couple to have their own child is one of the greatest gifts that can ever be given. Such an act would be entirely consistent with our belief in God as the "giver of life" (cf Nicene Creed) who desires that we experience the "fullness of life". Regardless of the closeness of the relationship, however, we would pastorally recommend that caution be exercised in instances where the potential Surrogate Mother has had an intimate and / or sexual relationship with the Commissioning Father.

The church would like to affirm the role that Surrogate Mothers plays as she carries much of the responsibility for the human development of the unborn child. This responsibility is realized in assisting the child's growth through autonomous physical development and through specific acts of choice such as diet, minimizing risk and maintenance of emotional equilibrium. The surrogate mother needs to be supported especially if the development of the child is impaired and pastoral care needs to be provided if the pregnancy is terminated. One is intuitively aware that this level of responsibility and relationship will give rise to issues and relationships that are of a spiritual nature. As a church we would encourage our members to be supportive of those who offer to be surrogate mothers and to fully affirm these children as God's gift to the commissioning parents.