

IVF Surrogacy: A Personal Perspective

Fact Sheet

30

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In May 1988, Linda Kirkman gave birth to her niece, Alice, who was conceived from her mother (Linda's sister) Maggie's egg, fertilised by sperm from a donor. Maggie had no uterus and her husband, Sev, had no sperm. It was the first example in Australia (and one of the first in the world) of IVF surrogacy. Linda doesn't call herself a 'surrogate' because she doesn't feel that she is a substitute for anyone; she is a gestational mother.

By the time Linda's pregnancy was confirmed, in October 1987, the family had undertaken intense personal and interpersonal psychological work, many attempts to negotiate with resistant ethics committees, legal consultations at the highest level in Victoria, and the rigorous medical procedures that constitute IVF. They were tremendously lucky to succeed on their first cycle.

Success in such a potentially hazardous venture as surrogate motherhood depends on more than the skills of IVF doctors and scientists.

Linda, Maggie, and their husbands had considered every aspect of what might happen; mentally walked through each moment in the near and distant future; envisaged all kinds of possible outcomes. It was like embarking on one of those interactive books with choice points and alternative endings: turn to page 10 if Maggie becomes a mother and page 15 if Linda decides she can't go through with it. They thought and talked about

what would happen during IVF, such as whether Linda would ever go with Maggie to early morning clinic sessions, and whether Linda would have hormone treatment or use her natural cycle. What if IVF failed? If Linda became pregnant, would they accept screening tests for abnormalities? How would complications with the pregnancy be managed? What would it be like at the birth of the baby? Who would hold the baby first? What if there were twins? What if the baby were disabled? What if Linda felt too attached to the baby to relinquish it? What if Maggie and Sev died before or soon after the birth? How would they all feel at various milestones (decisions about schooling, teenage rebellion) as the baby grew up? What if the adults differed in aspects of the child's upbringing? Every imaginable permutation was pondered and discussed many times until they felt confident in their understanding and agreement.

From the outset Maggie and Sev adopted the attitude that Linda was giving them an extraordinary opportunity, but

if she felt unable to proceed or couldn't relinquish the baby it would not be a loss. Their relationship with Linda and Linda's well-being were paramount. This was fundamental to ensuring that Linda was able to make choices without duress, including backing out of the arrangement at any point. The whole extended family was committed to Linda's well-being, and if this meant that Maggie and Sev remained an aunt and uncle and not a mother and father, so be it.

The family holds strongly to the view that no woman should ever be forced to relinquish a baby who's grown inside her body, regardless of the baby's genetic origins.

Linda didn't form a maternal bond with Alice, but other women have done so. Women who embark on a pregnancy for someone else seem to know before they've given birth whether that baby is their own son or daughter. For this reason, and to protect the interests of the child, the family favours a four-week period

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of grace after the birth during which a gestational mother can ascertain her feelings and be supported in her decision to relinquish or not.

Once that month is up, the child must be allowed to develop a stable relationship with whom-ever is then considered to be the mother. There's no going back.

Linda had no desire for another child of her own; she and Jim already had the two children they wanted and Jim had had a vasectomy. Their primary concern was for Heather and William, and that they should not be made anxious or unhappy by their mother's pregnancy with their cousin. The children knew what was happening and why, and never felt as though a sister has been given away or that their security was threatened. Linda's attitude to the pregnancy was one of 'all care but no responsibility'. Her intentions in gestating this baby were of profound significance in the outcome: to produce a niece or nephew, not a daughter or son. All the same, the possibility of attachment to the baby had to be accepted.

It's wrong to assume that genetic connection is what makes the difference. There's another sister between Maggie and Linda: Cynthia knew that she couldn't gestate a baby and give it to her sister, but offered to donate eggs if Maggie's were unsuitable. Linda, on the other hand, couldn't "give away a baby who looked back at me with my brown eyes". But Sev couldn't love his daughter more even if she were his genetic child; Linda might have become attached to a baby even though it wasn't from her egg; and Maggie would have felt as much a mother to a baby conceived from Cynthia's egg. Genes and biology are significant but not definitive.

The pregnancy wasn't uneventful; one of their contemplated fears came true. At 29 weeks gestation, Linda haemorrhaged

and was admitted to hospital with a diagnosis of placenta praevia. She remained in or near a hospital for the next seven weeks, until the premature birth by caesarean section, and for a week afterwards. From the outset Maggie spent every day with Linda, plus every night once Alice was born. When Linda left hospital, she and Maggie spent several weeks together, mostly to help Maggie as a new mother but also because they'd been together so much it was hard to part.

Linda's support included helping Maggie to establish breastfeeding, a process that began (with the advice of lactation consultants) as soon as Linda's pregnancy was confirmed. Where possible, it's every child's right to be breastfed; Alice didn't need to be deprived because of her unusual arrival in the world. Maggie eventually lactated without the use of drugs, helped by a small group of wonderful new mothers who donated breast milk while Maggie's supply developed.

Sev and Maggie adopted Alice when she was fourteen months old. She had been in their care from birth.

Alice can't remember not knowing about her origins. From the day she was born, Maggie told her how she began as an egg inside her mum, but then grew inside Linda because Maggie no longer had the special nest that babies need. When Alice was three and other children were telling their birth stories at kindergarten, Alice told hers. The class accepted it without question. Soon after, Maggie told her that you also need special seeds called sperm to allow eggs to grow into babies, but that her dad had none of his own and a kind man gave him some. We referred to him as the sperm donor. Few children know about sperm at that age, but Sev and Maggie didn't want Alice to have any big surprises about who she was. They decided that she'd know the words

and gradually grow into their meaning. Because they were clear about what they'd done and convinced it was right for their family, they were able to be consistent and confident about her birth story.

Alice grew up knowing Linda as her aunt who also happened to give birth to her.

She knows the identity of her sperm donor and accepts his desire for privacy. To her, that's what 'normal' is. Because she's confident about her family, she can use all this information against them, as any angry kid will do. It wasn't a shock or distressing when she said to Maggie, "You're not really my mother, so you can't be the boss of me". She cleaned her room anyway. That accusation lost its power and was dropped from the repertoire once she realised it had no effect. Ever since the first journalist surprised Alice by asking her if it wasn't strange to have two mothers, Alice has claimed three mothers (Maggie, Linda, the sperm donor's wife) and three fathers (Sev, Jim, the sperm donor). But only one mum and dad.

Alice was not merely the production of two sisters. In addition to those remarkable women who endured hours at the breast pump, the whole extended family provided practical and emotional support, and friends and neighbours were kind and non-judgemental. Many people cared that this child existed and thrived, which contributed to the happy outcome for all concerned.

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Further reading

••• And here's one we prepared earlier... The biotech baby 14 years on

Kirkman, A. (2005). In H.G. Jones & M. Kirkman (Eds), *Sperm Wars: The rights and wrongs of reproduction*, pp. 181-184, ABC Books, Sydney.

••• Sister-to-sister gestational 'surrogacy' thirteen years on

Kirkman, M., & Kirkman, A. (2002). A narrative of parenthood, *Journal of Reproductive and Infant Psychology*, 20, pp. 135-147.

••• Inducing lactation: A personal account after gestational 'surrogate motherhood' between sisters

Kirkman, M., & Kirkman, L. (2001). *Breastfeeding Review*, 9 (3), pp. 5-11.

••• Still not maternal: Giving birth to my niece (10 years on)

Kirkman, L. (1999). In R. Jansen & D. Mortimer (Eds), *Towards Reproductive Certainty: Fertility and Genetics Beyond 1999*, pp. 116-119, Parthenon, Lancashire.

••• My Sister's Child

Kirkman, M., & Kirkman, L. (1988). Penguin, Melbourne.