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## Gestational Carrier Bloggers: Key Points of Uncertainty in the Social Exchange with Intended Parents

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**Gestational Carrier Bloggers:  
Key Points of Uncertainty in the Social Exchange with Intended Parents**

By

Samantha Whalen

Accepted in Partial Completion  
of the Requirements for the Degree  
Master of Arts

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## **Master's Thesis**

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Samantha Whalen

8/15/2022

**Gestational Carrier Bloggers:  
Key Points of Uncertainty in the Social Exchange with Intended Parents**

A Thesis  
Presented to  
The Faculty of  
Western Washington University

In Partial Fulfillment  
Of the Requirements for the Degree  
Master of Arts

by  
Samantha Whalen  
8/15/2022

## **Abstract**

This research explores how gestational carrier bloggers negotiate social exchanges and their role within their relationship with intended parents. Gestational carriers are part of an arrangement in third-party reproduction in which their role is to carry a pregnancy for intended parents. This research is vital due to the high cost of reproductive technology and the shifting landscape around the legalities of surrogacy that create an unstable framework for a successful exchange and its powerful application to industry regulation. This research utilized a mixed method content analysis of blogs. Ten participants provided blogs and participated in interviews. I argue that there are five key points of uncertainty in the surrogacy exchange: (1) becoming a gestational carrier, (2) matching and contracts, (3) embryo transfers and confirmed pregnancy, (4) labor and delivery, and (5) life after labor. This finding shows where in the exchange uncertainty is and the exchange is most vulnerable to failure. I argue that uncertainty can be reduced by the mediators - surrogacy agencies, legal contracts, and medical personnel - to create a positive exchange experience with the possibility of a relationship outside the negotiated exchange. Future research should explore the application of the Social Exchange Theory from the perspective of intended parents and the mediators of the exchange, including surrogacy agencies, lawyers and contracts, and medical personnel.

# Table of Contents

<b>ABSTRACT .....</b>	<b>IV</b>
<b>TABLE OF CONTENTS .....</b>	<b>V</b>
<b>CHAPTER 1: INTRODUCTION .....</b>	<b>1</b>
THE BUSINESS OF INFERTILITY IN THE UNITED STATES .....	2
THE MEDICAL PROCESS OF IN VITRO FERTILIZATION (IVF) .....	3
TERMINOLOGY & UNDERSTANDING THE TYPES OF SURROGACY ARRANGEMENTS .....	4
THESIS OVERVIEW .....	8
<b>CHAPTER 2: LITERATURE REVIEW AND THEORETICAL PERSPECTIVE .....</b>	<b>10</b>
ANTHROPOLOGICAL APPROACHES TO SURROGACY RESEARCH .....	10
BLOGS AND BLOGGING .....	13
ROLES AND IDENTITY .....	14
SOCIAL EXCHANGE THEORY .....	15
<b>CHAPTER 3: RESEARCH METHODOLOGY .....</b>	<b>19</b>
BLOGS .....	19
SEMI-STRUCTURED INTERVIEWS .....	21
RESEARCHER POSITIONALITY .....	24
RESEARCH LIMITATIONS .....	25
<b>CHAPTER 4: EXCHANGE COSTS AND REWARDS .....</b>	<b>27</b>
FORTUNATE IN FERTILITY AND FOR THE LOVE OF PREGNANCY .....	28
THE REWARDING ROLE OF THE GESTATIONAL CARRIER IN CREATING PARENTS .....	30
POINT OF UNCERTAINTY 1: BECOMING A GESTATIONAL CARRIER .....	34
<i>Blogging: Becoming a Gestational Carrier as a Key Point of Uncertainty</i> .....	34
<i>Cost and Commitment to the Role</i> .....	35
<i>Mediator: Surrogacy Agency</i> .....	39
CONCLUSION .....	42
<b>CHAPTER 5: EXCHANGE DEVELOPMENT .....</b>	<b>44</b>
POINT OF UNCERTAINTY 2: MATCHING AND CONTRACTS .....	44
<i>Blogging: Matching as a Key Point of Uncertainty</i> .....	45
<i>Preferences in Intended Parents as Role Management</i> .....	46
<i>Mediator: Surrogacy Agency</i> .....	51
<i>Mediator: Legal Contracts</i> .....	52
POINT OF UNCERTAINTY 3: EMBRYO TRANSFERS AND CONFIRMED PREGNANCY .....	56
<i>Blogging: Embryo Transfers as a Key Point of Uncertainty</i> .....	57
<i>Role Expectations: Confirmed Pregnancy</i> .....	57
<i>Mediator: Medical Personnel</i> .....	61
CONCLUSION .....	67
<b>CHAPTER 6: EXCHANGE CONCLUSION .....</b>	<b>70</b>
POINT OF UNCERTAINTY 4: LABOR AND DELIVERY .....	70
<i>Blogging: Labor and Delivery as a Key Point of Uncertainty</i> .....	71
<i>From Intended Parents to Parent</i> .....	72

<i>Mediator: Medical Personnel</i> .....	78
POINT OF UNCERTAINTY 5: LIFE AFTER LABOR.....	80
<i>Blogging: Life after Labor as a Key Point of Uncertainty</i> .....	81
<i>Relationships after the Exchange</i> .....	82
<i>Retirement from being a Gestational Carrier</i> .....	87
CONCLUSION .....	90
<b>CHAPTER 7: CONCLUSION</b> .....	<b>92</b>
<b>WORKS CITED</b> .....	<b>95</b>
<b>APPENDIX A: INTERVIEW GUIDE</b> .....	<b>104</b>
<b>APPENDIX B: TERMINOLOGY GUIDE</b> .....	<b>105</b>

## Chapter 1: Introduction

*“Before I even carried, we left the church and were displaced for a time. It felt like I needed to say that out loud and made the first entry for the blog because it was therapeutic for me to write down what it was I was feeling. So I used it as a diary of sorts.”*

In the quote above, a woman struggles with the rejection of her church due to her desire to become a gestational carrier and help intended parents become parents. She faced a difficult decision: She could either continue with the surrogacy process – the act of carrying a fetus to term for another individual – or walk away. But if she chooses to continue with the process of assisting parents that seek a child but are unable, she will receive somewhere from \$30,000 to \$50,000 in compensation. Unsure about her decision, she loads her blog, an online diary, and works through her decision process in a new online post. Ultimately, she decides to continue the process and nearly two years later gives birth to a child for expectant parents.

This research examines how gestational carriers who have blogged about their experience negotiate the social exchanges and their identity. Using a mixed methods approach utilizing both content analysis of blogs and semi-structured interviews with gestational carriers, I understand the process of becoming a gestational carrier. Unlike other studies which simplify the process (Rogers 2001; Danna 2015; Harrison 2016), I argue that carriers face several moments of uncertainty, what I call “key points of uncertainty,” and use a variety of mediators which serve as bridges or connectors to the next step in the surrogacy process. By successfully navigating these key points of uncertainty, five in all, the participants ultimately become and identify as a gestational carrier.



## **The Business of Infertility in the United States**

Surrogacy as a global industry is estimated to be worth \$6 billion (Mohapatra 2012; Finkelstein 2016). According to the Center for Disease Control and Prevention (CDC), about 12% of women between 15 and 44 years of age in the United States have difficulty getting pregnant or carrying a pregnancy to term. There are social and physical factors that can contribute to this. There are multiple reasons why, but female fertility declines with age. In the United States, 20% of women have their first child after 35, and 1/3 of the woman over 35 years old experience fertility issues. According to the most recent CDC report from 2016, there were 5,521 in vitro fertilization (IVF) cycles including a surrogate which made about approximately 4% of the embryo transfers in the United States (CDC 2016). This statistic is for IVF cycles; however, a single gestational carrier could be involved in multiple IVF cycles over time. This statistic also does not capture the number of children born because one cycle can mean multiple embryos. This statistic does not represent the number of gestational carriers and is inherently limited in its ambiguity.

Current estimates for the total cost of surrogacy in the United States are \$80,000 to \$150,000. This total is inclusive of any gestational carrier fee and expenses (\$30,000 to \$50,000), health insurance fees (\$15,000 to \$30,000), legal fees (\$20,000), surrogacy agency fee (\$20,000), and IVF (\$20,000) (Hague 2014; Brinsden 2016; Teman 2019 Birenbaum-Carmeli & Montebruno 2019; Ziff 2021). This range represents factors that can increase the cost, such as failed embryo transfers or medical complications increasing medical costs. Due to the high cost, there are some criticisms on the impact of limiting access to reproductive technology to the wealthy (Igreja & Ricou 2019; Schover 2014; ACOG 2008). This high cost of surrogacy in the United States has driven some to pursue surrogacy internationally in places such as Ukraine,

Georgia, Kenya, Nigeria, Ghana, Mexico, and Columbia as low-cost alternatives increasing concerns of exploitation and lack of regulation (Bandelli 2021; Twine 2015).

### **The Medical Process of in vitro fertilization (IVF)**

The American Society of Reproductive Medicine (ASRM 2012) outlines the process of third-party reproduction. Surrogacy arrangements fall under this broader category of third-party reproduction, including donated eggs, sperm, and embryos intended to aid infertile individuals or couples in becoming parents. For this research, I examine gestational carriers and intended parents, all of which could rely on donated eggs, sperm, and embryos, and the reliance on the gestational carrier to carry the pregnancy.

Due to the variations in contributing factors to the infertility of the intended parent(s), the application of assisted reproductive technologies and the need for third-party reproduction vary. This section focuses only on in vitro fertilization (IVF), the process utilized in gestational surrogacy. In surrogacy cases, the individuals may utilize the intended mothers' egg(s) or donor egg(s). They may also be using the intended father's sperm or donor sperm. The method of IVF requires five main stages: ovarian stimulation, egg retrieval, fertilization, embryo culture, and embryo transfer (ASRM 2018).

Ovarian stimulation is done with medications to encourage multiple eggs to grow. Multiple eggs improve the likelihood of success as some may not fertilize. During this stage, the medical personnel monitors the estrogen and progesterone levels. An hCG injection starts to mature the eggs before retrieval for fertilization. The egg retrieval consists of transvaginal ultrasound-guided aspiration to retrieve the eggs. Next, the culturing embryo within an IVF culture medium has the sperm added to the medium or through injection of the sperm in the egg directly. During this time, they are in an incubator for monitoring fertilization and division into

multi-cell embryos. In cases with a gestational carrier, their uterus is prepared through medications and monitoring to ensure adequate uterine lining. The embryo(s) is inserted through a catheter into the uterine cavity during the embryo transfer.

At this point, the gestational carrier will continue medications to sustain the embryo's implantation and return in approximately two weeks to confirm the transfer was successful and that they are pregnant. The result can be a failed or successful transfer depending on if the embryo is successfully implanted with successful transfers resulting in a confirmed pregnancy. There is monitoring to ensure the pregnancy continues to develop via beta hCG levels until the confirmation of pregnancy by ultrasound. Pregnancy confirmed via hCG level after a successful transfer can also end as a chemical pregnancy when the pregnancy never develops to the point of visibility by ultrasound.

A basic understanding of the process of IVF is essential in understanding how surrogacy is made possible as a form of third-party reproduction. This information is only a portion of the knowledge necessary to understand the complexity of surrogacy arrangements with unique terminology explicitly applied with unique meanings.

## **Terminology & Understanding the Types of Surrogacy Arrangements**

This research uses a variety of specific terminology related to surrogacy, including the term gestational carrier and intended parents, whose role I will outline below (Purewal and van den Akker 2009; Musavi et al. 2020). However, a quick reference guide for terminology is located in Appendix B. Terminology of the surrogacy exchange is complex because the arrangement consists of two to five individuals who contribute in various ways. There can be two individuals who contribute the genetic material, which may be different from the individual contributing their gestational abilities by carrying the pregnancy, and none of these people may also be the

intended legal parent. All five previously listed individuals may be separate or overlap in the roles (van den Akker, 2007, 2005). The intended parents may know the contributors before the arrangement, have met through this arrangement, or will possibly never meet.

The gestational carrier is the surrogate in an arrangement called gestational surrogacy. Gestational surrogacy is the process of the gestational carrier via IVF is gestating a child who is not genetically related to them for another person or people who intend to be the legal parents. This research does not focus on traditional surrogacy, which differs from gestational surrogacy. During traditional surrogacy, the surrogate contributes their gestational abilities and genetic material via the egg. Thus, the significant difference between a gestational carrier and a traditional surrogate is the gestational carrier does not contribute their egg and provides no direct genetic contribution (ASRM 2018). For this reason, the American Society for Reproductive Medicine (ASRM) discourages traditional surrogacy for legal and ethical concerns regarding the genetic link and its impact on the surrogate and the child (ASRM 2018).

The information available on the demographics of gestational carriers in the United States is limited due to the lack of oversight and reporting (Ziff 2021). However, across multiple research projects, primarily ethnographic research, the consensus is gestational carriers in the United States are lower middle class to middle class (Berend 2012; Stark 2012). They identify as white Christian women married with their own children in their twenties to thirties (Ciccarelli and Beckman 2005; Kleinpeter and Hohman 2000; Stark 2012). The ASRM's guidelines (ASRM 2017) encourage gestational carriers to be between 21 and 45 years old with at least one child of their own and a history of uncomplicated full-term pregnancies but no more than five previous deliveries and no more than three cesarean sections. ASRM also outlines the recommendation of screening with health and psychological testing, for each party to have individual legal

representation, are financially stable, and have established support systems (Soderstrom-Anttila et al. 2016; Shenfield et al. 2005; ASRM 2017; Ziff 2021). Applying this guideline is not without faults due to the inherent nature that this guideline is without any legal support to ensure compliance by surrogacy agencies and medical professionals as its use is entirely voluntary (White 2016; Teman and Berend 2018; Birenbaum-Carmeli and Montebruno 2019).

In both gestational and traditional surrogacy, the surrogate contributes their gestational abilities by carrying the pregnancy on behalf of the intended parent(s). American Society of Reproductive Medicine (ASRM 2018) defines intended parents as the individuals or couple contracting a gestational carrier in an arrangement in which they intend to be the child's legal parents after the birth (Soderstrom-Anttila et al. 2015; Shenfield et al. 2005; Yee 2019). The intended parent(s) legally become the parent(s) through a variety of processes in the United States, depending on their state of residency (Morrissey 2015). Not all intended parent(s) who pursue surrogacy in the United States are citizens of the United States, and the process of obtaining legal parentage is dependent on their country's laws and requirements. These intended parents are referred to as international intended parent(s) (Finkelstein et al. 2016).

The intended parent's history of infertility can differentiate their motivation for pursuing surrogacy, including those impacted by medical or social infertility. Social infertility in surrogacy includes individuals who cannot reproduce without assistance due to social factors, such as access to a partner of the opposite sex, including single women or men, and members of the LGBTQ community (Tober and Nadal 2017). The American Society for Reproductive Medicine's (ASMR) guidelines outline that infertility necessitating gestational carrier is for cases in which the intended parent(s) are unable to carry a pregnancy or that carrying a pregnancy would be of significant risk to the woman or the fetus. Further detailed conditions include an

absence of a uterus, uterine abnormalities, and medical contraindications, including conditions that pregnancy may exacerbate. The guidelines from the ASMR also include the biological inability including single males and homosexual male couples (ASMR, 2017).

In many cases, the gestational carrier contributes their gestational abilities to the intended parent(s) who are either known or unknown to them beforehand. Finding a surrogate can happen through the help of an agency or without and can include compensation. Altruistic surrogacy involves no compensation beyond medical costs or expenses related to the pregnancy. With compensated surrogacy, the surrogate is often unknown to the intended parents before matching through the help of an agency. In this case, the surrogates are compensated for their gestational services, medical costs, and pregnancy expenses (Finkelstein et al. 2016; Söderström-Anttila et al. 2016).

Prohibition on surrogacy focuses on compensated surrogacy because of the concern for exploiting women and selling babies (Anleu 1990). Concentrating on compensation has led to an oversimplified idea of what motivates a surrogate (Ragoné 1994). A friend or relative may be altruistically motivated to help the intended parents. Still, it is unfair to assume this is less exploitative than a contracted exchange with a compensated surrogate (Anleu 1990). Gestational carriers contribute their gestational abilities to the intended parent(s), who may be known or unknown to them beforehand and may or may not be compensated. The relationship with the intended parents is a crucial component of surrogacy. There is significant uncertainty in this social exchange and the relationships built during this process.

For this research, I will use the term gestational carrier to align with the current terminology from the American Society for Reproductive Medicine. I use the term surrogate as an umbrella term in which it may be unknown if they are in a gestational or traditional surrogacy

arrangement or if it is a reference to both. I use the term intended parent(s), which can include one individual or more, then transition this terminology from “intended parent(s)” to “parent(s)”, when appropriate.

## **Thesis Overview**

This thesis is divided into seven chapters. Following the introduction, I introduce the relevant literature on surrogacy for this research in the second chapter. I address the research on the outcomes of surrogacy arrangements that contend with the concerns that presently shape policy. I present research on blogs, an interest from multiple disciplines that have not been connected with surrogacy. I share the literature pertinent to my theoretical frame of social exchange theory and relevant role and identity theory and applications in surrogacy. These theoretical frames structure my analysis of my findings and differentiate it from previous research, which has not focused on how social exchange theory can help us understand the complexity of the roles of gestational carriers with intended parents.

In the third chapter, I present the mixed methods utilized in this research. The methods include the content analysis of the blogs written by participants focused on word frequency and counts during different phases of the exchange, and semi-structured interviews with the participants focused on their experience and relationship with intended parents coded for emerging themes. I also address the limitations of this research which has focused on gestational carriers, a specific form of surrogacy, who have publicly blogged about their experience in the United States. Finally, I explain my positionality based on my interest in fertility and the importance of my role as a researcher in collecting the research and conducting analysis.

In the findings chapters four, five, and six, I present findings from the research. I show how gestational carriers use blogs to share their experience and document their experiences in

their role as gestational carriers. In my findings, I argue that there are five key points of uncertainty in the social exchange based on content analysis focused on word count across different phases, emphasizing the importance of these moments in their experience, which serves as the structure of my findings. In combination with the interviews, I intended to understand better the points of uncertainty I found through analyzing emerging themes. Themes include their interconnected roles in creating parents with the intended parents and their experience in their ability to meet expectations of that role as they develop their identity as a gestational carrier through a successful exchange. Understanding what makes a successful exchange by focusing on the key points of uncertainty, which represent points of vulnerability in the exchange, I found overlap in those points of uncertainty and the roles of different mediators in their exchange. Finally, I argue the successful exchange during their journey represents a negotiated exchange with the support of mediators that forms the foundation for a reciprocal exchange when their journey ends.

In the seventh chapter, I present my conclusion. I confirm the importance of continued research and suggestions for how my findings and future research can be applied outside academia's ongoing discussion of surrogacy. I suggest applying this framework critically to examine the role of the mediators in the social exchange who are largely unregulated and profiting heavily in this industry.



## **Chapter 2: Literature Review and Theoretical Perspective**

One of the main areas of surrogacy research has been the psychological outcomes for the child, the intended parents, and the surrogate. Qualitative research and case studies have not found serious psychological concerns for surrogates, noting the rate of immediate post-partum depression to be between 0% and 20% (Parkinson et al. 1999; Soderstrom-Anttila et al. 2002; Jadva et al. 2003; van den Akker 2007; Imrie and Jadva 2014). It has been said that the surrogate may not view the child as their own through the pregnancy or after (Jadva et al. 2003; van den Akker 2003; Tehran et al. 2014; Lorenceau et al. 2015). The studies that have followed up with the participants found that most had no difficulties relinquishing the child (Fischer and Gillman 1991; Blyth 1994; Baslington 2002; Jadva et al. 2003; van den Akker 2003; Pashmi et al. 2010). There were also findings suggesting motivations were based on altruism, and while contact had decreased over time, the relationships between intended parents and the surrogate had been positive (Jadva et al. 2003, 2012). Much of what determined a satisfactory experience for the surrogate was the relationship with the intended parents and the circumstances surrounding the birth and relinquishment (Blyth 1994; Hohman and Hagan 2001; MacCallum et al. 2003).

### **Anthropological Approaches to Surrogacy Research**

Early literature on surrogacy comprised critiques from various disciplines focused on surrogacy. Viewing surrogacy as objectifying through the commodification of bodies or even selling children or as exploitive through framing surrogates as impoverished and thus coerced into surrogacy (Berend 2012, 2020). This literature contrasts with ethnographic research such as Ragoné (1994), who examined U.S. surrogates' use of gift language, love, and friendship with their intended parents. Scholars have also shifted to examine surrogacy in how it may empower and give value to gestational labor (Berk 2020; Crawford 2011; Jacobson 2016). Teman (2018)

critiqued the repetition in research on surrogacy with an overlap in producing similar findings from surprised researchers. Since then, researchers have continued to critique how surrogate voices have been dismissed and their experiences and answers are written off (Berend 2016).

Recently, studies have taken different approaches to examining the lived experience of gestational carriers and emphasized the concept of creating families by helping intended parents achieve their dreams of becoming parents (Berend 2020). Found that surrogates enjoyed their experience and were proud of being a surrogate, even wanting to pursue additional journeys (Jacobson 2016). Even research focused on the long-term experience of gestational carriers, intended parents, and even the children found relationships between gestational carriers and intended parents satisfactory and children developing as expected even ten years later (Golombok 2004, 2006, 2011, 2013; Jadva et al. 2012; Shelton et al. 2009).

Berend (2010, 2012, 2016, 2020) has focused attention on the online communities through cyber ethnography focused on the exchanges between surrogates from the United States in a public forum. Berend examines various topics and how the surrogates from the online community Surromonline.com (SMO) discuss their experiences with other surrogates. Berend (2010) concerns a variety of issues, including the way the surrogate constructs experiences of loss and the implications of assisted reproductive technology and the vulnerability of surrogates to losses caused by this technology. Berend (2012) also addresses the concept of love in surrogacy, where surrogates on SMO conceptualize their experiences and relationships with intended parents through the idea of love and altruism, separating the significant relationship with intended parents from market exchange. They also come together in support as a community to understand this concept, even when unreciprocated, as still valuable. Berend (2016) also examined the way surrogates on SMO address claims to parenthood or their choice

not to claim parenthood by creating an understanding of parenthood with a basis of intention rather than gestational or genetic. Through the careful emphasis on the intended parents' dream of parenthood rather than genetics and their understanding of intended parents as desperate for children and simultaneously deserving of being parents. Berend (2020) examined the ethnographic work from SMO to understand how surrogates discuss choice and responsibility. Finding that they frame the intended parents as vulnerable in turning to surrogacy with little choice in their infertility while also constructing their own identity as surrogates in being informed and responsible. SMO surrogates as a community emphasized individual responsibility in their journey from legal to medical and even the relationship with intended parents.

Teman and Berend (2018) combine their ethnographic research to compare the concept of non-motherhood from the perspective of surrogates in the United States and Israel. The authors found that surrogates do not view themselves as mothers by focusing on the relationship they have or hope to create with intended parents. They argue that bonding during pregnancy is framed as a choice by their participants, which contradicts the popular perception, including those who have power in decisions regarding policy. Central to their argument is the critique of disregarding the accounts of the surrogates. Teman and Berend also highlight how Israeli surrogacy, which is monitored closely by the Israeli government, is in stark contrast to the lack of regulation and inconsistencies between states within the United States.

While the process of surrogacy qualifies as a social exchange, the theory of social exchange has only been applied indirectly. One area of focus on surrogacy is understanding this social exchange within the legal framework in the United States. Berk (2015) examined how contracts managed the risk that surrogates and intended parents face within the structure of the law that allowed for legitimized negotiations. May and Tenzek (2016) examined how classified

advertisements of gay men were constructed online to reduce uncertainty in a surrogate about the stability of their relationship, financial strength, or legal and logistical concerns. A framework for applying concepts cohesively to surrogacy is essential for understanding where this process brings together social and economic exchanges.

## **Blogs and Blogging**

Siles (2012) used Michel Foucault's theories of subjectivity, including the development and maintenance of the self-identity, to understand early blogging functioning as online diaries and technologies of the self to examine how, historically, blogs used enacted identities as internet users. Most research using blogs focuses on reflexive identity politics (Titton 2015). Antunovic and Hardin (2013) examined how women shared their experiences of participating in sports—exploring the formation of the self within the larger context of sports. Titton (2015) studied how fashion bloggers established fashion narratives based on self-representation. Fashion bloggers used the enactment of their self-identity to produce a form of fashion media. This identity is a performative identity developed for their blog. Azariah (2016) used the perspective of Goffman's theories of self-presentation on blogs to position themselves as travelers instead of as tourists through the narratives of their online selves. The narratives serve to present the self as an author.

Cover (2012) used Judith Butler's theories of performative identity in which identity, is in a constant state of development that is performed and shaped by the cultural context, to expand the social media and identity framework. Social network profiles serve as a tool for performing and developing identity narratives. As well as how relational work through communication on social media situates identity within a network. Ko and Kuo (2009) applied self-disclosure and social capital theories to bloggers' self-disclosures. Finding bloggers' self-disclosure affected a bloggers' perception of social integration, bonding, and bridge social capital. The self-disclosures

promoted the bloggers' subjective well-being through sharing their internal thoughts and feelings through writing within a public space. Improving subjective well-being could impact the blogger's satisfaction in relationships and experiences.

## **Roles and Identity**

In identity theory, the self-concept consists of a multiplicity of social role identities that guide behavior and identity depending on societal structure classifications (Finkelstein and Brannick 2007; Stets and Burke 2000). These roles create meaning through expectations of their own and others' behavior (McCall and Simmons 1978; Stryker 1980). The role is incorporated into the self and the meanings and expectations on how to perform the role, guiding behavior, based on the identity standard (Burke and Tully 1977; Thoits 1986).

Roles and identities are fluid and, through activation, can be negotiated. Understanding how identity is activated depends on the context of the situation and the commitment to the identity (Stets and Burke 2000). Stryker (1980) extended this concept of commitment to the salience of role identity through evaluation of the performance by the individual, improving self-esteem and motivation to continue performance of the role. This well-performed role would also result in the appraisal and validation of others (Franks and Marolla 1976). Role identity can emerge based on the ongoing social interactions and the expectations of others, furthering the self-concept (Finkelstein and Brannick 2007).

Within relationships, role identity focuses on the negotiation of meanings and how the role taken on by the individual relates to the role of others (counterroles). However, these meanings and expectations can vary (Thoits and Virshup 1997). The individual will see their role from their perspective based on the negotiating of terms for the interaction. McCall and Simmons (1978) focused on the importance of negotiating the performances of roles in

relationships because of the interconnection of those roles. Relying on reciprocity and exchange with other roles. The group is interrelated individuals performing unique but integrated activities and creates micro-social structures within the group (Riley and Burke 1995; Stets 1997; Stets and Burke 1996).

While most research on surrogacy addresses concepts of role and identity indirectly, there has not been a focus on using the framework of identity theory in surrogacy arrangements.

Abrams (2015) examined how the stigma and identity of a good mother or a bad mother overlap

between surrogacy and abortion in public discourse. Purewal, Crawshaw, and Van den akker

(2012) examined how parental order reporters in the United Kingdom perceive their experiences

of role conflict and role ambiguity in surrogacy arrangements. More research is available on how

gestational carriers outside the United States understand their role and identity. Teman (2009)

examined through anthropological fieldwork with Jewish-Israeli surrogates and intended mothers their use of identity management practices, creating explicit definitions of motherhood.

Jotkowitz (2011) examined possible changes in laws in Israel and the change in legislation

regarding who they consider the mother in a case of surrogacy. This relationship between

legislation across the United States and internationally defines and redefines maternal identity

through historical court cases, and precedence is set.

## **Social Exchange Theory**

Social exchange approaches originate within several disciplines, including anthropology under

theorists Levi-Strauss and Mauss. However, these concepts and theories have continued to

develop within various disciplines, including economics, psychology, and sociology (Sprecher

1998). It has been applied to a variety of topics, from intimate relationships within families

(Miller et al. 2004) or the institution of marriage (Nakonezny and Denton 2008) to religious

behaviors (Corcoran 2013). This variety of applications confirms the versatility of the framework. Social exchange theory brings together many concepts, including reciprocity and negotiated rules. Expands the notion of resources beyond economic value to having symbolic relevance through the work of anthropologists such as Malinowski (1922) and Mauss and Evans-Pritchard (1967), bringing exchange, especially those involving uncertainty, into a relational framework to understand the process of improving the uncertainty in social exchanges and relationships (Cropanzano 2005).

The concepts and fundamental assumptions of social exchange theory can and have been applied to various exchanges. Social exchange theory approaches often have similarities within their basic assumptions: (1) Social behaviors are a series of exchanges. (2) Individuals will attempt to maximize their rewards and minimize their costs. (3) Rewards from others will result in an individual's obligation to reciprocate. Because of these assumptions, there are two key concepts in social exchange frameworks: costs and rewards. Rewards are understood as resources resulting in pleasure and gratification. Costs are the loss in an exchange that results in displeasure (Thibaut and Kelley 1959). Rewards, costs, and the net result can be understood as outcomes (Sprecher 1998).

Social exchange theory examines the development, maintenance, and end of exchange relationships. They focus on the relationship in terms of balancing rewards and costs within the relationship for a positive outcome. Costs inhibit behaviors and satisfaction in a relationship, while rewards increase satisfaction (Thibaut and Kelley 1959). Overall, individuals in the exchange are motivated by a good outcome based on the historical and future expectations of costs and rewards (Blau, 1964; Thibaut & Kelly, 1959; Levinger & Snoek, 1972). Relationship asymmetry based on individual resources can alter the power balance of the social exchange and

relationship. Social exchanges establish bonds in a relationship and generate different respective statuses in the relationship. Levi-Strauss (1944) theorized that future obligations masked under generosity could give privilege to an individual if those obligations cannot be met.

Social exchanges differ from economic exchanges, where social exchanges often manifest as unspecified obligations. These unknown obligations are usually not priced and rely on trust from previous exchanges built in the relationship. Because of this, these exchanges cannot be understood as detached from the relationship (Blau 1964; Nakonezny and Denton 2008). The social exchange involves a series of interactions that generate these obligations (Emerson 1976). These interactions are dependent on the individuals (Blau, 1964) and can create relationships under the right circumstances. Social exchange theory can help explain and understand the norms of exchange, resources exchanged, and the emerging relationships from the exchange (Cropanzano 2005).

All social exchanges involve uncertainty because of the exchange's unverifiable nature, including the other individuals involved (Molm et al., 2000). Uncertainty comes from this inability to predict the outcome and if the individuals will follow expected reciprocity norms. Social exchange theory's focus on the rational individual means an individual will choose exchanges with less risk. However, because individuals participate in what are risky exchanges, social exchange theory has identified ways for individuals to reduce this uncertainty. Social exchange theory explains how this uncertainty in the exchange can be reduced through trust, continued positive outcomes in exchanges, and information from outside sources. These mechanisms improve the uncertainty function to increase certainty and commitment to the social exchanges and relationships. This relationship works because individuals are dependent on each other for the exchange to work (Molm, 1994). Uncertainty can be reduced through negotiations



that temporarily increase uncertainty, resulting in an exchange with more certainty through an agreement of terms for the exchange. This exchange can then become more certain using institutions that bind the negotiated terms, providing less risk and more certainty. Although this differs from the more uncertain exchange in reciprocated exchanges, the eventual reciprocation is unknown in how, if, or when (Molm et al. 2000; Corcoran 2013).

Social exchange theory is not without faults and has been criticized for the inherent assumption individuals are rational. The theory fails to address what could be perceived as irrational because it does not account for behaviors that are not self-interest-driven, such as altruistic actions. There is also the assumption that relationships can be broken down into a calculated outcome (Nakonezny and Denton 2008). Other critics of the theory have focused on the lack of consideration that social exchange theory has regarding cultural constructs and roles that affect power and relationships, such as gender (Miller et al. 2004).

There has been limited application of Social Exchange Theory to the social exchange of surrogacy, especially between gestational carriers and intended parents. This research aims to fill this gap by examining how gestational carriers navigate their role in the social exchange with intended parents to create a successful exchange. Social Exchange Theory serves as the framework for examining the development, maintenance, and end of the exchange focusing on understanding the uncertainty inherent to social exchanges, the costs, and rewards, as well as the attempts to reduce uncertainty. This framework is particularly applicable to better our understanding of risky exchanges such as surrogacy.

## **Chapter 3: Research Methodology**

This research addresses how gestational carriers who have blogged about their experience negotiate the social exchanges and role identity within their relationship with intended parents. This research applies a mixed methods approach utilizing content analysis of blogs and semi-structured interviews with gestational carriers (Bernard 2017). The research was approved by the Western Washington Intuitional Review Board (#18-043).

### **Blogs**

This research began in early 2018 with the collection of blogs (n=10) written by gestational carriers and followed up with interviews of participants in late 2018. Public blogs as data sources have two practical advantages within this research. First, they serve as a natural standalone data source full of detailed content created by the participants, unaltered by the research goals or the researcher's presence. Second, they serve to build a connection between participant and researcher. The blogs were especially useful in this research project when there was limited access to research participants. Blogs offered a starting point in contact with the gestational carrier and allowed me to confirm study requirements through information on the blogs before reaching out for an interview. I also started the interviews with prior knowledge of their surrogacy journey, allowing me to build a rapport with participants during interviews early and ask relevant interview questions.

Blogs were identified with a Google search utilizing a combination of key search words (i.e., surrogacy, surrogate, blog, gestational carrier) to locate publicly available blogs written in English. Any private blogs requiring an invitation or a password to access them and those not written and hosted entirely by one personal author, the gestational carrier, but instead in

collaboration with an outside source or business were excluded. Each blog title and a link back to the page were documented.

Blogs were initially screened to confirm they meet the five requirements of the research. These requirements were: 1) that the surrogacy is gestational, 2) the gestational carrier resided in the United States, 3) the intended parents were unknown to the gestational carrier before matching, 4) they completed at least one entire journey, and 5) the gestational carrier was compensated. The requirements outlined aimed to limit variations in the exchange that could impact the social exchange, such as legal, social, and economic factors. These requirements were not always explicit in the blogs. They had to be confirmed indirectly using other material within the blog, such as working with an agency with whom they met the requirements and followed their procedures. Three blogs not meeting study requirements were removed from the pool of potential sources.

The remaining blogs that met research requirements were searched to confirm they offered a way to privately connect with the author. This process took some time as each blog was formatted differently, and the ability to contact the author often differed across blogs. By documenting any embedded contact in the blog or email addresses provided, the pool was narrowed to twenty-one blogs. All were contacted for participation, with a target sample of ten participants consenting to the use of their blog and an interview.

Each blog that met the requirements for the study was downloaded into a PDF format to best preserve all the blog posts in their most complete format at a singular point in time. This data was stored on my personal password-protected laptop and backed up to the university's password-protected cloud storage. After obtaining consent from those participants interested, blogs that would not be included in this research project were permanently deleted.

The text from each selected blog was extracted. Each blog had its posts combined into a singular plain text document with direct identifiers removed, and a numerical identifier for use within this research project was added. Any content not explicitly written by the gestational carrier, such as comments from outside sources and advertisements, was removed. This document consisting of each blog with all blog posts combined, was prepared for analysis in the qualitative data analysis software (QSR NVivo 2022).

The final blog analysis included ten blogs (n=10). Initially, my analysis focused on applying content analysis through individual blog post counts, various keywords, and word counts. Posts were then sorted through the grouping of posts within subcategories based on the phases of the journey. My findings focus primarily on word count due to the range in blog post length and concern for over or under-representation unless both post and word count were accounted for during my initial analysis.

## **Semi-Structured Interviews**

The semi-structured interview format also allowed the flexibility to adjust the interview to the participant's unique experience based on their blog and make accommodations during the interview to external constraints such as time. This interview style became especially important in helping develop a rapport with the participants that allowed me to focus on asking personalized and relevant questions about their experiences. Which also aided in helping better utilize the limited hour-long time constraint and respect for their time. These questions were designed to be open-ended within specific areas of interest to this project. Which gave the participant the ability to disclose what they considered crucial. This structure allowed for additional probing questions as needed. However, the participants rarely needed encouragement

beyond the initial question designed to initiate a lengthy answer. A copy of the interview guide is available in Appendix A.

This research project's design utilized mixed methods by building a more robust understanding beyond the presentation of the experience on the blogs with intended overlap between the blogs and the interview participants. For this reason, the recruitment of the participants consisted of contact with the authors of twenty-one blogs that met the requirements for inclusion.

Each gestational carrier was contacted with a short email noting my interest in their blog, outlining the research project, and including an Information Sheet as approved by the Institutional Review Board. This email included my contact information, a university-provided and password-protected email address, for interested gestational carriers to follow up with any questions and consent to participate by having their blog included in my analysis and provide a one-hour interview for which they were compensated for their time as approved by the Institutional Review Board.

After hearing back from each interested participant, their blog was read in entirety so notes could be made, and their interview guide could be adjusted as needed. Interviews were scheduled at a time and date convenient for the participant. Each interview was conducted by phone and audio recorded.

Each interview utilized the structured guide intended to start with questions about their decision to start a blog before transitioning to linear questions across their journey or journeys from the decision to become a gestational carrier through birth and their current relationship with their intended parents. Due to the unique experience of each gestational carrier and the abundant information provided in their blog, I was able to customize their interview guide to avoid any

questions that were irrelevant to their experience. However, to best provide consistency across interviews, my focus was often on very open-ended questions applicable to all the gestational carriers, giving them the freedom to answer as they determined valuable. This open-ended method was especially true for the gestational carriers with multiple journeys, who offered insight into different experiences within the same question. I used terminology adjusted to match their experience based on the language and terms they used on their blogs. Interviews were designed to end with a final question to give each participant a chance to address anything they wanted before concluding the interview.

Each interview began with obtaining verbal consent. The consent was accomplished by reading a pre-established verbal consent script, going over the previously provided information sheet, answering any questions, and providing details on where to find my contact information and how to contact the university should they have any concerns as approved by the Institutional Review Board. The interviews were conducted on my phone to the phone number provided by each participant and recorded on a separate device. Most interviews required adjustment to the guide to accommodate the time constraint. However, every participant was informed at the start that they could withdraw or end the interview at any time and for any reason.

After concluding the interview, I transcribed each audio file so the audio recording could be permanently deleted. I transcribed the interviews, a particularly laborious task, and transcriptions were stored on a password-protected laptop and backed up to the password-protected cloud storage provided by the university. Transcriptions were labeled with their unique numeric identifier matching their blog. The analysis comprised ten interviews (n=10), and each interview was then coded for emerging themes within NVivo using grounded theory (Corbin and Straus 1990).

## **Researcher Positionality**

Positionality within this research is vital for understanding the impacts it may have had on the project. It was also crucial to my participants in their decision to participate in this project to understand my positionality.

My focus throughout the interview was to be as polite and friendly as possible with a neutral and non-judgmental stance. My goal, and what I reiterated many times with my participants, was to listen and learn from them what their experience was. I was also respectful, especially concerning sensitive topics in which I always included the reminder that they only needed to expand on what they comfortably chose.

During my interviews, I was faced with explaining my positionality right from the start, which I had not prepared for coming into the interview. Only after the first few interviews did I expect each interview to start with a discussion about me. Due to the misconceptions about surrogacy and prior experiences of gestational carriers, many were interested in learning why I was interested in surrogacy, but more importantly, what my situation was. This discussion served multiple purposes, allowing for a successful interview process, with success defined as their decision to continue participating after assessing me.

My interest in infertility stems from watching my cousins undergo various infertility treatments with very different outcomes. This experience was something I was open with the participants and something many of them could relate to in watching someone go through infertility struggles before their journey. I think the sincerity in talking about their struggle, the impacts it even had on my extended family, and the impact it has had on me as someone following a similar path as them in waiting till later in life to start a family was extremely helpful in the participants understanding my interest in fertility and my current position as a woman who

has not started a family. This explanation may not have been how I handled this had I known how consistent it would be that all my participants would be interested in my positionality before the interview. This experience seems obvious now especially considering the misconceptions about surrogacy and what I already knew would be a cautious population. Still, I did not prepare a statement ahead of the interviews.

While it could have impacted my results, I believe that impact could be positive and negative but also unavoidable. It allowed participants to become more comfortable with me but may have revealed more than I liked before an interview. However, it better emphasizes the importance of mixed methods, where my data includes blogs written by participants without my intervention. This positionality may impact how I analyze and interpret the data collected in this research. However, it was one of the reasons I opted for surrogacy as the only infertility treatment not sought out personally within my family. Thus, my experience directly with surrogacy itself is limited to this project.

## **Research Limitations**

There were concerns about protecting the participants' identities. While I did not collect identifiable information due to the public nature of blogs, any quotes from the blog may be searchable and connected to their interview. As such, I modified the text when necessary.

The decision to focus on this population of participants who have shared their experience about being a gestational carrier in a public format such as blogging would limit the ability to extend any findings and conclusions beyond this specific subset of gestational carriers. While the benefit of blogging over other forms of public presentations due to the nature of blogs being an ongoing process that begins before the known outcome of the situation, it likely attracts a subset of the population who may not be representative of the whole. Limitations in representation



could include participants with access to the resources required in blogging both technologically and time and a desire to share the experience.

## **Chapter 4: Exchange Costs and Rewards**

This research aims to understand how the gestational carriers who blogged about their experience constructed a successful exchange. I argue there are five key points of uncertainty within the surrogacy exchange: (1) becoming a gestational carrier, (2) matching and contracts, (3) embryo transfers and confirmed pregnancy, (4) labor and delivery, and (5) life after labor. The key points of uncertainty provide insight into the phases in which they are developing or transitioning their role of creating parents through the surrogacy exchange. All social exchanges involve uncertainty due to the inability of individuals to predict the outcome. I focused my findings on where the uncertainty occurred and how participants attempted to reduce uncertainty in the exchange, including using mediators, explained as follows.

During these key points of uncertainty, mediators of the exchange function as tools that reduce the uncertainty by giving structure and verification as an outside expert source. The primary mediators during the exchange are the surrogacy agencies, the legal contracts, or medical personnel. I argue that these mediators provide their expertise and an established structure to reduce uncertainty in the exchange and allow for a relationship built on shared experience and trust between the gestational carrier and intended parents. Through that relationship built during a successful exchange, they can move beyond the negotiated exchange where their roles in creating parents depend on each other to an independent reciprocal exchange in life after labor.

This findings chapter addresses the overarching theme that emerged during interviews regarding the concept of the rewarding role of creating parents as the gestational carrier during the exchange. I also address how their sense of being fortunate in fertility and love of pregnancy brought them to surrogacy and shaped their experience and understanding of their role. These

themes help shape their understanding of their role in the exchange, which is especially important during the key points of uncertainty during phases of transition, including exchange development and conclusion. Due to the interdependence of these roles, which establishes the necessity of the social exchange, they must negotiate the roles through role management with the guidance of mediators.

This chapter also examines the costs of the role of a gestational carrier and how participants decided to become gestational carriers. The first key point of uncertainty is the process of becoming a gestational carrier via their commitment to the role and application through the mediator of surrogacy agencies. This point of uncertainty focuses on their decision to become a gestational carrier despite acknowledging their potential costs in favor of the rewarding experience they hope to have in their role.

### **Fortunate in Fertility and For the Love of Pregnancy**

During interviews, the concept of easy fertility and the enjoyment of pregnancy were discussed in connection to the gestational carriers' previous experiences in becoming pregnant and their pregnancies. Gestational carriers discuss this concerning their decision to become a gestational carrier with an understanding of the importance of their history with fertility for being approved to become a gestational carrier. This value of their fertility influences their decision to become a gestational carrier through their ability to see the value in providing that to someone else. They are effectively extending their understanding of their role in being a gestational carrier as their ability to share that with someone else. This history with fertility is foundational in their experiences as gestational carriers in meeting or not meeting expectations and validating their role as gestational carriers.

While their ease of pregnancy and fertility impacted their decision to become gestational carriers, it also shaped their sense of fertility as valuable and a desire to use their fertility to help someone else. This participant specifically discusses their fertility as fortunate, “I had wanted to become a surrogate because I had felt so fortunate to have such easy pregnancies and such easy fertility, and I thought how cool would it be to be able to bless someone in that way who maybe is less fortunate.” This participant highlights how after finishing their own families, they desired to help someone else create a family while also enjoying being pregnant again. Participants also discussed their separation in their role during the exchange as they described their desire to be pregnant out of a love of experiencing pregnancy as at odds with their decision not to have additional children of their own.

For some participants, this desire to help someone else create their family was based on their experiences with friends and family who struggled with fertility. This connection to someone who struggled with fertility added value to their sense of being fortunate in fertility, and the desire for a role in helping someone else is less abstract. While the participants in this research worked with intended parent(s) unknown to them, they voiced having a connection to someone they did know who struggled with fertility. This participant discusses their experience with parents that struggled with fertility, “My parents had a really hard time being pregnant, so I was always raised that just because you are a woman doesn’t mean you can have kids of your own so I always knew if I could have a healthy pregnancy that I would want to help another family whether it was two moms, mom, and dad, single parent, two dads, whatever, I wanted to help somebody else become a family.” This participant highlights this desire to become a gestational carrier in wanting to help someone else become a family. This concept of creating families becomes core to their understanding of their role as gestational carriers. It also

highlights their understanding of this decision to become a gestational carrier based on their history of healthy fertility and pregnancies. Their previous experiences with fertility and pregnancy can shape their experience of the exchange and their role in creating parents.

Other researchers noted a similar finding of participants' experience of success in their fertility as valuable. Findings of surrogates who are proud of their fertility, seeing it as a valuable resource, increased their sense of self-worth through the impact they could make in becoming a surrogate (Berend, 2020, 2016; Jacobson, 2016; Ragoné, 1994; Roberts, 1998; Teman, 2010; Ziff, 2017). Berend (2012) also addresses this concept of easy fertility and the value based on their history also creates vulnerability to feelings of failure during future losses in the exchange. I will address this further in Key Point of Uncertainty Three when I examine the ability to meet expectations of their role during the embryo transfer phase of the exchange.

### **The Rewarding Role of the Gestational Carrier in Creating Parents**

While the gestational carriers often understood their fortune in fertility and easy pregnancies as valuable, they also expressed a desire to use that resource to help someone less fortunate in their efforts to become parents. They develop their role as gestational carriers in creating parents to cultivate a successful exchange which at its core is helping the intended parent become a parent. Their interdependent role as gestational carrier and intended parent(s) make the exchange necessary.

This focus on creating parents is seen as participants discuss their focus on seeing the intended parent or parents becoming parents. This participant describes this development of their role as intended parents as their favorite part of the exchange, "My favorite parts were watching her, and watching him, and watching them together getting excited." Other participants also voiced the importance of looking to and watching the intended parent(s) during special moments

such as ultrasounds and other pregnancy milestones. This excitement relates to the understanding of a successful exchange as the creation of parents, thus emphasizing seeing them become parents as confirmation of their success in the role. For some participants, there was also a preference for working with intended parents who did not already have children; thus they would be watching them experience becoming parents for the first time.

Focusing on creating parents helps clarify their interdependent roles during the exchange. This participant explains, “I always say this: This is your baby. This is your pregnancy. I already have two of my own. It might be my body, but this is your experience.”. Participants expressed this experience is different from their own pregnancies of their own children and shift the focus to the intended parents and creating a pregnancy experience for them. There is intentional separation from the pregnancy to give room for the intended parents in the experience through how they describe the concept of giving. Emphasizing on the “back” to express how the fetus or baby was never their own within their role as the gestational carrier.

Participants also used language in the exchange by creating metaphors that may be more relatable to people outside the exchange:

“It was very hard to explain to people that this baby belonged in the hearts of these parents long before I ever came around. I really just felt like I was just helping to grow a little life, and I did not feel a sense of loss at all when the baby did not come home with me, or the baby goes home with the parents, or when I see pictures of the children now. I don’t feel a sense of loss or longing at all at all. I think a lot of that is a mental mindset going in you understand it is not yours the same way a daycare worker understands those are not all her children; they have to go home.”

For this participant, there is an understanding of their role as the gestational carrier to help create parents by sharing their gestational capabilities in a way they equate as similar to those who care for children when the parents are unable in ways more commonly seen such as through daycare. The idea is that the fetus merely relies on them as a temporary caregiver before going home. For

participants, this is how they can explain how they can care for this fetus and care for the intended parents, but that the experience is entirely different from how they felt about their own pregnancy with their own children.

Participants also focus on how their understanding of their role from the beginning is important for making sense of this experience. This participant explains this difference to those who do not understand the lack of feeling, especially after delivery, “It has no comparison to giving your child up for adoption... because it was never mine, to begin with. It was always theirs, and it was never about giving up a baby, but delivering their child and allowing them to become parents.”. Knowing right from the beginning, before even conception or becoming pregnant, that this fetus is somebody else’s child makes this unique experience different. Through the concept of creating parents, you can see how the separation in roles is evident with the gestational carrier having intentional separation in their role from parenthood. This participant also touches on how this conceptually differs from other avenues of becoming parents, such as adoption. Unlike adoption, their intention of making them parents existed before the fetus existed.

This concept of how the child can be framed as always belonging to the intended parent(s) in Teman and Berend’s (2018) cross cultural comparison of how surrogates from the United States and Israeli understand their role in which both believe the purpose of surrogacy is to create families and through the intention of the intended parent(s) they understand the child to also have always belonged to the intended parents both relying on the comparison to forms of childcare. For surrogates in the United States, the emphasis is on the intention of deserving parent(s) for holding the title of parenthood where there may not be a genetic link between the child and intended parent(s). This concept of intent is also seen in the legal sphere, where states

such as California, Connecticut, and Oregon rely on pre-birth orders for intended parents to declare their intentionality to have parentage assigned to them even before birth (Guerzoni, 2020). For participants, they separate their interconnected roles in creating parents based on intention. Their intention not to be a parent and the intention of intended parents to be parents.

Participants describe this experience as life-altering in which they benefited from their role as a gestational carrier in their experience helping to create parents. That is often seen during the successful transition of roles, such as at delivery when intended parents become parents. As I argue that a successful outcome is through the successful creation of parents during the exchange. Through the lens of Social Exchange Theory, relationships are formed through rewarding exchanges built on positive outcomes from maximizing rewards and minimizing costs. Participants talked about how rewarding their experience as a gestational carrier was and in those moments, such as delivery, when they realized they wanted to be a gestational carrier again.

Participants described this as the best day of their life, “So that was the single best day of my life, and I think I said it on the blog, and I mean it... to deliver another person’s child, the feeling of gratification is just incomparable to anything else I have done.”. By understanding that role in creating parents, I see the successful transition of roles during delivery as so memorable that many participants knew they wanted to be gestational carriers again. It was also challenging at that moment for those who wouldn’t be able to be a gestational carrier again. Participants also talked about how there isn’t as much acknowledgment for their desire to become a gestational carrier and the experience of doing that for themselves – how their family sacrifices more in their dream of becoming a gestational carrier. Given the costs and risks to themselves, their motivation comes through understanding their commitment to their role as a gestational carrier.



## **Point of Uncertainty 1: Becoming a Gestational Carrier**

Before becoming a gestational carrier, many participants researched surrogacy, believed it was a good fit, and began the application process through a surrogacy agency. The application process is intended to screen those interested before moving on to the approval process, which includes an additional screening of their physical, mental, and financial health. For many, this meant traveling to meet with doctors, psychiatrists, and agency staff before they could begin matching with intended parents. In the following sections, I address my finding on this key point of uncertainty through content analysis of the blogs, the role of the surrogacy agency as a mediator in reducing uncertainty during this key point, and how the gestational carriers navigate becoming a gestational carrier while undeterred by the risks through their commitment to becoming a gestational carrier.

### *Blogging: Becoming a Gestational Carrier as a Key Point of Uncertainty*

I utilized blogs and the frequency or length of posts to denote the key points during the exchange for this research. To appreciate their function in highlighting key points in the exchange, I asked participants about their decision to blog. Participants described how they wanted their blog to be a place to preserve this experience, often referring to it as a memory book or diary for themselves and even sharing with others. For this reason, I argue that preserving experiences in their blogs helps us see what they value at different points in the exchange. This preservation technique meant the blogs highlighted key points in the exchange as valuable that is not contaminated by the perspective or goals of this research. The value they placed on these moments they blogged about gave us a focus on applying that concept of value to my assessment of how increased blogging could highlight the key points of the exchange.

Due to the overarching reach of this development of the gestational carrier as an identity across the journey or journeys, the focus for better understanding this phase as a key point of uncertainty was made clear when comparing the concept of becoming a gestational carrier against those who could be considered experienced gestational carriers with subsequent journeys. During content analysis focused on the number of blog posts and word counts across all ten blogs, it was noted that six participants had subsequent journeys that were also included in their blogs. Focusing on these six participants and their utilization of the blog between their first journey and subsequent journeys, I found an average decrease of 44% in the amount of blogging based on the word count they did during their first journey and the average across their subsequent journeys. This decrease highlights the importance of the blog and the development of their identity as gestational carriers during their first journey compared to subsequent journeys as experienced gestational carriers.

When examining where this decrease in blogging occurs in the journeys, I found that the portion of the journey in which the gestational carrier was actively pregnant decreased an average of 19%. This decrease in blogging suggests that the key points of uncertainty exist even for experienced gestational carriers in a new social exchange with different intended parents. Compared to other phases of the journey, this decrease during the pregnancy, especially for experienced gestational carriers, highlights the blog's importance in identifying the key points of uncertainty from participants.

### *Cost and Commitment to the Role*

Through the inherent health risks of pregnancy, the desire to create parents and become a gestational carrier is apparent. It is worth noting, Dar et al. (2015), during a large retrospective cohort study from within a surrogacy program with data spanning 20 years focused on the health

of gestational carriers, found overall the complication rate for gestational carriers to be low, with many complications listed as minor. They suggest this result stems from screening gestational carriers in which significant historical complications eliminated them from the program before becoming gestational carriers. Through understanding the desire and decision to become a gestational carrier, we see their clear commitment to the gestational carrier identity and role even when faced with adversity. Primarily this is seen through participants' discussion in having no doubts about their ability to be a gestational carrier and their commitment to the identity. However, they acknowledge the risk to their health, social standing, and relationships and their desire to protect their own family from the repercussions of this decision.

Participants discussed their decision to become a gestational carrier as straightforward. This clarity in the decision helps them later when they face uncertainty and continue to manage their role with the support of mediators to achieve a successful exchange. I see this participant explain the experience of telling friends and family as a way to inform them in which they needed no approval, "You don't really know how people are going to react, but by the time I had made my personal choice to do it there was very little anyone could have said or objected that would have stopped the choice I had already made... it was more this is what I am going to do, and I hope you are okay with it.". This idea that their decision was made and the impact of other people's stance on their decision was unimportant because they had no concern for their ability to do this or the ethics of their decision.

For participants, having the support of their immediate family was vital as they acknowledged that their decision to become a gestational carrier would impact their whole family. Their partners' support differed from the necessity of support from those outside their immediate family. They understood their partner and families would face the additional

responsibility of an uncomplicated pregnancy. Knowing the possible risks, the participants discussed their commitment to this decision and the importance of their families in that decision. This commitment is seen in the discussions from participants who acknowledge the risk of even death in this decision. As this participant explains, "You are literally putting your life at risk for essentially strangers, and I don't think enough people take that moment and go. Are you sure this is what you want to do? Are you sure you can do this? Are you willing to go that far for this dream...". You can see their commitment to becoming a gestational carrier as they describe this dream as potentially costly, where this dream of helping strangers become parents is a risk to their life. Participants also discussed how this dream of becoming a gestational carrier and desire to help create these parents could blur the boundaries if they are not careful. As this participant explains, "We tend to want to say yes to a lot of things even if it may compromise what we truly believe. We are so eager to do something for the family or so eager to please them.". One participant even discussed how they decided to be flexible regarding fetal reductions or termination, considered a core contractual term in the exchange, to improve their chance of becoming a gestational carrier.

There is more to the potential health costs with direct implications of that decision on themselves or their family as social costs. Participants discussed their commitment even in the face of social costs, such as when their relationships with those who disagreed with their decision to become gestational carriers were on the line. Participants acknowledged that the relationships lost are a sacrifice you make if you decide to continue with your pursuit of becoming a gestational carrier, especially when their disagreement with your decision is based on the ethics of surrogacy rather than from a place of concern for their wellbeing. One participant spoke about how choosing to become a gestational carrier resulted in losing their leadership positions at their

church, "I mean when the church asked us to leave, they also gave us the option to stay if I just walked away from this process. When I began to put the surrogacy and the journey and to go on forward with this ahead of their church, I mean we were ridiculed, really strongly ridiculed.". This decision cost them their employment and those they considered friends at church. However, this experience and decision to become a gestational carrier positively impacted most of them, and they are happy with their decision to move forward. Others, however, expressed difficulty they had reconciling that experience.

For most participants, the concerns of family and friends were based on a misunderstanding of the science behind gestational surrogacy when they lacked knowledge that there would be no direct genetic connection between the gestational carrier and fetus. However, some worries from close friends and family were based on concerns for the health and safety of the gestational carrier, which the discussion around their commitment to becoming a gestational carrier acknowledges that concern as valid and their desire to make efforts to protect their family. One participant discussed this concern, understanding that all pregnancies come with risks but that there is a difference when taking the risk for someone else. They explained, "Wanting to make sure my family was taken care of because if anything went wrong because pregnancies are risky... where do we draw the line and does that change when it is not your baby.". This risk and understanding of how it is perceived are directly dependent on the difference in the role of the gestational carrier compared to the role of the pregnant woman carrying their own child. Drawing the line and making decisions becomes more complicated with the additional weight of the intended parents and their own desire to become a gestational carrier and make them parents. Another participant directly discussed protecting their family with the understanding of limiting risk and that they would have protections in place, "I mean, I was compensated, but there are

easier ways to make thirty thousand dollars than to carry a baby. I did not want it to ever be a thing that put my family at risk any more than I had to. There is always a risk of carrying a pregnancy. I wanted to make sure should anything go wrong that my family was well taken care of." This participant also acknowledges the factor of compensation as irrelevant in the context of the risk taken by them and thus the importance of having protections in place through utilizing mediators with built-in protections such as those contractual agreements with terms outlining additional support. These risk reduction techniques are often through the support of an agency. Highlighting how they can decrease risk and uncertainty by using mediators who help put protections in place throughout the exchange.

### *Mediator: Surrogacy Agency*

Mediators reduce uncertainty in the exchange by providing structure and stability, especially during the key points of uncertainty in the exchange. Surrogacy agencies serve as experts on the process and a mediator between the gestational carrier and intended parents. This section focuses on the surrogacy agencies as mediators during the process of becoming a gestational carrier. Most participants, even those with negative experiences with an agency, recommended utilizing an agency for the reasons outlined in this research. While becoming a gestational carrier, surrogacy agencies help ensure the individuals will be successful in the exchange by vetting the gestational carrier's qualifications and ability. Because of this process and how the agency is utilized to mediate the exchange and decrease the uncertainty, participants discuss the benefits of working with an agency and, more importantly, the impact of finding the right agency. Through working with an agency, participants were closely screened before being able to move forward in the process of becoming gestational carriers. This screening decreases uncertainty through the structured application and vetting process, validating their decision to become a

gestational carrier by an experienced resource. This participant discussed how few gestational carriers make it through the complete screening process, but also what the agency is screening for:

“Fewer than 1% of women who apply to become a surrogate will actually make it when you go through an agency. And I think that is best for everyone. It is a really hairy thing and while pretty much any woman can get pregnant not every woman should be a surrogate. So there is a lot of screening steps to make sure you are qualified physically, mentally, emotionally, financially, support systems, you are healthy, there are so many steps. So they will put you through one phase of the process and are like, yay, good job now, let’s do the next one. So it takes quite a while to get your formal approval. But that also made me feel really secure in working with an agency because if there were any loose stones they were going to find it.”

This participant highlighted in their discussions the intensity of being approved, which gave them a sense of security by easing any concerns about their ability to serve the role of a gestational carrier in a successful exchange. For other participants, some of the criteria were straightforward, such as being done growing their own family. Other times requirements were more complicated than yes and no decisions, such as when participants discussed the complex psychological testing they underwent. They also described how their support system was examined when their partners were screened to ensure they understood the process and the restrictions they would face from being a partner to a gestational carrier.

This participant discussed how the agency requirements served to protect everyone, "People who consider surrogacy have to know that these things are possible and part of the reason the agency I worked with really recommend or require that their surrogates already have children is not only because they are proven baby carriers but also there is always a possibility that you will not be able to have children after this is over.". In this example, the participant highlighted how the agency requirement protected intended parents by ensuring a gestational carrier had prior uncomplicated pregnancies. However, it also served to protect the gestational

carrier in understanding the risk to their future fertility. Participants also discussed how they decreased the uncertainty by working with an agency, especially during their first journey as they became gestational carriers, "I think an agency is really important because of the work that they do vetting everybody. I think especially for first-time surrogates because you don't really have a sense of what you need to know, what you need to ask, what you need to think about, what type of questions might come up.". Participants highlighted the importance of the agency as an expert with experience that the gestational carrier lacked, which is valuable for decreasing uncertainty, particularly through their first journey.

Participants benefited from working with an agency that they felt was an experienced resource. This participant explained how the agency helped guide them through the process, "I think using an agency is super important because before you go into a surrogacy, you have no idea the amount of stuff that it entails in surrogacy. There is a lot of moving parts with medicines, with insurance, and payments.". This support is vital for a successful exchange by avoiding missteps that could leave the gestational carrier vulnerable. Another participant discussed the benefit of their security, "For me, I wouldn't have done it any other way because it made me feel secure knowing that I had someone in the middle just in case something happened. They had a third party that was neither for nor against either one of us. That knew the process.". This participant highlights how the agency provided security in the exchange by being a third party with their belief in the agency being knowledgeable and neutral.

The value-added through working with a surrogacy agency was clear, but participants also highlighted the importance of finding the right agency. Some participants faced issues with their agency, but overwhelmingly they still recommended not just working with an agency, but the right agency. Finding the right agency could be based on their desire to match with specific



intended parents, such as international or gay couples, and the agency's willingness to work with a gestational carrier in their state due to the legal constraints imposed across different states.

Finding the right agency is not always straightforward, requiring connecting with the agency. This participant describes finding the right agency after having a negative experience with a prior agency, "I always recommend to people that they work with an agency if they can... It does just depend on so many things, the people, who is working with you, the philosophy of the company, and their goals.". This participant details their experience with a large agency in which they did not get the individual support they needed. Thus, the focus was on finding a smaller agency for their next journey, which might not have the same name recognition, but would have shared values and expectations.

## **Conclusion**

This research focuses on the experience of gestational carriers who blogged about that experience in creating a successful exchange. Through my findings, I understand their rewarding role in creating parents through the exchange and their commitment to becoming a gestational carrier that they interpret the exchange as successful. I focus my finding on the five key points of uncertainty and assert that the key points of uncertainty are due to the underlying vulnerability of the exchange during the phases of transition. Through these key points of uncertainty, the gestational carrier manages their role. They utilized mediators to minimize or decrease and uncertainty they felt in the process. These primary mediators I found to be the surrogacy agencies, the legal contracts, and medical personnel. It is through the bridging of the gap in their role with intended parents with the utilization of these mediators that they decrease uncertainty and build trust. This trust is foundational to building a relationship that can transition beyond the dependency of their roles and the useful application of mediators in the successful exchange. It is

during this transition that the relationship structured within the negotiated exchange ends, and they can transition to a relationship based on reciprocal exchanges.

The moment before entering the exchange marks the first key point of uncertainty: the decision to become a gestational carrier and the carrier's commitment despite the cost. I found this to be a key point of uncertainty during content analysis focused on the gestational carriers with multiple exchanges. My finding is that the blog is utilized significantly more during their experience as a first-time gestational carrier than an experienced gestational carrier. During this key point of uncertainty, the primary mediators are the surrogacy agencies. The surrogacy agency decreases uncertainty through their thorough application and screening process, which validates the decision of becoming a gestational carrier and their potential for a successful exchange.

## **Chapter 5: Exchange Development**

This chapter focuses on the key points of uncertainty during exchange development. It begins with a second key point of uncertainty, matching, and contracts and concludes with the embryo transfers and confirmed pregnancy, a third key point of uncertainty. Exchange development occurs at the start of the relationship, which comes with inherent uncertainty and serves as the foundation of the exchange. This phase is when the participants decide who to enter the exchange with and negotiate the terms of the exchange in a contract. Their exchange continues to develop as they navigate embryo transfers to obtain a committed point of the exchange with a confirmed pregnancy. They rely on surrogacy agencies, contracts, and medical personnel as mediators to decrease uncertainty during exchange development, increasing the odds of a positive outcome and successful exchange.

### **Point of Uncertainty 2: Matching and Contracts**

Through the surrogacy journey, the gestational carrier and intended parents who are unknown to each other are brought together through the matching process. In many cases, this is done through a mediator, their chosen agency. Often matches are made based on the terms of the exchange, which are later outlined in more detail through the legal contract, focusing on any restrictions on what either party is or isn't willing to do. The contract can include various terms focusing on termination or reduction beliefs, and any preferences either party is looking for in creating their ideal exchange based on their expectations. These terms are later further outlined in the development of a legal contract. During this phase of the surrogacy exchange, the concept of creating parents and their role becomes less conceptual as they further develop their role with a match with the intended parent(s) and solidify that commitment through the completion of a contract.

In this section, I examine the process of matching with intended parents and the contract negotiations as a key point of uncertainty. My finding of this key point of uncertainty begins with the content analysis of the blogs but was echoed by participants in interviews on the importance of finding the right match and a solid contract. Due to the importance placed on matching with the right intended parent(s) as a foundation for the exchange, I focus on how participants attempted to find the right match with the use of match preferences as a form of role management in setting up the exchange for success. Their preferences when selecting intended parents to match with, in addition to utilizing the surrogacy agency and contracts as mediators, give structure and clarity as an overall attempt to reduce uncertainty.

### *Blogging: Matching as a Key Point of Uncertainty*

Through content analysis of the blogs during the matching and the contract process, the matching and contract stage made up, on average, 9% of participants' blogs. I argue this percentage of the blog (9%) emphasizes the importance of this time. This finding matches the reports from the same participants in interviews for the significance of the match in having a successful exchange.

Looking at the participants with blogs that included subsequent journeys, I compared the differences in the amount of blogging. I found no significant difference (0.01%) between their first journey and the average across subsequent journeys. This lack of difference, I argue, confirms the importance and complexity of each matching for each journey regardless of the gestational carrier's experience level. When looking at this difference on a participant level, this is the only key point in which there are notable increases even in the averaged amount of blogging in subsequent journeys compared to their first journey.

I rely on the emerging themes from the interviews with participants to understand the importance of matching and contracts as a key point of uncertainty. While participants

emphasized the importance of the right match, I focused on understanding what makes a great match and how their preferences shape the foundation they create for the exchange. This analysis also includes the role of mediators in building a foundation for their exchange and any future relationship.

### *Preferences in Intended Parents as Role Management*

One emerging theme found through the interviews with participants was the importance of their preferences in finding the right match with intended parents. I argue these preferences set the foundation for establishing their role in creating parents through role management and expectations of the exchange. These preferences safeguard their experience of their role in creating parents and creating a favorable environment for a successful exchange. It is important to note that this section does not address the core terms of the contractual agreement, which are intended to be non-negotiable. Instead, I focus on my finding of preferences in deciding who they would want to enter this exchange with that serve as role management for themselves and their expectations for intended parents. These preferences are: understanding the underlying source of infertility, proximity between the gestational carrier and the intended parents, and a desire to help those most in need. I conclude this subsection by discussing the concept of instant connections and the nuanced differences between a good match and a great match.

First, I examine the source of infertility, as both the gestational carrier and intended parents bring into the exchange their history with fertility and infertility. One theme that emerges from the interviews is the impact of infertility on the part of the intended parent(s) on the exchange and the gestational carrier's experience. Their preferences in how this infertility occurs for the intended parent(s) they want to match with serve as a safeguard to their experience by mitigating past trauma or grief through the loss of fertility on behalf of the intended parent(s) in

the exchange. I argue this clarifies their roles within the exchange during a key point of uncertainty through managing roles and expectations before entering the exchange.

This preference for understanding the underlying cause of infertility appeared most obviously in participants seeking to work with gay couples. The underlying preference is based on understanding the difference between social infertility and the loss of fertility. This participant explains how the role of being or becoming infertile shifts their experience of their role as a necessary part of the exchange, "I wanted to be someone's first choice, their only choice. They were happy to get a surrogate, not frustrated, or sad, or having to cope with the reality that they needed a surrogate". Participants believed the underlying source of infertility and past experiences of infertility impacted the exchange and their ability to manage the roles to effectively reduce uncertainty and build the relationship they hoped to gain during the exchange.

This participant named this preference as necessary to safeguarding their first experience as a gestational carrier, "there is some weight that comes with a woman needing a surrogate, and I thought that for my first journey, my first experience, I didn't want to have to deal with that extra component.". This response highlights my previous assessment that becoming a gestational carrier during their first journey through lack of experience and validation in the role exacerbates the experiences of the key point of uncertainty. However, as their confidence in their role develops, that confidence buffers the experience of uncertainty in subsequent journeys.

One participant was not interested in carrying a gay couple; however, after an initial experience of a failed exchange, they shifted their approach. They focused on finding the intended mother(s) who had successfully carried their own child previously. For this participant, this meant the intended mother had experienced pregnancy and labor before losing their fertility or developing a need for surrogacy. This participant reflects on their failed exchange and

explains their reasoning for this shift, stating, "I think it is because she felt like I was taking something away from her by carrying her children. So, after that match, I decided to only match with families who already had children birthed by the mother.". This participant found an alternative way to safeguard their experience through role management where their interdependent role as the gestational carrier with the intended mother in an exchange isn't entirely representative of the loss of that role by the intended mother.

Next, I examine the preferences in proximity because how active of a role the intended parents have during the pregnancy varies with one major factor: the proximity of the intended parents to the gestational carrier. This preference is for obvious logistical reasons, which could be shaped by the country or state either resides in and if they are considered surrogacy friendly, impacting their ability to find a gestational carrier near them. Regardless of the reason, their ability to have an active role during the exchange is shaped by proximity. While the fundamental reason is often discussed in general terms about involvement, I argue that the concept of involvement is just a generalization about the ability to use their proximity to manage their interdependent roles. Direct involvement creates a more cohesive experience that reduces uncertainty, and through involvement and contact, they build trust, aiding in the formation of a relationship and successful exchange.

This participant describes the importance of proximity concerning regular contact to be closer to the process, "The mom already can't carry the pregnancy or whatever, and so I feel like if they can come to appointments and see my belly growing every month or every week, then they're even closer to the process.". Regular contact through involvement in attending doctor appointments also gives space for building their relationship both outside and within the exchange. This participant has experience with intended parent(s) who are both local and out of

state and able to reflect on their preferences in proximity, "so when they are out of state, you have to be creative to make them feel involved and sometimes I would feel bad because the baby would kick for the first time and they aren't able to experience that for a month or so till they could get to my state. With the other parents, they could just feel it the next appointment, or I could drive to their house.". In this quote, you see them explain the differences they experienced in involvement when matched with out-of-state intended parent(s) when they had to miss the unpredictable aspects of pregnancy compared to their experience with local intended parent(s).

I noted the third preference when some participants preferred helping where most needed. This participant discusses their decision to prefer a gay couple based on discussions with their surrogacy agency who presented them as intended parent(s) with fewer gestational carriers available to them, "For me it was really important, as someone who was willing to carry for a gay couple, to say ya know what, that is who I really want to help because they have a smaller pool of available surrogates... it was something that mattered and mattered a lot to me the rights of gay people to create their family.". This participant discusses the idea of making a conscious choice to limit their availability through this preference to combat the limitations those intended parent(s) face due to their beliefs and values in reproductive and family rights.

This preference to work with the intended parents considered most in need also appears as a preference to work with international couples, which is a direct contradiction to the previously discussed preference for proximity. This participant discusses their experience connecting in the matching process with an international couple, "These people are desperate. They were so obvious in the profile... they were from a country with such heavy restrictions where surrogacy is illegal. So they were flying all the way to the United States". For this participant, the emphasis was on the great lengths these intended parents were going through to



become parents through surrogacy after exhausting all other avenues, "had done everything possible. The only way they were going to have a baby was if someone would carry for them. So I was like, sign me up.". For these participants, I argue that the struggles of intended parents and continued efforts to persevere even when faced with limitations show commitment to becoming parents. This commitment to becoming parents matches the participant's commitment to becoming a gestational carrier. This commitment to their interdependent roles decreases uncertainty by furthering their commitment to a successful exchange.

Finally, I discuss a more nuanced preference, the preference for a great match over a good match. This concept was a finding that arose from the interviews, how even a good match and match they may have moved forward with differed from previous or later great matches. This great match is described with a sense of instant connection, a love story, or love at first sight. This feeling of a great match was described as finding intended parents and feeling as if they had known them forever from when they met or before meeting them as they read their profiles. This participant discusses that feeling during their initial meeting with the intended parents, "I really felt with that match like I had known them all my life. So after we did the formalities of our match meeting, we went across the street to a little diner and hung out for six hours just talking."

Finding this connection, however, was not always straightforward. This participant was coming into a subsequent journey looking for a great match. They had wanted a connection with the intended parents they did not feel they had in their previous exchange, "there were a couple of couples in between my two journeys that I talked to, but neither felt right to move forward with. I had one phone conversation with the intended fathers, and I fell in love with them. They were just our personalities that clicked so well, and I knew right away." By emphasizing this

sense of instant connection, this participant showed how they made choices about who they wished to enter the exchange based on the intangible criteria of connection. While they could also decide not to enter an exchange with a set of intended parents, they otherwise are well matched with by their surrogacy based on other criteria such as expected contract terms.

This participant describes the connection with their great match as having been choreographed by their surrogacy agency in matching them based on personalities, "we were matched very well for personalities, and it was like talking to someone we had already known for decades.". This quote highlights what many participants reiterated in their interviews regarding the benefits of utilizing a surrogacy agency throughout the exchange, especially during the matching and contract phase. In this section, we see the importance of finding intended parents who they can match with based on their preferences for the exchange. In some cases, like with the great matches, they can begin to build this connection and relationship that may extend beyond their primary roles in the exchange of creating parents through surrogacy into their life after labor and the conclusion of the negotiated exchange.

### *Mediator: Surrogacy Agency*

Surrogacy agencies are helpful in various ways to the gestational carrier, from widening the reach of gestational carriers of available matches, having screened intended parents, or being a mediator during conversations about difficult topics. Agencies can structure the matching of strangers and provide stability during this key point of uncertainty through their established process of matching gestational carriers with intended parents. Participants described the process as similar to dating sites with gestational carriers and intended parent(s). Each provided a profile for the agency to share after preliminarily matching them on their core contract terms. One or both the gestational carrier or intended parent(s) get the other profile and lets the agency know if

they want to move forward and meet. Utilizing the agency as a mediator for sorting potential matches based on pre-established core contract terms or preferences allows them to focus on matching based on the sense of connection while striving for that great match.

“I chose to use an agency, and in hindsight, the match that they made, I would never have found the intended mother and intended father without them matching me, for them to take into consideration our personalities to make sure that we would get along well. Because first and foremost you need to deal with these people for almost a year and if you don’t like them it is going to suck. So working with an agency that is going to match you with someone who is going to work with you is super, super important... that match matters more than you could ever imagine when you are having to go through some of the decisions you have to make, you want to be with someone that you like.”

While providing structure during the matching process is one utilization of agencies during matching, the initial matching is only one portion of this part of the process during this key point of uncertainty in the exchange. While the agency matches based on core contract terms, the actual contract process outlines the terms in more detail, including many worst-case scenarios that do not foster an environment for building this new relationship. During this early exchange stage, having an agency to serve as a mediator can be very useful. However, this participant does discuss both the benefits and drawbacks of the agency as a mediator, "I know it was sometimes challenging having things mediated through the agency, and it was sometimes useful having things mediated through the agency. It was sometimes easier not to have conversations with the intended parents and be able to have the agency be upfront with them about things that they could talk to the intended parents about."

### *Mediator: Legal Contracts*

The contract process often comes quickly after matching, and participants express excitement from matching and wanting to move forward in starting the process of embryo transfers and begin their role as the gestational carrier. However, there is an understanding the contract will

take some time and is essential. One participant described the contract process as such, "I think as surrogates we think, oh we are doing such a great thing, but when you add contracts and legalities it makes it feel I guess more cold. But they are such a necessity, and you know that.". The contracts are viewed as essential to the exchange as they serve as a mediator to make sure everyone is on the same terms before they move forward with an embryo transfer. One participant described the large variety of terms from their contracts and the importance of considering these details closely before moving forward:

“Making sure you are okay with certain things like selective reduction, to terminate if a problem arose and the intended parents wanted to, is it up to you or the intended parents to choose which doctor you go to, would it be okay for you to share your journey on social media, of course, the payment you would receive for the time, and putting your body through an entire pregnancy if something went wrong, how would your children be covered or you know taken care of, how would your income be affected if you had to take off work for eight weeks, what if you did lose your uterus how would that affect you, what type of service would they offer if you needed a counselor to speak to, and how often and for how long are you covered after your pregnancy. A lot of different things went into our contract, it was forty-two pages long so it is detailed, but they are things you have to think about prior to. You don't want to sway away from your own beliefs just because somebody else wants a child, you still have to stick with what you believe in.”

Negotiating these terms and having them done in writing can clarify the roles of the gestational carrier and the intended parents and serve as a place of reference later regarding the agreed-upon terms if needed. Part of the contract process is ensuring both parties have separate legal representation. Participants trusted their agency as an experienced mediator and resource in connecting them with legal representation familiar with surrogacy and the laws relevant to their state. Having separate and experienced legal representations protects them as individuals and the exchange from failure or unnecessary difficulties.

For some participants, this meant trusting the lawyers and contracts, resulting in making very few changes to the sort of standardized contract received from their lawyers or agency.

Participants described their trust in the agency and the lawyers for protecting them and the intended parents. However, some participants experienced difficulties shifting their trust away from their agency and onto themselves as their own advocate when legal concerns arose. Their agency was not the support system they expected.

“Well when I first found this agency I spoke with the surrogate coordinator who said my job is to advocate for the surrogates and the attorney’s job is to advocate for the intended parents. She said I am a previous surrogate, and I am going to help you, and she helped me with the reimbursement schedules, traveling, and all this stuff. I thought, how cool is it to have somebody who is kind of helping you to understand how this process works. She would give suggestions on what to ask for in the contract and they were good suggestions because I brought them back to my own attorney and said what do you think of this. So they were good suggestions... we had some issues in the first two journeys as well, but my attorney was able to argue in my favor for those, but for this last one, it just seemed as if... like they wanted to get rid of me... just that they were no longer advocating for me and I think that was naive of me to think as well. I have to be my own advocate and that is why I have an attorney.”

For this participant, separating their agency and who they obtained to represent themselves through the legal and contract process served them well. This participant brings a unique perspective and understanding of the role of the mediators, both the agency and the lawyers, as paid for by the intended parents. They were choosing to look critically, particularly at the agency, from their experience of putting the needs of the intended parents first as a for-profit business.

There was some discussion by participants that focused on the conservation of resources, both time and money, of the intended parents and their role in streamlining the legal process or even cutting out the mediator entirely. Mediators gave structure and stability to the exchange; however, they also could slow the process down. At times, the gestational carrier and intended

parents building a relationship inside this exchange could circumvent the mediator. Relying on the relationship and trust, this participant acknowledges:

“At first, they proposed a contract, and I counter offered some things to change it a little bit, and then it took a few weeks to go back and forth between our lawyers, and we had started to become pretty good friends at that point so one day she said look let's just cut to the chase and we went through the contract ourselves and kind of readjusted and agreed upon ourselves and sent a final copy to them.”

However, it is worth noting that while this participant circumvented time spent in the back and forth between lawyers over the contract by communicating openly with the intended parents, they still utilized the contract and lawyers as mediators. Who provided experience and knowledge to add clarity and stability through the contract, which was still put through the approval and scrutiny of their lawyers.

One participant also described their effort to streamline the process by keeping it simple and communicating sufficiently before even beginning contract negotiations, "My contracts were all very minimal and mostly common sense like following doctor's orders, don't drink, don't smoke, things like that and I tried to go over everything with the couple prior to actually doing the contracts, so we spent less time in legal.". This participant highlights the importance placed on conserving the resources of the intended parents. Some participants described this concept as the choice not to include what they viewed as unnecessary expenses for the intended parents, such as a stipend for maternity clothes within the contract. In the case of this participant, the focus is on conserving time. The format of legal billing hours could be a financial motivator and time as a resource, especially from the perspective of the intended parents. They, in many cases, spent a significant amount of time getting to the point of needing a gestational carrier and are now only beginning the lengthy process of surrogacy.

The contract helps provide stability and structure in the roles of the gestational carrier and the intended parents by outlining the necessary details and serving as a reference point should there be any questions during the exchange or even after. This contract is crucial as they move forward into the following key point of uncertainty in the surrogacy exchange of embryo transfers.

### **Point of Uncertainty 3: Embryo Transfers and Confirmed Pregnancy**

This phase of the exchange includes the process of cycling, where the gestational carrier prepares their body through fertility and hormonal medications and is screened in preparation for transferring the intended parents' embryo(s). As previously discussed, the embryos may or may not be genetically related to the intended parents, but they are not genetically related to the gestational carrier. After transferring the embryos, the gestational carrier must return for screening to confirm if the transfer is successful and if the embryo(s) continue to develop as measured by the increase of beta-hCG levels, commonly referred to as beta numbers. At this point, the determination is made if the gestational carrier and intended parents are pregnant. If the beta numbers are not suggestive of pregnancy and the transfer is considered unsuccessful, the gestational carrier and intended parents can resume the process from the beginning in an attempt to try again. This process of cycling and transferring varies across clinics with different protocols and procedures.

I argue this phase of the surrogacy exchange is a key point of uncertainty as it is particularly vulnerable to failures of the exchange, understood as when a match can be broken if either party decides they no longer wish to continue this journey together. However, this exchange phase is also a time when uncertainty can be lessened through reaching a sense of commitment with a confirmed pregnancy that solidifies their roles in the exchange.

### *Blogging: Embryo Transfers as a Key Point of Uncertainty*

Utilizing content analysis of the blogs during the surrogacy journey of getting through the process of transferring embryos and, in some cases, to a confirmed pregnancy accounts for 24% of the participant's blogs as measured by word counts. This section is a significant portion of the blogs devoted to this key point of uncertainty. Due to the nature of the transferring process and surrogacy arrangements, this is also the key point of uncertainty in which most incomplete journeys end. Out of the twenty-four journeys written across all ten blogs, only three journeys that appeared on the participants' blogs were incomplete; all three of these journeys concluded during this key point.

The transfer process can take up a significant amount of time, even in cases eventually resulting in a confirmed pregnancy and a complete journey, mainly due to failed transfers. This variation resulted in a significant range in the amount of blogging due to variations in the amount of time spent in this phase, the number of transfers, and space devoted to incomplete journeys. This understanding of the various matches the experiences echoed in the interviews where sometimes the first transfer would be successful. In contrast, they would experience one, two, three, or even four failed transfers on other journeys before resulting in a confirmed pregnancy.

### *Role Expectations: Confirmed Pregnancy*

Most participants did not describe issues with the concept of their interconnected roles in the surrogacy exchange when working with fertility clinics during the transfer. One participant did describe their experience in which their clinic's policies did not account for the additional people and their roles in this exchange:

“The nurse was like ‘no you only get one person’. And I was like ‘the dad doesn’t even get to be here?’ And the nurse said ‘at this facility you only get to have one person in the room’. And I was like ‘well I don’t think it is very fair that the dad doesn’t get to be a



part of this' and so I asked her 'are you sure?' I was told that they could come. They were like 'no he can't come'. So finally I put my foot down and said 'he is coming in, I don't care who you have to talk to, but he is coming in'. And so they were like 'okay he can come in'. Because I was like 'it is fine if my husband can't come in, it's not his baby, but the dad needs to be here with his wife.'"

This participant's experience, while not typical of the experiences expressed by other participants when working with the fertility clinic, serves as an excellent example of the commitment the gestational carrier has to have the intended parents as involved as possible—even reiterating that point through highlighting the role of the intended parents as the parents and diminishing their role as needing to be present only as a physical necessity. This need is because of the value placed on having the intended parents involved in any way possible and bridging the gap in their separate but dependent roles.

This focus on the experience of creating parents is shown through the emphasis on watching the intended parents in these monumental moments. For some, this moment of creating parents related to the transfers and confirmed pregnancy occurred after the confirmed pregnancy during ultrasounds in which they could be in the room together to see their reaction. This participant describes the importance of seeing these intended parents becoming parents during the first ultrasound, in which they discussed the shock and nerves it would be multiples, "After I looked over and saw the intended mother's eyes and the way she was looking at the screen with her hands over mouth with her mouth open in awe. So it was my favorite part watching their reaction."

This finding was highlighted by participants' discussion of their role in getting to the confirmed pregnancy as validating for the intended parents and the time and effort they had put into achieving this dream of becoming parents. This participant describes their interpretation of the intended parents during the confirmation of the pregnancy as "The realization that all the

hard work, that all the time, and money spent, was finally worth it.". The struggles of the intended parents in getting there make their role in this dream of helping them become intended parents much more important and validate the gestational carrier in their own sacrifices. This experience validates their role as the gestational carrier with the focus they place on themselves to meet the expectations of the role through a confirmed pregnancy.

The concept of not meeting expectations within the role of the gestational carrier during the transfer process is tied to their own experiences with successful fertility that often led them down the path of becoming a gestational carrier with their own previously uncomplicated pregnancies. Because their decision to become a gestational carrier is so rooted in their own experiences of easy fertility and at the very core of their role, not meeting expectations was often felt as a significant failing on their part to uphold their role in this exchange in getting a confirmed pregnancy.

The focus was on them as the responsible contributor to the failure through their focus on what they did. However, other contributing factors exist, such as the quality of embryos or even the clinic's protocols. Some participants did acknowledge the complexity of the medical process. However, this was often focused on their responsibility, such as this participant, "You know as a surrogate it is a complicated medical process and we are trying to make our bodies do things they are not really made to do. There is a certain degree to which it feels like it is your fault. For me, there was a certain degree. I felt like it was a failure of my body, so that was tough."

This participant discussed the failed transfers they experienced as the most challenging part of their whole experience, "It's hard watching the intended parents with the failed transfer. That's hard. Because you really want to be pregnant for them.". This concern for the intended parents, combined with their sense of responsibility, highlighted the main concerns surrounding

the uncertainty in this process. This participant explained the insecurities they experienced after multiple failed transfers, "The worry starts kicking in, like what if they don't have the money to keep doing this, what if they think it is me like I am a failure. So the insecurities kicked in, and they were like 'we are doing it again, we have more embryos, we are ready, let's do it again.'". For this participant, this worry was based on their concern about the intended parents viewing them as a failure and conserving resources for their intended parents, including the money or embryos available to continue trying.

This fear of not meeting expectations through their failure to uphold their role by not being able to provide the intended parents with a confirmed pregnancy was something participants expressed. Such as this participant considered suggesting to their intended parents that they find someone else due to their perceived failures in their role and sense as fully responsible, "every time it just got worse and worse.... I was almost ready to say you need to find somebody else because obviously, something is wrong with me, something is not right.". This concern for the intended parents wanting to find a new gestational carrier makes this a key point of uncertainty. Because it is early in the exchange and the relationship with the intended parents is still new, there is still a level of noncommitment until they reach a confirmed pregnancy. This participant describes that experience with their intended father and how their lack of relationship was a factor in their concern for their exchange being vulnerable, "I remember being devastated because I felt I had failed him... I didn't know my intended father very well because you don't really know them very well until you start going through a journey. I mean they don't want to get their hopes up if you are not going to be their surrogate because after a couple of times, they can drop you if they think it is maybe you. So we didn't really have a relationship yet.". This participant also discusses the choice of intended parents to possibly even

be hesitant to form a relationship with the gestational carrier before the confirmed pregnancy. The participants in this research experienced three incomplete journeys where the exchange ended during this point of uncertainty after failed transfers. During this vulnerable point in the exchange, the role of mediators is especially apparent.

### *Mediator: Medical Personnel*

This section focuses on understanding the application of medical personnel as a mediator during the transferring of embryos and confirming the pregnancy. It focuses on how the mediators give structure and stability to the exchange during this process by applying their clinic policies and protocols. This section focuses on how medical personnel serves as a mediator in the exchange and how it can impact the growing relationship with intended parents during this key point of uncertainty. This section focuses on how medical personnel may mediate directly in the relationship with intended parents through the confirmation of pregnancy and determination of what is valid confirmation of pregnancy, such as between home pregnancy tests and testing at the clinic. They also mediate in the communication of the confirmed pregnancy between intended parents and the gestational carrier, and finally, they also mediate through medical intervention.

One participant who discussed how the medical personnel indirectly intervened in their exchange due to the timeline for resuming the exchange with a new transfer said, "I think it made us all closer, it gave us time to continue to grow that friendship... Four transfers took a while. You can't do it back to back, you have to give it time to cycle off and reboot and make travel plans. So it was months between each of these. It gave us time for us to become that much closer so while there was the downside of all the failures on the plus side it gave us that time.". This participant had previously discussed the concept of resource conservation with concerns about the ability of the intended parents to continue the exchange for financial reasons but also

concerns about their decision to keep working with them as their gestational carrier. So while the concept of time is usually discussed in terms of a desire to have things move as quickly as possible, this participant highlights how that same resource of time can be used to build a relationship on which they can rely on the relationship to decrease the uncertainty. This is also framed out of the control of the gestational carrier, shifting the focus to the use of time as required by the medical personnel as beneficial to their long-term relationship.

One participant describes their experience of gaining additional information from medical personnel that helped them make sense of their experience of failure in their role and inability to meet expectations, "I remember being devastated because I felt I had failed him. Only later when they revealed the egg donor had no luck with no success with any of her donations did I let that guilt go.". For this participant, the focus is on how the medical personnel later helped them better understand and even let their sense of guilt and failure surrounding the failed transfers go through, providing additional information about the egg donor and their lack of success. This participant went on to have a successful transfer immediately after the medical personnel had the intended parents utilize a new egg donor.

The importance of home testing for the gestational carrier is often echoed through the interviews and blogs as a milestone offering validation and success in their role. However, this goes directly against the mediator's recommendation as medical personnel often discourage home pregnancy tests in favor of the blood test they provide that monitors the increase of the beta-hCG. This participant describes the excitement and anticipation of utilizing home pregnancy tests, "You get peeing on a stick down to a science. Every day, multiple times a day, analyzing those lines and waiting for that yes.". However, this fixation on home tests for participants who opted to do them often contrasts with the intended parents in favor of medical personnel

mediating through determining confirming pregnancy with blood tests and, eventually, ultrasounds. This participant describes how they differed from some of their intended parents in the decision to let the medical personnel mediate the confirmation of the pregnancy, "This is what I tell them: I am going to test, do you want to know the results? Or do you want to wait for the blood test?... And only two families wanted to know the results prior to the bloodwork." This participant highlighted how due to the separation of their roles as the gestational carrier and intended parents they could make this decision separately. For this participant, less than half of their intended parents wanted to know the results of the home pregnancy tests. Their decision not to know before obtaining the results from the medical personnel matches the recommendation from medical personnel not to rely on home pregnancy tests due to concern for inaccurate results. How gestational carriers disregard the mediator's advice when they can do so without impacting their relationship with the intended parents is especially interesting during a key point of uncertainty that mediators relied upon. This could be better understood in the context of meeting expectations, in which the gestational carrier is bringing their own previous experiences with meeting expectations through achieving pregnancy through their own fertility previously. At the same time, the intended parents are often portrayed as more cautious, which fits within their own understanding of their role and previous experiences of not meeting expectations through failed fertility.

This caution and uncertainty for intended parents were often discussed in relation to their preference for confirming the pregnancy through the mediator via the blood test through their chosen medical clinic. This participant describes their experience of intended parents deciding to wait for the blood test, "They didn't want to see my tests and didn't want to know. And didn't want to know anything until they had beta numbers. So, I had known for a couple days, so it was

great to hear their excitement and their disbelief at how smoothly things had gone. That is one of my favorites is them finding out that they were actually pregnant." This participant also further emphasizes the decision to wait on the part of the intended parents and utilize the mediator recommended test to confirm pregnancy to decrease the uncertainty. Yet, they were still surprised because they had cautiously prepared for the results to be negative. For some participants, this caution from the intended parents, even when relying on the mediator, still extended their caution beyond the confirmation of pregnancy. This participant describes the caution as being present through the ultrasound:

“So I sent them the picture of the yes on the digital pregnancy test or whatever and they were just don’t get too excited because obviously we had the failed third one so we will take it one day at a time. So go to the doctor and see what the hormone levels are and watch it as it goes. As the time went over the four weeks we watched the numbers grow we started doing ultrasounds and then the excitement could kick in.”

This participant's experience is also best understood contextually in having multiple failed transfers before this. However, their portrayal of this experience also showcases their growing relationship with the intended parents as they describe the concern the intended parents had as also a concern for the excitement of the gestational carrier in using their home pregnancy tests as confirmation of pregnancy.

Given the significance of confirming pregnancy in the exchange, how medical personnel mediates that situation through validating the use of beta testing over home pregnancy tests is only one way they can be utilized to mediate the exchange. Due to the additional role of the gestational carrier in the exchange with intended parents, there is also a consideration on how they communicate the status of confirming the gestational carrier is pregnant or confirming they are not pregnant. For some participants, there was a conscious decision to let the medical personnel make that determination and who they communicate with. Participants may make a

choice not to use home pregnancy tests to avoid knowledge of their status ahead of time, especially due to their concern about having to tell the intended parents their home tests had been negative, "The third set wanted me to test, but I decided I did not want to test and tell the parents because I did not want to tell her it is still negative. I just thought I will save that for the nurses. So the next round it is hard to say I am not going to do this because you are carrying their embryo and they want to know what that pee stick says.". This participant even acknowledges that they wanted to let the medical personnel be the ones to determine if they were pregnant or not, but also communicate that to their intended parents. It gives them separation from that determination and the role of communicating that with the intended parents. This fits my argument that confirming pregnancy as a stage of commitment in the exchange decreases uncertainty. Conversely, the confirmation of not being pregnant does not. This results in the reliance on mediators such as medical personnel being especially important when the uncertainty of a failed transfer is present.

This participant also touches on the difficulty of utilizing mediators based on the complexity of the roles everyone has when confirming a pregnancy when the gestational carrier's body is the source of that information. For this participant, it was difficult to place a boundary on their roles by deciding not to use home pregnancy tests when the intended parents wanted them to do home tests. This choice to have the medical personnel make the determination and communicate it with the intended parents was also discussed as a way to bridge the gap in their roles. This participant describes their conscious decision as follows:

"I told her [nurse] could you call the intended mom to let her know first because at that point it was special to me for her to be able to receive the news before I did because it was not my pregnancy. She is the mom so I wanted her to enjoy every part of this pregnancy. So whenever they found out via blood test that it was positive she actually called her and told the intended mom they were pregnant and at that point the intended



mom called me and surprised me with the news. So it was special for her to be able to find out first.”

This participant described having to request the medical personnel not call her as the physical patient with the results to emphasize the intended parents' role. Utilizing the medical personnel to mediate this communication of the results with the intended parents allowed them to bridge the gap in their roles within pregnancy by emphasizing the intended parents as the ones pregnant rather than themselves. It also emphasized the timing of this knowledge in which the medical personnel could communicate the results with the intended parents first. Having the medical personnel mediating allowed them to preserve that experience of finding out you are pregnant for the intended parents, who then were able to share the news with the gestational carrier.

This mediator is utilized to decrease uncertainty during this key point in the exchange by having intended parents select medical clinics that may have stringent policies in place in hopes this can improve their chance for success. One participant was even outright critical of the policies in place, their purpose, and for who those policies served, "after that they ask you to do like a modified bed rest for a day or two, but that isn't proven to increase success rates but it just makes them feel better.". This participant was critical through their discrediting of the bedrest policy by medical personnel, specifically regarding success rates, while also acknowledging it serves an alternate function of giving control to the medical personnel and intended parents to decrease uncertainty.

While this previous participant experienced mediating control through policies by the medical clinic and the intended parents for selecting the medical clinic, the overall sense was that the orders were harmless. However, some participants struggled with conflicting feelings about the medical recommendations they had to adhere to. This participant describes their experience after a failed transfer:

“When you get the positive you are like okay it worked and then to find out that your levels aren’t rising properly is really hard. And I believe that one was really tough because my hormone levels were rising and my doctors made the decision to discontinue the medications that keep pregnancy going at that point and I was really conflicted about that. I think because I like to live in hope and I was hopeful it would resolve. It was tough and it was tough to go through that to think the pregnancy was successful and to find out that it wasn’t and to deal with all my emotions around it and the intended parents obviously more so.”

The participant's experience highlights the difficulties when a transfer fails, especially in cases with less clarity during a point in which they believed they were transitioning into a more committed phase of the exchange with the confirmation of the pregnancy. This participant's experience also showcased how they rely on the mediators to help decrease the uncertainty through their belief, in this case, that the medical personnel is more experienced and able to guide them. Yet there was an internal conflict of not agreeing with their decision or possibly the lack of control in deciding to give the transfer additional time due to the limitation of their role, which was also further burdened by the desire to fulfill their role as the gestational carrier and the impact that had on their intended parents.

## **Conclusion**

During the phase of exchange development, I examined two key points of uncertainty from matching and contracts to embryo transfers and confirmed pregnancy. The second key point of uncertainty two is the matching with the intended parent(s), and negotiation of contracts is the phase of the surrogacy exchange from the time the gestational carrier is approved through matching with the intended parent(s) and committing to the match through the negotiation the legal contract. During this phase, the gestational carrier makes decisions regarding what they are looking for in the intended parent(s) and the exchange based on their preferences. I argue these preferences serve to make preliminary attempts to manage their role. The preferences are the

experience of infertility by intended parents, proximity to each other, and helping those most in need function in setting expectations for their role and the role they desire of the intended parent(s) to create a successful exchange. I argue that this is a key point of uncertainty for the gestational carrier through content analysis that showed the significant blogging without a significant decrease in blogging about this key point of uncertainty between first-time gestational carriers and experienced gestational carriers. Through interviews with the gestational carriers, that value was reiterated through the importance placed on having a good match to have a successful exchange. Through understanding the quality of a match on a successful exchange, I argue the mediators as beneficial to the surrogacy agencies functioning to bring the gestational carrier and the intended parents together through the matching process as an experienced resource, and the legal contracts provide commitment.

The third key point of uncertainty is the phase of embryo transfers, and confirmation of pregnancy is the point after finalizing the contracts through getting a confirmed pregnancy. I understand this phase as a key point of uncertainty through content analysis of the blogs, which showed this phase as having a significant amount of blogging which was compounded by the way this phase could be extended through multiple attempts of embryo transfers or through incomplete journeys which concluded without a confirmed pregnancy as unsuccessful exchanges. This is the only phase in which participants in this research experienced an incomplete journey as they or the intended parents decided to discontinue the exchange. The uncertainty is the vulnerability in remaining matched as they transition into an even more committed role in the exchange through the confirmed pregnancy. The primary mediator of this key point of uncertainty is the medical personnel, who are positioned as experts. This is seen through their position in determining a confirmed pregnancy and determining valid techniques

for making that determination, which is important to the transition to the commitment of a confirmed pregnancy. After confirming the pregnancy, the exchange moves to a phase of maintenance where I found no key points of uncertainty, however, this phase is still important for the successful outcome in the exchange as the gestational carrier and intended parents continue to develop a relationship and trust. I argue labor and delivery during the exchange conclusion phase is another key point of uncertainty as the exchange concludes and they transition into roles no longer interconnected and reliant on the other.

## **Chapter 6: Exchange Conclusion**

The following chapter focuses on the phases of transitioning roles at the conclusion of the exchange as key points of uncertainty. This phase includes the key point of uncertainty four during labor and delivery and the key point of uncertainty five with life after labor. These key points of uncertainty are vulnerable points to the exchange's success as they transition into their new roles, and the relationship shifts away from their previously interconnected roles as the exchange concludes. The key point of uncertainty four is labor and delivery, in which the intended parent(s) transition into the parent(s), and the gestational carrier's role in the immediate negotiated exchange is concluded. Finally, is the transition out of the exchange during the key point of uncertainty five with life after labor to either a new journey or retirement. In some cases, this includes transitioning from the negotiated exchange to a reciprocal exchange in the relationship built with the intended parents. These transition points make the exchange vulnerable to failure, in which expectations may not be met, and medical personnel are relied on as mediators.

### **Point of Uncertainty 4: Labor and Delivery**

During the surrogacy exchange, labor and delivery is a significant experience that marks the conclusion of their surrogacy exchange. For the gestational carrier, there is some variety in the experience, with labor and delivery always being somewhat unique; however, this section focuses on the experience of labor and delivery as it applies to their surrogacy exchange and the role gestational carrier has in creating parents. Labor and delivery is a monumental moment that concludes their role as the gestational carrier as the intended parents' transition into their roles as parents without the gestational carrier. This transitional phase in roles also relies on the utilization of medical personnel as a mediator during this key point of uncertainty. Labor and

delivery is a key point of uncertainty due to the transitional nature of the phase and roles. This phase as transitional also represents a conclusion to the exchange and their role as gestational carriers in creating parents, which is also the final milestone in becoming a gestational carrier during their first journey as they transition into being experienced gestational carriers.

### *Blogging: Labor and Delivery as a Key Point of Uncertainty*

Labor and delivery blog posts are an essential portion of the participants' blog as the conclusion to their surrogacy exchange and voiced in interviews as the favorite moment for many participants. Hence, sharing that experience on their blog is also essential. Through content analysis, the participant's blog posts about labor and delivery made up 13% of their blog, measured by word count. In contrast, this phase of the surrogacy exchange also makes up the shortest length of time, further highlighting the value of the labor and delivery in the surrogacy exchange when compared to the significant portion of the blog that is devoted to the shortest phase—echoing the interviews on how meaningful that moment is in their surrogacy exchange.

The participants' blogs feature an average of 1.2 posts about the labor and delivery experience, so my analysis of the blogs is focused on word count over the number of blog posts made within each key point of the exchange. Through the focus on word count, the value of the labor and delivery is not lost in focusing on the number of blog posts. For perspective, the average post count in participants' blogs in the labor and delivery phase of the surrogacy exchange only makes up an average of 2% of their blogs. This discrepancy made it clear there was a mismatch in understanding how much blogging was occurring through only the use of blog post counts.

For experienced gestational carriers with subsequent journeys featured on their blog, there is no significant difference (1.3% decrease) in the amount of blogging between their first

and subsequent journeys regarding the labor and delivery phase of the social exchange. This lack of difference, like previous key areas of uncertainty featured in the blogs, highlights this phase of the social exchange as holding equal relevance regardless of a gestational carrier's experience level due to the importance of this phase of the surrogacy exchange across all journeys as unique.

### *From Intended Parents to Parent*

In interviews, participants echoed the significance of the labor and delivery story. This participant explained, "That was the single best day of my life, and I think I said it on the blog, and I mean it, to deliver another person's child, the feeling of gratification is just incomparable to anything else I have done.". Through delivery, they can transition their role as gestational carriers out of the exchange as they watch the intended parents become parents. This moment of watching them become parents as they deliver this child is highlighted throughout their labor and delivery stories. This participant describes the significance of the moment as being rooted in the experience of their sacrifices and struggles in putting their body through this pregnancy, but also the struggles of the intended parents:

“When the baby is born. That is the number one most favorite thing. I don’t think I would ever get tired of it. It is probably why I kept doing it. As much as I got sick and hated the shots and everything, the end result is so amazing. Seeing those parents become parents is just indescribable... through all the struggle they have gone through and whatever it has taken for them to get to that point it is just like everything is forgotten in that moment and they are just parents. You feel so proud to be a part of that moment being able to witness it and being able to help them get there.”

This participant highlights the core concept of creating parents, which is the focus not on the baby being born, but on the moment the intended parents' transition to their role as parents without the gestational carrier.

With the struggles of the intended parents in getting to this point, the gestational carriers describe understanding the significance for the intended parents and a desire to create a positive experience of labor and delivery. This participant explains the way they emphasized the role of the intended parents in this moment and the desire for them to be as involved as possible:

“Having them in the room for the birth was nonnegotiable. I wanted them in there because I couldn’t have it on my conscience ten years from now when they said I wish I would of been there, but I was worried about what my surrogate thought. You don’t get a chance to redo those things in life. They happen once and very quickly so it was important for me that they were there for these milestones in the pregnancy of their children whether it was their body or not. So I was very happy to have them there.”

This participant highlights the complexity of their roles through the emphasis they placed on this being the intended parents' baby and pregnancy regardless of it taking place within their physical body. They also emphasized separation and the desire to bridge the gap between their roles, communicating the importance of having the intended parents present.

This idea was discussed by participants in their role in preserving this experience for the intended parents, not only by insisting they be present but through the way they portrayed the labor and delivery. This participant discussed their experience as different from the labor and delivery of their children through their additional role of managing the experience for the intended parents:

“When it is your own child you are not thinking about anything else except get this thing out of me. Let's get this done. But when it's someone else's I was always very much aware, I did not want them to think I was in so much distress because in the intended parents eyes there is absolutely a look of guilt in labor. They feel guilty for putting you in a position of that much pain for their own, in the moment what they perceive to be, selfish desires. They are not. I signed up for this. I knew what I was getting myself into, but it is hard for them... I don’t ever want my intended parents to look back on their labor and delivery and have a negative memory whatsoever. So when you are a surrogate in labor and delivery you are not only thinking about yourself and your wants and needs, and the baby's wants and needs, you are also trying to make sure the people in the room



who you have grown close to have the kind of experience you had with your children and those kind of fond memories.”

This participant highlights this with their discussion of balancing the general experience of labor with wanting to avoid the intended parents feeling guilty about their choice as the gestational carrier in this role. Their focus through management is to create positive experiences by bridging the gap between their roles and the relationship they have created with the intended parents throughout their journey.

The complexity of separating their roles during labor and delivery is also highlighted by how they handle making medical decisions, especially concerning the fetus. For one participant, this related to the way the medical system was not set up for the complexity of their essential and interconnected roles. They described the way their role as the gestational carrier involved making medical decisions on behalf of the intended parents:

“When it came time to do the electrodes, they wanted to do electrodes on the baby’s head and they were explaining everything to the intended parents and explaining everything they would have to do... And so I definitely left those choices up to them, so if they didn’t want the electrodes on their babies head then I would tell them I didn’t want electrodes. Because I technically make the decision even though it is not my baby, but I would of totally done whatever they had wanted to do.”

This participant highlights how the complexity of their roles in creating parents did not always fit within the pre-established medical process for who would make decisions about the fetus and their emphasis placed on letting the intended parents make those decisions and communicating them with the medical personnel. In moments like this, uncertainty is evident, and through the relationship, they are building, they can negotiate their roles within a system not set up for them. This concept of creating parents comes into the discussion in cases like this participant who explained their role as not the parent, but instead, the intended parents are expected to take on this role by listening to the information given to them and make this decision as the parents even

before the baby is born. This example fits within the understanding of their role and, with delivery, a transition in their roles.

This transition in their role from intended parents to parents as the role of the gestational carrier becomes unnecessary is apparent in the discussions of their experiences of delivery and even immediately after delivery. How participants discuss the important moments in delivery revolve around the moment these intended parents become parents. This participant explains how the struggles of intended parents impacted the delivery, "I mean listening to the intended mother scream it's a boy and the intended father... Like just crying... Like that uncontrollable cry when you thought something would never happen and your dream just came true. Like your child was lost, and now they found him. It was just so amazing to see her joy and her expression and hear him.". This feeling was echoed by other participants regarding the importance of that moment, but also the impact this had on their satisfaction with the experience:

“That moment that you hear the baby cry and you realize it's not even the baby crying it's the parents crying because it's this lifelong dream they have had and like every obstacle that has been thrown at them, they have just like hit this summit of a mountain, they have just done it, they have just accomplished their goal, they have their child in their arms and it's because of people like me... And there is nothing in the world, nothing, more empowering, life fulfilling, than the moment you see these grown people, grown adults, in control of their own destiny reach that goal and know it was because of your gift. There is nothing more empowering in the world.”

Participants focused on the experience throughout the exchange centered around the intended parents' experience. However, they also acknowledge, especially in the delivery, their satisfaction. This feeling fits with their discussions of this being the moment they did it all for and often the moment they decided they would like to do this again due to their fulfillment.

Participants also further emphasize their role in creating these parents as an accomplishment of their own, "They got to watch their daughter be born. I got to watch them experiencing their first

moments as a family... You cry, and I had very much a sense of, a lot of people and a lot of work went into making it happen, and also in that moment you are like 'look what I did!'" .

Although, as this participant does explain, the complex emotion of that pride and accomplishment accompanied by the knowledge of their role is only one role that got them and the intended parents to this moment.

There is the transition of their roles at delivery and uncertainty in how their roles are changing with the gestational carrier no longer necessary. While for many, this uncertainty is overshadowed by the overwhelming emotions during the delivery, this transition can become more clear during the moments immediately after labor. For participants, the labor serves as a moment in which they have accomplished their goal of creating parents, and they are handing over this role entirely to the parents, but their relationship with the intended parents they have built functions to help them through this transition. During this transition, there is uncertainty about what their relationship will look like after they no longer share the common goal of creating parents with roles dependent on the other.

One participant describes their experience immediately after labor in which the intended mother decided to leave one twin under the care of the gestational carrier. At the same time, they spent time with the other twin who was in the NICU:

“The next morning the mom came in and said ‘can you watch her while we go down and see baby B in the NICU?’ so it was very special to me that little gesture was so important to me because she was leaving her newborn child with me without her being there to see her other child but the most important thing with that gesture was that I knew she trusted me because I was carrying her children but she really trusted me because she was leaving her newborn child with me when she could of easily walked down to the nursery and said ‘Hey can y’all take her?’ but she came to my room and left her with me so at that point I knew that she trusted me because I was a good mom and would love on her baby so that was really special.”

For this participant, the significance of this was based on the parents choosing to have them watch the baby when they had other options as a gesture of trust. This trust comes from the relationship they have created with the parents throughout the exchange when the previous mediators have a less active role in managing the uncertainty.

While watching one of the babies after labor for the parents was an act of trust after this successful transition of roles by trusting the gestational carrier to watch the baby while they still held their place as new parents. One participant's experience highlighted the importance of roles when the transition of the intended parents to parents did not meet their expectations:

“I think they thought they were helping me by not taking their babies. What I mean by that is when I was in recovery or postpartum the babies stayed in my room with me and I nursed them and I changed them and I took care of them and filled out paperwork on them. The parents were pretty much absent. They would go to the gym or go shopping or go out to dinner. I think that they thought it was better for me if I had more time to spend with the babies. Like I felt like they were like it was for me, but I did not like that. I wanted to sleep, I was tired, and I wanted to just eat and not worry about babies. I just felt like that was not what I signed up for. The second couple I explained that to them, that it was very nice of them to do that, but that is not how it goes. When I deliver these babies they are your responsibility.”

The dissatisfaction is also rooted in the desire of the gestational carrier to create parents. When this transition does not occur, there is a sense that the parents are not meeting expectations, combined with feeling obligated to step in and help in the role of a parent. The separation of this role between carrier and parent is, as previously discussed in the development of becoming a gestational carrier, and for many participants, adamantly not the role they want. Although this participant is discussing the dissatisfaction with the experience of this transition immediately after labor, they repeatedly soften this as a misunderstanding in which the parents had good intentions.

### *Mediator: Medical Personnel*

There is variation in how medical personnel mediated the exchange due to the variations in labor and delivery of participants. However, participants did describe similar experiences in how the medical personnel made accommodations due to the uniqueness of having additional people with roles in labor and delivery. This participant explains how the medical personnel mediated the exchange during a cesarean section, "They made it special for us and involved everybody... They couldn't come into the operating room, but they stood right outside the door, and I could see them. The one thing I wanted to do for that entire length of pregnancy was to see their face whenever they saw their children. So they made that possible for me.". This participant was grateful to medical personnel who made accommodations to policies and protocols out of respect for everyone in the exchange. For them, this meant the attempts the medical personnel made to keep the intended parents as involved as possible in the delivery and provide the gestational carrier a view of the intended parents due to the significance placed on seeing the intended parents become parents.

Not always did medical personnel make exceptions to support the exchange. However, these experiences often happened after the delivery in which the exchange was concluded, and their roles were no longer interconnected in the same way. This participant described how the NICU mediated the exchange by denoting their role as the gestational carrier no longer necessary and complicated their feelings surrounding the conclusion of their role:

"The hardest part I know I said was feeling like after I was denied entrance into the NICU after going for the last two days to take care of the babies then all of a sudden I was not allowed. Nothing can prepare you for the gut retching abrupt end of surrogacy and your role. So those things when I felt like more of someone's property instead of a friend. So the whole time I have been gracious, I had been touched, I had been prodded whatever they wanted at any time and as soon as I delivered it was like okay you're done."

This example occurred when the intended parents did not make it to the birth, and there was a time before they arrived when the gestational carrier was allowed to visit the babies in the NICU. That was until the NICU officially labeled the parents after their arrival and the gestational carrier lost their ability to enter. For them, this negative experience was with the abruptness of the change after the time spent in limbo waiting for the parents to arrive. For participants, the focus was often on labor as a transition in their roles, with the intended parents taking over fully as the parents with the support of medical personnel. For one participant, this inclusion of the intended parents in the delivery process through the support of medical personnel highlighted the confusion associated with having additional people and roles in this process when medical personnel did not know what terms to use for everyone:

“The only issue I had with the hospital, and it was because people don’t know what to call people, was during the delivery the midwife was explaining what we were going to do because there was an extra person in the room... And that wasn’t a moment to correct someone's semantics but to me it is a big deal. Don’t call me the mom... It wasn’t intentional and I am sure there was no malice behind it. People just don’t know what to call people... if I wasn’t in the middle of labor about to deliver a baby I may have said please don’t call me the mom, it is not my baby. It is just, people don’t know what to call all the extra people.”

While this participant acknowledges that this was not a mistake made with ill intent or the right time to correct, they were upset by how they were referred to as the mom.

This example makes an interesting point about how often mediators are utilized as experts that can guide them during key points of uncertainty and how hospitals, as medical personnel with less experience than previous mediators in surrogacy, struggled to maintain their position as experts who could provide stability in the exchange. However, this experience occurs during a point of uncertainty in which the gestational carrier and intended parents are concluding

the exchange and transitioning to relying on the relationship built during the exchange as they face life after labor.

During this labor and delivery, medical personnel also document the process in the medical records, which can significantly impact what life after labor looks like for the gestational carrier. Complications during the labor and delivery can have lasting implications for the gestational carrier, including medical personnel advising that they would not be able to carry again. This participant discussed the experience of learning they would not be able to carry again due to the complications they had, "Developing preeclampsia, worrying about the baby, worrying about if there had been something wrong that was my fault and really ultimately being told I couldn't do it again was really the hardest part. I had not be mentally and emotionally prepared for that.". For this participant, this complication being abrupt meant their learning they would not be eligible to carry again also abrupt. It resulted in a challenging process of coming to terms with that and changing what life after labor would mean.

### **Point of Uncertainty 5: Life After Labor**

Life after labor is the conclusion of the surrogacy exchange that begins after the delivery and includes a variety of experiences from postpartum to the decision to start again in a new journey or transition to retirement from being a gestational carrier. This section focuses on this shift away from being an active gestational carrier with a role in creating parents into retirement and the changes in their relationship with intended parents after the surrogacy exchange ends. I argue that life after labor is a key area of uncertainty due to the process in which the direct negotiated exchange can be transitioned into a reciprocal exchange as the roles of the gestational carrier and intended parents are no longer dependent on the other. For some, the relationship formed and the support of the mediators in reducing the uncertainty creates the opportunity for the gestational

carrier and intended parents to build trust during the exchange and transition to a relationship formed out of reciprocal exchange without mediators that can extend into life after labor.

*Blogging: Life after Labor as a Key Point of Uncertainty*

Understanding the importance of blogging about life after labor and its place as a key point of uncertainty is based on understanding how the blogs are utilized or not utilized during this transitional time. Through content analysis focused on word count, life after labor made up an average of 5% of their whole blog. Due to the blogs being focused on the experience of the gestational carrier, the conclusion of that exchange results in a significant decrease in the utilization of the blogs. Of the ten participants whose blogs have been included, two participants' blogs feature no posts after labor and delivery at the time of data collection. Both these participants did not go on to have subsequent journeys at the time of data collection, and their blogs concluded with their last post about labor and delivery.

Some participants blog about subsequent journeys when they resume their role as gestational carriers in a new journey, and their focus in the blog shifts to the active role they have in that current exchange. With the experienced gestational carriers, there is an even further decrease in blogging about life after labor in subsequent journeys. On average, posts regarding life after labor drop, with only half the participant's blogs with subsequent journeys featuring any posts from their life after labor. For those participants who post about life after labor, the majority go on to have subsequent journeys suggesting that the blog continues to serve a purpose in life after labor as they hold onto their identity as a gestational carrier.



### *Relationships after the Exchange*

Understanding the relationships between the gestational carrier and parents after the transitional phase of labor and delivery is valuable in making sense of the exchange and the impacts of mediators on the exchange and the resulting relationship. While the blogs give a glimpse into what life after labor looks like, not all participants blogged after this transition. These glimpses are typically in the form of updates on the gestational carrier and updates on the parents and children resulting from this journey. During this phase of continued transition, there is still a sense of uncertainty in their roles as they no longer depend on each other will change. However, unlike previous key points of uncertainty, mediators do not have the same level of involvement in the exchange. They must rely on the relationship they built to negotiate their role in this new phase. This section focuses on three points in how the gestational carrier experiences the conclusion of the exchange. First, I look at the conclusion of their role as a gestational carrier for the parents, as well as how they frame the relationship they have with the parents after their role in the exchange concludes as extended family, before addressing how having no contact after the exchange can still be framed as a successful exchange.

First, there is the initial phase, after labor and delivery. Participants spoke about their experiences immediately after this transitional phase of labor and delivery, which was discussed as a life-changing experience of satisfaction. With this is the sense of completion in their role and purpose as they transition back to their regular life. A lot of this discussion is focused on a sense of loss. They spend time explaining the complexity of that emotional experience by highlighting the concept of creating parents and separation from any attachment to the baby again. For these participants, the loss was the interconnected dependency of their role as gestational carriers with their intended parents. The transition was not always abrupt, with some

gestational carriers sharing their experiences pumping breast milk. For this participant, they shared how working with an international couple impacted this transition, "I think my favorite memory... after the babies were born and they had to stay here in my hometown for four weeks. I was able to go over and pump milk, feed the babies, watch the parents interact with them, and watch them fall in love with each other. My heart was ripped out when they left as we had become so close.". This participant highlights the experience with a focus on the parents, especially in how they could watch them become parents and their relationship with the parents. This idea fits with the understanding of creating parents as the goal of a successful exchange, so this time spent with the parents allowed the gestational carrier to see them interact as a family, which aligned with their goal in what they hoped to accomplish in the exchange.

Participants adjusted to their new role and even expressed that they experienced sadness and loss for their interconnected role with intended parents, "I felt deep sadness and deep loss, and I have blogged both times. Not because I wanted to keep those children; trust me, I am really busy with mine, but it was over. And all the phone calls and the checkups and the feeling of involvement and being needed was over, which was really something I had to grapple with." For this participant, they emphasize the connection with the parents, separation from the baby, and lack of desire for a parental role. This sadness was mourning the connection with the intended parents during the journey due to their inherently dependent roles.

Participants also made sense of this transition as a positive outcome when the parents shifted their focus to the baby and their new identity as parents:

“It is just an oddness with surrogacy for eighteen months, two years, three years, you have had this one goal and every day of your life has been working towards this goal of making this family. And now the family is there and all of sudden these people who were like ‘how are you feeling today, can I do anything for you, what is going on?’ Now their hands are full with a new baby. It is not that they stopped caring about you, far from it, they have a new baby and are overwhelmed.”

This participant also explains the sense that while the parents no longer need the gestational carrier, it is not that the intended parents do not care about them, but that they are doing what the gestational carrier wanted in being parents.

For some participants, this sense of loss is increased by the knowledge of their loss as someone who would carry again as they also into retirement from being an active gestational carrier. With this transition away from what was a big piece of their life, they are left to find a new focus, "You almost feel lost like you spent so much time, years of my life, and now I am like now what? What do I do now? I knew that was the last time, so that kind of set in a little bit. So it was like I am never going to get to do this again, so it was just that moment of I don't know what to do now. And what do I do and what do I become?".

Next, I examine how the exchange concluded and the gestational carrier, through continued contact with the parents' frames their relationship like extended family. This shifting in the relationship comes from the adjustment in their own life. This shift can include their preoccupation with their life outside of the exchange. This participant explains, "Life goes on, everybody has jobs, everybody has family and friends, and you get involved in your own life, and all of a sudden you go, I haven't talked to the guys in three months.". For this participant, it is a transition into a relationship that is not as all-consuming as it is during the exchange, and with that transition, they gain space to focus on other things, but the sense of loss has faded.

Participants also discussed this transition as a time to give space for the parents to reach out and initiate contact and guide the relationship. This neutrality also connects to the way they maintain their own identity and sense of accomplishment of becoming a gestational carrier regardless of what their relationship looks like after the conclusion of the exchange. There is also a sense of connection through this exchange that they understood like extended family, "I feel

like we are as connected as distant family would be ya know. We see the kids grow up, and I am happy about it, and I am excited for the families. I am excited for her first days of kindergarten and all of that kind of stuff. But ya know they are not my kids, so that is as much as I need.". The sense there is this tie between them and their care for the children, but simultaneously there is also a distance in their role.

For most participants, this distance is not just emotional but also physical and impacts the ways they make attempts to stay connected. Many participants stay indirectly connected with their parents through reliance on social media. For some participants, this connection through social media takes a more direct approach, "We are friends on Facebook, so they comment on my posts, or I see pictures, or they tag me in stuff like when it is national infertility day, the intended mom always posts something that makes me cry because she is always saying such great things. I feel so honored that she includes me as part of their family.". For this participant, their connection using social media includes active engagement with each other and using social media to take time to continue showing appreciation of the role the gestational carrier had in making their family.

While social media is a creative way to stay connected, especially when distance makes other forms of staying connected more complex, participants also discussed visits with the parents to stay connected and maintain relationships. Often traveling due to the distance between the parents and the gestational carrier, multiple participants touch on how their own family and the parents can travel together, sharing family vacations. For this participant, this is based on the relationship their families built together. This connection is not the case with all of the parents they carried. As one stated, "My family and his family are in love with each other, we travel together, we are just very close. I think my gut said he was it, so it was a totally different journey

and a totally different experience. The follow-up and aftermath has been completely different as I am in these kids' lives in a way, I am not in first surrogate kids' lives.". This participant is not the only participant who connects ongoing relationships to the importance of those early connections in finding a great match. This participant highlights their experience building their relationship and connection during the exchange as foundational in their continued relationship and the love they share, "They had lived here for like a month after the birth because of the birth certificate process and the passports and all of that. So I would go and spend the day with them, and they are great parents, and I really had a lot of time with them, so it helped a lot. They have really done an amazing job, even flying me out for a week for the baby's third birthday, and they have really been family. I love them to death."

Last, I examine how an exchange can still be successful even when no relationship is maintained after the exchange ends. While many participants discussed the varying levels of contact they had with the parents after the exchange when their relationship transitioned from a negotiated exchange to a reciprocal exchange, for some participants, there are journeys in which they no longer have contact. One participant discussed their experience and how they made sense of the lack of contact:

"They went home and they had a newborn at home so I left them alone. I didn't bug them for pictures, I didn't ask them how they were doing, I didn't pick. But at home I was like I wonder how they are doing, I wonder what they are doing. Ya know it was just curiosity, but inside I know they are not getting sleep, they are making bottles, they are an older couple, they were in their late forties when we did this. So I was like you just got to give them their space and so we have always had space and I am fine with that."

These participants understood the struggles of being new parents and respecting them and their new roles by giving them space. They, however, have continued to maintain space, and the participant has accepted this. This result of space and the resulting lack of contact does not impact their satisfaction with the successful exchange and their role as the gestational carrier.

Another participant discussed any lack of contact as the parents doing what was best for them with emphasis on that relationship being different from the relationship they have with the other parents:

“The second intended parents I have had no contact with them since the baby was born... I wasn't shocked by it, but it is just different... It is just the updates didn't come and I didn't press for them because I was just waiting to see how the parents felt about that ya know. So I don't feel like I am upset about that, it's just different. But I feel like for some women sometimes it's just easier for them to move on with their lives. Sometimes I think it is hard for women to reconcile the fact that someone else had to carry their child... So I do think they dealt with some trauma before and I do think sometimes for them I believe it was easier to heal by just moving on and just keep living life like that.”

This participant was not surprised with the lack of relationship after the exchange due to the differences during the exchange of not having the same relationship they may have had with the other parents. They highlight the previously discussed finding of a preference for working with intended parents whose fertility experiences are not impacted by the loss they would carry, which they could bring into the exchange and the relationship with the gestational carrier.

### *Retirement from being a Gestational Carrier*

During the life after labor phase, the discussion is often whether the gestational carrier will carry again. For some participants, the choice to carry or not is not their choice. This can look like the outright denial often mediated through medical personnel and occurs when complications make their ability to carry no longer feasible or too risky. As one previous participant discussed, the complications that occurred during labor and the choice to carry again were abruptly taken from them, and mentally and emotionally, that was the hardest part of their journey.

For other participants, the inability to choose to carry again is of an understanding that they would not be approved to carry again for someone else, "I wish I could do it again.... I would not be cleared again... without the bedrest I would have carried again in a heartbeat. I

know women who have done it three times, they just love it." For this participant, the significant length of their bedrest decreased their chance of approval by surrogacy agencies and medical personnel. This contrasts with their desire to carry again, and one participant, in particular, went on to have what they described as a normal pregnancy with another child of their own. This highlights the importance of understanding the role of the mediators, including the surrogacy agency and medical personnel, in protecting the intended parents in the exchange. While medically, this participant was able to carry again without any advice against it from their own medical doctors, they realize that to carry for someone else comes with a significant cost. The cost is the financial cost that comes with significant bedrest and protections in place for the gestational carrier and the cost of what is at stake for those involved in the exchange beyond the gestational carrier.

Participants who choose not to carry again are often noncommittal in that choice. This lack of commitment is in part due to the significance of the experience for them and the tie this has to their identity. Often without the choice being made for them that they can no longer carry again, they continue in a state of limbo. This can appear as a choice to wait and determine if their previous intended parents may want to pursue a sibling journey, "I actually wanted to do a sibling journey for them as they had three frozen embryos left, and so I was kind of waiting around for her to be ready to do that, but I do not really get that feeling from her. So I think she is pretty busy with the children she has now." This participant's explanation shows that choosing not to carry again for different intended parents is a choice to prioritize being available for a sibling journey with their previous intended parents.

There is also the discussion of participants who remain open to another journey even as their life, in many ways, moves on. For some participants, this decision is difficult, and they

sense that given the right opportunity, they could be persuaded even after they decided not to carry again. This participant talks about their lack of commitment in not carrying again: "This time I really am done, but I battled myself like am I done, am I done, am I done... and I have finally 98% said okay I am done.". For this participant, this decision was based on their choice to make a commitment through plastic surgery, a tummy tuck, not to carry again. However, even with plastic surgery and not wanting to have a pregnancy alter their results, they still cannot say they are not one hundred percent certain they will not carry again. For other participants, this lack of commitment is often through their choice to remain connected through places like Facebook or groups associated with agencies and intended parents looking for a gestational carrier.

Some participants have also created a new role for themselves in surrogacy outside the role of a gestational carrier. This participant conveys that sense of the value surrogacy had on their life and even touched on how they have gone on to work at times in the industry, "My life is infinitely better for having been a surrogate, the friends I have made, the business connections, the world that I have seen. I cannot, will not let anyone who had a negative take for whatever reason, religion or personal, color how it has shaped my life.". For them, this was especially pertinent to their story as someone who lost a lot due to their commitment to becoming a gestational carrier. They were able to make friends and a livelihood from this experience that changed their life in rippling ways well after the exchange.

Connecting back to the process of becoming a gestational carrier, participants shared how they valued being able to share their story through the blog or just to strangers with questions to create awareness around the reality of their experience, which may not match the portrayal seen in mainstream media where the focus is often on the times the exchange was not successful. This



participant, in particular, discussed their pride in the advocacy work as a previous gestational carrier with a memory of providing testimony through sharing their story and the real change that came from sharing that experience, "The one that really stuck out in my mind was, for years if you were a gestational carrier you could not give birth inside the District of Columbia without facing imprisonment and like a ten thousand dollar fine. I mean, talk about archaic.". Staying involved through supporting the efforts of those in surrogacy and sharing their story to create a better understanding of surrogacy to impact the structure in which the next generation of gestational carriers can participate.

## **Conclusion**

This chapter addressed the phase of the exchange conclusion with the final two key points of uncertainty. The fourth key point of uncertainty is labor and delivery is another key point of uncertainty based on this phase of exchange as also a transitional phase. This phase of the exchanges was determined to be a key point of uncertainty through content analysis of the blogs, which showed the importance gestational carriers placed on blogging about labor and delivery, which made up a significant portion of the blogs, especially in consideration of the actual length of time in this phase. Through interviews, I understand this phase as uncertain as a time of transition with the intended parent(s) taking over their role as parents and the conclusion of the gestational carrier's role. Through this, I understand the exchange as concluding with the satisfaction of their role. During this key point of uncertainty, the primary mediator is the medical personnel who mediates in the exchange through the management of roles by separating the role between the gestational carrier and intended parents.

The fifth key point of uncertainty is life after labor is all the time after the labor and delivery and immediate postpartum experiences. This phase of the exchange is a key point of

uncertainty due to the transition from their role in the negotiated exchange to an exchange relationship based on reciprocal exchanges. I found this phase to be a key point of uncertainty with my content analysis, with significant variation in the amount of blogging during this phase. However, this phase is a key point of uncertainty based on the transition of the negotiated exchange to the possibility of a reciprocal exchange formed through the relationship built during the exchange. Through this, I understand the lack of mediators and the reliance on the relationship built in making this successful transition. This reciprocal exchange is no longer based on their dependent roles and is understood through the ways the gestational carrier and intended parents maintain or do not maintain contact. This is also a time of transition for the gestational carrier's identity as a gestational carrier, with my understanding of how some gestational carriers transition into retirement. There was variation in what life after labor looks like for participants, but for many, even after all these points of uncertainty with varying outcomes had a positive experience and were happy with their decision to become a gestational carrier for some of them even multiple times.

## Chapter 7: Conclusion

This thesis focused on a better understanding of what made a successful surrogacy exchange through the lens of Social Exchange Theory. This research specifically aimed to examine how the gestational carrier has navigated their role in the social exchange with intended parents for a successful exchange.

Social Exchange Theory examines the development, maintenance, and end of exchange to better understand the norms of exchange, the resources exchanged, and the emerging relationships from the exchange. Social exchanges differ from economic exchanges due to the reliance on trust and unknown obligations without a price under the basic assumption that individuals will be motivated by positive outcomes determined by historical and future expected costs and rewards. When individuals engage in risky exchanges, attempts are made to decrease uncertainty through trust, continued positive outcomes in exchanges, and information from outside sources and institutions. I also found common themes that aligned with the relevant literature of how the gestational carriers viewed their role through a focus on creating parents, how their own experiences of fertility shaped their experience of surrogacy, and how their expectations of the experience shaped the relationship they sought out with intended parents. My participants also discussed their role in the exchange when they were not meeting expectations and how they developed their identity as gestational carriers.

My research focused on applying those themes within the theoretical frame of Social Exchange Theory. This focus shaped the development of my argument. It structured my findings around what I found to be the key points of uncertainty in the exchange through content analysis based on the frequency of blogging during different phases of their journey. I argue there are five key points of uncertainty in the exchange: (1) becoming a gestational carrier, (2) matching and

contracts, (3) embryo transfers and confirmed pregnancy, (4) labor and delivery, and (5) life after labor.

From the emerging themes in my interviews with the gestational carriers who had authored the blogs, I focused on understanding their relationship with their intended parents during these key points of the exchange. Due to the interdependency of their roles in this exchange, uncertainty is inevitable, as they need the other party for this exchange to work. Nevertheless, they face this uncertainty in hopes that the other will follow expectations so the exchange can continue as they progress towards their goal of creating parents. With time they build trust to decrease the uncertainty in the exchange, but initially, they rely on the support of outside sources to mediate the exchange. I found the following mediators gave their support through establishing a structure as an experienced resource: surrogacy agencies, legal contracts, and medical personnel. Building trust through continued positive outcomes by meeting their roles' expectations in the exchange allowed them to further their commitment to a successful exchange.

I argue that through this successful exchange, they created a foundation to transition from a successfully negotiated exchange that relied on the structure of a shared goal in creating parents to a successful reciprocal exchange without mediators. Reciprocal exchanges are based on reciprocity which is more uncertain than negotiated exchanges due to the flexibility in if or when their relationship will be reciprocated. This finding, I hope, builds on the current literature in which the relationship between the gestational carrier and intended parents plays a significant role in their satisfaction with the experience. My research focused on gestational carriers who blogged about their experience, but I found an overlap between the experiences of these participants with the more extensive literature. Future research would benefit from looking at this

social exchange and applying Social Exchange Theory from the perspective of the intended parents and mediators.

I aimed to use a theoretical framework that could help better understand how gestational carriers achieve a successful surrogacy journey. Surrogacy is an unregulated billion-dollar industry with many players profiting (Ventrelli et al. 2016; Spar 2006). However, the focus is often on the gestational carriers resulting in bans on compensation, with countries making compensation illegal and regulating surrogacy through a focus on motivations of altruism. Some countries ban all forms of surrogacy. Berk (2020) discussed how their participants felt that it was the surrogate who could easily be negotiated down when the other players, such as agencies and medical clinics or even lawyers had substantial fees. Berk (2020) highlights that surrogacy is a profitable industry that is not going anywhere, and there is a need to shift the perspective on regulation. Pande (2014) encouraged a focus on creating transparency in the exchanges to address the underlying concerns of inequality of commodification. The United States continues to be a significant center for surrogacy domestically and internationally due to the assortment of approaches to managing surrogacy on a state level that allows them to cater to a wide range of intended parents. In contrast, other countries continue to increase restrictions and ban surrogacy. We need to adjust our approach critically in the best interest of everyone involved (Ziff 2021).

Through the application of Social Exchange Theory, I hope to share a new lens through which we can address how the under-regulated or completely unregulated mediators function in the exchange's success while simultaneously profiting off the exchange.

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## **Appendix A: Interview Guide**

### **Sample Questions About Blogging:**

Why did you start a blog about being a gestational carrier? What did you like or dislike about the blogging process?

### **Sample Questions About Gestational Carriers:**

How did you find out about being a gestational carrier? What made you want to be a gestational carrier? How or what did you tell your family and friends?

### **Sample Questions About Finding/Matching with Intended Parents:**

What was the matching process with intended parents like for you? How was your communication with intended parents after matching? What was the relationship like initially?

### **Sample Questions About Surrogacy Contracts:**

Did you communicate with the intended parents about the surrogacy contract? What was that experience like?

### **Sample Questions About IVF Experience:**

What was the IVF experience like for you? What communications did you have with intended parents during this time? How do you feel about your relationship with the intended parents during the IVF process?

### **Sample Questions About Pregnancy:**

How did you feel when you found out you were pregnant? What was the experience like when you told the intended parents? What was the relationship like during the pregnancy? What did you communicate about? How did you feel about the relationship with the intended parents during the pregnancy? Did other people have questions about your pregnancy? What did you tell other people about being a gestational carrier?

### **Sample Questions About Labor and Delivery:**

What was your experience like during the labor? Were the intended parents involved? How was the experience of giving birth? How did you feel about it? How did you feel about your experience after giving birth?

### **Sample Questions About Post-Birth:**

Since the birth have you had communication with the intended parents? How was that communication? Do you still have a relationship with the intended parents?

### **Sample Concluding Questions:**

Was being a gestational carrier what you expected? What did you like or dislike about being a gestational carrier? Is there anything you would like to add?

## Appendix B: Terminology Guide

**Surrogate:** the person carrying the child for intended parents. Surrogate can be an umbrella term including both gestational surrogacy and traditional surrogacy.

**Gestational Surrogacy:** pregnancy with surrogate who is not genetically related to the fetus with the aid of in vitro fertilization. The surrogate can be known as a **gestational carrier** or **gestational surrogate**.

**Traditional Surrogacy:** pregnancy with a surrogate who is genetically related to the fetus through artificial insemination. The surrogate can be known as a **traditional surrogate**.

**Intended Parent(s):** the person or people who will be the legal parent of the child born through surrogacy. This can include **intended mother(s)** and **intended father(s)**.

**Egg Donor and Sperm Donor:** the people who donate the egg or sperm for the surrogacy arrangement when the intended parent are not contributing their own genetic material.

**In Vitro Fertilization (IVF):** the medical process of manually fertilizing the egg with sperm outside of the uterus and the resulting embryo can later be transferred to the uterus during an **embryo transfer**. In the case of surrogacy the embryo is transferred to the surrogate's uterus.

**Beta Testing:** the blood test used to determine if the surrogate is pregnant after a successful embryo transfer. This test measures the hormones that are indicative of pregnancy.

**Surrogacy Agency:** the organization that aids in recruitment, screening, matching, and money management or distribution the surrogacy arrangement on behalf of the surrogate and intended parent(s).

**Matching:** this is the pairing of surrogate and intended parent(s) who are considering working together or have decided to move forward with the match and begin the contract negotiations.

**Surrogacy Contract:** the legal contract negotiated by the separate legal representative of the surrogate and the intended parent(s). The contract covers the rights and obligations of everyone involved and is signed when both parties come to an agreement on the terms of the exchange.