Principle/Introduction

Surrogacy is a complex and multi-faceted method in which many individuals and couples become parents in this time of advanced technology. The laws and guidelines vary from country to country and even between the states and provinces. The Perinatal Social Worker must have the knowledge of the relevant laws and policies regarding surrogacy in the location where they practice.

The Perinatal Social Worker is an integral member of the healthcare team and should be available to be involved in any surrogate situation. The Perinatal Social Worker must be aware of the psycho-social issues and dynamics in surrogate situations and be able to provide the support, intervention and education that may be necessary to ensure a smooth and seamless process. If a conflict exists between the laws, policies, and social work practice, then the Perinatal Social Worker shall advocate for change so that the needs of the infant and families (both surrogate and intended parents) might be better served.

Prepared by the Standards Committee of the National Association of Perinatal Social Workers:

Linda DeBaer, LMSW, Chair (Memphis, TN)
Karen Anderson, LCSAW (San Diego, CA)
Barb Menard, LCSW (San Diego, CA)
Jill Hooiveld, BSW, RSW (British Colombia)
Calene Dugard, LCSW (Laguna Hills, CA)
Linda Phillip, LCSW (Lake Charles, LA)
Joan Hebert, LCSW (Orlando, FLA)
Diane Glenn, LSW (Seattle, WA)
Amy Windels, LMS (New York, NY)

@ 2012 National Association of Perinatal Social Workers
Standards for Surrogacy in the Hospital Setting

**Standard 1**
In the hospital and obstetric settings, counseling and support services shall be provided to the surrogate and intended parents by a Perinatal Social Worker.

**Standard 2**
Intended parents and surrogates are appropriately regarded as clients whose needs and rights shall be respected and considered. The services available to the intended parents and surrogates shall include assessment, support, on-going counseling, and /or referral to appropriate agencies.

**Standard 3**
Hospitals shall maintain a written plan for the provision of specialized social work services pertaining to surrogacy. This plan shall be developed by a Perinatal Social Worker and it shall clearly define the responsibilities and functions of the social worker. The Perinatal Social Worker shall consult their legal department to clarify the legal status of surrogacy in their region.

**Standard 4**
The Perinatal Social Worker, functioning as an integral part of the health care team, shall be included in every aspect of hospital policy formulating and decision making when related to the issue of surrogacy.

**Standard 5**
The Perinatal Social Worker will provide support and education to staff regarding the psycho-social and legal aspects of surrogacy. The Perinatal Social Worker will help identify for the medical team who holds the rights to make the decisions for the infant’s care based on the laws of their region.

**Standard 6**
The Perinatal Social Worker in conjunction with the surrogate agency and/or attorney shall coordinate services and ensure the required documentation is complete and in the appropriate medical record.

**Standard 7**
The Perinatal Social Worker shall have contact with the surrogate and intended parents and let them know the hospital’s policies and procedures in relation to surrogate cases and help clarify what the process will be during the hospitalization. The Perinatal Social Worker will facilitate the involvement of both surrogate and intended parents with the baby in a way that is in accordance with the law and respectful of their individual wishes.

**Standard 8**
The Perinatal Social Worker shall document in the medical record all information relevant to the surrogacy, including who the surrogate and intended parents are and who holds the legal rights. Documentation should include whether the required legal paperwork is available and appropriate.

**Standard 9**
The Perinatal Social Worker shall initiate and facilitate communication between the surrogate, the intended parents and the medical staff. The communication should include on-going medical information regarding the infant’s status and discharge plans.