

READING AND DISCUSSION GUIDE FOR



My Body, Their Baby:

A Progressive Christian Vision for Surrogacy

by

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INTRODUCTION

1. *Your starting point:* Reading and thinking about surrogacy and related topics (pregnancy, reproductive loss, infertility, IVF, children) can bring up many feelings and emotions such as curiosity, discomfort, hope, pain, and so forth. Where are you starting from? If you are discussing *My Body, Their Baby* as part of a class or small group, begin by acknowledging the sensitive nature of this topic to set the stage for civil and respectful conversations with others.
2. *Diversity of views:* As Kao observes, the mainstream feminist movement has not reached a consensus on surrogacy and Christian churches

remain divided on it, too (pp. 3-4). Do you find this internal disagreement surprising? As per your understanding of feminism, what should feminists think about the practice? What about Christians?

3. *Defining surrogacy*: While Kao defines “surrogate mother” or “surrogate” to mean anyone who agrees to become pregnant and deliver a baby for someone else, she acknowledges that this conventional definition is disputed in some quarters (pp. 9-10). Given some radical feminists’ and medical professionals’ different definition of who a surrogate is, what do you make of Kao’s use of standard terminology?

CHAPTER 1:

A PRIMER ON SURROGACY: LOGISTICS, LAWS, AND TRENDS

1. *The IVF process in gestational surrogacies*: While marbling in her own experiences, Kao explains what is physically and psychologically involved in IVF, the ethical decisions all IVF patients must make (*viz.*, whether to do PGT and for what purpose(s), what to do with any non-transferred embryos), and the ways involving a third-party surrogate and/or sperm or oocyte donor adds more steps, coordination, and moral complexity to the collaborative reproduction (pp. 11-12, 14-19). What stood out to you in this part of the chapter and why?
2. *Diverse surrogacy laws and customs across the U.S. and world*: Some jurisdictions ban surrogacy contracts of any kind, some permit and regulate only certain types (*e.g.*, only non-commercial gestational arrangements), and some create a legal vacuum by offering neither protections, nor prohibitions. Jurisdictions also vary in how they handle legal parentage (*e.g.*, who is the legal mother at birth) whose names can or must first appear on the baby’s birth certificate, IP eligibility requirements, and what civil or criminal punishments violators might face (pp. 24-31). Is there a state’s or a country’s laws that you found exemplary or problematic? If so, which one and why?
3. *Assessing different surrogacy arrangements*: By the close of this chapter, readers will have learned that the world of intended parents includes infertile heterosexual couples, queer couples, single men, HIV-positive gay male couples hoping to bear genetically-related children without transmitting the virus, and persons with family members who will help them (*i.e.*, postmenopausal grandmothers who will bear their own biological grandchildren). Readers will also learn the differences between gestational vs. traditional, altruistic vs. commercial, independent vs. agency- or charity-facilitated, and intrastate vs. cross-border arrangements.

What is your opening sense of surrogacy practices today? Is this way of bringing a child into the world more appropriate for some types of parent-hopefuls than others (*e.g.*, infertile married couples vs. single men)? Which kinds of arrangements seem better or worse to you & why?

CHAPTER 2:
DOES SURROGACY CAUSE PSYCHOLOGICAL HARM?

1. *If a loved one were contemplating surrogacy:* Grace Kao opens the chapter by recounting the questions and concerns people around her had about what she was doing: IVF's safety, the impact a high-risk pregnancy would have on her professional responsibilities or wellness, how her husband and kids felt about it, and why her friends didn't "just adopt" (pp. 34-36). Are these the questions you would have posed if a relative or close friend were thinking of serving as a surrogate (or what else)?
2. *Research findings on surrogates:* Contrary to widespread beliefs that surrogates will inevitably become attached to the baby *in utero* and thus feel distress when they must relinquish following childbirth, decades of research have shown that surrogates typically bond with the intended parents—not the baby—and experience the moment of transfer to be one of the most joyful and satisfying—not difficult—moments of the whole process (pp. 37-39, 44-47). Were you shocked to read these findings and if so, what led you to believe otherwise in the trope of surrogate remorse?
3. *Same-sex intended parents:* After discussing the psychological stressors and health of intended parents (IPs), Kao suggests that heterosexual IPs who must typically grieve their infertility before introducing someone other than their partner in their childbearing plans may have something to learn from queer parents since they have been managing the presence of third-parties since the beginning of same-sex headed families (pp. 39-40, 47-51). How (else) might the social expectations, challenges, and experiences of these two types of couples compare and contrast from one another? What else could straight couples who turn to ART learn from queer couples seeking parenthood and *vice versa*?
4. *Surrogate-born children:* The author discusses four key findings about the children: they fall within the "normal" range of psychological health, are often told at a young age about their birth circumstances and fare well with the early disclosure, experience more adjustment problems at age 7 relative to their non-surrogate born peers but these difficulties typically resolve by age 10 (similar to international adoptees), and according to some UK longitudinal studies stay in regular contact with their surrogates even 10+ years following their birth to the satisfaction of all parties (pp. 51-53). Which of these findings would you care to learn more about and why?

5. *Others beyond the surrogacy triad:* Grace Kao closes the chapter by discussing surrogacy’s real or potential impact on persons other than the “surrogacy triad”: the surrogate’s own spouse or partner if any, children, and parents (pp. 53-57). What, if anything, did you find interesting about such persons, including how the author’s own husband, kids, and parents reacted to her unconventional pregnancy for her friends?

CHAPTER 3:

DOES SURROGACY VIOLATE DISTINCTIVE FEMINIST OR CHRISTIAN COMMITMENTS?

1. *Feminist concerns:* Some feminist critics fault surrogacy with impermissibly redefining and fragmenting motherhood, diminishing women’s autonomy and rights, undermining the case for abortion rights, and perpetuating negative gender stereotypes (pp. 60-65). With the proviso that Kao’s feminist reflections will continue throughout the book, what do you make of her initial responses to these charges (pp. 72-76)?
2. *Christian concerns:* Several Christian denominations, leaders, and bioethicists have denounced surrogacy and other ART for illicitly detaching sex from reproduction (*i.e.*, violating the Catholic “inseparability thesis”), running counter to God’s will for marriage and family formation, mistreating and destroying embryos through the IVF process, and being morally inferior to adoption (pp. 65-72). Do you agree with any of these objections and if so, is it also for religious reasons? What did you make of Kao’s preliminary responses to them (pp. 76-83)?
3. *Rethinking adoption as an option primarily for infertile couples:* To those who believe persons who turn to ART are being selfish or narcissistic for expending so much money and effort to become parents when there are (extant) children in the world in need of loving and stable homes, Kao questions why persons who plan to bear children “naturally” are not likewise pressed to justify their desire to have biogenetically-related child(ren) in lieu of adopting (pp. 80-83).

Is Kao right that the church and broader society unfairly places the responsibility of caring for adoptable children on the infertile when the responsibility should be shared by all? Is procreation as such whether by “natural” or medically-assisted means something that requires moral justification today given the realities of human population pressures, climate change, and the existence of children awaiting adoptive parents?

CHAPTER 4:

A PROGRESSIVE CHRISTIAN VISION FOR SURROGACY: ADVANCING THE ARGUMENT

1. *Drawing from Scripture:* Kao finds biblical passages linking together fertility, male progeny, and divine blessing (and conversely, those

associating barrenness with divine punishment) to be problematic and does not believe Christians are under any mandate to be “fruitful and multiply.” She also finds biblical accounts of surrogacy (involving patriarchs Abraham and Jacob and the story of Ruth) to contain more cautionary tales than paths to emulate. Her progressive Christian vision for surrogacy nonetheless retrieves biblical wisdom selectively in the ways described in this chapter (pp. 89-91, 100-102).

How are marriages or stable adult partnerships without children viewed in your community, culture, or religious context? How does Kao’s understanding that parenthood is a vocation to which not everyone is called speak to your own understanding of whether a good marriage or responsible adulthood involves the raising of children? Are her interpretations of these and other biblical passages defensible? How would you bring the Bible to bear on these topics?

2. *Drawing from mainline and progressive Christian traditions:* In contrast to the Christian views on family, sex, and reproduction discussed in chapter 3, Kao draws upon several mainline Protestant denominations that have officially affirmed the responsible use of artificial contraception, defended the moral permissibility of abortion, supported the conscientious use of IVF and other ART, and declared the equal good and beauty of same-sex love and marriages (pp. 91-94). Did you previously know about these more progressive Christian traditions or statements or only the more conservative ones discussed in chapter 3 and why? How might these Christian values and commitments help to build a progressive Christian case for surrogacy (pp. 102-109)?
3. *Reproductive justice:* After describing the origins and key principles of the reproductive justice (RJ) framework, Kao discusses areas of overlap between RJ and Christian social ethics (pp. 98-99). From what you know of either RJ or Christian ethics and her coverage, do you agree with her assessment of these areas of convergence? Why or why not?
4. *Plural motherhood:* The author contends that the division of maternal roles into its component parts made possible by ART (genetic, gestational, and social) is different from, but ultimately continuous with, the ways motherhood has arguably already been divided and shared. Many children have been and continue to be mothered, grandmothered, and mothered by other non-relative maternal figures in their lives just as children may have birth moms, step-mothers, mothers-in-law, godmothers, othermothers and/or bonus moms (pp. 105-107).

Have you been mothered by a plurality of persons, are you serving as one of several “mothers” to a child (whether young or grown), or does a child you know (including your own if you have one) have plural maternal figures in their life? How would you compare these experiences of

“maternal multiplicity” with the types of motherhood that ART makes possible?

5. *Comparing surrogacy to milk-sharing*: In noting that both practices are lifegiving and embodied, Grace Kao compares altruistic surrogacies to altruistic milk-sharing *via* wet-nursing or donating excess breastmilk to others in need such as parents of preemies, adoptive parents, or parents with a low or no supply of their own breastmilk (pp. 107-108). How is the intimate sharing of one’s body in surrogate motherhood as an act of love or reproductive solidarity both like and unlike the gifting of one’s breastmilk to needy others for similar reasons?

CHAPTER 5:

A PROGRESSIVE CHRISTIAN FRAMEWORK FOR SURROGACY: SEVEN PRINCIPLES

1. *Complex relational dynamics*: When writing about carrying her friends’ baby and referencing empirical and ethnographic studies on surrogacy, Kao discusses the complex relational dynamics that can form among surrogate-IP pairs. Some intended mothers feel deeply grateful for and jealous of their surrogate’s ability to do things they cannot, some surrogates feel micro-managed by their IPs’ attempts to exert some control over an uncontrollable situation, and surrogates and IPs tend to react very differently to any set-backs or reproductive losses given the ways their different reproductive histories have conditioned them to expect success or disappointment (pp. 124-126).

Beyond what Kao proposes on pp. 126-130, what can surrogates and intended parents do to minimize any awkwardness, tension, or other negative emotions that might arise between and among them?

2. *The surrogate’s medical self-determination*: Grace Kao agrees with the American Society of Reproductive Medicine (ASRM) and the American College of Obstetrics and Gynecology (ACOG) that persons who become pregnant for others retain the right to make all decisions pertaining to their body, including about prenatal care and testing, fetal reduction or abortion, and what pain management they will undergo during labor and delivery (pp. 130-135).

Is it right to arrange surrogacies in such a way where the surrogates retain final decision-making power on all aspects of their pregnancies? Or does that seem unfair to you since each surrogate agreed to become pregnant for someone else, what she does with her body will affect the developing embryo or fetus, and she may have contractually pledged to engage in or abstain from certain behaviors when expecting?

3. *Disclosure*: In discussing the importance and benefits of disclosure, Kao comments on the cultural shift from “never tell” kids about their adoption or donor conception (to protect them and their parents from shame, stigmatization, or accusations of illegitimacy) to “always tell” given an increased appreciation for each child’s “right to know,” the ways the holding of secrets can impair relationships and cause psychological harm, and increasing possibilities of accidental or deliberate disclosure by others (*e.g.*, court records being unsealed, recreational DNA testing revealing long-held family secrets) (pp. 135-141).

How can parents overcome the reluctance and discomfort many report feeling about discussing their child’s adoption, donor-conception, or surrogate birth? Is there a conflict between a child’s “right to know” and the parents’ right to privacy and if so, whose rights should prevail? What if someone long ago donated their gametes or placed their child for adoption under assumptions of anonymity—should their identities be forever protected even if the child later searches for information about their genetic heritage or origins?

4. “*Trust women*”: Kao’s principle is grounded, in part, on the concept of “transformative experiences” and standard surrogate eligibility requirements, where persons cannot ordinarily attempt to become pregnant for others unless they have successfully carried and delivered a (live) child at least once before (pp. 142-145). As Kao shared anecdotally, many women would reference their own pregnancy and delivery experiences when exclaiming “I could never do *that!*” upon learning she was expecting her friends’ baby, while smaller numbers revealed that they once thought of being a surrogate because they had wanted to help out a loved one and their previous pregnancies hadn’t been difficult or “that bad.”

Should we indeed “trust women” to make their own informed decisions about pregnancy, including whether to become pregnant for someone else? What explains the social or cultural tendencies not to trust women to make their own decisions about pregnancy-related matters?

5. *Social justice and access to ART*: It is common knowledge that assisted reproductive technologies like IVF are financially out of reach for many persons and couples who might otherwise wish to avail themselves of those services. Kao discusses the social justice implications of this reality and raises the question whether societies should subsidize, in full or in part, access to reproductive services and if so, for which types of persons (pp. 146-149). How would you answer this set of questions?
6. *Seven principles*: Kao’s constructive framework for surrogacy is guided by the assumption that *whether* a surrogacy arrangement is ethical depends greatly on *how* it is arranged and conducted. All told, after stipulating

seven assumptions (pp. 86-89), she defends the principles of (i) discernment without haste, (ii) covenant before contract; (iii) empathy, care, and stewardship, (iv) medical self-determination; (v) disclosure, not secrecy, (vi) “trust women,” and (vii) social justice. Could you imagine deeming a surrogacy arrangement morally good even if the members did not adhere to all seven principles? That is, should any of these norms be considered optional instead; if so, which one(s) and why?

CHAPTER 6:

ASSESSING THE ETHICS OF MORE COMPLEX SURROGACY ARRANGEMENTS

1. *Grace Kao’s story*: The author opens this final chapter by sharing the various reasons why she believes she was well-suited to become her involuntarily childless friends’ surrogate. She also explains why the praise heaped upon her by well-wishers felt excessive (pp. 152-154).

Is there anything in her reasoning, including about her past pregnancy and childbirth experiences, that resonated with you? Or have you ever been lauded by members of your community for something you did (not necessarily tied to childbearing) that also felt like it was “too much”?

2. *Compensating surrogates*: When explaining why surrogate compensation could not only be morally justifiable, but also morally good, Kao first explains why the conventional distinction between “altruistic” and “commercial” surrogacies can mislead: gift surrogacies still take place within the world of commerce (*e.g.*, reproductive endocrinologists and attorneys are still typically paid for their services), and most surrogates who receive financial compensation often report other-regarding motives as well. Kao argues that a surrogate’s receipt of payment should not invariably cancel out her desire to aid others (lest we also conclude that teachers, social workers, and others in the “helping professions” are only motivated to do their jobs for the money), that many IPs want the opportunity to give something of value to their surrogates, and that there may be issues of fairness and justice at play if gamete donors can be compensated in some contexts when surro-moms cannot (pp. 160-168).

What do you think about the ethics of one couple paying a third-party to bear their child because they cannot do so on their own (*i.e.*, this is not just a matter of “outsourcing pregnancy”--they have a medical need for surrogacy)?

3. *Cultural and religious particularities when conceptualizing surrogacy*: As Kao notes, there are cultural and religious differences in the ways women who accept payment for surrogacy understand and explain what they are doing. Some Jewish Israeli gestational surrogates believe they are a

providing a “continuing generation’ [*dor hemshech*]” for those they help (p. 181), some Thai Buddhists understand their actions to be “*tan-bun*” or merit-making” in helping to counterbalance past demerits (p. 162), middle-class mostly white American and British surrogates tend to downplay their interests in money and minimize the total amount they receive (pp. 160-162), and poor Indian women who perform such work to supplement their family’s income speak less in terms of “choice” and more in terms of family “*majboori* [compulsion]” (p. 162).

What does the diversity of ways surrogates understand their reproductive services for pay say to you about the practice or industry?

4. *Cross-border reproductive care*: Kao explains why some “reproductive tourists” might more properly be termed “reproductive exiles,” the additional risks members of any given surrogacy triad could incur in international arrangements, and the disruptive effects the Covid-19 pandemic and Russia’s invasion of Ukraine had on surrogacy practices in various locales (pp. 168-179).

In light of these realities, what advice or caution would you provide for persons/couples seeking surrogacy services abroad or for persons contemplating becoming a surrogate for foreigners? What do you make of Kao’s conclusions that not all reasons for cross-border surrogacy are equally good or commendable, which is why it is “ultimately impossible to generalize or evaluate the propriety of a cross-border surrogacy arrangement without knowing the particulars” (p. 178-179)? How might you structure intercountry surrogacies to protect the well-being of all parties—would you also support the adoption of a regulatory framework adopted by Hague Convention countries comparable to the Hague Convention on Intercountry Adoption (p. 172)?

5. *Traditional surrogacy*: While acknowledging why traditional surrogacy might carry greater risks (concerning the law, temptations toward partial disclosure, and possible greater psychological issues for surrogates), Kao discusses three scenarios where traditional surrogacy might be preferable to gestational arrangements (pp. 179-185). How do you understand the advantages of gestational *vs.* traditional surrogacy? Even though the vast majority of surrogacies today are gestational, might there be cases where it would be value-added for the surrogate to be both gestational and genetic mother to the hoped-for child?

CONCLUSION

1. *The family*: Surrogacy as a practice disrupts conventional ways of thinking about childbearing and family formation. Surrogacy can nonetheless be thought of *affirming* traditional notions of the family,

since it can allow married or otherwise partnered couples to raise biogenetically-related children. Surrogacy also *expands* traditional notions of kinship, since surrogates are not uncommonly called or treated like a relative (“auntie,” “tummy mummy”) in some contexts and surrogate-born children and the surrogate’s own children sometimes refer to one another as cousins or siblings, even though everyone knows there may be no formal blood or marital ties among them.

How has reading about the practice of surrogacy changed, challenged, or deepened your understanding of who or what “family” is?

2. *Beyond surrogacy*: Kao concludes the book by referencing other reproductive technologies, some of which are currently possible and others of which may one day move from science fiction to reality (e.g., uterine transplantation in trans women, the creation of “three-parent babies,” the use of artificial wombs (ectogenesis), and children being born with only one genetic parent or two same-sex parents through *in vitro* gametogenesis (IVG)).

While Kao argues that a moral judgment for or against surrogacy does not invariably commit oneself to thinking similarly about these other reproductive technologies, she does conclude that these techniques “might not be more strange, miraculous, and potentially awe-inspiring than the traditional biblical understanding of a God who ‘opens’ or ‘closes’ wombs and who otherwise ‘makes all things possible’ (Mat 19:26).

How might what you have learned about surrogacy inform your attitude or posture about these other future possibilities?

3. *The book’s central argument*: The subtitle of this book is “A Progressive Christian Vision for Surrogacy.” Has the author provided a persuasive or attractive progressive Christian vision for this way of bringing children into the world? In light of your own values and commitments, how would you ethically make the case for surrogacy?