Thought on the Politics of Surrogacy and Extending the Potential of the Uterus

Visiting Scholar Hannah Gibson, November ‘17

On several occasions this year, reports surfaced of conservative Catholics and groups of left-wing feminists within Western Europe coming together in an unconventional coalition to protest against and call for a ban on the practice of surrogacy. Collectively, they argue that surrogacy exploits and demeans the surrogate who carries the child. Feminists are concerned that the practice reduces women to their reproductive capabilities and what they call the incompatibility with human rights and the dignity of the surrogate mother. In their 2008 dignitas persone, Catholic officials restated their 1987 opposition to surrogacy or anything that resembles surrogacy (which in their view also includes embryo donation). According to them, “surrogate motherhood represents an objective failure to meet the obligations of maternal love,” and it is immoral to separate the sexual act from the procreation and gestation of the embryo and subsequent fetus (even though it was in the Bible that God instructed Abraham to lay with his slave so she would bare him and his wife a child). Although it is not surprising to see Catholics oppose the practice, it is somewhat strange to read about European feminists when their North American counterparts are less concerned.

This unusual meeting ground for the two groups intrigues me, particularly as a surrogacy researcher and as a Roman Catholic. Growing up Irish/Scottish in a predominantly Catholic household, attending school and going through the various stages or initiations into the faith had quite a big impression on me. However I was always very liberal in the sense that I questioned everything (my parents love to remind me), and never really accepted anything that was presented as ‘inherent’ or ‘fact’. I would say that my view points and beliefs do largely stray from the organised religion of my youth (as my friends, partner and family would attest to), but in this case, I feel it is actually a helpful background to have when confronted with the idea that Catholics and left-wing feminists fight the same battle, even if they use different arguments to do so (see Lewis, 2017 for a provocative exploration of antisurrogacy feminisms).

Add to the mix a twist in the plot: Uterine Transplants and Artificial Wombs.

Interestingly, a feminist group in Sweden is one of the most outspoken in the campaign to ban all forms of surrogacy – at the same time the country celebrates being the first women to give birth to a baby via uterine transplantation in 2014. A uterine transplant involves the donation of a uterus from either a live or dead donor which is then implanted into the abdominal cavity of the recipient where an embryo can be implanted when it is more certain that the uterus is not being rejected. Recipients require immuno-suppressive therapy, and after they have given birth to one or two children (via caesarean section), it is understood they then require a hysterectomy so that they do not have to continue taking immuno-suppressants. Just over three years after the initial birth, the procedure is still in its infancy. It does however signal the potential for women born without a womb, those who have undergone a hysterectomy due to cancer, endometriosis, or a similar condition, and transgender women (note, the title of this article ‘Men Could Get Pregnant with Womb Transplants’ is troubling for a number of reasons) to gestate a baby. A newspaper article asks whether cis (non-transgender men) might consider undergoing the transplant one day, positing the question: will pregnancy become unisex?

At the same time, scientists are tooting the success of “extracorporeal devices,” or artificial wombs that have further gestated premature lambs and could be used in the future to provide premature babies with extra environmental (mimicking the womb, with an artificial umbilical cord) support akin to them still being in the womb. This may be seen more as science fiction, whereas the uterine transplants are easier for people to identify with because a baby still gestates in the living person’s womb. However, artificial wombs are being explored as viable options, with fetal surgeon Alan Flake asserting that he hopes to test the device on premature babies within 3-5 years.

My brain whirls with questions. How popular will uterine transplants become in the future, and is it the up and coming in/fertility treatment that is both technologically assisted (through transplant, the consumption of necessary immunosuppressant drugs, IVF, embryo transplant, and a caesarean
section) and mimics (to the point of potentially producing a live baby) pregnancy through IVF? Ultimately, what does this mean for the future of reproduction?

A participant of mine in my research about surrogacy in New Zealand said that in the future, surrogacy will be like IVF – commonplace and less stigmatised. Will uterine transplants take the place of surrogacy one day, allowing the intended (or commissioning) parents to undertake a procedure so that one of them can carry a baby? Those I discuss this with, even in some academic circles, become quite uncomfortable about the thought of the transplants. Someone told me that it is ‘taking nature too far,’ which is ironic given they emphasised approval of surrogacy as an assisted reproductive method. Surrogacy is not without its complications here in Britain and overseas, it is found at the intersection of ethical, legal, medical, and technological considerations and given it has united Catholicism and some feminist groups, it is in the spotlight as a very polemic option. I have a feeling that even if uterine transplants is accepted as an option (but an expensive and currently highly risky one), there will be contention about who is worthy of access to such treatment. By this I mean, the worries that plague people about surrogacy are less about the technology and more about what it reinforces or challenges about pre-conceived notions of the family. These will translate onto uterine transplants, potentially with different fears and questions, but I believe it will reveal similar narratives.

Lastly, how will such technology be understood within and between cultures, religions, gender, and class. What will the local interpretation and manifestation look like? If there is stigma surrounding surrogacy, would it reduce if it were a uterine transplant, or simply shift and expand the conversation from a reproductive technology into feminist politics that might see it as both liberation and a way to re-inscribe the role of the woman within a patriarchal system? According to Sweden, it is more acceptable than surrogacy. For the Catholic Church, I have a feeling they would diverge from those feminist groups they are so eager to fight alongside.

I am drawn back, as always, to my data. I attended a pre-implantation of an embryo (made from the sperm and egg of the intended parents) into a surrogate who has previously been a traditional surrogate (or genetic, donating her own egg as well as gestating the baby. Afterwards my participant asked the fertility doctor if there is anywhere that she could donate her womb, because after this hopeful pregnancy she would no longer need it. She wants to put it to more use, she added. The perplexed look on the doctor’s face interests me less than the way that my participant saw a uterine transplant as another step in the reproductive journey of her womb. This way, she can (externally) provide more people with the opportunity of having babies. I don’t have answers to the above questions (yet, if I ever will), but I do look forward to exploring this further, particularly in the context of what my participant feels is a ‘natural’ step for her to take when she can no longer gestate babies herself.

References: