



# Standard for Gestational Surrogacy (Full Surrogacy)

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| Applies To:           | DoH designated licensed hospitals and Assisted Reproductive Technology clinics satisfying licensure requirements to provide maternal, neonatal, and Assisted reproductive technology (ART) services |
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## 1. Standard Scope

- 1.1. DoH licensed hospitals and Assisted Reproductive Technology clinics satisfying licensure requirements to provide maternal, neonatal, and Assisted Reproductive Technology (ART) services.
- 1.2. These standards aim to promote ethical, evidence-based, and patient-centered care throughout the gestational surrogacy journey.

## 2. Definitions and Abbreviations

| No. | Term / Abbreviation                    | Definition   |
|-----|--|--|
| 2.1 | Assisted reproductive technology (ART) | ART includes any lawful treatments offered to couples experiencing reproductive problems for the purpose of establishing a pregnancy i.e., medical means and methods that help to become pregnant and give birth without natural intercourse and include clinical and biological interventions that aim to achieve this. |
| 2.2 | Embryo                                 | The fertilized egg (the zygote) undergoes cell divisions in the pre-organogenesis stage, that is, during the first two weeks.  |
| 2.3 | Fertilization                          | The fusion of haploid gametes, egg, and sperm, to form the diploid zygote. This happens when the sperm penetrates the outer membrane of the egg.   |
| 2.4 | Gestational Surrogacy (full surrogacy) | It is one of the means of medical assistance in reproductive health in accordance with the law. In which only the intended parent(s) provide the ovum and sperms   |
| 2.5 | Infertility                            | Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after regular unprotected sexual intercourse.   |

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|-------------|------------------------|--|
| <b>2.6</b>  | Intended parents (IPs) | The individuals or couple who intend to become the legal and biological parents of the child born through surrogate uterus.  |
| <b>2.7</b>  | Ovulation induction    | Administration of drugs to induce multiple ovulations.   |
| <b>2.8</b>  | PGT- A                 | Pre-implantation genetic testing for aneuploidy  |
| <b>2.9</b>  | PGTM/SR                | Pre-Implantation Genetic Testing for Monogenic Diseases (PGT-M) and Structural Arrangements (PGT-SR)   |
| <b>2.10</b> | Surrogate Mother       | The Surrogate Mother is a mother who carries and delivers a baby for another couple and is impregnated through IVF and (ICSI) with an embryo from that couple in accordance with the legal agreement |
| <b>2.11</b> | WES                    | Whole exome sequencing   |

### 3. Standard Requirements and Specifications

#### 3.1 Licensure Requirements

3.1.1 DoH licensed hospitals and Assisted Reproductive Technology (ART) clinics satisfying licensure requirements to provide maternal, neonatal and ART services.

#### 3.2 Staffing:

3.2.1 Ensure the availability of a multi-disciplinary team composed of a sufficient number of all licensed personnel necessary for the delivery of services (fertility specialists, reproductive endocrinologists, obstetricians, psychiatrists, case coordinators).

#### 3.3 Facility design:

3.3.1 Facilities should ensure that they meet DoH regulations related to facility design.

3.3.2 Provide a supportive environment that recognizes the personal and cultural sensitivities associated with infertility and couples' needs for privacy and confidentiality.

3.3.3 Provide quiet areas for counselling to minimize psychological stress.

#### 3.4 Supplies and equipment:

3.4.1 Ensure that adequate levels of supplies are available to serve the population of patients treated; and Equipment are routinely maintained and serviced in accordance with the manufacturer's recommendations and retain records to evidence this.

## 4. Key stakeholder Roles and Responsibilities

### 4.1 The facility should ensure compliance with eligibility criteria for Gestational Surrogacy (full surrogacy) as follows:

#### 4.1.1 Eligibility of Intended Parents

4.1.1.1 The intended parents must be of legal age (18-47 years) and deemed mentally and physically capable of raising a child following assessments by healthcare providers.

4.1.1.2 The intended mother has a disorder of the uterus that makes successful implantation impossible (such as the congenital absence of a uterus or vagina or Asherman's Syndrome) Conditions not falling under this category will be reviewed by the medical committee for gestational surrogacy for approvals.

4.1.1.3 The intended mother has had repeated implantation failure or has a history of recurrent pregnancy loss, and this should be based on medical committee for gestational surrogacy approval.

4.1.1.4 The intended mother cannot attain pregnancy or give birth due to a serious medical condition that puts her or the fetus at risk of death.

4.1.1.5 Intended parents should not suffer from any disease that can be transmitted to their offspring.

#### 4.1.2 Eligibility of Surrogate Mother

4.1.2.1 The minimum age of Surrogate Mother is 21 years, and maximum age is 45 years. She should be mentally and physically capable of carrying and giving birth to a child.

4.1.2.2 Body mass index (BMI) shall be between (19-30)

4.1.2.3 Surrogate mother had at least one pregnancy in the past, but not more than 5 full term pregnancies with uncomplicated deliveries.

4.1.2.4 Surrogate mother should not have had more than two previous Cesarean sections with absence of isthmocele.

- 4.1.2.5 Surrogate mother should undergo a thorough medical examination and psychological examination to evaluate her overall health, including her reproductive system, cardiovascular health, and mental well-being.
- 4.1.2.6 The Surrogate Mother should have a healthy and functioning reproductive system, including a normal menstrual cycle and the ability to produce oocytes, the ability to undergo hormonal stimulation and respond appropriately to fertility medications.
- 4.1.2.7 The surrogate mother should not take any medications that are considered unsafe for pregnancy-
- 4.1.2.8 The Surrogate mother has no history of illicit drug use or alcoholism.

**4.2 The facility shall ensure conducting medical and psychological evaluations as follows.**

- 4.2.1 Both the intended parents and the Surrogate mother must undergo comprehensive medical and psychological evaluations to ensure their fitness and suitability for the surrogacy process.
- 4.2.2 The Surrogate mother should be in good overall health and free from any chronic or severe medical conditions that could interfere with pregnancy, such as diabetes, hypertension, or autoimmune disorders.
- 4.2.3 The Surrogate mother should have a normal uterus and should undergo an ultrasound to confirm the absence of any uterine abnormalities.
- 4.2.4 Clinical Investigations
  - 4.2.4.1 Investigations required for intended father: semen analysis.
  - 4.2.4.2 Investigations required for the intended mother and Surrogate mother:
    - 4.2.4.2.1 Blood type and RH factor
    - 4.2.4.2.2 CBC
    - 4.2.4.2.3 TSH
    - 4.2.4.2.4 Prolactin
    - 4.2.4.2.5 AMH (only for intended mother)
    - 4.2.4.2.6 FSH/LH
    - 4.2.4.2.7 Estradiol
    - 4.2.4.2.8 Vit D
    - 4.2.4.2.9 Pap smear
    - 4.2.4.2.10 High vaginal swab

- 4.2.4.2.11 US of the uterus and if required it will be accompanied by hysteroscopy
- 4.2.4.2.12 HB electrophoresis
- 4.2.4.3 Infectious Disease Screening: intended parents and the Surrogate mother, should undergo comprehensive infectious disease screening to rule out any potential transmission of infectious diseases. Tests may include screening for
  - 4.2.4.3.1 HIV I and II
  - 4.2.4.3.2 Hepatitis BsAg
  - 4.2.4.3.3 Hepatitis BsAb
  - 4.2.4.3.4 Hepatitis C Ab
  - 4.2.4.3.5 Syphilis (RPR)/(VDRL)
  - 4.2.4.3.6 Gonorrhea
  - 4.2.4.3.7 Chlamydia
  - 4.2.4.3.8 Rubella IgG
- 4.2.4.4 Genetic Screening: Genetic screening should be conducted for both the intended parents to identify any potential genetic disorders that could be passed on to the child. This screening may involve carrier testing for genetic conditions as required by the UAE government
- 4.2.4.5 Karyotyping of biological parents
- 4.2.4.6 Additional tests may be required based on the regional guidelines.
- 4.2.5 Psychological Evaluation and Counseling: The Intended parents and the surrogate mother involved in surrogacy should undergo psychological evaluation and counseling to assess their mental well-being and ensure they are emotionally prepared for the surrogacy journey. This evaluation may include assessing the Surrogate mother's ability to emotionally detach from the pregnancy and the intended parents' ability to handle the emotional complexities of surrogacy.
- 4.2.6 Ongoing Support and Care: Promote the provision of ongoing support and care for the surrogate uterus, including access to medical services, counseling, any necessary post-pregnancy care and monitoring her physical and emotional well-being.
- 4.2.7 Transparency and Communication: Maintain open and transparent communication between all parties involved, including regular updates on the progress of pregnancy and any changes or developments that may arise.

**4.3 The facility should ensure completion of the gestational surrogacy agreement (The Legal Agreement) as follows:**

- 4.3.1 In vitro fertilization (IVF) is permitted as the only method of ART for a surrogacy arrangement.
- 4.3.2 Require all parties involved in the surrogacy arrangement (intended parents and Surrogate mother) to enter a legally binding legal agreement duly notarized.
- 4.3.3 The Surrogate mother shall abide by her duties stipulated in the notarized legal agreement.
- 4.3.4 The legal agreement should adhere to the applicable laws and the executive regulations and be notarized by the Notary Public.
- 4.3.5 The intended parents should procure an insurance policy that covers all necessary health services related to gestational surrogacy and bear the cost of any related service that is not covered by the insurance or that exceeds the maximum limit of the policy. As it is not permissible to use Thiqa, Basic, Enhanced health insurance, or any other Government Funded Program to cover any cost or complication related to or arise from gestational surrogacy.

**4.4 The facility should ensure completion of consent for gestational surrogacy as follows**

- 4.4.1 Separate consents for surrogacy must be obtained for the following including:
  - 4.4.1.1 Consent from intended parents.
  - 4.4.1.2 Consent from Surrogate Mother.
  - 4.4.1.3 Consent from the husband of the Surrogate mother (if still alive)
- 4.4.2 Patients have the right to know the potential risks involved, the success rates and the procedure details. This knowledge should be provided before the procedure to help them make an informed decision. They should then provide written consent.
- 4.4.3 Ensuring that all parties involved fully understand the risks, benefits, and implications of gestational surrogacy before proceeding.
- 4.4.4 Providing clear and accurate information about the medical, legal, and emotional aspects of the gestational surrogacy process
- 4.4.5 Provide access to both English and Arabic qualified healthcare professionals and staff is provided. This is to support decision making process in addition to the needed guidance and information on treatment, care and follow up procedures and resources.

- 4.4.6 The facility must refer the request for gestational surrogacy to the Medical Committee for Gestational surrogacy to determine the medical necessity to recourse to the surrogacy.

#### **4.5 Medical committee for gestational surrogacy**

- 4.5.1 A Committee for gestational surrogacy shall be established to determine the medical necessity for surrogacy process, and it shall be established by a decision of the DoH chairman with membership as follows:

4.5.1.1 A faculty member from one of the faculties of medicine at Abu Dhabi universities with a degree not lower than an Associate Professor in Obstetrics Gynecology and Infertility Treatment

4.5.1.2 DoH healthcare facility sector representative.

4.5.1.3 Clinical expert in Obstetrics & Gynecology

4.5.1.4 Specialized and experienced members without the right to vote.

- 4.5.2 The Medical Committee for Gestational surrogacy shall receive the intended parent request from the hospital along with the medical report, signed by two consultants based on medical and psychological evaluation conducted, legal agreement and consents.

4.5.3 The committee will validate, approve eligibility, and refer to a legal partner to make sure that the agreement is signed and verified by the Notary Public.

4.5.4 The committee will communicate with the facility to complete the process.

4.5.5 The committee will review the monthly report from the facility and monitor compliance with the whole process as per DoH standards.

4.5.6 The committee may require any documentation to be presented before it to assist in its decision making.

#### **4.6 Surrogate Mother preparation:**

4.6.1 Certain medications can be prescribed to Surrogate Mother to encourage their body to receive the embryo.

**4.7 Preimplantation:** A PGT- A test is mandatory to be performed on embryos. PGTM/SR to be done based on the results of sequencing (WES/Karyotyping).

**4.8 Only single embryo transfers are allowed.**

#### **4.9 Date of birth**

4.9.1 Intended parents and Surrogate Mother should be physically present on the date of birth.

- 4.9.2 Upon the birth of the child, the intended parents will be recognized as the legal parents.
- 4.9.3 The Surrogate Mother renounces all her rights and responsibilities towards the child at the time of birth.
- 4.9.4 Birth record: The birth is documented in the medical files of the woman who gave birth (Surrogate Mother)
- 4.9.5 The birth certificate must be issued in accordance with the intended parents' details contained in the form of the notarized legal agreement.

**4.10 Continuity of Care:** All aspects of care for the surrogacy pregnancy should be delivered within the same facility. Follow up Surrogate Mother and child after delivery for any expected complications.

**4.11 Complications and prevention (Surrogate Mother):**

4.11.1 Complications

4.11.1.1 Pre-Pregnancy:

4.11.1.1.1 Fertility drugs may be prescribed to Surrogate Mother to encourage their body to receive the embryo. Common side effects of fertility drugs may include (not limited to) hot flashes, visual impairment, cervical mucus abnormalities, and luteal phase deficiency (or improper development of the uterine lining, which can make it difficult for the baby to attach). Surrogate Mothers may also be at risk for infection at the injection site or experience an allergic reaction to any IVF treatments.

4.11.1.2 Post-pregnancy: Like any other pregnancy, the Surrogate Mother may experience a range of different short- and long-term symptoms, including (not limited to) postpartum infections, excessive bleeding, perineal pain, vaginal discharge, hair loss, or stretch marks, amongst other potential conditions and depression.

4.11.2 Prevention: Communication is key: Surrogate Mothers should ensure direct communication with healthcare providers about any discomfort or abnormal side effects she may be experiencing. and to keep the Intended Parents in the loop and let them know about any medical issues she may be experiencing. Surrogate mothers should maintain a healthy nutritional plan that ensures physical fitness and adequate nourishment for her and the baby.

#### **4.12 Security and Privacy:**

- 4.12.1 The facility shall implement all appropriate technical and organizational measures necessary in order to ensure a level of security, as required pursuant to Abu Dhabi - Healthcare Information and Cyber Security Standard and all Federal/Local law and regulations of UAE.
- 4.12.2 The facility should have standard operating procedures (SOPs) in place to cover all operational logistics to ensure confidentiality.
- 4.12.3 Confidentiality: Medical records, including information, medication administration, and any complications or adverse events, should be treated as confidential and kept secure. Only authorized personnel should have access to these records, and they should be protected from unauthorized access or disclosure.
- 4.12.4 Data Protection: Personal data, including medical information, should be protected in accordance with the applicable data confidentiality legal and regulatory requirements. This may include implementing measures such as encryption, secure storage systems, and access controls to safeguard the data.
- 4.12.5 The facility shall inform the participants of the technical and organizational measures they will implement in order to protect the Patient's Health Records and Personal data. If the facility makes changes that could affect the protection of Personal Data and Patient Health Records, the participants shall be informed of this in advance and the required approvals obtained before such changes are implemented.
- 4.12.6 In the event of a data breach or any potential violation of information security, the facility shall notify Department of Health without delay after becoming aware of the infringement of information security of Personal Data, Patient Health Information or any other violation(s) of applicable Legislative and Regulatory requirements/mandates.
- 4.12.7 Access and Control: Patients should have the right to access and control their own medical records. They should be able to request copies of their records, update or correct any inaccuracies, and can limit the sharing or disclosure of their information.
- 4.12.8 Data Retention and Disposal: Medical records should be retained for 25 years according to legal requirements.

4.12.9 It's important for DoH designated licensed healthcare facilities to have policies and procedures in place to ensure compliance with privacy requirements. Patients should also be proactive in understanding their rights and privacy protections regarding their medical records and should seek clarification from their healthcare provider if they have any concerns or questions.

4.12.10 The facility shall be AAMEN certified for compliance with the mandatory Information Security and Data Privacy requirements.

#### **4.13 Patient rights and responsibilities**

4.13.1 Healthcare facilities must comply with the Ministerial Resolution No. (14) of 2021 on the Patient's Rights & Responsibilities Charter and deliver culturally and socially relevant patient information and education.

### **5. Monitoring and Evaluation**

5.1 The Facility should establish a system for monitoring and reporting on gestational surrogacy arrangements, including regular inspections of the facility to ensure compliance with quality standards.

5.2 The Facility should Implement mechanisms to address any concerns or complaints related to the gestational surrogacy process.

5.3 The Facility are committed to the following:

5.3.1 Submit an annual report to the medical committee for gestational surrogacy.

5.3.2 Ensure the quality of work, especially regarding control systems inside the laboratory.

5.4 Key Performance indicators:

5.4.1 Medical Evaluation Completion Rate: The percentage of Surrogate Mothers who complete all required medical evaluations and tests, ensuring thorough health assessments before proceeding with the surrogacy.

5.4.2 Success Rate: The percentage of successful pregnancies achieved using a surrogate uterus in IVF.

5.4.3 Parental Satisfaction: Measuring the satisfaction levels of intended parents with the overall surrogacy outcome, including their happiness and fulfillment as parents.

### **6. Enforcement and Sanctions**

6.1 DoH may impose sanctions in relation to any breach of requirements under this Standard in accordance with the disciplinary regulation of the healthcare sector.

## 7. Relevant Reference Documents

| No. | Reference Date   | Reference Name   | Relation Explanation / Coding / Publication Links   |
|-----|------------------|--|---|
| 1   | Jan 2016         | HAAD<br>GUIDELINES FOR<br>PATIENT<br>CONSENT   | <a href="https://www.doh.gov.ae/en/resources/guidelines">https://www.doh.gov.ae/en/resources/guidelines</a>   |
| 2   | February 2018    | Care in<br>Surrogacy<br>Guidance for the<br>care of<br>surrogates and<br>intended<br>parents in<br>surrogate births<br>in England and<br>Wales | <a href="https://mft.nhs.uk/app/uploads/sites/4/2018/11/Department-of-Health-and-Social-Care-Care-in-Surrogacy.pdf">https://mft.nhs.uk/app/uploads/sites/4/2018/11/Department-of-Health-and-Social-Care-Care-in-Surrogacy.pdf</a> |
| 3   | November<br>2019 | The Surrogacy<br>Pathway<br>Surrogacy and<br>the legal process<br>for intended.<br>parents and<br>surrogates in<br>England and<br>Wales        | <a href="https://dera.ioe.ac.uk/id/eprint/34515/1/Surrogacy_guidance_for_intended_parents_and_surrogates.pdf">https://dera.ioe.ac.uk/id/eprint/34515/1/Surrogacy_guidance_for_intended_parents_and_surrogates.pdf</a>             |

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| 4  | Jan 2021      | Ministerial Resolution No. (14) of 2021 on the Patient's Rights & Responsibilities Charter | <a href="https://mohap.gov.ae/assets/d67042d0/Ministerial%20Resolution%20No.%2014%20of%202021.pdf.aspx">https://mohap.gov.ae/assets/d67042d0/Ministerial%20Resolution%20No.%2014%20of%202021.pdf.aspx</a>   |
| 5  | April 2022    | A guide to preparing for Surrogacy   | <a href="https://www.ivf.com.au/sites/ivfa/files/2022-09/IVFA61%20Surrogacy%20Brochure%20A5%2011.04.22-HR.pdf">https://www.ivf.com.au/sites/ivfa/files/2022-09/IVFA61%20Surrogacy%20Brochure%20A5%2011.04.22-HR.pdf</a>   |
| 6  | November 2022 | Potential Surrogacy Complications (And How to Avoid Them)                                  | <a href="https://www.worldwidesurrogacy.org/blog/potential-surrogacy-complications-and-how-to-avoid-them#:~:text=As%20the%20surrogate%2C%20you%20may%20be%20at%20risk,which%20the%20embryo%20implants%20outside%20of%20the%20uterus.">https://www.worldwidesurrogacy.org/blog/potential-surrogacy-complications-and-how-to-avoid-them#:~:text=As%20the%20surrogate%2C%20you%20may%20be%20at%20risk,which%20the%20embryo%20implants%20outside%20of%20the%20uterus.</a> |
| 7  | March 2023    | Standard for assisted reproductive technology services and treatment                       | <a href="https://www.doh.gov.ae/en/resources/standards">https://www.doh.gov.ae/en/resources/standards</a>   |
| 8  | October 2023  | Code of Practice Human Fertilisation and Embryology Authority                              | <a href="https://portal.hfea.gov.uk/media/za0j5qqr/2023-10-26-code-of-practice-v9-4.pdf">https://portal.hfea.gov.uk/media/za0j5qqr/2023-10-26-code-of-practice-v9-4.pdf</a>   |
| 9  | November 2023 | Law No. (17) of 2023 Concerning medical assistance in reproduction in                      | <a href="https://www.doh.gov.ae/en/about/law-and-legislations">https://www.doh.gov.ae/en/about/law-and-legislations</a>   |
| 10 | December 2023 | Gestational Surrogacy  | <a href="https://my.clevelandclinic.org/health/articles/23186-gestational-surrogacy">https://my.clevelandclinic.org/health/articles/23186-gestational-surrogacy</a>   |

