

Sijaissyntytyt hoitavan lääkärin näkökulmasta

Suomen Lääkintäoikeuden ja –etiikan seura

14.3.2013

Sirpa Vilksa

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Sijaissyntyys - määritelmiä

- IVF-sijaissyntyys, Gestational surrogacy
 - Tulevat vanhemmat ovat lapsen biologiset vanhemmat
- Genetic Surrogacy, Traditional, Partial surrogacy
 - Synnyttäjä on lapsen biologinen äiti
 - Hoitomenetelmänä intrauteriininen inseminaatio (IUI)

Sijaissyntytyt - indikaatiot

- Synnynnäinen kohdun puuttuminen
- Kohtu on poistettu synnytyskomplikaation, syövän tai muun vaikean sairauden vuoksi
- Vaikea kohdun epämuodostuma
- Vaikea sairaus, raskaus vasta-aiheinen

IVF surrogacy treatments performed in Finland

AOGS

ACTA Obstetrica et Gynecologica



Scandinavica

Experience of *in vitro* fertilization surrogacy in Finland

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Issue



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- 12 couples treated in Väestöliitto
- 3 in Felicitas Clinic
- 2 in Eira Hospital
- 1 in Kuopio University Hospital

18 couples

- Two Swedish couples, one Norwegian and one Danish couple

IVF sijaissyntytykset Suomessa 1991- 2001

Indikaatiot

	N
Syynnäinen kohdun puute	6
Raskauden tai synnytyksen aikainen kohdun repeämä, kohdun poisto	3
Synnytyksen jälkeinen vuoto, kohdun poisto	2
Syöpä tai muu vakava sairaus, kohdun poisto	3
Muu kohtuperäinen syy	3
Vaikea LED	1

Experience of in vitro fertilization surrogacy in Finland.

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Hoidettavat parit olivat hankkineet sijaissyntyjän itse

- Äiti 3
- Sisar 6
- Puolison sisar 1
- Serkku 1
- Ystävä 4
- Muu 3

Ikä keskim.36 v (29 - 52 v)

Kaikilla oli omia lapsia (1-4)

IVF-sijaissyntytykset Suomessa 1991 - 2001

Söderström-Anttila *et al.*, 2002

Hoidetut parit n	17
Munasoluja/hoito*n	13.2 (1 - 30)
Sijaissyntyttäjät n	18
Kliininen raskaus/alkionsiirto n	50.0 % (8/16)
Kliininen raskaus/pakastetun alkionsiirto n	15.8 % (3/19)
Elävänä syntyneet/hoidettu pari	58.8 % (10/17)

*Yhdessä hoidossa käytetty lahjamunasoluja

Medical and psychological screening

- The biological parents/commissioning couple:
 - Indication for treatment?
 - Medical and psychological health
 - Contraindication for ovarian stimulation?
 - Information of IVF-treatment, side-effects, outcome
- Surrogate mother candidate:
 - Motivation?
 - Careful evaluation medically and psychologically
 - Physical health and regular medication
 - Previous pregnancies, deliveries
 - Postpartum depression?
 - Wishes for more children?
 - Life-style? Smoking, alcohol?
 - Gynecological status
 - Information of hormonal treatment

Information, counselling, preparation

- **Psychological counselling** of all parties by an independent psychologist/psychiatrist
 - Relationships
 - Responsibilities
 - Expectations
- **Information on legal aspects** of the treatment
- **Adoption guidance** by adoption authorities
- **Discussion** both with the medical team and the psychologist **about problems that may arise**
 - Failure in treatment, miscarriage
 - Complications during pregnancy
 - Child with disability
 - The surrogate might wish to keep the child
 - Questions of compensation

IVF surrogacy in Finland 1991-2001 – results

- Obstetric outcome
 - Complications: PIH (1), placental insufficiency (1), disturbance of glucose metabolism (2)
 - Caesarean section 70 % (7/10)
- 11 infants born
 - Birth weight of singleton infants 3498 g (2270 – 4650 g), twins 2900 g and 2400 g
- Problems observed:
 - one commissioning mother wanted to take part in every pregnancy check up in the hospital and the surrogacy mother would have wanted some more privacy
 - some disagreement between two sisters after delivery
- Two surrogate mothers suffered from mild and moderate postpartum depression

Non-commercial surrogacy: an account of patient management in the first Dutch Centre for IVF Surrogacy, from 1997 to 2004

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- In 1994 change of the Dutch law**
 - Surrogacy was allowed**
 - Commercial surrogacy still prohibited**
- Three lawyers were trained and connected to the program**
- The Centre carried out the legal intake assessment using a list of 99 items.**
- Legal contract between the intended and surrogate parents was signed before the IVF procedure was started**

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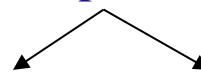
- **500 inquiries made by telephone calls, 300 intended mothers were rejected**
- **97 rejected because of failure to meet the basic requirements**
- **105 sets of intended parents, together with 105 surrogate mothers visited the centre**
- **58 withdrew or were not accepted because of various reasons**
- **After psychological interview 10 couples were denied surrogacy or withdrew their request**



35 couples entered the IVF-programme



24 women completed IVF treatment



13 pregnancies with 16 children

11 women with failed completed IVF

Non-commercial surrogacy: an account of patient management in the first Dutch Centre for IVF Surrogacy, from 1997 to 2004.

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- 16 children born to 13 women including three sets of twins
 - All singletons born between 37 and 41 weeks
 - The three sets of twins were born at 31, 36 and 36 weeks of gestation
 - Nine vaginal delivery, four Cesarean section
 - All fetal weights were in the normal range of gestational age

- One twin girl was born with severe congenital malformations (hydrocephalus and spina bifida). No problems were encountered in accepting these girls.

- One to 4 years after the initial psychological tests all candidates entering the IVF programme, had repeated psychological testing
 - No major negative or harmful consequences to prospective parents or surrogate mothers were observed, even if no child was born.
 - Couples with a child were happier than couples without a child

- The adoption procedure was successfully completed in all cases.

Risks involved in IVF surrogacy ?

1. Risks of complications involved with pregnancy and delivery
 - Risk of miscarriage
 - Risk of multiple birth
2. Psychological risks for the gestational mother and/or problems with handing over the child to the commissioning couple
3. Risk that the commissioning couple will not accept the child
4. Lack of contact between the mother and the child during pregnancy will be harmful for the interaction between the child and its parents in the future?
5. Possibility of inappropriate use of surrogacy, as for example a "convenience" for non-medical reasons?

Toward understanding obstetrical outcome in advanced assisted reproduction: varying sperm, oocyte, and uterine source and diagnosis

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Objective: To evaluate the obstetrical outcome measures of birth weight (BW) and length of gestation (GA) in singleton pregnancies from in vitro fertilization (IVF), donor egg (DE), and gestational carrier (GC) cycles.

Design: Retrospective data analysis.

Setting: Clinics.

Patient(s): SART data set from the years 2004–2006.

Intervention(s): The BW and GA of singleton pregnancies were compared in IVF, DE, and GA cycles.

Conclusion(s): Reduced BW and GA were observed for DE cycles versus IVF or GC cycles, suggesting that the uterine environment was more important to these outcomes than egg quality. Whereas altering the sperm source had no effect, female infertility diagnoses were associated with reductions in BW and GA. (*Fertil Steril*® 2010; ■:■–■. ©2010 by American Society for Reproductive Medicine.)

Risks of complications involved with IVF-surrogacy pregnancy and delivery

- Less obstetric and perinatal complications in IVF surrogacy treatments compared to standard IVF (the outcome should not be compared to oocyte donation pregnancies)
- Risks can be minimized by careful screening of the surrogate mother
 - **The surrogate mother should be healthy and have normal pregnancies and children of her own**
 - **No previous postpartum depression or psychological disorder**
 - **Age <45 years? <50?**
- Multiple pregnancies avoided by elective SET

Surrogacy: the experiences of surrogate mothers

Vasanti Jadva¹, Clare Murray, Emma Lycett, Fiona MacCallum and Susan Golombok

City University, London, United Kingdom

- 34 surrogate mothers (mean age 34 yrs) were interviewed one year after delivery
- Partial surrogacy 56%; IVF surrogacy 44%
- No-one had any doubts to hand over the child to the genetic parents
- Difficulties experienced by the surrogate mothers one year later
 - No difficulties 32 (94%)
 - Some difficulties 2 (6%)
 - Moderate difficulties 0
 - Major difficulties 0

Risk that the commissioning couple will not accept the child?

- Not much data available
- Differences in partial and IVF surrogacy?
- Rejection of your biological child probably very uncommon after IVF-surrogacy treatment (Söderström-Anttila, 2002; MacCallum 2003; Dermout 2010)

Negative effects on the child??

- Not much data available
- It appears that the absence of gestational link between the parents and their child does not have negative implications on parent-child relationships or the psychological well-being of the child (Golombok et al., 2006)
- Incidence of premature birth and low birth weight lower after surrogacy treatment compared to that of standard IVF (Serafini, 2001)
- Congenital abnormalities within the range of spontaneous pregnancies (Serafini, 2001)

Sijaissyntyys

- Mahdollinen lapsettomuuden hoito parille, joilla on hyväksyttävä syy sijaissyntytykseen
- Vaativa hoito, johon liittyy ongelmia
- Kokemukset Hollannista ja Suomesta hyvät
- Ymmärrystä sijaissyntytyksestä myös raskauden ja synnytyksen yhteydessä

Sijaissyntyttäjä

- Oma halu auttaa
- Enintään 45-vuotias
- Ainakin 1 oma lapsi, ei suunnittele enää omia lapsia
- Sekä psyykkisesti että fyysisesti terve
- Aikaisemmat raskaudet ja synnytykset normaalit, ei synnytyksen jälkeistä masennusta
- Oikeutettu kohtuulliseen kulukorvaukseen.

Kiitos