



Surrogate Motherhood in India: A Legal Analysis

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ABSTRACT

The surrogacy is a method of procreation of children that is extra marital. The aim of surrogacy is progeny rather than sexual pleasure or sexual satisfaction. That is why this procedural technology could not be termed as prostitution. Surrogacy is a method of assisted reproduction whereby a woman agrees to become pregnant for giving birth to a child for others to nourish. She may be the child's genetic mother or she may be implanted with an unrelated embryo. Indian surrogate mothers come of one third of the cost compared to the US. As the cost is economical in comparison to other countries, foreign couples are traversed to India for outsourcing womb. This research is trying to discover the legal and moral issues with a slide touch of transnational border issues. The primary concern in surrogacy cases is the plight of woman who agrees to act as surrogate mother. Mostly such women are poor and belong to marginalised sections of society who easily agree to act as surrogate mother for monetary reasons. To protect such women and also to address certain legal as well as moral issues concerning surrogacy, it is necessary to regulate commercial functioning of fertility clinics as well as service provider agencies to ensure that the services provided are ethical and medical, social and legal rights of all concerned are protected. There is also needed a strong legal framework to protect identity, legitimacy, succession, human and fundamental rights of an unborn person.

Keywords-- Surrogate, Motherhood, Rights

I. INTRODUCTION

Surrogacy is a method of assist reproduction whereby a woman agrees to become pregnant for giving birth to a child for others to nourish. And the surrogate parent defined as the term applied to a parent who is not a natural parent of a child but assumes the role of. 'Surrogate motherhood' is a "practice in which a woman (the surrogate mother) bears a child for a couple unable to produce children in the usual way, usually because the wife is infertile or otherwise unable to undergo pregnancy." Since last decade surrogacy agreements have been a subject to much academic debate that separate biological parent status from marital ones. In

these agreement a person contracts with a fertile woman who agrees to be artificially inseminated, often with the contracting person's sperm, to gestate and deliver foetus and to terminate her parental rights at birth in exchange of a fee. Thus surrogacy is a method of procreation of children that is extra marital. The aim of surrogacy is progeny rather than sexual pleasure or sexual satisfaction. That is why this procedure/ technology could not be termed as prostitution. It is a kind of adoption of a child embryo before its birth through outsourcing womb (outside the wedlock) in lieu of consideration. In which initially three parties are involved: fertile husband, an infertile wife and a fertile second woman, but in the technological era woman can now gestate another women's egg and sperm banks are widely available, it has become multifaceted and it is now possible to have many potential parents like contracting couple or individual, sperm donor, an egg donor and the gestate or surrogate mother. We also cannot ignore the unborn.

In recent world of technology the inability to have a child which is known as infertility in medical terms is a global problem. Previously the only risk for the couples who did not have infant was once adoption, but due to the advancement in the medical facility, infertility areas and artificial human reproductive technologies surrogacy is feasible now. Like insemination, In-vitro fertilisation, embryo transfer etc. Among all these method surrogacy has ended up to be the more popular. Not only populace but also celebritiesⁱⁱ are taking recourse to assisted reproductive technologies to become parents. Indian surrogate mothers come of one third of the cost compared to the US. As the cost is economical in comparison to other countries, foreign couples are traversed to India for outsourcing womb.ⁱⁱⁱ India is the growing hub of numerous fertility clinics with IVF technology.^{iv} Therefore a number of moral and legal issues have arisen which needs considerations. Accordingly regulation of surrogacy is the need of the hour.

The primary concern in surrogacy cases is the plight of women who agrees to act as surrogate mother. Mostly such women are poor and belong to marginalised sections of society who easily agree to act as surrogate

mother for monetary reasons. To protect such women and also to address certain legal as well as moral issues concerning surrogacy, it is necessary to regulate commercial functioning of fertility clinics as well as service provider agencies to ensure that the services provided are ethical and medical, social and legal rights of all concerned are protected. There is also needed a strong legal framework to protect identity, legitimacy, succession, human and fundamental rights of an unborn person.

The technique of IVF has caused to develop the concept of surrogacy arrangement which is instrumental in providing baby to infertile couples with the assistance of Assisted Reproductive Technology (hereinafter ART). One in six couples world wide experience some form of infertility problem at least once during their reproductive life span. Among these an estimated 19-20 millions live in India according to World Health Organisation.^v More than 3.75 million children around the world have been born through in vitro fertilization or related technique during the last thirty two years. In fact before exploring the legal and ethical issues relating to surrogacy it is necessary to explain briefly the technology in legal term with its different kinds: Traditional surrogacy; commercial surrogacy and gestational surrogacy.

II. THE CONCEPT OF SURROGACY

The word "surrogate," is rooted in Latin "*Subrogare*" (to substitute), which means "appointed to act in the place of."^{vi} A woman who agrees, often for remuneration, to give birth to a child resulting from synthetic insemination or the surgical implantation of an already fertilized egg for the purpose of carrying the foetus to term for another woman. Artificial insemination first made surrogacy possible. Surrogacy is a method of assisted reproduction whereby a woman agrees to become pregnant for giving birth to a child for others to nourish. She may be the child's genetic mother (the more traditional form of surrogacy) or she may be implanted with an unrelated embryo. She then carries the baby and delivers it for the parents to nourish. A traditional surrogate is the baby's biological mother. Thus the concept of surrogacy has revolved around an ordinary biotic function of the body of a woman into a commercial contract and hence the surrogate services are now even publicized. Surrogates are being enlisted and the operating agencies make huge profits from them. The commercialization of surrogacy is nothing but the giving rise to the new problem of selling child and setting up breeding farms which may turn women into baby producers.

Having another woman bear a child for a couple to grow up, usually with the male half of the couple as the genetic father, is referred to in antiquity. Babylonian law and custom allowed this practice, and infertile woman could use the practice to avoid a divorce, which would otherwise be inevitable.^{vii} In some cases, surrogacy is the only available option for parents who wish to have a child that is biologically related to them.

There can be **several reasons** behind surrogate pregnancy. For instance, a woman who determined to be parent is infertile or unable to carry a pregnancy to term, e.g., woman with hysterectomy, uterine malformation or with a history of recurrent abortions or any medical illness making her pregnancy a risk to her own health. A female determined to be a parent may also be fertile and healthy, but unwilling to experience pregnancy. 'Many developments in medicine, social customs, and legal proceedings worldwide paved the way for modern commercial surrogacy.'^{viii}

III. TYPES OF SURROGACY

There are two major types of surrogacy^{ix}, **traditional** and **gestational surrogacy**.

In **traditional** (also known as partial, genetic, or straight) surrogacy, the surrogate is impregnated naturally or artificially, but the resulting child is genetically related to intended father and genetically related to the surrogate. Intended parents may seek a surrogacy arrangement when either pregnancy is medically impossible, pregnancy risks present an unacceptable danger to the mother's health or is a same sex couple's preferred method of reproduction. Monetary compensation may or may not be involved in these arrangements. If the surrogate receives compensation beyond reimbursement of medical and other reasonable expenses, the arrangement is considered **commercial surrogacy**; otherwise, it is referred to as **Altruistic surrogacy** where a surrogate mother agrees to gestate a child for intended parents without being remunerated monetarily in any way. In other words, this is in effect a free surrogacy, a philanthropic act.

In **gestational** (also known as host or full) surrogacy, a surrogate is entrenched with an embryo created by IVF. The resulting child is genetically unrelated to the surrogate. There are several sub-types of gestational surrogacy *E.g.*

1. Gestational surrogacy implanted with embryo created by IVF from both intended parents i.e. **father's sperm and intended mother's eggs**.
2. Gestational surrogacy implanted with an embryo created by IVF, using intended **father's sperm and a donor egg** where the donor is not the surrogate. The resulting child is genetically related to intended father and genetically unrelated to the surrogate.
3. Gestational surrogacy **implanted with an embryo created** by IVF, using intended mother's egg and donor sperm. The resulting child is genetically related to intended mother and genetically unrelated to the surrogate.
4. Gestational surrogacy **implanted with a donor embryo** in a surrogate; such embryos may be available when others undergoing IVF have embryos left over, which they opt to donate to others. The resulting child is genetically unrelated to the intended parent(s) as well as surrogate.

IV. LEGAL ISSUES AND PERSPECTIVE

The legal aspects surrounding surrogacy are complex, diverse and mostly unsettled. There is ambiguity in surrogacy contract and chances of legal problems are high as these agreements are multifaceted and involve hidden issues. Cross border surrogacy leads to problems related to nationality, motherhood and rights of child.

The problem of **citizenship** of a surrogate child was highlighted in the case^x of two twin babies- Balaz Nikolas and Balaz Leonard, born to an Indian surrogate mother in Anand district of Gujarat and a German father in 2008. The Supreme Court raised legal issue of citizenship of children born under surrogacy, "Under the Constitution, a child born here from an Indian surrogate mother is entitled to Indian citizenship, but what happens if the biological mother is a foreign citizen and the child applies for citizenship of that country," a Bench led by Justice Ranajan Gogoi suggested whether the government could even consider dual citizenship for surrogate children born in such circumstances.

There are **transnational issues** regarding enforceability of agreements and citizenship. A woman could legally be paid to carry another's child through IVF and embryo transfer in India, Georgia, Russia, Thailand, Ukraine and a few U.S. States.^{xi} The legal aspects of surrogacy are liable to axis on a few central questions: Are surrogacy agreements enforceable, void or prohibited? Does it make a difference whether the surrogate mother is paid (commercial) or simply reimbursed for expenses (altruistic)? Does it make any, difference if the surrogacy is traditional or gestational?

International Surrogacy involves **bilateral issues**, where the laws of both the nations have to be at par/uniformity else the concerns and interests of parties involved will remain unresolved.

Another issue is **the determination of the mother**. 'Whether in commercial surrogacy the surrogate mother who bears pain and suffering for 9 months and the risk along with all the psychological and emotional problems is the only mother of surrogate child? Whether "surrogate mother" and "genetic mother" (who has donated the egg) can both be said to be mother of the surrogate child? In most of the countries world over, the woman giving birth to a child is considered as the Child's legal mother. The only way for another woman to be recognized as the mother is through adoption (usually requiring the birth mother's formal abandonment of parental rights). However, India is one country amongst the few, the intended parents are be recognized as the legal parents from birth by the virtue of the fact that the surrogate has contracted to give the birth of the child for the commissioned parents.

Besides this is there an alternative to **post-birth adoption** for the recognition of the intended parents as the legal parents, either before or after the birth? One jurisdiction (*Quebec*) prevented the genetic

mother's adoption of the child even though it left the child with no legal mother.^{xii} Even in jurisdictions that do not recognize surrogacy arrangements, if the genetic parents and the surrogate proceed without any intervention from the government and have no changes of heart along the way, they will likely be able to achieve the effects of surrogacy by having the surrogate mother give birth and then give the child up for private adoption to the intended parents. Most jurisdictions provide for only a post-birth order, often out of an unwillingness to force the surrogate mother to give up parental rights if she changes her mind after the birth.

In addition commercial surrogacy is inconsistent with the **dignity of Indian womanhood** as practiced in India amounts to economic and psychological exploitation of surrogate mother. It involves trafficking in human beings in form of sale of a surrogate child. The Human Organs Act 1994 bans the trade of the human organ as a part of commercial business. Import of human embryo amounts to commoditization of human life and thus violates article 21. Relinquishment of the surrogate's parental rights for money and involves rent of womb thus violating of Article 21 and 23 of the Constitution.

Moreover there are other legal issues^{xiii} relating to **human rights of a surrogate child** born out of commercial surrogate as such child would face psychological & emotional problems. Legal mechanism does not seem to have answered if:

- Surrogate dies during child birth.
- Surrogate falls ill, who will bear the medical bills.
- Commissioning couple refuse to take child on the ground that it is abnormal or physically/mentally challenged, what can surrogate do.
- Surrogate refuses to hand over child.
- Should surrogacy arrangements be disclosed to child?"

Many states now issue pre-birth orders through the courts placing the name(s) of the intended parent(s) on the birth certificate from the start, generally in only those cases when the surrogate mother is not genetically related to the expected child. These orders usually require the consent of all parties involved, sometimes including even the husband of a married gestational surrogate. Some jurisdictions impose other requirements in order to issue birth orders, for example, that the intended parents are heterosexual and married to one another. In others the possibility of surrogacy is either not recognized (all contracts specifying different legal parents are void), or is prohibited.

Some jurisdictions specifically prohibit only commercial and not altruistic surrogacy. If the contract is either prohibited or void, then there is no recourse if one party to the agreement has a change of heart: if the intended parents change their mind and do not want the child after all, the surrogate cannot get any reimbursement for expenses, or any promised payment, and she will be left with legal custody of the child. Can

she claim from genetic parents/clients for monetary support for the resulting child? If a surrogate changes her mind, breaks her contract and decides to keep the child, the intended mother has no claim to the child even if it is her genetic offspring, and the couple cannot get back any money they may have paid to the surrogate.

Establishing paternity may be easy enough with one quick genetic test, but what will happen if a non-custodial father has been the "father" to a child for 15 years only to learn that he is not the biological father? Does he get a refund on the child support he is paid? These are tough legal issues for judges and policymakers.

V. MORAL AND ETHICAL ISSUES

In surrogacy arrangement many unresolved moral and ethical issues are involved. Surrogate motherhood as an arrangement, in which a woman takes no ownership of the child born, has raised moral, ethical social and legal questions about both woman and the "Commissioned baby." The commercial surrogacy is highly immoral, unethical and inconsistent with human dignity as a woman uses her uterus for financial profit and treats it as an incubator for someone else child. A large population is not able to meet the both meals properly, poor Indian women are ready to carry the child of foreigners at the very low cost, for earning bread and butter for their starving families. The payment for bodily services dehumanizes the surrogate mother and exploits her reproductive organs and capability for personal gains of the wealthy. Sale of a child in view of the fact that surrogate mother relinquishes her parental rights for money to renting of a womb is opposed to public policy and therefore void u/s 23 of the Contract Act.

If the intending parents are foreigners or non resident Indians, they appoint local guardians. It promotes middlemen in this process. If these foreigners do not take the child in prescribed time the local guardian may hand over the child to any adoption agency. This is highly immoral which victimizes the baby to orphanage.

Single persons and unmarried couples are also availing this technology although they can get the child naturally after marriage for they are biologically able to procreate. Through this technology they are avoiding many difficulties and liabilities. ART is also available to lesbians, gay, homosexuals, transgender and transsexual couple. This is not ethical. There is problem in whose name birth certificate will be issued. Besides this many ethical issues arises, i.e.

- What is the relationship between genetic motherhood, gestational motherhood, and social motherhood?
- Is contracting for surrogacy more like contracting for employment/labor, or slavery?
- To what extent should society be concerned about exploitation, commoditization, and/or coercion when women are paid to be pregnant and deliveries, especially where there are large

wealth and power differentials between intended parents and surrogates?

- To what extent is it a woman's human right or right of society to permit women to make contracts about the use of their bodies?
- Which, if any, of these kinds of contracts should be enforceable?
- Should the state be able to force a woman to carry out "specific performance" of her contract if that requires her to give birth to an embryo she would like to abort, or to abort an embryo she would like to term?
- Another important ethical issue relates regarding the privacy of surrogate mother, donors and genetic parents. Will it be positive to reveal to the child born via surrogacy the identity of any/all of the people involved in that child's conception and delivery?
- What will be the impact on child to know regarding the identity of his/ her genetic parents or surrogate mother?

There is likelihood of pre-natal sex selection in ART as male child is preferred over female in India. This may imbalance the sex-ratio of the country. These are the complicated and complex moral and ethical issues regarding surrogacy and ART.

Opponents of surrogacy argue that the practice is equivalent to prostitution and by virtue of that similarity; it should be disallowed on moral grounds. Surrogacy contracts are "dehumanizing and alienating since they deny the legitimacy of the surrogate's perspective on her pregnancy."^{xiv}

Indian surrogates have been increasingly popular with intended parents in industrialized nations because of the relatively low cost. Indian clinics are at the same time becoming more competitive, not just in the pricing, but in the hiring and retention of Indian females as surrogates. Clinics charge patients between \$10,000 and \$28,000 for the complete package, including fertilization, the surrogate's fee, and delivery of the baby at a hospital. Including the costs of flight tickets, medical procedures and hotels, it comes to roughly a third of the price compared with going through the procedure in the UK.^{xv}

According to legal experts, "...if surrogacy become an avenue by which women in richer countries choose poorer women in our country to bear their babies, then it is economic exploitation, a kind of biological colonization."^{xvi}

Surrogacy in India is of low cost and the laws are flexible. The Supreme Court of India in the Manji's case^{xvii} (Japanese Baby) has held that commercial surrogacy is permitted in India. The girl, who was born in late July, arrived at Kansai International Airport from India, accompanied by her 70-year-old grandmother Emkio Yamada. The Japanese government issued the visa after the Indian government granted the baby a travel certificate in September with a Supreme Court direction. That has again increased the international confidence in going for surrogacy in India.

The issue is related to a surrogate's right to health. Future projections of surrogacy practice range from opportunity to exploitation - from rural women in India uplifted out of poverty to a futuristic nightmare of developing country baby farm. 'In case of surrogacy in India, it is hard to tell that whether these women are exercising their own personal rights or whether they are forced to become surrogate mothers due to their mother-in-law's or husband's desire to fulfil material and financial needs.'^{xviii}

Most of issues and problems are as a result of totally unregulated private ART clinics-with varying costs, standards and procedures-that give primacy to profits rather than epidemiological needs of the majority in India. The need to prevent secondary infertility owing to poor obstetric services, reproductive tract infections and poor nutritional status of women and provision of basic services to deal with treatment of infertility is thus ignored by the government. Private sector is given full freedom to expand ART clinics to promote medical tourism and surrogacy. This can physically harm surrogates leading various complications due to techniques, e.g., low birth weights and malformed babies, which are not publicly disclosed.

VI. SUGGESTIONS

The Indian Council of Medical Research (ICMR), under the aegis of Ministry of Health & Family Welfare, Government of India, formulated the Assisted Reproductive Technologies (Regulations) Bill, 2010^{xix} providing for the legal regulation, conduct of surrogacy and control of misuse of this technology in India. ICMR has recommended strict penalties for offenders and a tight regulation on ART. The draft law restricts the number of embryo transfers a mother can go through to 3 times for the same couple, if the first two attempts fail. No woman should act as a surrogate for more than three live births in her life. ICMR guidelines, states, "A relative, a known person as well as a person unknown to the couple may act as a surrogate mother for couple. In case of a relative acting as a surrogate, the relative should belong to the same generation as the woman desiring the surrogate." The experts believe that surrogacy propels childless couples needlessly toward commercial surrogacy. Section 3.10.5 of the guidelines states that "a surrogate should be less than 35 years" being the upper age without mentioning the minimum age to be surrogate. So does that mean an 18 year old or someone even younger, can become surrogate mother? Before accepting a woman as a possible surrogate for a particular couple, the ART Clinic must ensure (and put on record) that the woman satisfies all the testable criteria to go through a successful full term pregnancy." These guidelines are twisted and thoughtless.

Though the ART Bill provides for the agreement but there are many lacunas which raise a host of legal complications. However, giving due regard to the concerns and in order to prevent the commercialization of the Human Reproductive system,

exploitation of women and the commoditization of Children, There are certain suggested safeguards recommended by the law commission of India^{xx} to be included in order to better the provisions providing for surrogacy agreement as: Surrogacy arrangements will continue to be governed by contracts amongst parties, but such an arrangement should not be for commercial purposes. Commercial surrogacy should be prohibited as is in U.S.A., U.K., Australia, Israel, Japan, and France etc.

Legislation itself should recognize surrogate child to be legitimate child. The birth certificate of the surrogate child should contain the name(s) of the commissioning parent(s) only.

A surrogacy contract should necessarily take care of life insurance cover for surrogate mother. A surrogacy arrangement should provide for the financial support for surrogate child in the event of death of the commissioning couple or individual before delivery of the child.

Sex selective surrogacy should be prohibited. Cases of abortion should be governed by Medical Termination of Pregnancy act 1971 only.

IVF and / surrogacy arrangement should be available for the needy persons. At first step IVF should be allowed and if woman has any medical problem in conceiving and carrying the pregnancy to full term only then surrogacy arrangement should be allowed.

Single persons and unmarried couple should never be allowed to have baby through surrogacy arrangement. Transgenders, gays, bisexuals should not be allowed to avail surrogacy arrangement.

Section 34 (3) should be deleted. This clause provides monetary compensation to surrogate mother. Deletion of this clause will prohibit commercialization of surrogacy in India.

Section 34 (19) should be redrafted. The provision of appointment of local guardian should be deleted. At least one of the intending parents should be donor. This will cause to develop an emotional relation between the child and the parents.

The personal identity of the genetic parents and surrogate mother should be strictly maintained. Right to privacy of donor as well as surrogate mother should be protected.

In India, surrogacy is purely a contractual understanding between the parties so care has to be taken while drafting agreement so that it does not violate any of the laws like, e.g., points to be taken into consideration why does the intended parents opt for surrogacy, particulars of the surrogate, type of surrogacy, mentioning about paternity in the agreement, the creation of registry for biological father of children in an adoption cases, rules set forth on how and when genetic testing can be done to determine paternity, compensation clause, unexpected mishappening to the surrogate mother, child's custody, regarding the jurisdiction for the disputes arising out of agreement. There is a need for a "comprehensive legislation" dealing with all the issues and situations, citizenship of a surrogate child, created by the latest reproductive technology.

VII. CONCLUSION

India is becoming a booming industry for the process of the surrogacy due to which it brought certain complexities and many social, ethical, and legal issues related to surrogacy due to which the requirement for a particular legislation being needed.

The Surrogacy Regulation Bill in comes at the right time when there is need to look into the process of the commercial surrogacy which is becoming an unethical business for the people of India at large. The

proposed law needs proper discussion and debate in the context of legal, social and medical aspects. Without a foolproof legal framework implementation couples will invariably be misled and the surrogates exploited.

The process of surrogacy in a country like India has both positive as well as the negative impact. If it is used shrewdly then it bring satisfaction to many infertile couples who are not able to have a child, but if the process of surrogacy used in a careless manner or used for the purpose of commercialization then it has adverse effect on the society at large.

REFERENCES

- * Ford Fellow, Associate Professor, Department of Law, N.R.E.C. College Khurja
- ⁱⁱ Amir, Kiran have baby boy through surrogacy, Times of India Dec. 6, 2011 and Khans for surrogacy, HT Meerut June 18, 2013.
- ⁱⁱⁱ *Single foreigner may get surrogacy option*, Hindustan Times, New Delhi, Tuesday May 14, 2013, *B'lore Turns into Surrogacy hub*, Times of India, New Delhi Saturday August 13, 2011, *Illegal IVF practices give the rest of us a bad name: Docs*, Times of India, New Delhi, Thursday July 15, 2010.
- ^{iv} 'Kiraye ki Kokh vadhta karobar, ghaple hazar' Hindustan, Meerut 30 July 2015 at 11. 'Indian surrogacy is now half billion dollar industry', www.thedailybeast.com/blog.
- ^v Hindustan Times, Tuesday, October 05, 2010 at Page-19.
- ^{vi} <https://www.vocabulary.com/dictionary/surrogate>.
- ^{vii} Postgate, J.N, *Early Mesopotamia Society and Economy at the Dawn of History*. Routledge. (1992). ISBN 0-415-11032-7. p. 105.
- ^{viii} Merino, Faith (2010). *Adoption and Surrogate Pregnancy*. New York: Infobase Publishing.
- ^{ix} Using a Surrogate Mother: What You Need to Know – WebMD. www.webmd.com/infertility-and-reproduction/.../using-surrogate-mother
- ^x Union of India and Anr. Versus Jan Balaz and Ors. 14 Oct. 2015 Sup Court.
- ^{xi} Bhalla, Nita; Thapliyal, Mansi "India Seeks to Regulate Its Booming Surrogacy Industry". (September 30, 2013). from Reuters Health Information (via Medscape).
- ^{xii} Baudouin, Christine. "Surrogacy in Quebec: First Legal Test". Canadian Fertility and Andrology Society.
- ^{xiii} Surrogacy (Regulation) Bill, 2014 <http://surrogacylawsindia.com/legality>.
- ^{xiv} Jadv V, Murray C, Lycett E, MacCallum F, Golombok S. Surrogacy: The experiences of surrogate mothers. Hum Reprod 2003;18:2196-204.
- ^{xv} Kannan, Shilpa. "Regulators Eye India's Surrogacy Sector". India Business Report, BBC World. Retrieved March 23, 2009.
- ^{xvi} Milliez, J. (September 2008). "Surrogacy: FIGO Committee for the Ethical Aspects of Human Reproduction and Women's Health". *International Journal of Gynecology & Obstetrics* 102 (3): 312–313. Retrieved December 13, 2013.
- ^{xvii} Baby Manji Yamada V. Union Of India & ANR. [2008] SC 1656.
- ^{xviii} Kevin T. The ethics of surrogacy contracts and nebraska's surrogacy law. Vol.41. Creighton Law Review; 2008. p. 185-206.
- ^{xix} See also ART Regulation Bill Draft, 2013.
- ^{xx} 228th Report of the Law Commission of India on "Need for legislation to regulate assisted reproductive technology clinics as well as rights and obligations of parties to a surrogacy." 2009. Available from <http://surrogacylawsindia.com/admin/userfiles/file/report228.pdf>.