



Surrogate Post Birth Emotional Needs – A Guide for Intended Parents

Head, Heart, Hormones – H H H

Here is a guide on what I recommend Intended Parents provide to their Surrogate in the days, weeks, and months post birth, to help her transition hormonally and emotionally.

I call this transition "Head, Heart, Hormones"

A Surrogate knows in her Head and Heart that she has given birth to your baby, but at a Hormonal (physical/instinctive/primal) level, her body only knows that she has just given birth, and it believes that she is now responsible for the care of a newborn.

Thus, we need to respect mother nature and make this a gentle transition. It takes time and support for the Surrogate's Hormones to come into alignment with her Head and Heart.

A Surrogate also needs to know that what she has done for you is recognised and appreciated. That she will not be forgotten, discarded, or written out of the story, now you have your baby.

Navigating post birth relationships can also be complex. Intended Parents are adjusting to parenting a newborn and your team needs to navigate their new roles, connections, and boundaries now the intensity of pregnancy and birth is over.

1. First Few Days - "A Doorway Apart" – *Frequent Contact*

- Ideally the first few (3-5) days post birth are spent together in hospital, with Surrogate and Intended Parents in separate (or shared) rooms, so there can be free interaction between Intended Parents and Bub with Surrogate throughout the day
- With an earlier discharge, (or home birth) the “doorway apart” is a metaphorical concept that needs to be done in an equivalent way

2. First Two Weeks – “10-15 Minutes Away” – *Daily Contact*

- Again, the 10-15 minutes can be literal (ideally walking distance in a pram rather than bub in car seat to make things easy) or figurative
- Sometime between day 7 and day 14 post birth, a Surrogate will recognise she is able to cope or feels ready for her interstate or long-distance Intended Parents to go home.
- She cannot predict when this will occur, so do not hope or assume she'll be ready at day 7 and only book a week's accommodation. Stay longer than 2 weeks if you wish.
- Contact can be:
 - Intended Parents visiting Surrogate or vice versa, as agreed to and/or comfortable for all
 - If Surrogate has a c-section she will not be able to drive
- This is also time for your Surrogate's kids to spend time with bub and put the story they have been told into a meaningful reality for themselves



3. First 3 Months or 4th Trimester – “A Phone Call Away” – *Regular Contact (every 1-3 days)*

- During the 4th trimester, a Surrogate’s body is still going through a lot of physical and hormonal changes
- She can be experiencing aches, pains, body fluids, breast tenderness, hormonal swings etc for at least 6-8 weeks.
- Her body does not snap back to normal immediately – she is left with the after-effects of pregnancy and birth, which can take a while (months) to heal, recover and adjust
- A C-section can make this physical recovery even longer
- Continuing to breastfeed or express breast milk during this period is also a significant demand on her time and energy
- Continuing to breastfeed or express breastmilk may also prolong hormonal and emotional adjustment in the 4th trimester
- The fourth trimester is a distinct physiological phase of pregnancy and birth – sometimes a Surrogate can feel vague, unsettled, or “not herself” for this period, which can make returning to her normal life, routines and occupation difficult.
- It is a good idea to schedule monthly in-person visits during this period if distance makes more frequent visits difficult

4. First 12 Months – “Finding the New Normal” – *Regular Contact (at least once a week)*

- This is when you will go through all the “firsts” – the first Mother’s Day, Father’s Day, Christmas, Easter and then bub’s first birthday
- At each milestone, a Surrogate does not want to upstage or spoil your pleasure in getting to have these firsts for yourself
- But she needs to know that you do remember, that you haven’t forgotten, that it was because of her putting her body on the line for you, and enduring pregnancy and birth, that you are getting to experience these firsts as a family and as a parent
- So, a warm, (private or public) acknowledgement and thanks to her, in the lead up to these events, will go a long way to making her feel appreciated
- If you told her she was “going to be like family” post birth, then treat her like family – if family are invited, then she should be invited to any milestone events for your child.
- Contact during this period is less about birth recovery and more about checking in on your Surrogate’s emotional wellbeing, consolidating your post birth friendship and sharing your adventures as a new parent.
- It is a good idea to continue the monthly in-person catch-ups during this first 12 months while settling into the new rhythm of your relationship

5. Rest of Your Life – “The new normal” - Up to you!

- Surrogacy never really ends – but don’t worry, it will become much less “all consuming”, stressful and intense
- The chapter of pregnancy and birth will close, the parentage order will be completed, and the new chapters will unfold as the storybook of your child’s life continues to be written



- You are now connected to your Surrogate forever through your child – hopefully, you made it through as friends or loving family
- This relationship will evolve and unfold in many unexpected ways over the years
- Hold on tight for the ride!

What Types of Contact are Needed?

The type of contact and emotional support a Surrogate needs from you in the days, weeks and months post birth can be:

- Inquiry as to her emotional and physical recovery and wellbeing – ask about her first
- Inquiry as to her children and partner's wellbeing and adjustment to the birth – ask next
- Check she has enough support eg domestic, emotional, childcare, transport especially if she had a c-section
- Update on bub's wellbeing eg eating, sleeping, putting on weight, milestones, happy, healthy and flourishing
- Or, if bub is sick or has a condition, enough information on bub's situation and progress to reassure her that things are under control and bub is safe
- Update on how being a new parent is going for you – the good, the bad, the sleep deprivation and the body fluids
- (Do not sanitise this experience and paint a glossy picture of parenting perfection if this is not what is going on – she knows what it is *really* like to become a parent for the first time)
- Share your joy and gratitude for what she has given you – she gave birth to your family and made you a parent or helped you complete your family
- Updates on your family, friends and visitor's response to meeting bub including passing on any kind words or gratitude they may have said about her and her role in bringing new joy into your and their lives
- Send regular photos of bub and especially photos and/or videos of you and bub – photos of the family she helped create are pleasurable for Surrogates to receive
- Physical contact during visits with bub if she and her family wish eg cuddles or bottle feeds
- A Surrogate may also just wish to enjoy watching you be a new parent with bub during visits, rather than wishing to spend time interacting with bub herself
- If she is staring at you and crying – she is not "grieving the loss of her baby" – they are more likely tears of joy or hormonal adjustment.
- If your Surrogate is crying, she is likely to need more connection rather than more space.
- If she is staring at you while you are fumbling to change a nappy – she is not judging your technique – she is more likely enjoying watching you find your way as a new parent and the careful nurture you are providing
- If she offers to help you – accept it – letting her help you navigate being a new parent is to compliment her with your trust and indicates your respect of her as someone who is invested in your child's wellbeing
- She is not a threat to you as bub's parent – she does not want your baby back; she does not want to be your baby's mother.



- She does not need to “disconnect” or “learn to separate” from your child – she always saw them as your child
- But she will always be connected to your child as the woman who carried and birthed them into the world – for you.

Thankyou Gift / Push Present

- Surrogates appreciate a meaningful gift that represents your gratitude for and appreciation of what she (and her family) have done for you
- Flowers and chocolates are nice, but not enough
- You can incorporate photos, photo shoots, a written story, letters from your family and friends, the original birth certificate, scrap booking etc into some sort of meaningful gift
- You can give your Surrogate a meaningful trinket or piece of jewellery, eg with bub’s birth stone (this is a token of appreciation, not a gift of material value)

Making it Happen - Balancing Your Needs with Your Surrogate’s Needs

- What I have given you here is a general guide, not a project plan – your circumstances are unique
- If a Surrogate feels you are just “doing your duty”, then anything you give or say to her will feel hollow and inauthentic
- Consider this guide as hints and information: a “cheat sheet” - then be creative, spontaneous, and generous from there
- Recruit family and friends to also check in on your Surrogate’s wellbeing regularly and communicate their gratitude and joy for what she has done – rather than the full responsibility falling on you
- If you are sleep deprived and adjusting to parenthood, it’s easy to get sucked into the newborn baby vortex, and you may feel overwhelmed by needing to provide this emotional care to your Surrogate
- Your own needs as a new parent will be high, but providing the post birth emotional support I have outlined above should be given the same priority as the Parentage Order – that is, a necessary and expected part of the post birth journey of surrogacy
- You need enough physical and emotional support for yourself, so you can sustain providing this support to your Surrogate for the long haul, in addition to caring for your child.
- Supporting your Surrogate emotionally post birth in the way I have outlined above is a responsibility that comes with surrogacy – it is not optional.
- If your Surrogate requires substantial emotional or perinatal mental health support beyond what I have outlined, then it may be appropriate for her to see her GP and for Intended Parents to encourage her to attend counselling, for which they would be financially responsible.
- If, post birth, an Intended Parent feels unable to provide the emotional support I have described, to their Surrogate, or feels unable to cope, for any reason, then they too should not hesitate to see their GP or seek counselling support for themselves.