

International Journal Research Publication Analysis

Page: 01-14

REGULATING SURROGACY ACROSS LEGAL CULTURES: A COMPARATIVE STUDY OF INDIA, THE UNITED STATES AND THE UNITED KINGDOM

***Aanchal Khurana, Adv.**

Comparative Law.

Article Received: 01 September 2026

***Corresponding Author: Aanchal Khurana, Adv.**

Article Revised: 21 September 2026

Comparative Law.

Published on: 10 October 2026

DOI: <https://doi-doi.org/101555/ijrpa.3846>

ABSTRACT

Surrogacy combines a variety of legal, reproductive, contractual and medical concerns into one. But the ways in which jurisdictions regulate that relationship are quite different. This article does a functional comparative analysis of the Indian law and US and UK laws. The Surrogacy (Regulation) Act, 2021 has transformed the Indian transnational market into a statutory one allowing only carefully delineated altruistic surrogacy transactions, while completely banning commercial surrogacy. There is no uniform federal surrogacy law; state law varies from very facilitative (as in California and New York) to restrictive (influenced by older public-policy concerns). The United Kingdom allows non-commercial surrogacy but usually considers the surrogate to be the legal mother at birth, and the parent(s) is/are transferred to the child through a post-birth parental order. A comparison, it can be seen that the three systems of law assign risk in different ways: in India, the control is on entry; in the United States, often the control is on enforceable agreement; and in the United Kingdom, the control is on the consent after birth and transfer of parenthood by the courts. The authors contend that a robust model should include India's anti-exploitation protections, the surrogate-centred autonomy protections in contemporary U.S. laws, and a welfare and independent-review framework in the United Kingdom, without any "eligible" criteria and legal uncertainty at birth.

KEYWORDS: Surrogacy; Comparative Law; Reproductive Autonomy; Parentage; Altruistic Surrogacy; Gestational Carrier.

1. INTRODUCTION

Surrogacy is a type of assisted reproduction that when the pregnancy is carried out by a woman who intends that the child will be raised by another woman or man. Traditional surrogacy is defined by the surrogate mother's provision of the ovum, while gestational surrogacy is defined by her lack of a genetic connection with the child. It also sets aside the distinction between altruistic and commercial arrangements with compensation that goes beyond allowable costs. These differences have legal significance given that they intersect with the issues of consent, enforceability, parentage, compensation, and regulation.¹

The comparative importance of surrogacy is that, despite the fact that in the history of reproductive technology, these two have given rise to quite different regulatory philosophies. India was a big market for cross-border commercial surrogacy, but now it has banned the commercial model and instead allowed a limited altruistic model. Uncertainties regarding custody, nationality and legal parenthood had been revealed in previous cases like Baby Manji Yamada even though no statute had been prepared for the purpose.² Jan Balaz, similarly, drew out examples of challenging citizenship issues that may arise in cross-border surrogacy.³ Such controversies eventually led to a change of policy towards stringent statutory control and prior to the Law Commission's demand for legislation and protection of the surrogate child and woman.⁴

The United Kingdom has gone another way. Surrogacy is not an illegal enterprise, but commercial surrogacy is regulated and the surrogacy agreement fails to be considered a normal enforceable contract. Legal parenthood is normally passed on to the child after birth by way of a parental order. In contrast, there is no national legislation regarding surrogacy in the U.S. The laws of the various states are quite different, with some like California and New York having laws that recognize carefully-regulated gestational carrier agreements and permit the intended parentage to be created in a comparatively straightforward way.

The models are not only compared by describing each of these jurisdictions separately, but also by posing the question of how each of the jurisdictions deals with the same legal issues: who can use surrogacy; whether compensation is allowed; when parenthood is determined; how the surrogate's bodily autonomy is recognized; how the child's interests are taken into account; and what institutional safeguards minimize exploitation. The comparison is aimed at highlighting the legal implications and lessons learnt for India to implement reform.

2. STATEMENT OF PROBLEM

The interests to be taken into account in surrogacy regulation are not always in harmony. The

intended parents want reproductive choice and certain legal parenthood, the surrogate wants informed consent, autonomy over her body, to be protected from harm and from being exploited economically, the child wants secure parenthood, nationality, and access to responsible care, and the State wants to prevent trafficking, exploitation, and an unregulated reproductive market. A regime can be defeated when it is too tolerant or it can be defeated when it is so intolerant that it drives family arrangements subterranean or when it makes women's reproductive agency subject to replacement by a paternalistic regime. Rather than 'allowing' or 'banning' surrogacy, a central legal issue is how to fairly apportion the rights, risks and responsibilities among the parties involved.

3. RESEARCH QUESTIONS

- How do India, the United States and the United Kingdom regulate eligibility, compensation, enforceability and legal parentage in surrogacy arrangements?
- How effectively does each model protect surrogate autonomy, intended-parent certainty and the welfare of the child?
- What legal and practical consequences flow from the major differences between the three jurisdictions?
- Which comparative lessons can inform a more balanced Indian surrogacy framework?

4. RESEARCH OBJECTIVES

- To analyse the statutory and judicial framework governing surrogacy in India, selected United States jurisdictions and the United Kingdom.
- To compare the legal treatment of altruistic and compensated surrogacy, eligibility, consent, parentage and enforcement.
- To identify regulatory strengths, gaps and practical consequences across the three systems.
- To formulate reform-oriented recommendations for India based on comparative legal experience.

5. RESEARCH METHODOLOGY AND HYPOTHESIS

The study is based on the methodology of a doctrinal and comparative legal approach. Statutes, rules, reported judgments and official government materials are the primary sources. Secondary sources consist of peer reviewed scholarship, professional advice and law reform reports. It is treated as a federal system, not as a single uniform system, with California and New York as examples of a developed facilitative regime, while older New Jersey law highlights the ongoing historical variation in states' approaches. Functional comparison; each

jurisdiction is looked at by common variables but not as individual national stories. The law is given as at 1st September 2026.

The working hypothesis is that there is no regulation which is prohibition oriented or contractualisation which is unrestricted, that could adequately protect all participants. A rights-based approach that includes eligibility access, informed consent, independent legal advice, medical screening, clarity of compensation provisions and early parentage determination offers greater protection for surrogates and children and maintains women's and men's reproductive rights.

Literature Review and Research Gap

The recent literature on India is split between the defensive argument of the 2021 act and a worry that the altruistic-only approach might be limiting the agency of women and may exclude prospective parents while not removing informal payments. In her article on the 2019 Bill, Swati Gola suggests that protection from exploitation can turn out to be 'paternalistic' when it replaces the judgment of the state with the surrogate's judgment.⁵ Such a complete ban, as Debnath and Chatterjee consider the enacted law, is also problematic when people would not like to go into pregnancy for no monetary reward.⁶ They all share in common that there is no automatic solution to the economic and social risk factors that make someone vulnerable when they are formally prohibited.

The parental-order system has long been recognized as being fraught with tensions in the United Kingdom. Alghrani and Griffiths claimed that the law had fallen out of step and could leave children in a legal limbo if the technical requirements of the parents' orders were not fulfilled.⁷ Newer clinical/legal commentary also emphasizes the identity of the surrogate as the legal mother at birth and the need for the intended parents to go through the parental-order process. The shared concerns raised these concerns the joint Law Commission project that developed a proposal for a new pre-conception regulatory pathway.

United States literature focuses on the legal fragmentation, the value of independent counsel, medical and psychological screening, and impact of state-specific parentage rules. According to Swanson and colleagues, gestational surrogacy is becoming an increasingly common means of creating a family, and because of the differences between states, it has become important that both clinicians and lawyers be aware of this. Medical, psychological and legal screening are recommended by ASRM for intended parents and gestational carriers. The interdependency of medical, social and legal issues is also emphasized by Klock and Lindheim.⁸

The type of research gap discussed here is a comparative and institutional one. Many of the studies are based on an examination of one jurisdiction or one ethical issue. This article examines the architecture of regulation itself – India's entry restrictions, the contract-and-rights model in select states in the United States and the post-birth transfer model in the United Kingdom. This demonstrates doctrinal issues, as well as where each system believes legal security and protective oversight should begin.

7. INDIA: FROM COMMERCIAL HUB TO RESTRICTED ALTRUISTIC MODEL

The Surrogacy (Regulation) Act, 2021, which came into effect on 25 January 2022, is the main law in India. It allows for surrogacy only when certain statutory conditions are met, and does not allow for commercial surrogacy. Surrogate must be an ever married woman, between the ages of 25 to 35 on the day of implantation, physically and mentally healthy and be able to act as a surrogate only once. She is unable to give her own gametes. The intending married couple must meet age criteria, and is ineligible to have any surviving child unless there is a statutory exception for a child who has one or more of specified serious conditions.

9

That the Act must include a certificate of medical indication, an order regarding parentage and custody and insurance for the surrogate. This is designed to intentionally make surrogacy a medical and family law process, and not a private transaction. Only medical and prescribed expenses, and insurance are within altruistic surrogacy, commercial payment is forbidden. The statutory option is in response to the fear that poverty and gender inequality may lead to economic coercion of consent.

The regime has however, needed modification. For the 2024 Amendment Rules, where the medical condition of one spouse requires the use of a donor gamete, the donor gamete may be used in children who have at least one gamete from the intending couple and a single widow or divorced person can use surrogacy only with her own egg and donor sperm. The Rules have continued to evolve in an operational manner with further administrative changes in the Rules in the 2026 Amendment Rules.

Judicial review too has come into importance. In *Vijaya Kumari S. v. Union of India*, the Supreme Court ruled that the age limitation could not be read back into the case of intending couples who had already taken the embryo creation and freezing step, prior to the passing of the Act.¹⁰ Leaving aside the general validity of the age limits, the Court expressly referred to Article 21 and the right of such couples to be able to go ahead with the surrogacy process. The ruling is important as it establishes that even in a highly regulated industry there is a

constitutional challenge.

There is clarity with respect to the commercialisation prohibited in India, and institutional oversight. India is strong on the inhibition of commercialisation and institutional oversight. It has one main deficiency: it's too broad. Eligibility is closely linked to marital status, sex, age, and to pre-existing children and to the categories of single women. These restrictions may result in some situations where exploitation will not be allowed, while in others they will exclude those who may be able to do surrogacy only in an ethically and medically supervised manner. An additional issue is that unpaid gestational labour is considered to be safer, due to being unpaid. However, pregnancy brings time, risk of health, loss of work and emotional strains. In cases where the law allows expenses to be paid only if they are strictly necessary, there can be informal transfers and transparency can drop.

8. CONTRACTUAL AND RIGHTS MODELS IN THE UNITED STATES

(State-based)

The opposite structural issue exists in the U.S.: there is no broad federal surrogacy law that governs the validity of agreements and parentage. The state law reigns and they are quite diverse. Modern statutes, however, demonstrate how to regulate compensated gestational surrogacy instead of relying on the common law definition of contract.

California is a case in point. Assisted-reproduction agreements for gestational carriers are acknowledged under the Family Code (sections 7960 to 7962) and state that they must comply with formal requirements, such as disclosing how costs of the medical procedures will be paid, and identifying the intended parents.¹¹ In *Johnson v. Calvert*, the California Supreme Court settled the issue of competing claims of genetic and gestational motherhood by placing the parties' intent to procreate in a gestational-surrogacy context in a pivotal position.¹² The statutory framework now adds to this intent-based framework by establishing formal safeguards such as the requirement for separate independent legal counsel and execution prior to the commencement of medical procedures that would result in the transfer of an embryo.

The new Child-Parent Security Act (CPSA) law in New York, which takes effect in 2021, shifted the State from the once-restrictive to the regulated gestational-surrogacy approach. It acknowledges binding contracts under certain conditions; provides a pathway to parentage orders; governs matching organisations and lays down a Gestational Surrogates' Bill of Rights.¹³ That Bill of Rights guarantees an independent attorney and designated health-care insurance coverage to the surrogate, and gives her the right to make health-care choices, such

as continuation and termination of pregnancy. Compensation can be given in the statutory framework, and not seen as being inherently at odds with valid consent.

The historical comparison comes from *In re Baby M*, a New Jersey Supreme Court decision which struck down a paid traditional-surrogacy contract as opposed to state law and public policy, but awarded custody based on the child's best interests.¹⁴ In *Johnson v. Calvert*, the difference between traditional surrogacy and "gestational" surrogacy made the difference legally in American doctrine, and it is this distinction that must be emphasized.

What is unique about the U.S. situation is that statutes provide autonomous protection through process—such as independent counsel, written agreements, disclosure, health coverage, screening, escrow processes, pre-birth or streamlined parentage orders. Medical and psychosocial screening is also recommended to be large, due to professional advice. The weakness is the interstate inconsistency. A family's legal standing may also vary depending on the state in which the family resides, which may give rise to forum, recognition and mobility issues. So, the United States provides advanced models for local use, and some uniformity at the national level.

9. PERMITTED SURROGACY in the United Kingdom: NON-COMMERCIAL ETHOS and PARENTAL ORDERS

The Surrogacy Arrangements Act 1985 and the Human Fertilisation and Embryology Act 2008 are the key pieces of legislation that form the basis of United Kingdom law.¹⁵ The 1985 Act does limit commercial negotiation and advertising linked to surrogacy and is based on a policy that surrogacy should not be a 'normal commercial market'. The agreement is not a binding commercial contract. The woman who gives birth is the legal mother at birth, not because of their genetic relationship to the child, but according to the 2008 Act.

The common way for intended parents to acquire legal parenthood is by undergoing a parental order under section 54 or 54A (following the remedial reform in 2018). Statutory conditions are that the surrogate must give consent after birth and judicial consideration is required of any payments in excess of what is deemed reasonable. The post-birth structure grants the surrogate a great legal stake in the womb and right upon delivery, but also creates a time lag between social parenthood and the legal parenthood.

In 2023, the Law Commission of England and Wales, and the Scottish Law Commission, both recommended the framework for reform.¹⁶ They would claim that their 'new pathway' would enable intended parents (where pre-conception safeguards would be carried out) to become legal parents from birth, subject to the right of the surrogate to withdraw consent.

The recommendations further suggested that there should be a Surrogacy Register and pre-conception screening for surrogate parents and a regulated surrogacy organisation. Those recommendations have not yet been adopted as of September 2026 and in 2025, the UK Government said it was not giving surrogacy reform a priority at the time.

There are two strengths to the UK model. First, it defies the notion that the surrogate is only a service provider, not one who is part of the team. Secondly, judicial supervision of parentage keeps child welfare and consent on the public agenda. It is weak in leaving intended parents without legal rights to the child, despite all of them having planned the arrangement carefully, where it is intended that they will become the legal guardians at birth. Its disadvantage is that intended parents are not legal parents at birth when it is intended that they will be parents despite them having planned the arrangement responsibly. The Law Commission draft aims to maintain the protection of consent, but to shift the shift the certainty of parentage earlier.

10. COMPARATIVE ANALYSIS

Issue	India	United States (selected states)	United Kingdom
Regulatory structure	National statute and rules; highly prescriptive eligibility	State-based; ranges from restrictive to facilitative	National statutory framework with post-birth parental orders
Commercial compensation	Prohibited; altruistic model only	Permitted in states such as CA and NY under safeguards	Commercial brokering restricted; payments scrutinised, usually expenses-based
Surrogate autonomy	Consent and medical safeguards, but status/age criteria are restrictive	Strong autonomy language in modern statutes; independent counsel common	Surrogate is legal mother at birth and must consent to parental order
Parentage	Court order/certification architecture before and around process	Often pre-birth or streamlined parentage orders in facilitative states	Transferred after birth through parental order
Eligibility	Narrow categories defined by statute	Generally broader in facilitative states, subject to state requirements	Broader family forms; statutory conditions for parental orders

You can see three different regulatory philosophies in the comparison. India is in charge of the border. It is based on the assumption that the principle of exploitation can be best avoided by restricting who can take part in the arrangement, and by cutting out profit from the scheme. The United States, in its facilitative states, is more likely to allow compensated

gestational surrogacy, but imposes control over the process by contract requirements and independent representation/parentage laws. The United Kingdom has a "relational" approach, allowing surrogacy but with some concerns about commercialisation and retains the surrogate's legal status of mother until a post-birth order is issued.

The most effective protection of surrogates does not necessarily equal the most stringent ban on them. A compensated arrangement can work hand-in-hand with an express, non-waivable bill of rights protecting medical decision-making, as is illustrated in New York. India offers health and insurance protection and restricts the eligibility of surrogate and typically refuses to pay for the surrogate's labour. In the UK the protection of post-birth consent is in place, but the non-enforceability of the consent system could mean that everyone that entered into a carefully negotiated set of expectations is left with no clarity over what consent meant.

Where legal status is consistent with the intended reproductive plan, there is greater certainty when there is no extended interval between birth and legal status. California and New York are most on track to meet that goal. The proposed pathway in the UK Law Commission seems to be in the same direction but retains the withdrawal right. India has a system of court and certification procedures to solve the problem of parentage, which can be difficult to access due to administrative complexity. Early legal certainty and surrogate autonomy are not mutually exclusive; they can be promoted via independent consent and review prior to conception, while limited protections will remain after birth.

India is the most stringent with regard to equality and access. It has a requirement of a legally married heterosexual couple, a very narrow statutory qualification of intending woman, and overall, a no-surviving-child provision. UK parental-order law has grown and become more flexible to different family forms, as has been the case in modern US facilitative regimes. In India, the legal issue is whether the status of protection for surrogates implies that a male/female couple who can parent a child without the surrogate are in fact incapable of doing so, and hence are categorically ineligible for treatment, or whether some kind of neutral screening and welfare measures can achieve the same ends.

Last but not least, the economic aspect is ignored. The case of a radically unequal bargaining power, which can lead to commercialisation-induced exploitation, is why India refused to the first transnational market. However, the issue of value and burden of reproductive labour is also obfuscated through an altruistic-only rule. A clear, closed and controlled compensation

mechanism, along with independent counsel and health safeguards, can be easier to monitor than a formal "no pay" principle which can incentivize informal compensation. Comparative law then leads us to consider a regulated-compensation system rather than a binary category of commercial versus altruistic, a system that is based on a concept of coercion, fairness and transparency.

11. FINDINGS

One, India has the most centralised and restricted. The model is categorical in its eligibility rules and is highly understandable to its purpose of being anti-exploitative yet statutory as it is. Second, modern US state laws demonstrate that enforceable gestational-surrogacy contracts can be used in the context of non-waivable surrogate rights, independent counsel, screening and secure parentage. Third, the UK version has strong legal status for the surrogate at birth, and fails to provide for a period of parentage uncertainty, which has been called for by the UK's Law Commissions to be shortened. Fourth, in all three jurisdictions, the focus on the central regulatory variables is informed consent, independent advice, health protection, transparency, parentage certainty and access to remedies.

The hypothesis is quite well supported. A balanced legal architecture is more protective than a blanket model of the market and a very exclusionary altruistic model. The evidence comparative points suggest that it is better to regulate the conditions of bargaining and the role of intermediaries than to take it for granted that non-payment is a sign of voluntariness.

12. SUGGESTIONS AND RECOMMENDATIONS

While India should continue to ban unregulated surrogacy markets and sale/trafficking of children, it should think about the need for criminalizing all forms of compensation, except for expenses. A statutory schedule could allow to cap and disclose compensation for time, pregnancy related inconvenience and verified income loss and recovery, and pay the compensation using escrow and fully reportable to the relevant authority. This model would take into account reproductive work and minimise hidden wages.

Secondly, there needs to be a strengthening of the surrogate-centred rights in the law. In all cases it should be mandatory to have independent legal counsel selected by the surrogate who is not controlled by the intended parents. The statute should clearly express the surrogate's rights as surrogate over herself and her pregnancy, similar to that of New York, where the right is not waivable. Psychological counselling and medical screening should continue but should not be a means of moral gate keeping but ensuring autonomy of consent.

Thirdly, intended parents' eligibility should be assessed in light of the principles of equality and proportionality. Medical fitness, ability to assume parental responsibility and child welfare can be evaluated directly, and not automatically as a proxy for marital status and/or healthy child. The inferential prohibition on an existing surviving child should be given special consideration as it is a personal choice in size of family.

Fourth, before the arrival of the child, parentage should be predictable where all safeguards have been adhered to where it has been arranged. India can learn from facilitative US jurisdictions where there is a check from the judicial or specialised authority in pre-birth practice. The UK Law Commission's model is also a very helpful middle ground: screening and recognition from conception and birth, with a well-defined and precise way of withdrawing from the screening. Consistent administrative decisions and delays would be minimised with the introduction of a specialised family court or a surrogacy bench.

Last but not least, India needs to establish a dependable database on the approvals, denials, complications, disagreement and enforcement of surrogacy. Regulatory policy should be reviewed on a periodic basis, taking into account the views of the surrogates, intended parents, clinicians, experts in child rights and women's rights and women's rights organisations. It is important to identify if existing restrictions are effective in stopping exploitation or simply make it more covert.

13. CONCLUSION

India, United States and the United Kingdom do not only have a different approach towards surrogacy, they have a different perception of the legal issue. Surrogacy in India is mostly perceived as a field where a lot of measures should be taken to prevent commercial exploitation. Facilitative US states see it as a pre-arranged family-formation process and can make it enforceable if it is carefully controlled in terms of rights, process and parentage. In the UK it is seen as a consensual, but non-commercial, relationship in which the legal motherhood of the surrogate and her consent to post-birth inclusion is retained as a key focus. None of the models are full models. India provides a clarity of the nation, but also presents the danger of being cut-off and hidden transactions. The United States has complex rights-based contractual models and is fragmented interstate. The UK has safeguards for consent with the unwanted uncertainty of parentage. A more effective approach in India would be to keep in place effective anti-trafficking and medical safeguards, but extend access, while taking into account surrogate autonomy, while providing for carefully limited compensation, obtained through independent legal representation, and providing for parentage early and in a

transparent manner. Comparative law not only helps in a regulation that is not based on a lack of trust in reproductive choice, but also on enforceable rights, informed consent, institutional accountability and the well-being of the child.

BIBLIOGRAPHY

A. Primary Sources

1. The Constitution of India, 1950.
2. The Surrogacy (Regulation) Act, 2021 (Act 47 of 2021). The Surrogacy (Regulation) Rules, 2022.
3. The Surrogacy (Regulation) Amendment Rules, 2024, G.S.R. 119(E). The Surrogacy (Regulation) Amendment Rules, 2026, G.S.R. 492(E).
4. The Assisted Reproductive Technology (Regulation) Act, 2021 (Act 42 of 2021). *Baby Manji Yamada v. Union of India*, (2008) 13 SCC 518.
5. *Jan Balaz v. Anand Municipality*, AIR 2010 Guj 21. *Vijaya Kumari S. v. Union of India*, 2025 INSC 1209. Surrogacy Arrangements Act 1985 (UK).
6. Human Fertilisation and Embryology Act 2008 (UK).
7. Human Fertilisation and Embryology Act 2008 (Remedial) Order 2018, SI 2018/1413. California Family Code, ss. 7960–7962.
8. New York Family Court Act, art. 5-C.
9. *Johnson v. Calvert*, 5 Cal. 4th 84, 851 P.2d 776 (Cal. 1993).
10. *In re Baby M*, 109 N.J. 396, 537 A.2d 1227 (N.J. 1988).

Reports and Secondary Sources

11. Law Commission of India, Report No. 228, Need for Legislation to Regulate Assisted Reproductive Technology Clinics as well as Rights and Obligations of Parties to a Surrogacy (2009).
12. Law Commission of England and Wales and Scottish Law Commission, Building Families Through Surrogacy: A New Law, Law Com No. 411, Scot Law Com No. 262 (2023).
13. Amel Alghrani and Danielle Griffiths, ‘The Regulation of Surrogacy in the United Kingdom: The Case for Reform’, 29 *Child and Family Law Quarterly* 165 (2017).
14. Kunal Debnath and Sreetama Chatterjee, ‘The Surrogacy (Regulation) Act, 2021: Analyzing the Effectiveness of India’s Ban on Commercial Surrogacy’, 6 *Sexuality, Gender & Policy* 81 (2023), doi:10.1002/sgp2.12061.
15. Swati Gola, ‘One Step Forward or One Step Back? Autonomy, Agency and Surrogates in

- the Indian Surrogacy (Regulation) Bill 2019', 17 *International Journal of Law in Context* 58 (2021), doi:10.1017/S174455232100001X.
16. Kate Swanson, Nina K. Ayala, Randall B. Barnes, Nidhi Desai, Marcy Miller and Lynn M. Yee, 'Understanding Gestational Surrogacy in the United States: A Primer for Obstetricians and Gynecologists', 222 *American Journal of Obstetrics & Gynecology* 330 (2020), doi:10.1016/j.ajog.2020.01.037.
 17. Susan C. Klock and Steven R. Lindheim, 'Gestational Surrogacy: Medical, Psychosocial, and Legal Considerations', 113 *Fertility and Sterility* 889 (2020), doi:10.1016/j.fertnstert.2020.03.016.
 18. Practice Committee of the American Society for Reproductive Medicine and Practice Committee of the Society for Assisted Reproductive Technology, 'Recommendations for Practices Using Gestational Carriers: A Committee Opinion', 118 *Fertility and Sterility* 65 (2022), doi:10.1016/j.fertnstert.2022.05.001.
 19. Bianca Olaye-Felix, Deborah Emma Allen and Neil H. Metcalfe, 'Surrogacy and the Law in the UK', 99 *Postgraduate Medical Journal* 358 (2023), doi:10.1136/postgradmedj-2022-141625.
 20. New York State Department of Health, *The Child-Parent Security Act: Gestational Surrogacy* (official guidance, current online edition).
 21. The Surrogacy (Regulation) Act, 2021 (Act 47 of 2021), ss. 2(b), 2(g), 2(zd) and 4.
 22. *Baby Manji Yamada v. Union of India*, (2008) 13 SCC 518.
 23. *Jan Balaz v. Anand Municipality*, AIR 2010 Guj 21.
 24. Law Commission of India, Report No. 228, *Need for Legislation to Regulate Assisted Reproductive Technology Clinics as well as Rights and Obligations of Parties to a Surrogacy* (2009).
 25. Swati Gola, "One Step Forward or One Step Back? Autonomy, Agency and Surrogates in the Indian Surrogacy (Regulation) Bill 2019", 17 *International Journal of Law in Context* 58 (2021).
 26. Kunal Debnath and Sreetama Chatterjee, "The Surrogacy (Regulation) Act, 2021: Analyzing the Effectiveness of India's Ban on Commercial Surrogacy", 6 *Sexuality, Gender & Policy* 81 (2023).
 27. Amel Alghrani and Danielle Griffiths, "The Regulation of Surrogacy in the United Kingdom: The Case for Reform", 29 *Child and Family Law Quarterly* 165 (2017).
 28. Susan C. Klock and Steven R. Lindheim, "Gestational Surrogacy: Medical, Psychosocial, and Legal Considerations", 113 *Fertility and Sterility* 889 (2020).

29. The Surrogacy (Regulation) Act, 2021, s. 4(iii)(b)–(c).
30. Vijaya Kumari S. v. Union of India, 2025 INSC 1209, paras 15.9–19.
31. California Family Code, ss. 7960–7962.
32. Johnson v. Calvert, 5 Cal. 4th 84, 851 P.2d 776 (Cal. 1993).
33. New York Family Court Act, art. 5-C; New York Department of Health, “The Child-Parent Security Act: Gestational Surrogacy” (effective 15 Feb. 2021).
34. In re Baby M, 109 N.J. 396, 537 A.2d 1227 (N.J. 1988).
35. Human Fertilisation and Embryology Act 2008 (UK), ss. 33, 54 and 54A.
36. Law Commission of England and Wales and Scottish Law Commission, *Building Families Through Surrogacy: A New Law*, Law Com No. 411, Scot Law Com No. 262 (2023).