



# INFORMATION NEEDS ON SURROGACY

A qualitative study on the information needs of intended parents and (aspirant) surrogate mothers

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## Abstract

**Background** Everywhere around the world there are involuntarily childless couples and individuals. In order to get a child, 86 percent of them start searching for medical help. For homosexual male couples, single men, and women who are unable to carry a child, surrogacy is the only option available that gives them the opportunity to have a complete or partial genetic link with their future child. If people choose for surrogacy to get a child they go through a surrogacy journey consisting of four phases; orientation-, concrete plans-, pregnancy-, and after birth phase. It is likely that when people go through this journey they do not have all the required knowledge available from the start, leaving them with questions and information needs during their journey. To find answers to these questions people are nowadays likely to search online.

**Study goal** The aim of this study is to identify the information needs of intended parents and (aspirant) surrogate mothers in order to adjust the online information provision of Fiom to the information needs of the target groups.

**Method** To identify the information needs of intended parents and (aspirant) surrogate mothers 11 interviews were conducted on three groups; intended parents, (aspirant) surrogate mothers, and a Fiom social worker. All interviews consisted of a semi-structured interview and a small questionnaire about demographic variables. The interviews were recorded, transcribed, and subsequently encoded by two independent coders.

**Results** The results of this study indicate that intended parents and (aspirant) surrogate mothers search for information about the medical-, juridical-, financial-, and psychological aspects of surrogacy. They also like read experience stories of others. While reading these stories they obtain information about all four former mentioned aspects. They mainly used the Internet as a source for information. To a lesser extent they use professionals (i.e., lawyers) or books. The wishes they express about a new website are focused on more extensive and complete information about the surrogacy journey within the Netherlands and abroad, more juridical and financial information, opportunities for counselling, and opportunities to interact with peers. To structure information they would like to see a tailored step-by-step plan where all the things they have to arrange are extensively described per phase of the surrogacy journey.

**Conclusion** In order for Fiom to adjust their information provision to the information needs of the target groups they should provide them with extensive information about all phases of the surrogacy journey, structured in a tailored step-by-step plan which chronologically follows the surrogacy journey.

## Samenvatting

**Achtergrond** Wereldwijd zijn er individuen en stellen die ongewenst kinderloos zijn. Van degenen die van hen een kind wil zoekt 86 procent medische hulp. Voor homoseksuele stellen, alleenstaande mannen, en vrouwen die geen kindje kunnen dragen is draagmoederschap de enige optie om een gedeeltelijke of volledige genetische link met het kindje te krijgen. Mensen die voor draagmoederschap kiezen gaan door een draagmoederschap traject bestaande uit vier fasen; oriëntatie, concrete plannen, zwangerschap, en na de geboorte. Mensen die hieraan beginnen zullen waarschijnlijk niet vanaf het begin over alle benodigde kennis beschikken, wat ervoor zorgt dat ze tijdens het traject vragen en informatiebehoefte zullen hebben. Om de vragen en behoeft te verkleinen zullen mensen deze dagen online opzoek gaan naar informatie.

**Doel** Het doel van deze studie is om de informatiebehoeften van wensouders en (aspirant) draagmoeders te inventariseren om vervolgens de online informatievoorziening van Fiom aan te passen aan de informatiebehoeften van de doelgroep.

**Methode** Om de informatiebehoefte van wensouders en (aspirant) draagmoeders te inventariseren zijn 11 interviews afgenumen bij drie groepen; wensouders, (aspirant) draagmoeders en een maatschappelijk werker van Fiom. Alle interviews bevatten een semigestructureerd interview en een kleine vragenlijst over demografische gegevens. De interviews zijn opgenomen, getranscribeerd en gecodeerd door twee onafhankelijke codeurs.

**Resultaten** De resultaten van dit onderzoek geven aan dat wensouders en (aspirant) draagmoeders informatie zoeken over de medische-, juridische-, financiële-, en psychologische aspecten van het draagmoederschap. Ook lezen zij ervaringsverhalen van anderen. Tijdens het lezen van deze verhalen vergaren zij kennis over de vier eerder genoemde aspecten. Ze gebruiken het internet als voornaamste informatiebron. In mindere mate gebruiken ze professionals (bijv. advocaten) of boeken. De wensen die ze uitten over een nieuwe website zijn gericht op uitgebreidere en completere informatie over draagmoederschap binnen en buiten Nederland, meer juridische en financiële informatie, mogelijkheden voor begeleiding, en mogelijkheden om met lotgenoten te communiceren. Om de informatie structuur te geven wensen ze een opmaat gemaakt stappenplan, die alle dingen die ze moeten regelen uitgebreid per fase van het draagmoederschap traject beschrijft.

**Conclusie** Fiom zal, om hun informatievoorziening aan te passen aan de behoeften van de doelgroep, uitgebreide informatie moeten aanbieden die alle fasen van het draagmoederschap traject dekt, gestructureerd in een opmaat gemaakt, chronologisch stappenplan.

## Preface

On the day of my colloquium it will be exactly twelve months ago that I started my master's degree in Health Psychology at the University of Twente. As a completion of the master I wrote this thesis commissioned by Fiom.

As an organisation Fiom focusses on questions about unintended pregnancies and heritage. In case of adoption, surrogacy or gamete donation, Fiom emphasizes the importance of the rights of the child to know about their heritage. According to Fiom, every adopted child or child born out of donated gametes should have the opportunity to get information about their biological parent(s) if they ever feel the desire to. Fiom promotes this viewpoint among other things by the independent information they provide on their website and the counselling they give to intended parents and (aspirant) surrogate mothers. During counselling questions like '*What does it mean for a child to be born out of surrogacy?*', '*What do we tell the world around us?*', '*Do we forget anything?*', and '*What do we need to consider if I am going to be a surrogate mother for my brother?*' can be brought up. During these sessions, Fiom tries to take the standpoint of the future child into account while discussing different situations, to make sure that its wellbeing is being considered.

As been said before, Fiom provides information on their website about surrogacy. However, the online information they currently provide is limited. To increase the quality and quantity of this information, Fiom asked me to identify the information needs of intended parents and (aspirant) surrogate mothers, with the aim to adjust and expand the information on their website to ultimately match the information needs of the target groups. So that is what I did, and the thesis you are going to read is the result of this research.

## Acknowledgement

Before ending the preface I would like to thank a few special people. First of all, I would like to thank my first supervisor Dr. Stans Drossaert of the University of Twente. I am very glad that you were my supervisor. Whenever I needed your help or your point of view, you were there with amazing feedback or renewing insights. In the end I feel like you allowed this thesis to really be my own work, and your feedback and brainstorm sessions were there to steer me in the right direction whenever needed. Second, I want to thank my second supervisor Dr. Erik Taal of the University of Twente. Although you were not there from the start, you were able to immediately understand where my thesis was all about. During our first feedback session together you gave me good feedback and you left me with enough things to think about. Next, I want to thank my external supervisor Sandra van Loon. The feedback

you gave on my thesis was usually about small things, like words I had to change or sentences I had to rewrite. While writing this, I notice that it sounds like you have had just a little contribution to this thesis, but all together it made my text easier to read and better to understand. Furthermore, I want to thank you for your positivity. Even though I was not always confident with my product, you gave me the feeling that what I made was okay, that it was good. After our weekly phone calls I always felt a bit more confident about my project! Thank you. Next, I want to thank my friend and fellow student Theresia. Thank you for our daily work sessions at the library, thank you for motivating me to work on my thesis when I was not always motivated to do so, thank you for listening to my endless complains, thank you for your contribution to my thesis as a second encoder, and thank you for making me drink and like that awful stuff called coffee now (ha-ha). And last but not least, I want to thank all the people participating in this study. It means a lot to me that you were all open for an interview. Without your contribution I would have never been able to complete this study the way it was intended to.

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# 1. Introduction

## 1.1 Involuntary childlessness

Having a child is viewed as a natural progression by most societies and it is seen as a part of our life cycle (Hadley & Hanley, 2011). Unfortunately, there are couples and individuals with a strong longing for children, but the inability to have them leaving them involuntarily childless. The most common causes for involuntary childlessness are problems with conception (infertility), a disease in the male or female reproductive organs that prevents the birth of a child, sexual orientation (homosexual couples), or being single (Hadley & Hanley, 2011).

People only define themselves as being involuntarily childless if they have the desire to start a family. Once people realize they cannot conceive, emotional consequences arise. Research has shown that feelings of defectiveness, anxiety, depression, isolation, greater sexual inadequacy, blame and a decline in self-confidence may develop in involuntary childless individuals and/or couples (Hadley & Hanley, 2011; Papadatou et al., 2016; Poote & van den Akker, 2009).

Eighty-six percent of involuntary childless individuals and/or couples start searching for medical help in meeting their desire to have a child. The majority prefers a complete or partial genetic link with their future child (Poote & van den Akker, 2009). Nowadays, involuntarily childless couples can get a chance to become parents by the use of assisted reproductive technologies (ART). They can choose between sperm donation, oocyte donation, embryo donation, and surrogacy (Papadatou et al., 2016). In *sperm donation* a couple can use donated sperm to conceive when the man does not produce (enough) sperm himself, or if he suffers from a genetic disease (American Society for Reproductive Medicine, 2012). *Oocyte donation* is an option for women who do not produce (healthy) eggs, but who do have a healthy uterus. In oocyte donation, an egg donor undergoes treatment including egg stimulation and maturation, and egg retrieval. Subsequently, the childless couple undergoes In Vitro Fertilisation (IVF), where the donated egg will be fertilised with the sperm of the intended father. This results in an embryo that can be placed into the intended woman's uterus. In *embryo donation* a couple who have used IVF to get successfully pregnant, can choose to donate their own remaining embryos to an involuntarily childless couple. In case of embryo donation the intended mother requires having a healthy uterus in order to carry the donated embryo. The last ART form mentioned is *surrogacy*. In surrogacy another woman (the *surrogate mother*) carries and gives birth to a child for an involuntarily childless couple.

or individual who have the wish to start a family of their own (the *intended parents*). For homosexual male couples, single men, and women with the inability to carry a child, surrogacy is the only ART form that gives them the opportunity to have a complete or partially genetic link with their (future) child (VUmc, 2015).

Over the years surrogacy has become increasingly common. This phenomenon may be related to the lack of access to adoption pathways and the increasing acceptance in society of single men and gay couples as parents (Hammerberg, Stafford-Bell & Everingham, 2015). Surrogacy will be further discussed in the next section.

## 1.2 Surrogacy

Although surrogacy seems to be a relatively new concept, in reality it goes way back in time. The first known case of surrogacy was written in the Bible in the story of Abraham and his infertile wife Sarah, who used their handmaid as surrogate mother to produce them a child (White, 1978). However it remained silent around surrogacy until the late 1970's, when it became possible to separate surrogacy from genetic kinship via IVF (Colen, 2013).

Nowadays, two different forms of surrogacy can be distinguished: gestational surrogacy and traditional surrogacy. In *gestational surrogacy*, the surrogate mother gets impregnated with an embryo created via IVF. Usually the embryo originates from the egg and sperm of the intended parents. This means that the surrogate mother has no genetic link with the baby (Constantinidis & Cook, 2011) and the baby is a hundred percent genetically linked to the intended parents. In *traditional surrogacy* on the other hand, the surrogate mother gets impregnated with the sperm of the intended father. In this case the surrogate mother is not only the birth- but also the biological mother of the baby (Constantinidis et al., 2011). If it is the case that not only the intended mother, but also the intended father is infertile, a couple can make use of sperm donation. In this case, the baby is genetically linked to the surrogate mother and the sperm donor.

Besides the different forms of surrogacy, there are also two different types of surrogacy arrangements. The first type is *commercial surrogacy*, which is probably the most controversial form of surrogacy. In commercial surrogacy, the surrogate mother receives payment for carrying a baby for a couple. The second type is *altruistic surrogacy*, which involves the surrogate mother carrying a baby for a couple without any personal gains (Constantinidis et al., 2011) Altruistic surrogacy usually happens within the friends and/or family circle.

### 1.3 Surrogacy journey

As been said before, homosexual male couples and women who are unable to carry a child are two of the largest groups who choose for surrogacy as a way to become parents. Women who choose to become surrogate mothers can do this based on two broad grounds. They either do it because of financial reasons (commercial surrogacy) or because they want to help family, friends or even strangers (altruistic surrogacy). Although only altruistic surrogacy is legal in the Netherlands, Dutch couples can participate in commercial surrogacy by going abroad to for example the United States or Canada. For this reason this study does not solely focus on people considering or choosing for altruistic surrogacy, but also people who consider or choose for commercial surrogacy abroad.

If people choose for surrogacy, no matter what situation they are in, they go through four phases. These four phases together can be called the *surrogacy journey*. The first two phases are somewhat different for intended parents than for surrogate mothers, but the last two phases include the same aspects for both groups (see Table 1).

Phase 1 is the *orientation phase*. For intended parents this phase consist of three steps. In the first step intended parents are starting to realize that they have a wish to start a family, but also the inability to start one on their own. Following by this realization they start to orientate on alternative ways to become parents anyway. This orientation ends with the choice for surrogacy. Phase 1 for surrogate mothers consist of the realization that they have the wish to help involuntarily childless family members or friends out, following by their orientation on surrogacy. Phase 2 is the *concrete plans phase*. During this phase intended parents start their quest for a surrogate mother, and surrogate mothers express their wish to help intended parents. When intended parents and the surrogate mother have found each other, they move through the journey together. For instance they orientate on legal and practical issues concerning surrogacy, and they start to orientate on ways to conceive (e.g., IVF, self-insemination). After fertilisation, the third phase emerges called the *pregnancy phase*. The intended parents and surrogate mother have to wait nine months until the child is born. During this period and shortly before labour questions and/or problems can arise from both parties. After the surrogate mother gives birth to the child both parties move on to the last phase which is called the *after birth phase*. This phase consist the period shortly after birth and long after birth.

**Table 1**  
*Phases of the surrogacy journey*

<b>Phases</b>	<b>Intended parents</b>	<b>Surrogate mothers</b>
Orientation	Involuntarily childless	Wish to help family, friends or strangers
	Orientation to alternatives to become parents	Orientation on surrogacy
	Choice for surrogacy	Express their wish to help
Concrete plans	Search for a surrogate mother/parents How to conceive Search for a fertility clinic	
Pregnancy	During pregnancy	
After birth	Shortly before labour Shortly after birth Long after birth	

#### 1.4 Information needs and overarching themes

When people go through the surrogacy journey, it is likely that they do not have all the required knowledge from the start, leaving them with questions and needs for information.

These questions and information needs probably differ across the different phases of the journey, and they will decline if the correct information is given. In addition, it is also likely that these questions and information needs are uniquely different for each target group (heterosexual intended parents, homosexual intended parents, gestational surrogate mothers, and traditional surrogate mothers).

However there are four overarching themes or categories that can be distinguished in which information needs and questions may arise during the surrogacy journey. These overarching themes are medical-, financial-, juridical-, and psychological information, which are identified in earlier research (Nicolai, 2016). *Medical information* covers questions about for example infertility options, IVF treatments, and prenatal genetic screening tests. *Financial information* can be about the financial compensation for the surrogate mother, the costs of IVF treatments, and which parties have to pay the medical costs of the pregnancy. *Juridical information* covers questions about for instance what juridical procedures need to be regulated before and after birth, or what will happen if both intended parents die within the first year after birth. The final overarching theme is about *psychological information*, for example what consequences surrogacy has for all parties involved (the baby, the surrogate mother, and the intended parents) or what the best way is to relinquish the child after birth (personal communication, December 14, 2015).

The above mentioned overarching themes are a result of a previous literature research (Nicolai, 2016). However it is not clear whether these are the only themes that can be distinguished, or if there are more themes where intended parents and (aspirant) surrogate

mothers have questions about. Also it is not clear which particular questions or worries the different target groups have within these themes. Additional research needs to be done to verify this ramification, and possibly add additional themes.

### 1.5 Information sources for surrogacy

Intended parents and (aspirant) surrogate mothers are nowadays likely to search the web for information about surrogacy. Back in 2015 Fiom has performed a web search to identify which Dutch websites provide information about surrogacy. During this search they have identified a handful of organisations that provide online information about surrogacy, including Freya, Stichting Meer dan Gewenst, Stichting Wensouders, Zwanger voor een Ander, and their own website (Fiom.nl). A new Google search conducted in 2016 revealed another website that can be added to this list; Surrogacymed.nl. An overview of the above mentioned websites and the information and services they provide is presented in Table 2 below.

**Table 2**

*An overview of current Dutch websites that provide information about surrogacy*

Organisation	Provide information on	Target group
Freya	<ul style="list-style-type: none"> <li>• Brochures about all the aspects of fertility problems, treatments, alternatives, egg donation, surrogacy, KID (donor insemination).</li> </ul>	People with fertility problems
Meer dan Gewenst	<ul style="list-style-type: none"> <li>• Information on juridical, social and clinical aspects of surrogacy</li> <li>• Organise gatherings so intended parents and surrogate mothers can meet and share experience</li> </ul>	Lesbian and gay intended parents
Stichting Wensouders	<ul style="list-style-type: none"> <li>• Information about gestational surrogacy</li> <li>• Information about surrogacy abroad (USA/Canada)</li> </ul>	Gay and straight intended parents (gestational surrogacy)
Zwanger voor een ander	<ul style="list-style-type: none"> <li>• Information about surrogacy</li> <li>• Information about fertility problems and treatment</li> <li>• Information about sperm donation and egg donation</li> </ul>	Surrogate mothers and intended parents
Fiom	<ul style="list-style-type: none"> <li>• Information about surrogacy</li> <li>• Counselling for intended parents and (aspirant) surrogate mothers</li> </ul>	People dealing with unintended pregnancies and questions on heritage, intended parents, and surrogate mothers
Surrogacymed	<ul style="list-style-type: none"> <li>• Information about surrogacy</li> <li>• Surrogacy agency for surrogacy in Russia</li> </ul>	Intended parents

S. van Loon, personal communication, December 7, 2015.

“Freya” is an organisation that provides general information about a wide variety of topics, such as fertility problems, treatments, alternatives, and surrogacy. The organisations “Stichting Meer dan Gewenst”, “Stichting Wensouders”, “Zwanger voor een Ander”, “Fiom” and “Surrogacymed” differentiate themselves from Freya by providing more than just general information about surrogacy. *Stichting Meer dan Gewenst*, for instance, organises meetings and information days for its visitors, where people can expand their knowledge about surrogacy, ask questions, and meet fellow intended parents. *Stichting Wensouders* organises meetings like this too, but on top of that the founders of the organisation are actively talking to the House of Representativeness with the ultimate goal to change the laws on surrogacy. The main focus of both Stichting Meer dan Gewenst and Stichting Wensouders is on gay intended parents, whereby Stichting Wensouders highlights surrogacy abroad (USA/Canada). *Zwanger voor een Ander* is a website originally designed for surrogate mothers. The website provides its visitors with a forum and Facebook group where intended parents and (aspirant) surrogate mothers can chat, share experiences, and ask questions. Although the website was originally created for surrogate mothers, intended parents are welcome to join the conversation as well. *Fiom* is an organisation that provides intended parents and (aspirant) surrogate mothers with counselling sessions on top of the objective information they already provide on their website. During counselling sessions the social worker of Fiom tries to emphasise the importance of the heritage information of the intended child and ensure the wellbeing of the surrogate mother. The last organisation mentioned is *Surrogacymed*. This organisation provides besides the online information about surrogacy also surrogacy agency for surrogacy in Russia to Dutch intended parents.

It has become clear that the above mentioned websites provide different information and services to their visitors, either because they are focused on different target groups, because they have different viewpoints, or because they have a different idea on what intended parents and (aspirant) surrogate mothers need. As a result, current intended parents and (aspirant) surrogate mothers are forced to surf to different websites or use different sources in order for them to satisfy their information needs or answer all their questions. In order to improve the ease of gaining online information about surrogacy, a website need to be created that covers all the information needs of the target groups. In order to create such a comprehensive website a qualitative research needs to be done to identify the information needs and questions different members of the target groups have or had during their surrogacy journey.

### 1.5.1 Preferred characteristics of information sources

The above mentioned Dutch organisations all provide information about surrogacy on their website, but it is not clear whether intended parents and (aspirant) surrogate mothers even use these websites to acquire information. Maybe they even use completely different websites to diminish their information needs. Moreover, if they do use one (or more) of these websites, it is not clear why they choose to use one website above the others. Although there has not been any research done to answer these questions, the Channel Complementarity Theory (CCT) might provide a little insight into the reasons why people prefer one information source above others. The Channel Complementarity Theory (CCT) states that there are four characteristics relevant to the context of (medical) information people search for: access to medical expertise, tailorability, anonymity, and convenience (Ruppel & Rains, 2012).

The first characteristic is *access to medical expertise*. This points to the degree to which a source provides access to medical expertise, like a fertility specialist. Sources that do not provide access to medical expertise are often perceived as less credible and trustworthy (Ruppel et al., 2012). The second characteristic is *tailorability*. This is the degree to which a source has the possibility to acquire information unique to one's situation (Ruppel et al., 2012). For example a website that offers the possibility to tailor the information provision to the specific phases of the surrogacy journey. The third characteristic is the degree of *anonymity*. This is the degree to which an information seeker can remain anonymous to others (Ruppel et al., 2012). Intended parents can for instance withdraw information about ART techniques anonymously from online websites, books or brochures. The fourth and final characteristic is *convenience*, or in other words the relative easy access and use of information sources. Individuals place high priority to the convenience of information sources, which is probably why the Internet is so popular for acquiring information (Ruppel et al., 2012).

As been stated above, there has not been any research done on the information sources intended parents and (aspirant) surrogate mothers use. Also there is no knowledge about why people prefer one information source above the others. To get more insight into this, research need to be done in order to identify what characteristics of information sources intended parents and (aspirant) surrogate mothers consider to be important.

### 1.6 Current study

As been described earlier, it is likely that intended parents and (aspirant) surrogate mothers do not have all the required knowledge about surrogacy available at the moment they start with their surrogacy journey, or even during the journey. To extend their knowledge, intended

parents and (aspirant) surrogate mothers are nowadays likely to search the web for information. However, it has become clear that the available websites about surrogacy provide different information, either because they have different viewpoints, different ideas on what intended parents and (aspirant) surrogate mothers need, or because they are focused on different target groups. The diversity in the provided information does not come as a complete surprise, because as far as we know, there has never been any research done on the information needs of intended parents and (aspirant) surrogate mothers during each phase of the surrogacy journey, or on each overarching theme. In addition, it is not clear whether intended parents and (aspirant) surrogate mothers use the earlier mentioned websites as a source for information, and what the reason is why they choose to use one source above the others. And on top of that it is also not clear whether the four overarching themes are the only themes, or if there are more themes that can be distinguished on where intended parents and (aspirant) surrogate mothers have questions.

If Fiom wants to adjust its online information provision to the information needs and preferences of intended parents and (aspirant) surrogate mothers, research needs to be done to clarify the above mentioned uncertainties.

### 1.6.1 Study goal

This study is aimed to investigate the information needs of intended parents and (aspirant) surrogate mothers to improve the provision of information on the website of Fiom. This study sought to answer the following three questions:

1. What are the most important questions of intended parents and (aspirant) surrogate mothers within each phase of the surrogacy journey regarding the overarching themes?
2. What information sources do intended parents and (aspirant) surrogate mothers use and what are the positive and negative characteristics of these information sources according to them?
3. What are the wishes of intended parents and (aspirant) surrogate mothers regarding the provision and display of online information about surrogacy?

## 2. Method

To answer the above-mentioned research questions a qualitative study was performed. Semi-structured interviews were conducted on three groups of participants; intended parents, (aspirant) surrogate mothers, and one Fiom social worker.

## 2.1 Participants and procedures

Ethical approval for this study was granted by the Commissie Ethisiek van de faculteit Gedragswetenschappen van de Universiteit Twente (number 16249).

### 2.1.1 The participants

Intended parents and (aspirant) surrogate mothers were recruited via a recruitment letter that was sent to and posted on three different Dutch websites that pay attention to surrogacy; Zwanger voor een Ander, Freya, and Fiom (see Appendix A1). If intended parents or (aspirant) surrogate mothers were willing to participate in the study, they could click on a link in the recruitment text that led to a short questionnaire. Here they had to fill in what stage of the surrogacy journey they were at the moment, leave their email address behind, and they got the possibility to leave a comment (see Appendix A2). The inclusion criteria for intended parents and (aspirant) surrogate mothers were: (1) willing to participate in an interview, (2) having Internet access or a telephone, and (3) being an intended parent or (aspirant) surrogate mother in either the orientation-, concrete plans-, pregnancy- or after birth phase of the surrogacy journey. If the participants met the inclusion criteria, the participants were invited to schedule an interview appointment. At the beginning of the study a minimum was set on approximately 15 participants for the interviews with intended parents and (aspirant) surrogate mothers. Eventually only 13 people signed up for an interview. Two of them entered a wrong email address, and one did not meet the inclusion criteria due to her inability to be a surrogate mother.

The social worker from Fiom was recruited via a recruitment email that was sent to her, consisting of a standard recruitment text (see Appendix C). If the social worker was willing to participate in the interview, she could reply on the email to schedule an appointment. The social worker was added to the research because she had experience with guiding intended parents and (aspirant) surrogate mothers. At the beginning of the study a minimum was set on 2 participants for the interview with Fiom social workers. During the course of the study it became clear that only one social worker met the inclusion criteria, because the other social worker got a new function at Fiom. The new social worker who took over her job did not have any experience yet with guiding intended parents and (aspirant) surrogate mothers. So in the end only one interview with a social worker was conducted.

## Demographic characteristics

The demographic characteristics of the participating intended parents, (aspirant) surrogate mothers, and the Fiom social worker are described in the following section (see Table 3 for an

overview). Of the intended parents, 4 were male and 2 were female. The four male intended parents were involuntarily childless due to their sexual orientation and the two female intended parents due to infertility. Only one intended parent went abroad for gestational surrogacy in a commercial form. The others found a traditional surrogate mother in the Netherlands. Two of the intended parents were in the concrete plans phase, two in the pregnancy phase, and 2 in the phase after birth. Of the surrogate mothers, 3 were traditional surrogate mothers and 1 had a gestational surrogate pregnancy conducted by the VUmc. One of them was still in the orientation phase, and 3 of them already gave birth to their surrogate child.

**Table 3**

*Demographic information of intended parents and (aspirant) surrogate mothers, given amounts and percentages (n (%)), and means and standard deviations (means (S.D.))*

	Intended parents (n=6)	(Aspirant) surrogate mothers (n=4)
Gender, n (%)		
Male	4 (66.7)	0 (0)
Female	2 (33.3)	4 (100)
Age, mean (S.D.)	35 (7.8)	37.5 (2.7)
Marital status, n (%)		
Married or registered partnership	5 (83.3)	2 (50)
Cohabitation	1 (16.7)	0 (0)
Single	0 (0)	2 (50)
Sexual orientation, n (%)		
Heterosexual	2 (33.3)	4 (100)
Homosexual	4 (66.7)	0 (0)
Nationality, n (%)		
Dutch	6 (100)	3 (75)
Belgian	0 (0)	1 (25)
Highest educational level, n (%)		
MBO	4 (66.7)	1 (25)
HAVO	0 (0)	2 (50)
HBO	1 (16.7)	1 (25)
WO	1 (16.7)	0 (0)
Surrogacy phase, n (%)		
Orientation	0 (0)	1 (25)
Concrete plans	2 (33.3)	0 (0)
Pregnancy	2 (33.3)	0 (0)
After birth	2 (33.3)	3 (75)

The social worker interviewed in this study was a 59 years old woman. She already works as a social worker for 30 years. She is active as a social worker in the field of surrogacy for over 15 years. In the past 3 years her work has become more intensive because the amount of sessions with intended parents and (aspirant) surrogate mothers has increased. This means that the information she gave during the interview was mainly from her experiences from the past 3 years.

### 2.1.2 The procedures

All interviews were conducted via Skype or telephone, at each participant's choice. One day prior to the interview, a short version of the interview scheme and the informed consent were sent to the participant. This way the participant could already prepare on the interview questions, and read the informed consent. A day later, the interview took place. At the beginning of the interview, the researcher introduced herself and explained the interview goals. At the end of the introduction, permission to record the interview was granted. After the participant gave permission the researcher started the voice recorder. Subsequently, the researcher read the informed consent out loud and the participant could verbally agree (or not) to the terms. If the participant agreed, the researcher started the interview in accordance with the interview scheme (see Appendix B and Appendix D).

In the end a total of 11 interviews were conducted on 6 intended parents, 4 (aspirant) surrogate mothers, and one social worker. The interviews lasted between 20 and 50 minutes and were audiotaped and transcribed. The results of the interviews with intended parents and (aspirant) surrogate mothers were used to answer all three research questions, and the results of the interview with the Fiom social worker was used to answer the first research question.

## 2.2 Materials

All interview schedules were chronologically structured to facilitate the memory recall of the participants, starting with the orientation phase of the surrogacy journey, following by the concrete plans phase, the pregnancy phase, and ending with the phase after birth. On each phase a couple of standard questions were asked in order to answer the research questions. For each phase the questions started open and broad and ended more specific.

In the interview designed for intended parents and (aspirant) surrogate mothers each phase started with the same question; "*What kind of information did you search for during this phase?*", followed by more specific questions like "*Which questions did you have during this phase?*" and "*How did you search for an answer to this question?*" Subsequently, questions about the overarching themes were asked. The researcher identified if and which questions participants had on the overarching themes (medical-, juridical-, financial-, and psychological information) within the specific phases. Furthermore questions about what sources participants used were asked: "*Which sources did you use to answer the questions?*", "*Could you find what you were looking for?*", and "*What did you like/dislike about these sources?*" At the end the researcher asked which sources the participants preferred to use during their journey, and why. The researcher also asked if participants had some tips for

Fiom about things they should or should not do while expending the information on their website. After the semi-structured interview, the participants were asked to complete a small questionnaire about their demographic characteristics (see Appendix B2 and B3).

The interview designed for the Fiom social worker started with a small questionnaire about her demographic characteristics. Afterwards a semi-structured questionnaire was conducted. First the social worker was asked to describe questions intended parents and (aspirant) surrogate mothers ask her within each phase on each overarching theme. Subsequently, the social worker was asked to name information that she thinks is important for intended parents and (aspirant) surrogate mothers to know within each phase, on each overarching theme (see Appendix D2 and D3). As stated earlier, the results of the interview with the Fiom social worker is used to help answering the first research question.

## 2.3 Data analysis

All semi-structured interviews were audiotaped with permission of the participants and transcribed. To analyse the transcripts, all data was uploaded into Atlas.ti (Muhr, 1997), a program that helps systematically analyse unstructured data such as interviews. The transcripts were separately encoded by two encoders, the researcher (L.N.) and another Health Psychology master student (T.B.). After they individually encoded the transcripts they discussed their results together. If quotes were differently labelled by the encoders, they discussed their coding reasons and tried to come to an agreement about the most accurate label or (sub)category for the quotes. The ultimate goal was to create a comprehensive overview of the questions that were indicated by the participants.

For the analysis of the research questions deductive analyses was performed on all transcripts using the earlier distinguished overarching themes (medical, juridical, financial, and psychological) or the earlier mentioned information sources as labels (the Internet, professionals, and books). Afterwards inductive data analyses was conducted, grouping quotes and questions based on similar issues together. Subsequently appropriate and comprehensive subcategories were formed.

## 3. Results

In the following paragraphs the results of the qualitative analysis of the interviews with intended parents, (aspirant) surrogate mothers, and the Fiom social worker are described in three separate sections.

### 3.1 Most important questions of intended parents and (aspirant) surrogate mothers

To answer the first research question three analyses were conducted. One for the questions intended parents indicated to have, one for the questions (aspirant) surrogate mothers indicated to have, and one for the questions the Fiom social worker indicated to get from these target groups. The following subsections display an overview of the medical, juridical, financial, and psychological questions intended parents and (aspirant) surrogate mothers indicated to have.

#### 3.1.1 Medical questions

Intended parents and (aspirant) surrogate mothers indicated that they had different medical questions about surrogacy during their surrogacy journey. These questions are divided among five different categories and seven different subcategories (see Table 4). First, both groups indicated to have questions about the procedures, in particular with respect to fertilisation in surrogacy. The questions they indicated were for instance about the overall possibilities for fertilisation, the procedures in gestational surrogacy like the embryo transfer, and the self-insemination procedures in traditional surrogacy. Both groups also indicated to have questions about the possible complications that can occur. For instance, an intended parent was curious which diseases can occur in the surrogate baby during the pregnancy. A surrogate mother was curious about whether her body would reject a zygote any easier if it is not genetically hers. There were also some questions about the requirements for the surrogate mothers. One surrogate mother, for instance, wanted to know whether she was suitable to be a gestational surrogate mother. Others also wanted to know what the (medical or physical) requirements of the VUmc hospital are for a surrogate mother. Furthermore, the participants pointed out some questions about the involved parties in surrogacy, including the VUmc and health professionals. The Fiom social worker indicated that people coming to a counselling session frequently ask her whether it is true that only the VUmc practices gestational surrogacy, and a surrogate mother wanted to know which health professionals are experienced with surrogate pregnancies. Finally, one surrogate mother indicated that she had questions about the period after birth, specifically about breastfeeding. She wanted to know how she had to conserve, reheat and preserve the breastmilk.

**Table 4**

*A brief overview of the medical questions intended parents, (aspirant) surrogate mothers, and the Fiom social worker indicated during the interview*

Category	Subcategory	Questions
Procedures	Fertilisation	What are the possibilities for fertilisation? [IP] The embryo transfer, how does that work? When do I have the highest chance of success? [SM]
Complications	Diseases	Do I have to go to the hospital for self-insemination? [SW] Which diseases can occur? [IP]
	Rejection of the zygote	I would be more afraid of medical complications. I would want to know what the possible complications are. For instance, does my body reject the zygote any easier when it is not genetically mine? [SM]
Requirements	Surrogate mother	A specific question for me was; am I suitable to be a surrogate mother? Am I qualified? [SM]
Involved parties	Hospital	How strict are the requirements of the VUmc? [SW]
	Health professionals	Is it true that only the VUmc in Amsterdam practices gestational surrogacy? [SW]
After birth	Breastfeeding	Which health professionals can handle a surrogate pregnancy? They have to realize what is expected from them, what for instance usually happens, but not in this case. [SM]
		I searched for information on breastfeeding. For instance, how to conserve the milk, how to reheat the milk, and how long you can preserve the milk. What are the possibilities? [SM]

*Note. IP = Intended Parents; SM = (aspirant) Surrogate Mother; SW = Fiom Social Worker.*

### 3.1.2 Juridical questions

The juridical questions intended parents and (aspirant) surrogate mothers indicated to have during their surrogacy journey are divided into two categories and four subcategories (see Table 5). First, both intended parents and (aspirant) surrogate mothers indicated to have questions about what the law allows when it comes to surrogacy. For instance, what the possibilities for surrogacy are within the Netherlands and abroad, and how surrogacy is legally handled. There were also questions about the adoption procedures. Intended parents mainly wanted to know what the adoption procedures are, for instance how the adoption of the non-biological father is regulated. (Aspirant) surrogate mothers wanted to know how the abduction of their parental responsibilities is regulated. Furthermore, there were questions about the involved parties. Both groups were interested in the procedures of the Raad voor de Kinderbescherming. Including the appointments they have to make with them, how they deal with surrogacy, and what the family investigation of the Raad voor de Kinderbescherming looks like. One intended parent indicated to have questions about the overall rights and duties of the intended parents, surrogate mother, and surrogate child once the baby is born.

**Table 5**

*A brief overview of the juridical questions intended parents, (aspirant) surrogate mothers, and the Fiom social worker indicated during the interview*

Category	Subcategory	Questions
Procedures	What is allowed and what not	What are the possibilities for surrogacy within the Netherlands, and what are the possibilities for surrogacy abroad in the first will not work out? [IP] How does it work, for instance legally? What is allowed? [SM]
	Arrangements for adoption and abduction of parental responsibilities	After the birth of the baby you have to arrange the adoption. That is where we searched for. The adoption of the non-biological father. [IP] The part of the abduction of my parental responsibilities. But also, what if I still have the full parental authority over the child, and something happens to me? How can we make sure everything runs smoothly? [SM]
Involved parties	Procedures of the Raad voor de Kinderbescherming	What are the appointments we have to make with the Raad voor de Kinderbescherming? [IP] I searched for information about the Raad voor de Kinderbescherming. How do they deal with surrogacy, and what do they want to know? [SM]
	Rights and duties of the involved parties after birth	What they want to know is what the family investigation of the Raad voor de Kinderbescherming looks like. [SW] What are the rights and duties of the fathers, the child, and the surrogate mother? [IP]

*Note.* IP = Intended Parents; SM = (aspirant) Surrogate Mother; SW = Fiom Social Worker.

### 3.1.3 Financial questions

The questions intended parents and (aspirant) surrogate mothers indicated to have about the financial aspects of surrogacy are displayed in Table 6 below. These questions are divided into two categories and three separate subcategories. First of all, there were questions about the overall costs of a surrogate pregnancy. One intended parent wanted to know what a surrogate pregnancy generally costs. There were also questions about the financial compensation for the surrogate mother. Intended parents wanted to know what they were legally allowed to financially compensate, and surrogate mothers wanted to know what they could financially expect from the intended parents. The Fiom social worker indicated that intended parents need to calculate extra costs for things like extra help for the surrogate mother during the pregnancy to help her take care of her own children (if needed). Finally, there were questions about what kind of insurance surrogate mothers need to have during the surrogate pregnancy.

**Table 6**

*A brief overview of the financial questions intended parents, (aspirant) surrogate mothers, and the Fiom social worker indicated during the interview*

Category	Subcategory	Questions
Costs	Overall costs	There is a lot unclear about this subject. What are the exact costs? [IP]
	Financial compensation for the surrogate mother	In what way are you allowed to financially compensate the pregnancy? To what point are you allowed to compensate? The internet tells us the ‘necessary costs’, but where do you draw the line? [IP]
		I searched for the financial information. I know it is forbidden to receive a compensation for the pregnancy, but what if I have to work less due to the pregnancy? Can that be for instance financially compensated? [SM]
		It is possible that the surrogate mother needs extra help during the pregnancy, for instance to help her care for her own children. [SW]
Requirements	Insurance	What kind of insurances do I need? [SM]

Note. IP = Intended Parent; SM = (aspirant) Surrogate Mother; SW = Fiom Social Worker.

### 3.1.4 Psychological questions

It were mainly the (aspirant) surrogate mothers that indicated to have questions about the psychological aspects of surrogacy. The questions they indicated to have are displayed in Table 7 below, and divided into four categories and eight subcategories. First, there were questions about the consequences of a surrogate pregnancy for the surrogate mother herself. Including questions about her own ability to handle a surrogate pregnancy, about what they would do if it turns out she cannot psychologically handle the pregnancy, about what role the surrogate mother is going to play in the life of the child, and about the consequences of a surrogate pregnancy for the surrogate mother her own family. Next, there were questions about the consequences of a surrogate pregnancy for the intended parents. A surrogate mother pointed out that it would have been very valuable to her if she had thought about what impact a surrogate pregnancy can have on the intended parents. She said, giving up a child is not any easier than taking a child. A surrogate pregnancy can come with a grieving process, especially in case of heterosexual intended parents. Furthermore, there were questions about the consequences of a surrogate pregnancy for the future child. Some were general, like what is the best for the child, and what are the things we have to think about. Another subcategory that belongs to this category is about the heritage information of the child. No intended parent or surrogate mother indicated to have questions about this topic, but the Fiom social worker indicated that she emphasises the importance of the heritage information for the child during her counselling sessions. According to her it is important to embed the surrogate pregnancy in the life of the child. Finally, there were some questions about the involved parties, in

particular about counsellors. One surrogate mother indicated that it would have been very helpful to her if there was a list of organisations available that provide psychological counselling for intended parents and surrogate mothers.

**Table 7**

*A brief overview of the psychological questions intended parents, (aspirant) surrogate mothers, and the Fiom social worker indicated during the interview*

Category	Subcategory	Questions
Consequences for surrogate mother and her family	Can I handle a surrogate pregnancy?	How does it feel, how is it? Other stuff were just side issues. For me it was important to know how it feels, and to know whether I think I can handle it. [SM]
	What to do if I can't handle the pregnancy?	What are we going to do if it turns out that I cannot psychologically handle it? [SM]
	Future role in the child his life	In the beginning we thought I would be like an aunt to the child, but during the pregnancy the discussion raises that this would be not right. The child is biologically mine, so it would be strange to say that I am not her mother. So what do I want? What are we going to do? [SM]
	Relation with own family	Surrogate mothers usually already have children of their own. These children are involved in the surrogate pregnancy, and it can scare them. They can get the idea that they could be given away too. When they are 4 years old they start to imagine things, and it is important to actively talk about the surrogacy with them. It is important to ensure the safety of the own children. [SW]
Consequences for intended parents	What it means to be involuntarily childless	For me it would have been helpful to know what it means for intended parents to be intended parents. To really want a child, but being dependent of others. Taking a child is not any easier than giving up a child. As a surrogate mother you think you give something nice, that they will be thankful. But you forget to realize that it also brings sadness. A grieving process. Especially in case of a heterosexual couple. The intended mother would rather carry her baby herself, but she is not able to do so. [SM]
Consequences for the future child	Best things to do for the child	What is the best for the surrogate child? What are the things I have to think about? [IP]
	Heritage information	Give heritage information to your child from the moment it is born. Make sure there is a birth book where all the family lines are written down. Make pictures so the surrogate pregnancy is embedded in the life of the child. [SW]
Involved parties	Counselling	Finding a good counsellor. I think it is important to make a list of parties within the Netherlands and Belgium that are experienced in counselling, in a professional way. You are going to need counselling for a long period of time, till labour but also long after birth. [SM]

*Note. IP = Intended Parents; SM = (aspirant) Surrogate Mother; SW = Fiom Social Worker.*

### 3.1.5 Reading about personal experiences

A final category intended parents and (aspirant) surrogate mothers mentioned, is a category that cannot be easily grouped into one of the former four overarching themes. This category is about the personal experiences of fellow intended parents and (aspirant) surrogate mothers. Both groups indicated that they have frequently searched for and read these personal stories during their surrogacy journey. They indicated that they wanted to know about the experiences of others. Surrogate mothers, for instance, wanted to know how it feels to be a surrogate mother or how it was for others to be one. While reading about the surrogate journeys of others, they gained knowledge about all the former mentioned overarching themes.

## 3.2 Information sources intended parents and (aspirant) surrogate mothers use

To answer the second research question an analysis was conducted on the interview transcripts of both intended parents and (aspirant) surrogate mothers. During the interviews with intended parents and (aspirant) surrogate mothers three different information sources were identified. It became clear that a majority of the intended parents and (aspirant) surrogate mothers used the Internet as a source for information. To a lesser extent they used professionals, including lawyers, counsellors and health professionals. Only one surrogate mother indicated that she has read books to acquire information about surrogacy.

### 3.2.1 The Internet

#### **Positive characteristics of current information on surrogacy websites**

As has been stated above, the Internet is the most used information source by both intended parents and (aspirant) surrogate mothers. While asking them which source they used to acquire information, both intended parents and (aspirant) surrogate mothers simply said they searched online, on Google. The reason why they used the Internet to such a large extend was because of the *accessibility* (see Table 8). One participant stated that going online is nowadays probably the easiest way to acquire information. Another positive characteristic of the Internet is according to them the relative ease of *sharing and reading personal experiences* of other intended parents and (aspirant) surrogate mothers. This is exactly why a lot of them indicated to use the website of Zwanger voor een Ander.

#### **Negative characteristics of current information on surrogacy websites**

Although they have indicated to use the Internet as their most important source for information, a lot of negative characteristics of the Internet came to the surface during the

interviews as well. First they mentioned the *unstructured* way online information is written. They pointed out that the online information is very *incoherent*, leading to uncertainty about the objectivity of the information. One intended parent gave an example of the Raad voor de Kinderbescherming. According to him, the information the Raad voor de Kinderbescherming provides online contradicts the information they give when you meet them face-to-face. According to the Fiom social worker this is due to the fact that the different national departments of the Raad voor de Kinderbescherming are currently operating according to different procedures. Another negative characteristic mentioned by the participants is about the amount of online information. They pointed out that if they find some information on a website, it is often not enough to answer their questions or diminish their information needs; in other words the information is *too concise*. Because of that they are forced to surf to different websites in order to get a clear answer to their questions. A final negative characteristic they mentioned is the *lack of clear information*. For instance, the juridical information is very hard to read. It is often written in professional jargon, and because of that hard to understand for lay people.

**Table 8**

*A brief overview of the positive and negative aspects of the information (and websites) found on the Internet*

Category	Subcategory	Quotes
Positive aspects	Accessibility	“I think going online is the easiest way to acquire information.” [IP]
	Possibility to share and read personal experiences	“I used the site Zwanger voor een Ander for the personal experiences of others.” [IP]
Negative aspects	Unstructured information	“The information is not really structured.” [SM]
	Incoherent information	“If you google on surrogacy you find incoherent information. This way you are not sure what information is objective and what is not.” [IP]
	Too concise information	“Bit by bit you find the information. Some information here, some information there. Very concise.” [SM]
	Unclear information	“The juridical information is very hard to read. Sometimes I had to read a text three to four times over in order for me to understand it. They should write it in more simple human language. We are not all lawyers right?” [SM]

Note. IP = Intended Parents; SM = Surrogate Mother.

### 3.2.2 Professionals

The second most used information source by intended parents and (aspirant) surrogate mothers are professionals (see Table 9 for a brief overview). First of all they used *lawyers* to get answers to their financial-, and juridical questions. The Fiom social worker advises to hire

a lawyer early on in the surrogacy journey, so he can help figure out the legal and financial issues belonging to the specific surrogacy situation, but also to legally arrange the juridical aspects of the surrogacy in time. Like a *court hearing* to ask the judge permission to place the child in the home of the intended parents directly after birth. One intended parent even pointed out that their lawyer turned out to be their most important and reliable information source during the journey. A second source of professionals intended parents and (aspirant) surrogate mothers indicated to use are *counsellors for psychosocial support*. A surrogate mother indicated that she contacted Fiom long after birth, because she needed someone to talk to. According to her the counselling session was very helpful. An intended parent indicated that he did not necessarily needed psychosocial support during the surrogacy journey, but he can understand that a counselling session could be very helpful to others. The third and final source of professionals they have pointed out during the interviews are *health professionals*. One surrogacy couple visited a lactation consultant to receive a clear explanation about breastfeeding. Another went to her GP (General Practitioner). According to her it is very important that a GP supports your decision for gestational surrogacy, because you need your GP to get referred to other health professionals.

**Table 9**

*A brief overview of the perceived added value of professionals as an information source*

Category	Subcategory	Quotes
Lawyers	Asking questions directly to the professional	<p>“We ended up with a lawyer. He gave us information and helped us out with our financial- and juridical questions.” [IP]</p> <p>“Make sure you get a lawyer early on in the surrogacy journey. Either way you are going to need one, so if you get one early on you can ask him your questions. And surrogacy is a complex issue, even for lawyers and judges.” [SW]</p>
	Arrange a court hearing	<p>“You also need a lawyer early on in the process to arrange a court hearing, where you have to ask the judge permission to place the child in the home of the intended parents directly after birth.” [SW]</p>
	Most reliable source	<p>“Our lawyer turned out to be our most important information source, and our most reliable one. If we had a question, we simply asked him. We trusted his answer, so we did not even searched online.” [IP]</p>
Psychological counsellors	Psychosocial support for both parties	<p>“We did not really need it, but others may need psychosocial support for the surrogate mother. I can also understand that some intended fathers would need it.” [IP]</p> <p>“I contacted Fiom long after the birth. I just needed someone to talk to, and they did a great job. It really helped me.” [SM]</p>
Health professionals	Clear explanations	<p>“Together with the intended parents I went to see a lactation consultant. She explained clearly how it works. Like how to conserve, and reheat the milk and how long we can preserve it. This was very helpful to me.” [SM]</p>

Possibility for referral	“You need your GP. He needs to support your decision for (gestational) surrogacy, because you need a referral for everything.” [IP]
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Note. IP = Intended Parents; SM = Surrogate Mother; SW = Fiom Social Worker.

### 3.2.3 Books

Only one surrogate mother indicated that she had used books as a source for information during her surrogacy journey. The only reason why she used books was that back in 2010 there was not a lot of online information about surrogacy. So in order for her to read about personal experiences of others she was forced to consult books.

### 3.3 Wishes regarding the provision and display of information

At the end of the interviews, intended parent and (aspirant) surrogate mothers were asked if they had any additions to the current online information provision. Their answers were used to answer the third research question.

#### 3.3.1 Additions

First they mentioned some general additions to the current online information provision (see Table 10). They pointed out that it would be valuable to them if a website chooses to provide *more extensive and complete information* about surrogacy, like an *extensive description of the whole surrogacy journey* including *information about surrogacy abroad*. In this extensive description they should definitely include more *juridical and financial information*. On the financial field they should for instance provide information about the financial compensation; what are intended parents legally allowed to financially compensate? What can a surrogate mother financially expect? What does the insurance company cover? Furthermore, they indicated that they would like it if a website or organisation *offers psychological counselling*. Finally, a surrogate mother indicated that she would appreciate it if a website offers the *opportunity to interact with peers*. This way intended parents and (aspirant) surrogate mothers can directly ask their personal questions to people who have already gone through the surrogacy journey themselves.

**Table 10**

*A brief overview of the expressed wishes for additions to the online surrogacy information on websites*

Category	Subcategory	Quotes
More extensive and complete information	Description of the surrogacy journey	“The information provision should be more clear. More extensive. Do not try to refer to other sites, but try to describe the whole surrogacy journey yourself.” [IP]
	Surrogacy within the Netherlands and abroad	“Do include some information about surrogacy abroad. Describe the pros and cons of both options.” [IP] How does it work in the Netherlands, how does it work

		abroad? What should we and what should we not do?” [SM]
	More juridical and financial information	“You can perfectly give objective information about the juridical and financial side of surrogacy. Try to write everything down. [SM]
		“It is not allowed to ask for a financial compensation, but what is? What can a surrogate mother financially expect?” [SM]
Opportunities for counselling	Actively offer psychological counselling	“The psychological part. What can Fiom offer us?” [IP]
Opportunities to interact with peers	Possibility to directly ask questions to experts	“Stories about personal experiences are highly appreciated, but as an intended parent you also want to ask your own personal questions directly to an expert (by experiences).” [SM]

Note. IP = Intended Parents; SM = Surrogate Mother.

### 3.3.2 Practical solutions

Some intended parents and (aspirant) surrogate mothers gave practical solutions to for instance help making the online information provision more clear (see Table 11). One intended parent indicated that it would be helpful to her if she had access to a *step-by-step plan*, like a checklist, where the juridical-, financial-, and psychological steps that need to be taken are extensively described for each phase of the surrogacy journey. A surrogate mother expressed her wishes for an online example of a *surrogacy arrangement*, so she and her intended parents know what it looks like, and what they have to include in such an arrangement. Furthermore, one surrogate mother suggested that to facilitate the possibility to share and read personal experiences or interact with peers, a *forum or Facebook group* can be created. Another surrogate mother indicated that it would be very helpful if a website provides *tailored information* to the visitors. This can be achieved by creating a selection option for the (juridical) information, where intended parents and surrogate mothers can select an option that fits their situation, like ‘surrogate mother married + intended parents not married’ and then only the information important for their specific situation would be shown to them including the steps that need to be taken (see Table 11 for more practical solutions).

**Table 11**

*A brief overview of the practical solutions mentioned to structure the online information*

<b>Category</b>	<b>Subcategory</b>	<b>Quotes</b>
Practical solutions	Step-by-step plan	“A checklist with all the things we have to think about. This can be very extensive, on juridical-, psychological-, financial field etc., related to the different phases of the surrogacy journey. So for instance what you discuss before self-insemination, what during pregnancy etc.?” [IP]

Surrogacy arrangement example	“Provide us with an example of a surrogacy arrangement. What does it look like? Where do we start? What should we write in such an arrangement?” [SM]
Forum or Facebook group to interact with peers	“To facilitate something like this you can create a forum or Facebook group.” [SM]
Tailored information	“You can make a selection option for the juridical information, like: ‘surrogate mother married + intended parents married’ or ‘surrogate mother not married + intended parents married’ etc. If we click on one of the options we should get tailored information. This way it should become more clear what information is important to us and what steps we need to take in our specific situation.” [SM]
A shared bank account between intended parents and surrogate mother	“Open a bank account where the intended parents deposit monthly a sufficient amount of money. This bank account may only be used for pregnancy related costs. This way you do not have to ask the intended parents for money every time you buy something for the pregnancy. This can prevent awkward moments from happening.” [SM]

Note. IP = Intended Parents; SM = Surrogate Mother.

### 3.3.3 Possible pitfalls

At the end of the interview, some participants pointed out some possible pitfalls for Fiom (see Table 12). First, they spoke about using wrong terminology. One surrogate mother said that using the word ‘draagster’ is something Fiom should definitely not do. According to her, *draagster* refers more to having a predisposition or disease than carrying a child for another couple. Another possible pitfall is providing online psychological tips. According to a surrogate mother a surrogate pregnancy is very personal. Because of that it is not possible to provide general tips. It would be better if Fiom provides counselling sessions. If Fiom really wants to write something about the psychological consequences of surrogacy, they should give warnings instead of tips. Like, make sure you are being supported by your partner or a professional, and think twice of your ability to handle a surrogate pregnancy.

**Table 12**

*A brief overview of the possible pitfalls expressed during the interview*

Category	Subcategory	Quotes
Possible pitfalls	Terminology	“Do not use the word ‘draagster’.” [SM]
	Psychological tips might be too personal	“I think providing information about the psychological side of surrogacy is way too personal. For this you should provide counselling sessions. What you can do is give people warnings, like make sure you are being supported by either a partner or a professional, and think twice of your ability to handle a surrogate pregnancy.” [SM]

Note. IP = Intended Parents; SM = Surrogate Mother.

## 4. Discussion and conclusion

The goal of this study was to identify the information needs of both intended parents and (aspirant) surrogate mothers in order to adjust the online information Fiom provides about surrogacy to the information needs of the target groups. To be able to reach this goal interviews were conducted on members of the target groups to answer the three research questions composed for this study; (1) What are the most important questions of intended parents and (aspirant) surrogate mothers within each phase of the surrogacy journey regarding the overarching themes? (2) What information sources do intended parents and (aspirant) surrogate mothers use and what are the best and worst characteristics of these information sources? and (3) What are the wishes of intended parents and (aspirant) surrogate mothers regarding the provision and display of online information about surrogacy?

### 4.1 Summary of the key findings

To the best of our knowledge, this is the first study that identifies the information needs of intended parents and (aspirant) surrogate mothers regarding surrogacy. After analysing the interviews it has become clear that both intended parents and (aspirant) surrogate mothers used the Internet as their most important source for information. The main reason behind this is the easy access people nowadays have to online information. However, the participants indicated that the current online information about surrogacy is too concise, unstructured, incoherent, and unclear.

To make it easier for intended parents and (aspirant) surrogate mothers to acquire information about surrogacy in the future, a new website or webpage can be created that extensively describes the most important information about surrogacy. This information needs to cover at least the most important medical-, juridical-, financial-, and psychological aspects of surrogacy. According to the intended parents and (aspirant) surrogate mothers interviewed in this study the medical information should for instance cover the fertilisation procedures in gestational- and traditional surrogacy, the possible complications that can occur during a surrogate pregnancy, and the requirements the VUmc makes for surrogate mothers. On the juridical field, the information should for instance be about the adoption procedures, and the procedures of the Raad voor de Kinderbescherming. The financial information provided on such a website should for instance cover information about what intended parents are legally allowed to financially compensate, and what insurance both parties need to have. On the psychological field of surrogacy the website can provide general information about for instance the consequences of a surrogate pregnancy for the intended parents, surrogate

mother, and surrogate child. In order to provide the target groups with more specific psychological information, an organisation should offer counselling sessions.

To structure the above mentioned information, the website should provide a step-by-step plan tailored to the different surrogacy situations which chronologically follows the phases of the surrogacy journey. In such a step-by-step plan, the target group can read what actions they have to take within each phase of the journey.

## 4.2 Discussion of the results

During the course of this study, a few aspects came to the surface that were new to our knowledge. These aspects will be further discussed in the following paragraph.

### 4.2.1 New knowledge

During the interviews it became very soon clear that over the course of the surrogacy journey the questions of intended parents and (aspirant) surrogate mothers decreased. The majority of their questions occurred in the first phase of the journey. During the second phase, the amount of questions already decreased a bit. Leaving just a few questions during the third phase and not a single one during the fourth phase of the surrogacy journey. This phenomenon contradicts what was expected at the beginning of this study. It was expected that especially during the last two phases of the journey psychological questions would become prominent. From the moment the surrogate pregnancy becomes real it was expected that questions like how to handle the pregnancy, the labour, and the period after birth would arise. Although both parties have indicated that they had thought about these issues, they were all able (excluding one surrogate mother) to discuss and arrange these issues together without the help of counsellors or online information. Furthermore, the decrease in information needs over the course of the surrogacy journey also contradicts the judgement of intended parents and (aspirant) surrogate mothers about the current online information provision. According to them, the online information about surrogacy is too concise, unstructured, incoherent, and unclear. However, despite these negative characteristics they are apparently still able to find answers to their questions and diminish their information needs. Although this may sound surprising, there might exist a logical explanation for this phenomenon. As been frequently indicated, both target groups read a lot of stories about personal experiences online on for instance blogs or forums. They all indicated that reading these stories helps them to gain knowledge about surrogacy and the surrogacy journey. It is likely that these stories contain the specific information intended parents and (aspirant) surrogate mothers need, that official websites about surrogacy seem to lack. The most important explanation for the decrease in

information needs over the course of the surrogacy journey is the fact that both parties have indicated that they wanted to make sure that everything is arranged as good as possible before entering the pregnancy phase. This means that both parties want to clarify all the medical-, juridical-, and legal issues associated with the surrogate pregnancy before taking any serious steps towards for instance the fertilisation.

Another thing that came to the surface during the interviews was the large amount of juridical and financial questions that intended parents and (aspirant) surrogate mothers indicated to have. During the course of the whole surrogacy journey (except the phase after birth) both parties remained having questions on particularly the juridical theme. This might be related to the fact that there is not a lot of clear and understandable information about this topic available online. According to some participants the online information about the juridical issues associated with surrogacy is very concise and often hard to understand. This is probably due to the fact that the information is often written in professional jargon, which can be hard to understand for lay people. Another reason that can be given to the somewhat limited amount of online information about the juridical issues is that there are not so many laws in the Netherlands regulating surrogacy. The only laws that are used in the context of surrogacy are two criminal laws. One of them forbids surrogacy mediation by companies, advertising about these mediations, and publicly offering yourself as a surrogate mother. And the other one forbids the embezzlement of the heritage information of the child, for instance when non-biological intended parents register themselves as birthparents instead of the biological surrogate mother (Boele-Woelki, Curry-Sumner, Schrama & Vonk, 2011). Further, there are no private laws on surrogacy (civil-, family-, or contract laws), so only the general laws apply to surrogacy. These laws include the child adoption laws for the transmission of the parental responsibilities, the custody- and child protection laws for the abduction of the parental authority, and the laws on foster care for the placement of the child in the family of the intended parents. In all these laws, there has not been anything written about surrogacy. They are all written around the idea of a traditional family, with two heterosexual parents getting and raising a child. But with surrogacy, more complex situations are being created. The current private laws are causing limitations in the possibilities for intended parents and surrogate mothers, because they do not take the modern family compositions into account (Boele-Woelki et al., 2011). Currently there is a special commission, *Staatscommissie herijking ouderschap* that focusses on the different forms of modern family compositions in the Netherlands, like biological- and social parenthood. While doing this they try to identify the possibilities for multiple parenthood, multiple parental authority, and surrogacy. To

ultimately change the current private laws and make these latter parental forms legally regulated, the commission is proposing for legal changes at the House of Representatives (Rijksoverheid, 2014). It is possible that in the near future new private laws on surrogacy (and other modern family compositions) are going to be created to expand the legal possibilities for the new modern forms of parenthood.

Furthermore, during the interviews the participants were asked what they considered important characteristics of information sources. According to the Channel Complementarity Theory described in the introduction (Ruppel et al., 2012) there are four characteristics people find relevant in the context of (health) information; access to medical expertise, tailorability, anonymity, and convenience. During the interviews only two of these four characteristics were mentioned by the participants. They indicated that they used the Internet as their most important source for information because it is easy accessible, or in other words *convenient*. And they indicated that it would be helpful to them if the online information would be *tailored* to the specific surrogacy situations, so people can easily see what information is important for them. However, none of the participants mentioned the anonymity of the Internet, perhaps because nowadays people are used to this characteristic of the Internet. Maybe it is something that does not stand out to them anymore. Another characteristic nobody mentioned was the access to medical expertise. This could be explained by the fact that surrogacy is not something that raises a lot of medical problems and/or questions. And if there are any questions about the medical aspects of the pregnancy, people can easily search for information about traditional pregnancies, because in the end a surrogate pregnancy is biologically seen the same as a traditional pregnancy.

Finally, looking at the websites that intended parents and (aspirant) surrogate mothers have indicated to use during their surrogacy journey it seems striking that a vast majority of these websites are Dutch. This considering the easy access that the Internet nowadays gives to foreign websites. But also the fact that there are statistically more websites on surrogacy written in English than in Dutch. A quick Google search on the word ‘draagmoeder\*’ shows only 50.100 hits in comparison with a search on the word ‘surrogacy\*’ which shows about 3.240.000 hits. Although this seems striking at first sight, there might be a logical explanation for this phenomenon. The information that intended parents and (aspirant) surrogate mothers primarily search for is on the juridical and financial theme. Given the fact that surrogacy is differently regulated around the world, it would not make any sense to read about the juridical and financial issues associated with surrogacy on foreign websites. These websites probably only provide juridical information focused on laws of their own country, and not on the Dutch

laws. However, Dutch intended parents and (aspirant) surrogate mothers could perfectly use foreign websites to read about personal experiences of others or to read about the possibilities of surrogacy abroad. The participating intended parents and (aspirant) surrogate mothers in this study did not turn to foreign websites for this information. This might be explained by the fact that ninety percent of the participants of this study performed surrogacy within the Netherlands with both a Dutch surrogate mother and Dutch intended parents. If other people had participated in this study, instance people who had chosen for foreign surrogacy, these results might have been completely different.

#### 4.2.2 Strengths, limitations and future research

To answer the research questions of this study, a qualitative study was conducted in the form of interviews. The fact that interviews were used might have had a positive effect on the data collection, because an interview allows you to dig deeper and it gives you the opportunity to ask more questions if you have the feeling that a participant has more information to give than you receive in the first place, which enriches the results. Second, the interviews were individually and independent encoded by not only one, but two encoders resulting in more accurate encoding schemes. On top of that, as been said before, this research is to the best of our knowledge the first to study the information needs of intended parents and (aspirant) surrogate mothers. This makes this study and its results unique and valuable.

However this study does have some limitations. First, this study is conducted on only 10 participants, what has led to the fact that there is probably no data-saturation reached in this study. This means that the chance of obtaining new results while interviewing a new participant is very likely. Furthermore, the relatively small number of participants in this study is not necessarily negative in itself, but the participating intended parents and (aspirant) surrogate mothers were not equally distributed over the different surrogacy forms. Only one intended parent went abroad for gestational surrogacy in a commercial form, against five intended parents that were having an altruistic traditional surrogate mother here in the Netherlands. The same applies to the situation of the surrogate mothers. Only one of them was a gestational surrogate mother, against three tradition surrogate mothers. This may have had a negative influence on the conclusions that are drawn from this study, because intended parents and (aspirant) surrogate mothers may have different information needs in different surrogate situations. Unfortunately, this study in its current form is not able to statistically and scientifically conclude anything about the possible negative effects or the difference in information needs of intended parents and (aspirant) surrogate mothers in different surrogacy

situations. A final limitation of this study is the possible selection bias. The participating intended parents and (aspirant) surrogate mothers were recruited via different online platforms. This means that the chances are high that only the people still actively searching for or actively sharing information about surrogacy have read the recruitment text. This may have coloured the results. It might be for instance possible that not every member of the target group uses the Internet to such a large extent, or shares and reads about personal experiences of others as has been revealed in this study.

To enhance the results, future research should be conducted. This research should identify if there are any differences between the information needs of intended parents and (aspirant) surrogate mothers across the different forms of surrogacy arrangements. Subsequently, participating intended parents and (aspirant) surrogate mothers in future research should be recruited via different platforms (both online and offline), and they should equally cover the different surrogacy situations. With the information obtained from this research, the online information provision can be further improved to more perfectly meet the information needs of the different target groups.

## 4.3 Conclusion

### 4.3.1 Practical recommendations for Fiom

The ultimate goal of this study was to identify the information needs of intended parents and (aspirant) surrogate mothers to ultimately improve the online information provision of Fiom. Resulting from this study the following aspects can be recommended to Fiom.

First, Fiom should provide its visitors with an extensive description of the medical-, juridical-, and financial aspects associated with surrogacy. Hereby, they should not only write about the situation within the Netherlands, but also about the situation abroad. Second, they should avoid providing too specific psychological information and tips, because every surrogate pregnancy is different. In contrary they should provide more general information and on top of that they should actively promote their psychosocial counselling sessions, which differentiates Fiom from the other surrogacy websites that are out there. Third, because every surrogacy situation comes with different steps that need to be taken Fiom should create a selection option on their website where the target groups can select an option that fits their situation the best (e.g. ‘surrogate mother married + intended parents married’ or ‘surrogate mother not married + intended parents married’) in order to tailor the information provision. This way the intended parents or (aspirant) surrogate mothers only read information that is important to their situation. Fourth, the information is preferably written in a step-by-step plan

where every step that needs to be taken during each phase of the surrogacy journey on the juridical-, financial-, and medical field is extensively described. Within or next to this step-by-step plan they should upload an example of a surrogacy arrangement. To make sure the new online information suits the needs of the target groups a usability test should be performed on members of the target groups, before launching the website. An example of how some of these changes would look like on the Fiom site can be found in Appendix E.

#### 4.3.2 Overall conclusion

During this research it became clear that the current online information about surrogacy is unstructured, incoherent, too concise, and unclear. Among the target groups there is a need for more, clear, and structured information. This information should cover the medical-, juridical-, financial-, and psychological aspects of surrogacy. Preferably, the information is tailored to the specific surrogacy situations, and written in a step-by-step plan. To enhance accurate tailoring of information, future research needs to be done on more members of the target groups, equally covering the possible surrogacy situations.

A more general lesson that can be extracted from this study is that organisations have to become aware of the fact that the (online) information they provide to their target groups does not always cover their specific information needs and questions.

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## Appendix A

### A1: Recruitment letter

Surrogacy organisations, intended parents and (aspirant) surrogate mothers

Beste (naam organisatie),

Mijn naam is Lydia Nicolai en ik ben master studente Health Psychology aan de Universiteit Twente. Op dit moment ben ik bezig met mijn afstudeeropdracht bij Fiom, een landelijke instelling voor mensen die vragen hebben over onbedoelde zwangerschap en afstammingsvragen. In opdracht van hen zal ik de informatiebehoefte van wens- en draagouders onderzoeken. Dit onderzoek zal plaatsvinden in mei en juni 2016.

Om zoveel mogelijk wens- en draagouders te kunnen bereiken heb ik mij georiënteerd op organisaties die actief zijn op het gebied van draagmoederschap. Tijdens deze oriëntatie kwam uw organisatie naar voren. Mijn vraag is of bereid bent mij te helpen bij het bereiken van zoveel mogelijk wens- en draagouders. Als u hiertoe bereid bent zou ik u willen vragen om bijgaande oproep op uw website en/of social media te plaatsen.

Ik hoop van harte dat u mij wilt helpen bij mijn afstudeeronderzoek. Als er onduidelijkheden zijn of als u vragen hebt over het onderzoek, dan kunt u mij te allen tijde mailen.

Bij voorbaat dank.

Met vriendelijke groet,

Lydia Nicolai

[l.nicolai@student.utwente.nl](mailto:l.nicolai@student.utwente.nl)

*Oproep aan wensouders en draagmoeders.*

*Mijn naam is Lydia Nicolai en ik studeer aan de Universiteit Twente. Voor mijn afstudeeronderzoek werk ik samen met Fiom, een landelijke instelling voor mensen die vragen hebben over onbedoelde zwangerschap en afstammingsvragen. In opdracht van Fiom ga ik de informatiebehoefte van wensouders en draagmoeders onderzoeken. Met de uitkomsten wil Fiom de informatie op haar website goed laten aansluiten bij uw behoefte. Hierdoor zullen wens- en draagouders in de toekomst met veel vragen op de website van Fiom terecht kunnen.*

*Ik ben op zoek naar wensouders en draagmoeders die door mij geïnterviewd willen worden in het kader van mijn onderzoek. Hierbij richt ik mij op mensen die draagmoederschap overwegen, mensen die al verder zijn in het draagmoederschap traject en mensen die al een kindje via draagmoederschap hebben gekregen.*

*De interviews voor het onderzoek zullen eenmalig plaatsvinden in de periode **mei tot juni 2016**. Het interview zal via de telefoon of Skype worden afgenomen, waardoor u eenvoudig vanuit huis kunt deelnemen. Alle informatie die ik tijdens het interview verzamel zal uiteraard anoniem worden verwerkt.*

*Bent u wensouder of draagmoeder en wilt u mij helpen bij mijn onderzoek? Dan kunt u zich via onderstaande link aanmelden. Ik neem dan contact met u op.*

*[https://qtrial2016q2az1.qualtrics.com/SE/?SID=SV\\_7VWkgb7d0CvjOeN](https://qtrial2016q2az1.qualtrics.com/SE/?SID=SV_7VWkgb7d0CvjOeN)*

*U kunt mij te allen tijde mailen op ([l.nicolai@student.utwente.nl](mailto:l.nicolai@student.utwente.nl)). Bijvoorbeeld als er onduidelijkheden zijn of als u vragen hebt over het onderzoek.*

*Ik bedank u alvast hartelijk en ik kijk ernaar uit om van u te horen.*

*Met vriendelijke groet,*

*Lydia Nicolai*

*Masterstudente Health Psychology*

## A2: Short online allocation questionnaire

az1.qualtrics.com/jfe/preview/SV\_7VWkgb7d0CvjOeN

Close Preview    Restart Survey    Place Bookmark

Hartelijk dank dat u wilt deelnemen aan het interview voor wens- en draagouders.

1. Welke van de onderstaande opties is op u van toepassing?

Ik ben wensouder en oriënteer mij op draagmoederschap  
 Ik ben wensouder en ik ben bezig met het draagmoederschap traject  
 Ik ben ouder en heb een kind via draagmoederschap gekregen  
 Ik overweeg draagmoeder te worden  
 Ik ben draagmoeder  
 Ik ben draagmoeder geweest

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az1.qualtrics.com/jfe/preview/SV\_7VWkgb7d0CvjOeN

Close Preview    Restart Survey    Place Bookmark

2. Wat is uw email adres?

Heeft u nog aanvullende vragen of opmerkingen?

Wanneer u op de onderstaande pijltjes klikt worden deze gegevens naar mij opgestuurd. Ik zal vervolgens via mijn eigen email adres (l.nicolai@student.utwente.nl) contact met u opnemen.

Met vriendelijke groet,

Lydia Nicolai  
Masterstudente Health Psychology  
Universiteit Twente

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## Appendix B

Script: the interview for intended parents and (aspirant) surrogate mothers

**Goal:** Determine what information intended parents and (aspirant) surrogate mothers need within each phase of the surrogacy journey, what sources they use and why.

**Target group:** Intended parents and surrogate mothers (ex, current or aspirant).

**Method:** One demographic variable questionnaire and one semi-structured interview to measure the above mentioned aspects.

**Instruments:** voice recorder, and questionnaires:

1. Geographic variables
2. Semi-structured interview

### Tasks

Person 1 – the researcher: The researcher performs the interview

### Materials

- Voice recorder
- The script for the researcher

### Introduction

- Introduce yourself to the participant
- Explain the interview goals:

Goedemorgen/middag/avond meneer/mevrouw ..... ,

Hartelijk dank dat u tijd heeft kunnen vrijmaken voor dit interview. Mijn naam is Lydia Nicolai en ik ben een student aan de Universiteit Twente. Momenteel ben ik bezig met mijn afstudeeropdracht bij Fiom, waarbij ik wil onderzoeken wat de informatiebehoefte van wensouders en draagmoeders is in de verschillende fasen van het draagmoederschap traject. Met deze informatie kan Fiom de informatie op haar website uitbreiden en aanpassen aan uw wensen en behoeften.

Om te achterhalen wat deze wensen en behoeften zijn heb ik een interview opgesteld voor zowel wensouders als draagmoeders. Ik zal allereerst met het interview beginnen waarin ik u vragen zal stellen over uw informatiebehoefte. Daarna zal ik u nog enkele algemene vragen stellen over bijvoorbeeld uw geslacht en leeftijd. In totaal neemt het interview ongeveer .... minuten in beslag.

Verder wil ik graag benadrukken dat deelname aan dit interview volledig

vrijwillig is. Dit betekent dat u op ieder moment mag zeggen dat u wilt stoppen, zonder dat u daar een reden voor hoeft op te geven. Ook bent u niet verplicht vragen te beantwoorden waar u zich niet prettig bij voelt. Wanneer u dit aangeeft zal ik direct doorgaan naar de volgende vraag. Alles wat u mij vertelt tijdens dit interview zal anoniem worden verwerkt.

Voordat ik met het interview wil beginnen wil ik uw toestemming vragen het interview op te nemen. Dit is voor mij belangrijk, want aan de hand van de audiotape kan ik het gesprek na de tijd gedetailleerd uitwerken. Vind u het goed dat ik het interview opneem? (*Als de participant accepteert begin je vanaf hier met opnemen*)

Heeft u, voordat wij aan het interview beginnen nog vragen aan mij? Zijn er bijvoorbeeld nog onduidelijkheden?

Voordat we het interview echt kunnen beginnen ben ik verplicht u een informed consent te laten tekenen. In het geval van een telefonische interview is uw mondelinge toezegging voldoende. Ik zal nu de tekst van het informed consent aan u voorlezen. Het is aan u om aan het einde dit informed consent mondeling te accepteren (zie Appendix B1).

## The interview

- After the introduction it is time to start the interview. First you start with the semi-structured interview, because the demographic variable questionnaire can be a bit too personal to start with (see Appendix B2)
- If the participant has answered the questions of the semi-structured interview, it is time to ask the demographic variable questions (see Appendix B3)

## Ending the interview

After you finish the interview, you thank the participant for his/her time.

## B1: Informed consent

**Titel onderzoek:** Inventarisatie informatiebehoefte over draagmoederschap

**Verantwoordelijk onderzoeker:** Lydia Nicolai

‘Ik verklaar hierbij op voor mij duidelijke wijze te zijn ingelicht over de aard en methode van het onderzoek. Mijn vragen zijn naar tevredenheid beantwoord. Ik stem geheel vrijwillig in met deelname aan dit onderzoek. Ik behoud daarbij het recht deze instemming weer in te trekken zonder dat ik daarvoor een reden hoef op te geven en besef dat ik op elk moment mag stoppen met het interview. Onderzoeksresultaten worden volledig ganonimiseerd verwerkt. Mijn persoonsgegevens zullen niet door derden worden ingezien zonder mijn uitdrukkelijke toestemming. Ik stem ermee in dat het interview met een voice recorder wordt opgenomen. Als ik nog verdere informatie over het onderzoek zou willen krijgen, nu of in de toekomst, kan ik mij wenden tot Lydia Nicolai. Voor eventuele klachten over dit onderzoek kunt u zich wenden tot de secretaris van de Commissie Ethisiek van de faculteit Gedragswetenschappen van de Universiteit Twente, mevr. J. Rademaker (telefoon: 053-4894591; e-mail:j.rademaker@utwente.nl, Postbus 214, 7500 AE Enschede).

## B2: Semi-structured interview

### Interview wensouders

Voor mijn interview heb ik ervoor gekozen om het draagmoederschap traject in vier fasen te verdelen. De eerste fase noem ik de *oriëntatie*. Hierin komen wensouders erachter dat ze een kinderwens hebben, maar tegelijkertijd beseffen ze ook dat ze het onvermogen hebben om op een natuurlijke manier een kind te krijgen. Hierdoor zal er opzoek worden gegaan naar manieren om deze kinderwens te vervullen. Als wensouders een manier hebben gevonden om hun kinderwens te vervullen gaan ze door naar de tweede fase, namelijk de fase waarin *concrete plannen* worden gevormd. Wensouders die voor draagmoederschap hebben gekozen zullen in deze fase bijvoorbeeld opzoek gaan naar een draagmoeder, samen met haar gaan ze bepalen op welke manier ze zwanger zal worden etc. Als de draagmoeder vervolgens zwanger is gaan ze samen door naar de volgende fase, die ik *de zwangerschap* heb genoemd. Deze fase zal ongeveer negen maanden duren. Na de bevalling breekt de laatste fase aan. Deze heb ik *na de geboorte* genoemd.

In de korte vragenlijst die u op internet hebt ingevuld gaf u aan dat \_\_\_\_\_ bent. Dit betekent dat u in de fase \_\_\_\_\_ zit van de fasen die ik net heb benoemd. Ziet u dat ook zo? Ik zal u zo meteen per fase enkele vragen stellen. Deze vragen zullen gaan over uw informatie behoefté en de vragen die u had tijdens deze fasen. Ook zal ik u vragen stellen over fasen die u nog niet heeft doorlopen. Ik vraag u dan u voor te stellen welke vragen u zou kunnen hebben tijdens deze fasen. Of misschien zijn er nu al vragen die u heeft met betrekking tot de fasen die nog gaan komen (“*Ook zal ik ... niet heeft doorlopen*” alleen *oplezen als de participant niet alle fasen heeft doorlopen*”). Heeft u tot nu toe nog vragen over het interview dat zal komen? Zijn er nog onduidelijkheden? Dan zal ik beginnen met de eerste fase.

#### Oriëntatie

De eerste fase is de oriëntatie fase. Ik heb u zojuist verteld wat deze fase inhoud, maar ik zal het nog even een keer herhalen. Tijdens deze fase realiseren wensouders zich dat ze een sterke kinderwens hebben en tegelijkertijd beseffen ze zich dat ze ook het onvermogen hebben deze kinderwens op een natuurlijke manier te verwezenlijken. Als gevolg hiervan gaan ze op zoek naar methoden om toch ouders te kunnen worden.

- Naar welke informatie was u tijdens deze oriëntatie fase opzoek?
- Welke vragen had u tijdens deze fase?

- Hoe heeft u antwoord gezocht op deze vragen?
- Had u nog andere vragen tijdens deze fase? (doorvragen)

Ik ga u nu enkele thema's opnoemen. Zou u mij kunnen vertellen welke vragen u bij ieder thema had tijdens de oriëntatie fase?

- Welke vragen had u tijdens de oriëntatie fase op:
  - Medisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Juridisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Financieel gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Psychologisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Overig gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
- Hoe bent u gaan zoeken naar antwoord op deze vragen?
- Welke bronnen heeft u daarvoor gebruikt?
- Kon u hierin vinden wat u zocht?
- Wat kon u niet vinden?
- Wat vond u goed aan deze bronnen?
- Wat vond u slecht aan deze bronnen?

### **Concrete plannen**

De tweede fase is de fase waarin concrete plannen worden gemaakt. Wensouders hebben ervoor gekozen via draagmoederschap hun kinderwens in vervulling te laten gaan en ze zullen daarvoor opzoek moeten gaan naar een draagmoeder. Samen zullen ze vervolgens bijvoorbeeld opzoek gaan naar een manier om zwanger te worden.

- Naar welke informatie was u tijdens deze fase opzoek?
- Welke vragen had u tijdens deze fase?
- Hoe heeft u antwoord gezocht op deze vragen?
- Had u nog andere vragen tijdens deze fase? (doorvragen)

Ik ga u nu enkele thema's opnoemen. Zou u mij kunnen vertellen welke vragen u bij ieder thema had tijdens deze fase?

- Welke vragen had u tijdens deze fase op:
  - Medisch gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Juridisch gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Financieel gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Psychologisch gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Overig gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
- Hoe bent u gaan zoeken naar antwoord op deze vragen?
- Welke bronnen heeft u daarvoor gebruikt?
- Kon u hierin vinden wat u zocht?
- Wat kon u niet vinden?
- Wat vond u goed aan deze bronnen?
- Wat vond u slecht aan deze bronnen?

## **Zwangerschap**

Vanaf het moment dat de draagmoeder zwanger is breekt de fase van de zwangerschap aan. Deze zal negen maanden duren.

- Naar welke informatie was u tijdens de zwangerschapsfase opzoek?
- Welke vragen had u tijdens deze fase?
- Hoe heeft u antwoord gezocht op deze vragen?
- Had u nog andere vragen tijdens deze fase? (doorvragen)

Ik ga u nu enkele thema's opnoemen. Zou u mij kunnen vertellen welke vragen u bij ieder thema had tijdens de zwangerschapsfase?

- Welke vragen had u tijdens de zwangerschapsfase op:
  - Medisch gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)

- Juridisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Financieel gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Psychologisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Overig gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
- Hoe bent u gaan zoeken naar antwoord op deze vragen?
  - Welke bronnen heeft u daarvoor gebruikt?
  - Kon u hierin vinden wat u zocht?
  - Wat kon u niet vinden?
  - Wat vond u goed aan deze bronnen?
  - Wat vond u slecht aan deze bronnen?

### **Na de geboorte**

Op het moment dat de draagmoeder is bevallen van jullie kindje breekt de laatste fase aan.  
Deze zal eigenlijk eindig voortduren.

- Naar welke informatie was u kort na de geboorte opzoek?
- Welke vragen had u tijdens deze fase?
- Hoe heeft u antwoord gezocht op deze vragen?
- Had u nog andere vragen tijdens deze fase? (doorvragen)
- Naar welke informatie was u vele jaren naar de geboorte nog opzoek?
- Welke vragen had u ?
- Hoe heeft u antwoord gevonden op deze vragen?
- Had u nog andere vragen ver na de geboorte van uw kindje? (doorvragen)

Ik ga u nu enkele thema's opnoemen. Zou u mij kunnen vertellen welke vragen u bij ieder thema had tijdens deze fase?

- Welke vragen had u tijdens deze fase op:
  - Medisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)

- Juridisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Financieel gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Psychologisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Overig gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
- Hoe bent u gaan zoeken naar antwoord op deze vragen?
  - Welke bronnen heeft u daarvoor gebruikt?
  - Kon u hierin vinden wat u zocht?
  - Wat kon u niet vinden?
  - Wat vond u goed aan deze bronnen?
  - Wat vond u slecht aan deze bronnen?

## Afsluiting

- Wat vond u nou de beste website die u tijdens het draagmoederschap traject heeft gebruikt?
- Waarom?
- Wat moet Fiom vooral niet doen bij het maken van de informatiewebsite?
- Heeft u nog tips voor Fiom over dingen die ze sowieso moeten doen? Informatie die ze moeten bespreken?

*Ga door met de vragen over demografische variabelen (Appendix B3)*

## Interview (aspirant) draagmoeders

Voor mijn interview heb ik ervoor gekozen om het draagmoederschap traject in vier fasen te verdelen. De eerste fase noem ik de *oriëntatie*. Hierin komen (aspirant) draagmoeders erachter dat ze een sterke wens hebben om een onvruchtbare stel te helpen bij het vervullen van hun kinderwens. Tijdens deze periode zullen (aspirant) draagmoeders opzoek gaan naar manieren om onvruchtbare stellen te helpen. Op een gegeven moment kiezen ze ervoor draagmoeder te worden en breekt de tweede fase aan, namelijk de fase waarin *concrete plannen* worden gevormd. (aspirant) Draagmoeders zullen opzoek gaan naar wensouders of ze zullen wensouders die ze al kennen vertellen over hun wens hen te helpen. Als de wensouders en de (aspirant) draagmoeder beide op een lijn zitten qua draagmoederschap dan zullen ze samen opzoek gaan naar manieren om zwanger te worden. Vanaf het moment dat de draagmoeder zwanger is zullen ze samen doorgaan naar de derde fase. Deze fase heb ik *de zwangerschap* genoemd. Deze fase zal ongeveer negen maanden duren. Na de bevalling breekt de laatste fase aan, die ik *na de geboorte* heb genoemd.

In de korte vragenlijst die u op internet hebt ingevuld gaf u aan dat u \_\_\_\_\_ bent. Dit betekent dat u in de fase \_\_\_\_\_ zit van de fasen die ik net heb benoemd. Ziet u dat ook zo? Ik zal u zo meteen per fase enkele vragen stellen. Deze vragen zullen gaan over uw informatie behoefté en de vragen die u had tijdens deze fasen. Ook zal ik u vragen stellen over fasen die u nog niet heeft doorlopen. Ik vraag u dan u voor te stellen welke vragen u zou kunnen hebben tijdens deze fasen. Of misschien zijn er nu al vragen die u heeft met betrekking tot de fasen die u nog niet heeft doorlopen (“*Ook zal ik ... niet heeft doorlopen*” *alleen oplezen als de participant niet alle fasen heeft doorlopen*”). Heeft u tot nu toe nog vragen over het interview dat zal komen? Zijn er nog onduidelijkheden? Dan zal ik beginnen met de eerste fase.

### Oriëntatie

De eerste fase is de oriëntatie fase. Ik heb u zojuist verteld wat deze fase inhoud, maar ik zal het nog even een keer herhalen. Tijdens deze fase realiseren (aspirant) draagmoeders zich dat ze het verlangen hebben mensen te helpen die niet op een natuurlijke manier een kindje kunnen krijgen. Tijdens deze fase oriënteren (aspirant) draagmoeders zich op alle mogelijke manieren dit te doen en uiteindelijk komen ze bij draagmoederschap terecht.

- Naar welke informatie was u tijdens deze oriëntatie fase opzoek?
- Welke vragen had u tijdens deze fase?

- Hoe heeft u antwoord gezocht op deze vragen?
- Had u nog andere vragen tijdens deze fase? (doorvragen)

Ik ga u nu enkele thema's opnoemen. Zou u mij kunnen vertellen welke vragen u bij ieder thema had tijdens de oriëntatie fase?

- Welke vragen had u tijdens de oriëntatie fase op:
  - Medisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Juridisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Financieel gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Psychologisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Overig gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
- Hoe bent u gaan zoeken naar antwoord op deze vragen?
- Welke bronnen heeft u daarvoor gebruikt?
- Kon u hierin vinden wat u zocht?
- Wat kon u niet vinden?
- Wat vond u goed aan deze bronnen?
- Wat vond u slecht aan deze bronnen?

### **Concrete plannen**

De tweede fase is de fase waarin concrete plannen worden gemaakt. Draagmoeders gaan hierin opzoek naar wensouders die ze kunnen helpen óf ze nemen contact op met een stel wensouders die ze al kennen. Wanneer ook de wensouders draagmoederschap zien zitten zullen de wensouders en de draagmoeder ervoor kiezen samen het traject in te gaan. Ze zullen vervolgens samen bijvoorbeeld opzoek gaan naar een manier om zwanger te worden.

- Naar welke informatie was u tijdens deze fase opzoek?
- Welke vragen had u tijdens deze fase?
- Hoe heeft u antwoord gezocht op deze vragen?
- Had u nog andere vragen tijdens deze fase? (doorvragen)

Ik ga u nu enkele thema's opnoemen. Zou u mij kunnen vertellen welke vragen u bij ieder thema had tijdens deze fase?

- Welke vragen had u tijdens deze fase op:
  - Medisch gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Juridisch gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Financieel gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Psychologisch gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Overig gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)
- Hoe bent u gaan zoeken naar antwoord op deze vragen?
- Welke bronnen heeft u daarvoor gebruikt?
- Kon u hierin vinden wat u zocht?
- Wat kon u niet vinden?
- Wat vond u goed aan deze bronnen?
- Wat vond u slecht aan deze bronnen?

## **Zwangerschap**

Vanaf het moment dat u als draagmoeder zwanger raakt breekt de fase van de zwangerschap aan. Deze zal negen maanden duren.

- Naar welke informatie was u tijdens de zwangerschapsfase opzoek?
- Welke vragen had u tijdens deze fase?
- Hoe heeft u antwoord gezocht op deze vragen?
- Had u nog andere vragen tijdens deze fase? (doorvragen)

Ik ga u nu enkele thema's opnoemen. Zou u mij kunnen vertellen welke vragen u bij ieder thema had tijdens de zwangerschapsfase?

- Welke vragen had u tijdens de zwangerschapsfase op:
  - Medisch gebied
    - Had u nog andere vragen tijdens deze fase? (doorvragen)

- Juridisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Financieel gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Psychologisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Overig gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
- Hoe bent u gaan zoeken naar antwoord op deze vragen?
  - Welke bronnen heeft u daarvoor gebruikt?
  - Kon u hierin vinden wat u zocht?
  - Wat kon u niet vinden?
  - Wat vond u goed aan deze bronnen?
  - Wat vond u slecht aan deze bronnen?

### **Na de geboorte**

Op het moment dat u als draagmoeder is bevallen van het kindje breekt de laatste fase aan.  
Deze zal eigenlijk eindig voortduren.

- Naar welke informatie was u kort na de geboorte opzoek?
- Welke vragen had u tijdens deze fase?
- Hoe heeft u antwoord gezocht op deze vragen?
- Had u nog andere vragen tijdens deze fase? (doorvragen)
- Naar welke informatie was u vele jaren naar de geboorte nog opzoek?
- Welke vragen had u ?
- Hoe heeft u antwoord gevonden op deze vragen?
- Had u nog andere vragen ver na de geboorte van het kindje? (doorvragen)

Ik ga u nu enkele thema's opnoemen. Zou u mij kunnen vertellen welke vragen u bij ieder thema had tijdens deze fase?

- Welke vragen had u tijdens deze fase op:
  - Medisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)

- Juridisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Financieel gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Psychologisch gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
  - Overig gebied  
Had u nog andere vragen tijdens deze fase? (doorvragen)
- Hoe bent u gaan zoeken naar antwoord op deze vragen?
  - Welke bronnen heeft u daarvoor gebruikt?
  - Kon u hierin vinden wat u zocht?
  - Wat kon u niet vinden?
  - Wat vond u goed aan deze bronnen?
  - Wat vond u slecht aan deze bronnen?

## Afsluiting

- Wat vond u nou de beste website die u tijdens het draagmoederschap traject heeft gebruikt?
- Waarom?
- Wat moet Fiom vooral niet doen bij het maken van de informatiewebsite?
- Heeft u nog tips voor Fiom over dingen die ze sowieso moeten doen? Informatie die ze moeten bespreken?

*Ga door met de vragen over demografische variabelen (Appendix B3)*

### B3: Demographic variables questionnaire

Als laatst heb ik nog enkele algemene vragen voor u.

1. Bent u een man of een vrouw?

Man

Vrouw

2. Wat is uw leeftijd?

\_\_\_\_\_ jaar

3. Wat is uw burgerlijke staat?

Gehuwd of geregistreerd partnerschap

Samenwonend

Alleenstaand

Gescheiden

Weduwe/weduwnaar

Ongehuwd en nooit gehuwd geweest

4. Wat is uw seksuele oriëntatie?

Heteroseksueel

Homoseksueel

Biseksueel

Aseksueel

5. Waar bent u geboren?

Nederland

Anders, namelijk \_\_\_\_\_

6. Wat is uw hoogst afgeronde opleiding?

Geen onderwijs gevuld

Lagere school, basisschool

Lager beroepsonderwijs

Middelbaar algemeen voortgezet onderwijs (VMBO, MAVO)

Middelbaar beroepsonderwijs (MBO zoals bijvoorbeeld de MTS)

Hoger algemeen onderwijs (HAVO, VWO)

- Hoger beroepsonderwijs (HBO)
- Wetenschappelijk onderwijs (WO)
- Anders, namelijk \_\_\_\_\_

Dit waren alle vragen die ik voor u had, wat betekent dat we aan het einde zijn gekomen van het interview. Heeft u nog aanvullingen op het interview? Bijvoorbeeld dingen die niet ter sprake zijn gekomen, maar die u nog wel met mij wilt delen? Als u nog iets te binnen schiet kunt u mij altijd een mailtje sturen.

Ik wil u graag hartelijk bedanken voor uw deelname en ik zal de audio-opname nu stoppen.

Als u interesse heeft in de resultaten van dit onderzoek kan ik u aan het einde van mijn onderzoek het onderzoeksverslag met een samenvatting van de resultaten via de mail opsturen. Zou u dit willen ontvangen?

## Appendix C

### Recruitment text for Fiom social workers

Geachte (naam maatschappelijk werker),

Mijn naam is Lydia Nicolai en ik studeer de master Health Psychology aan de Universiteit Twente. Voor mijn afstudeeropdracht onderzoek ik voor Fiom de informatiebehoefte van wens- en draagouders. Hiervoor heb ik een interview ontwikkeld en deze neem ik bij verschillende wens- en draagouders af. Op deze manier kan ik inventariseren naar welke informatie wens- en draagouders tijdens het draagmoederschap traject behoeft te hebben. Deze kennis zal vervolgens gebruikt worden om de informatie op de website van Fiom aan te passen aan de informatiebehoefte van wens- en draagouders. Om deze informatievoorziening compleet te maken ben ik benieuwd naar wat voor informatie of kennis u als maatschappelijk werker graag zou willen overbrengen aan wens- en draagouders. Om dit te onderzoeken heb ik een kort interview opgesteld, bestaande uit enkele open vragen. Ik wou u bij deze vragen of u mij zou willen helpen bij mijn onderzoek door deel te nemen aan dit interview. Het interview zal ongeveer 30 tot 45 minuten in beslag nemen en het kan eenvoudig via de telefoon of een Skype verbinding worden afgenomen.

Bij voorbaat dank.

Met vriendelijke groet,

Lydia Nicolai

## Appendix D

### Script: the interview for Fiom social worker

**Goal:** Determine what type of questions intended parents and (aspirant) surrogate mothers often ask social workers and what information they think intended parents and surrogate mothers have to know about surrogacy within each phase and overarching theme of the surrogacy journey.

**Target group:** Fiom social worker

**Method:** One demographic questionnaire and one semi-structured interview to measure the above mentioned points.

**Instruments:** Voice recorder, and questionnaires:

1. Geographic variables
2. Semi-structured interview

### Tasks

Person 1 – the researcher: The researcher performs the interview

### Materials

- Voice recorder
- The script for the researcher

### Introduction

- Introduce yourself to the participant
- Explain the interview goals:

Goedemorgen/middag/avond meneer/mevrouw ..... ,

Hartelijk dank dat u tijd heeft kunnen vrijmaken voor dit interview. Mijn naam is Lydia Nicolai en ik ben een student aan de Universiteit Twente. Momenteel ben ik bezig met mijn afstudeeropdracht bij Fiom, waarbij ik de informatiebehoefte van wens- en draagouders ga onderzoeken. Hierbij wil ik ook graag maatschappelijk werkers interviewen om te achterhalen welke vragen zij over het algemeen van wensouders en draagmoeders krijgen. Op deze manier kan Fiom de informatie op haar website uitbreiden en aanpassen aan de wensen en behoeften van deze doelgroepen.

Het interview bestaat uit twee delen. Allereerst zal ik u enkele algemene vragen stellen over bijvoorbeeld uw geslacht en leeftijd. Vervolgens zal ik met het interview beginnen waarin ik u vragen zal stellen over de informatiebehoefte van wensouders en draagmoeders en de informatie die u als maatschappelijk werker belangrijk vind om deze doelgroepen mee te geven. In totaal zal het interview

ongeveer .... minuten in beslag nemen.

Daarnaast wil ik graag benadrukken dat u vrijwillig meedoet aan dit interview. Dit betekent dat u op ieder moment mag zeggen dat u wilt stoppen, zonder dat u daar een reden voor hoeft op te geven. Ook bent u niet verplicht vragen te beantwoorden waar u zich niet prettig bij voelt. Wanneer u dit aangeeft zal ik overgaan op de volgende vraag.

Voordat ik met het interview wil beginnen wil ik uw toestemming vragen het interview op te nemen. Dit is voor mij belangrijk, want aan de hand van de audiotape kan ik het gesprek na de tijd gedetailleerd uitwerken. Vind u het goed dat ik het interview opneem? (*Als de participant accepteert begin je vanaf hier met opnemen*)

Heeft u, voordat wij aan het interview beginnen nog vragen aan mij? Zijn er bijvoorbeeld nog onduidelijkheden?

Voordat we het interview echt kunnen beginnen ben ik verplicht u een informed consent te laten tekenen. In het geval van een telefonische interview is uw mondelinge toezegging voldoende. Ik zal nu de tekst van het informed consent aan u voorlezen. Het is aan u om aan het einde dit informed consent mondeling te accepteren (zie Appendix D1).

## **The interview**

- After the introduction it is time to start the interview. First you start with the demographic questionnaire (D2).
- If the participant has answered all the demographic questions, it is time to start the interview (D3).

## **Ending the interview**

After you finish the interview, you thank the participant for his/her time.

## D1: Informed consent

**Titel onderzoek:** Inventarisatie informatiebehoefte over draagmoederschap

**Verantwoordelijk onderzoeker:** Lydia Nicolai

‘Ik verklaar hierbij op voor mij duidelijke wijze te zijn ingelicht over de aard en methode van het onderzoek. Mijn vragen zijn naar tevredenheid beantwoord. Ik stem geheel vrijwillig in met deelname aan dit onderzoek. Ik behoud daarbij het recht deze instemming weer in te trekken zonder dat ik daarvoor een reden hoef op te geven en besef dat ik op elk moment mag stoppen met het interview. Onderzoeksresultaten worden volledig ganonimiseerd verwerkt. Mijn persoonsgegevens zullen niet door derden worden ingezien zonder mijn uitdrukkelijke toestemming. Ik stem ermee in dat het interview met een voice recorder wordt opgenomen. Als ik nog verdere informatie over het onderzoek zou willen krijgen, nu of in de toekomst, kan ik mij wenden tot Lydia Nicolai. Voor eventuele klachten over dit onderzoek kunt u zich wenden tot de secretaris van de Commissie Ethisiek van de faculteit Gedragswetenschappen van de Universiteit Twente, mevr. J. Rademaker (telefoon: 053-4894591; e-mail:j.rademaker@utwente.nl, Postbus 214, 7500 AE Enschede).

## D2: Demographic variables questionnaire

1. Bent u een man of een vrouw?

Man

Vrouw

2. Wat is uw leeftijd?

\_\_\_\_\_ jaar

3. Hoelang bent u al maatschappelijk werker?

\_\_\_\_\_ maand/jaar

4. Hoelang heeft u al ervaring met het helpen van wensouders en (aspirant) draagmoeders?

\_\_\_\_\_ maand/jaar

### D3: Semi-structured interview

Voor mijn interview heb ik ervoor gekozen om het draagmoederschap traject onder te verdelen in vier verschillende fasen, namelijk de *oriëntatie*, *concrete plannen*, *zwangerschap* en *na de geboorte*. Daarnaast heb ik ook vier overkoepelende thema's tijdens mijn stage bij Fiom weten te onderscheiden waaronder veel vragen van wensouders en (aspirant) draagmoeders vallen. Deze thema's zijn *medische*-, *juridische*-, *psychologische*-, en *financiële vragen*. Ik zal tijdens het interview met u de vier fasen van het draagmoederschap traject stap voor stap doorlopen. Telkens zal ik eerst kort uitleggen wat ik precies bedoel met de fase en daarna zal ik u vragen of u kunt herinneren welke vragen wensouders en (aspirant) draagmoeders hadden in de specifieke fase op het gebied van de overkoepelende thema's. Ook ben ik geïnteresseerd in welke informatie u als maatschappelijk werker van Fiom aan wensouders en (aspirant) draagmoeders wilt meegeven per fase, per thema.

Heeft u tot nu toe nog vragen over het interview dat zal komen? Zijn er nog onduidelijkheden? Dan zal ik beginnen met de eerste fase.

#### **Oriëntatie fase**

De eerste fase is de oriëntatie. Tijdens deze fase ontdekken wensouders dat een sterke kinderwens hebben. Echter is het voor hen onmogelijk deze wens op een natuurlijke manier te vervullen. Om toch ouder te worden gaan ze opzoek naar alternatieve methoden om zwanger te raken. Tijdens deze zoektocht komen ze op een gegeven moment bij draagmoederschap terecht. Vervolgens gaan ze zich hier verder op oriënteren. Uiteindelijk kiezen ze ervoor om via draagmoederschap hun kinderwens in vervulling te laten gaan.

Voor draagmoeders betekent deze fase iets anders. Zij ontdekken tijdens deze fase dat ze een sterk verlangen hebben om een onvruchtbare koppel te helpen bij het verwesenlijken van hun kinderwens. Hierbij zullen ook zij naar manieren om dit te doen. Tijdens deze zoektocht zullen ze lezen/horen over draagmoederschap en uiteindelijk kiezen zij ervoor draagmoeder te worden.

Als u terug denkt aan wensouders en (aspirant) draagmoeders die u in deze fase heeft geholpen, wat waren dan hun belangrijkste vragen op:

- Medisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Juridisch gebied?

- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Psychologisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Financieel gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)

Naast de informatie waar wensouders en (aspirant) draagmoeders behoeft aan hebben tijdens deze fase, kan het ook zijn dat u als maatschappelijk werker een idee heeft over welke informatie belangrijk is voor wensouders en (aspirant) draagmoeders tijdens de oriëntatie fase. Dit kan informatie zijn waar ze zelf niet zo snel aan denken, maar wat voor hen wel van belang is om te weten. Is er informatie die u als maatschappelijk werker graag meegeeft op:

- Medisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Juridisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Psychologisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Financieel gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?

### **Concrete plannen**

Nadat wensouders en (aspirant) draagmoeders voor draagmoederschap hebben gekozen komen ze in de fase waar concrete plannen worden gemaakt. Wensouders zullen opzoek gaan naar een draagmoeder en draagmoeders zullen hun wens om een kind te dragen bekend maken aan de wensouders. Wanneer beide partijen elkaar hebben gevonden zullen ze samen verder gaan in het traject. Ze zullen elkaar beter leren kennen, wanneer dit nog niet het geval is. En ook zullen ze moeten overleggen op welke manier de draagmoeder zwanger gaat worden. Doen ze dit bijvoorbeeld via hoog- of laagtechnologisch draagmoederschap?

Wat zijn tijdens deze fase vragen waarmee wensouders en (aspirant) draagmoeders komen op:

- Medisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Juridisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)

- Psychologisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Financieel gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)

Is er nog informatie die u als maatschappelijk werker mensen tijdens deze fase graag wilt meegeven op:

- Medisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Juridisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Psychologisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Financieel gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?

### **De zwangerschap**

Vervolgens zal de draagmoeder zwanger worden en breekt de periode van de zwangerschap aan.

Wat zijn vragen waarmee wensouders en draagmoeders tijdens deze periode bij u komen op:

- Medisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Juridisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Psychologisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Financieel gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)

Is er informatie die u wensouders en draagmoeders mee wilt geven tijdens deze fase op:

- Medisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?

- Juridisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Psychologisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Financieel gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?

### **Na de geboorte**

Nadat de draagmoeder is bevallen van het kindje breekt de laatste fase aan. Deze fase blijft doorlopen tot ver na de geboorte. Zijn er na de geboorte nog vragen waarmee wensouders of draagmoeders komen op:

- Medisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Juridisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Psychologisch gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)
- Financieel gebied?
- Zijn er nog andere vragen waarmee ouders op dit gebied komen? (doorvragen)

Is er nog informatie die u wensouders en draagmoeders wilt meegeven voor deze fase?

- Medisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Juridisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Psychologisch gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?
- Financieel gebied? Zo ja, welke?
- Is er nog meer informatie op dit gebied die u wilt meegeven?

Dit waren alle vragen die ik voor u had, wat betekent dat we aan het einde zijn gekomen van het interview. Heeft u nog aanvullingen op het interview? Bijvoorbeeld dingen die niet ter sprake zijn gekomen, maar die u nog wel met mij wilt delen? Als u nog iets te binnen schiet kunt u mij altijd een mailtje sturen.

Ik wil u graag hartelijk bedanken voor uw deelname en ik zal de audio-opname nu stoppen.

## Appendix E

An example of what the website of Fiom would look like if they adhere all proposed changes.

[fiom.nl/afstammingsvragen/draagmoeders](#)

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**Fiom**  
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Waarover zoek je informatie?

Ongewenst zwanger Afstammingsvragen Kenniscollectie Over Fiom

Zoeken naar familie KID-DNA Afstandsmeders Geadopteerden Vondelingen Draagmoeders

U bevindt zich hier: [Home](#) / [Afstammingsvragen](#) / Draagmoeders

## Draagmoederschap

Draagmoederschap is .....

.....  
.....  
.....  
.....  
.....

Voor meer informatie klik onderaan de optie aan die het beste jouw situatie omschrijft.

[Wensouder \(man-vrouw\) + draagmoeder](#) [Wensouder \(man-vrouw\) - draagmoeder](#)

[Wensouder \(man-man\) + draagmoeder](#) [Wensouder \(man-man\) - draagmoeder](#)

The screenshot shows a web browser displaying the Fiom website at [fiom.nl/afstammingsvragen/draagmoeders](http://fiom.nl/afstammingsvragen/draagmoeders). The page has a teal header bar with various links and social media icons. A sidebar on the left lists phases of surrogacy: Oriëntatie fase, Medische procedures, De kosten, Instanties, Concrete plannen, Zwangerschap, Na de geboorte, and Downloads. The main content area discusses the four phases of surrogacy and provides information about each phase.

← → ⌂ fiom.nl/afstammingsvragen/draagmoeders

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Waarover zoek je informatie? 🔎

Ongewenst zwanger Afstammingsvragen Kenniscollectie Over Fiom

Zoeken naar familie KID-DNA Afstandsmeders Geadopteerden Vondelingen Draagmoeders

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**Oriëntatie fase**

Medische procedures

De kosten

Instanties

Concrete plannen

Zwangerschap

Na de geboorte

Downloads

## Hoe draagmoederschap er in uw situatie uitziet

Draagmoederschap is een complex verhaal, waarbij iedere situatie andere dingen met zich meebrengt. Om alle regels rondom draagmoederschap en alle stappen die gezet moeten worden duidelijk uit te leggen hebben wij het draagmoederschap traject onderverdeeld in vier verschillende fasen; de oriëntatie fase, de concrete plannen fase, de zwangerschap en de periode na de geboorte. Door in het keuzemenu links te kiezen voor een fase kunt u lezen welke informatie belangrijk is om te weten in die fase en welke stappen u moet ondernemen.

[←](#) [→](#) [↻](#) | [fiom.nl/afstammingsvragen/draagmoeders](#)

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Waarover zoek je informatie?

Ongewenst zwanger Afstammingsvragen Kenniscollectie Over Fiom

Zoeken naar familie KID-DNA Afstandsmeders Geadopteerden Vondelingen Draagmoeders

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**Oriëntatie fase**

**Concrete plannen**

**Zwangerschap**

**Na de geboorte**

**Downloads**

**Stappenplan**

**Voorbeeld overeenkomst**

## Stappenplan

Hieronder staat een stappenplan die specifiek is opgezet voor jullie situatie. Door op een van de onderstaande opties te klikken kun je meer lezen over de fase en wat je in die fase allemaal moet regelen.

**De oriëntatie fase**

- Wij hebben een kinderwens, maar kunnen deze niet vervullen
- Alternatieve manieren om zwanger te raken
- De keuze voor draagmoederschap

**De concrete plannen fase**