Worcestershire Acute Hospitals NHS Trust

Surrogacy Consent Guidance

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

Newborn babies that are from a surrogacy birth.

This guideline is for use by the following staff groups:

Newborn Hearing Screeners
Local Manager Newborn Hearing Screen

Lead Clinician(s)

Kim Doughty	Local Manager/Team Lead
Approved by Audiology Governance Meeting on:	21st July 2026
Approved by Medicines Safety Committee on:	NA
This protocol should not be used after end of:	21st July 2029

Key amendments to this guideline

Date	Amendment	Approved by:
15/11/2023	First Document	ENT Directorate Committee
11/06/2026	Alert local manager of surrogate babies	Audiology Governance
	Monitoring tool added	
	Approval now by Audiology Governance	

Surrogacy Consent

The surrogate mother (the woman who gave birth) will have parental responsibility for the baby; however, parental responsibility can be transferred either by an adoption or parental order to the intended parents. The intended parents cannot apply for an adoption or parental order until the baby is 6 weeks old.

When dealing with a surrogate situation, screeners must always discuss the situation with the midwife prior to screening. Screeners must attempt to complete screening of surrogate babies prior to discharge from hospital as this will assist in obtaining timely information and consent.

If baby is still with surrogate mother:

Positively identify her and check details on proforma.

If the egg of the surrogate was used for the pregnancy, the screener should check for family history of PCHI

Explain the hearing screen as per normal and gain consent

Screen baby and explain results.

Notify the midwife of the result

Leave a letter pertaining to the results in the red book i.e. Clear response, TFU, ABR.

If baby is with the intended parents:

Please remember that all details of the surrogate mother e.g. address, GP etc are confidential.

Gain consent from surrogate mother.

If the egg of the surrogate was used for the pregnancy, the screener should check for family history of PCHI.

Introduce yourself to the intended parents.

Explain that surrogate mum has given consent for the screen.

Explain the screen to the intended parents and answer any questions they may have.

If the baby is genetically related to the intended parents, then family history of PCHL should be obtained from the relevant parent.

Check that they are happy for the screen to continue – if intended parents do not wish baby to be screened, they should be reminded that the surrogate mother does have parental responsibility until an adoption or parental order is in place. If intended parents are still not

happy, discuss with the midwife who may be able to discuss the issue further. If unresolved please inform management.

Screen baby and explain results.

Notify the midwife of the results.

Complete the red book.

If screening baby in an Outpatient Clinic

Screeners need to be aware of the situation prior to baby attending the clinic. This may require information from maternity, community midwives or health visitors.

If an adoption or parental order has not been granted yet, the surrogate mother must give consent for the screen to be completed – this may mean getting consent prior to the appointment over the telephone.

If one or both intended parents is biologically related to the baby and named on the child's birth certificate, then consent can be gained from them for screening.

If an adoption or parental order has been granted, proof of this must be seen.

Once consent has been obtained the screen can commence as per protocol.

Administration

Baby's surname, address and primary contact details should not be changed in the red book or on S4H until an adoption or parental order has been granted.

If consent was given by the surrogate mother prior to the adoption order, she must remain on S4H as the consent giver as 'surrogate parent' but not as primary carer.

If consent was gained after an adoption or parental order, the surrogate mother should be changed to 'surrogate parent' and a new primary contact can be added with details of the intended parent giving consent (mother or father).

Alert the Local Manager for the Newborn Screening that a surrogacy baby has been screened so correct procedures can be checked.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	To ensure that all babies born from surrogacy are screened following the correct guidelines	Checking after each surrogate baby is screened, that guidelines were followed	After each baby	Local manger newborn hearing screen	Lead for the newborn hearing screen	As not many babies are surrogate, to check after each baby.

References

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Kim Doughty Newborn Hearing Screen Team Lead
Newborn Hearing Screeners

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Audiology Governance

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Kim Doughty**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Kim Doughty	**Newborn Hearing Sreen Manager/Interim Lead**	**Kim.doughty@nhs.net**
Date assessment completed	**22.01.2024**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Guidance			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure consent is obtained by correct person and birth mothers not contacted after discharge.			
Who will be affected by the development & implementation of this activity?	✓ ❑ ❑ ❑ ❑	Service User Patient Carers Visitors	✓ ❑ ❑ ❑ ❑	Staff Communities Other _____
Is this:	✓ Review of an existing activity ❑ New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Previous guidance
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussed at ENT meeting.
Summary of relevant findings	No Changes needed.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**2026 at Guidance review**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat

them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	K Doughty
Date signed	22.01.2024
Comments:	
Signature of person the Leader Person for this activity	K Doughty
Date signed	22.01.2024
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.