INTRODUCTION

Are you still interested in surrogacy?" Lisa asked me in an e-mail in the spring of 2003. “I read your post on SMO, somehow I just came across it now. I also checked the UCLA website just to verify who you say you are, and I’m happy to say that I found you. It makes me feel better giving any information to you.” The post Lisa referred to was a short query I had posted earlier on www.surromomsonline.com (SMO), a surrogacy support website, or as it says on its home page, a “virtual meeting ground for the surrogacy community.”

I had introduced myself as a sociologist interested in surrogacy and asked women to answer some questions. I was looking to clarify some issues that emerged from reading SMO threads. I wanted to know who these women were, what they thought about being pregnant for someone else, and how they navigated SMO discussions that were both personal and public. I was intrigued by the often intimate tone of SMO communications, especially since women clearly used this public forum to educate people—newbies, intended parents, intended parent hopefuls, and anyone else that happened to be on the site—about surrogacy. I was not the only outsider posting on SMO. Even at the time, but especially over the years, I noticed that a growing number of journalists, documentary filmmakers, students, and researchers looked for willing participants for their projects.

Surrogacy has captured the public imagination with its promise—or threat—to transform the most basic of American institutions, the family. With the help of a surrogate, infertile heterosexual, older, as well as single people and same-sex couples may realize their dream of parenthood. But surrogacy has also raised questions about relatedness and motherhood, the commodification of life, and the usefulness of surrogacy contracts.¹
Many of the early critics of surrogacy warned about “reproductive brothels,” the “commodification of motherhood,” and patriarchal control over women. They not only feared but were convinced that financially needy women would be coerced by circumstances and exploited by better educated and more affluent couples. These critics gave fundamentally “normative, indeed political,” accounts of social reality. They often referenced patriarchal exploitation and economic pressures but did not take surrogates’ experience and perspective into consideration. Yet if we want to understand why this reproductive practice has been growing and evolving, we need to know and appreciate the concerns, experiences, and positions of the surrogates who not only participate in it but actively propagate it. Thus, I am engaging in an “interpretation,’ ‘reading,’ or ‘way of making sense’” of surrogacy.

To be sure, scholars have been making sense of new reproduction and reproductive technologies and practices for decades. Rayna Rapp’s questioning of the naturalness of pregnancy, her emphasis on the complexity of women’s experience of technology, and her investigation of their narratives of choice informs my work. I share Sarah Franklin and Celia Roberts’s approach and goal “to develop a language of social description” that takes into account contested terms, negotiations, and ambivalent and even contradictory responses to reproductive technologies.

I also appreciate their scholarly focus on “a specific technique in a particular country and during a distinct historical period.” It is only through careful examination of specific practices and meanings grounded in place and time that we can hope to understand broader issues. Charis Thompson’s critique of the argument that medical technology objectifies the patient, depriving her of agency, and her association of agency with “the moral fabric of people’s lives” and “locally plausible and enforceable networks of accountability” was also a useful vantage point from which to examine my data.

The past several decades saw an efflorescence of qualitative research on technologies and practices such as in vitro fertilization (IVF), sonogram, amniocentesis, egg and sperm donation, preimplantation genetic testing, and genetic counseling. This scholarship has furthered the understanding not only of the use and meaning of reproductive technologies but also of how new practices “both alter and maintain dominant assumptions and institutions.”

My empirical exploration of US surrogacy is thus informed not only by the findings of the large and growing scholarship on reproduction but also by the questions scholars have asked and the
perspectives they have taken. My interpretive study follows in the footsteps of the few qualitative explorations of US surrogacy, none of them recent. Helena Ragoné’s *Surrogate Motherhood: Conceptions in the Heart*, published in 1994, was the first empirical study of US surrogacy.

Ragoné visited surrogacy programs—at the time eight established programs controlled the surrogacy market—interviewed program directors and staff members, surrogates and intended parents and conducted participant observations over a two-year period. She explored the workings of the programs as well as the feelings, motivations, and expectations of surrogates and couples. She documented how surrogates, with the help of agency personnel and agency-organized support groups, defined surrogacy as a calling rather than a job, as “giving the gift of life” rather than economic exchange. Ragoné analyzed the cultural work the participants engaged in as they reworked kinship concepts, emphasizing intent as the basis of parenthood. However, this cultural work has not revolutionized kinship; rather, it highlighted elements of the practice that are consistent with contemporary middle-class understandings of family relatedness, privileging love, nurture, and commitment.

Elizabeth Roberts’s work also explored the empirical reality of surrogacy; she conducted fieldwork and interviews in a California agency. Like Ragoné, Roberts also found that surrogates take pride in their fertility and regard it as an asset and a source of power, and this works to level the socioeconomic difference between them and their couple. Roberts describes surrogates as “strong, independent, self-determined, fertile, and empathic,” women who “exert a type of narrative power.”14 Given the nature of my data, “narrative power” is a very fitting concept for surrogates’ online stories and communications.

Ragoné’s and Roberts’s work provide the background for examining continuities and changes in the social and cultural organization of the growing practice of US surrogacy. New technologies and improved success rates of IVF enable new combinations of surrogate and “donated” gametes and even “embryo adoption.” The number of agencies has increased exponentially, and lawyers and clinics have entered as reproductive brokers. At the same time, the Internet has become a major forum for both independent matching and information about every aspect of surrogacy, including a growing number of threads (i.e., online discussions on a message board) on the pros and cons of various intermediaries (agencies, lawyers, clinics). As brokers increasingly compete for clients, the Internet has
enabled new forms of connections and support for people interested in surrogacy.

Research on surrogacy in other countries provides intriguing empirical comparisons. For example, the inconsistencies of assisted practices in India and the United States give considerable freedom to clinics. In the United States, however, surrogates are generally better educated and have culturally different gender expectations. Thus, they have worked out an informal online repository of knowledge and network of advice that enable them to understand complex and sometimes contradictory information and better navigate the process. Surrogates in both countries make efforts to establish and maintain a relationship with their intended parents, albeit in different, culturally specific ways that also address the different economic options and life situations of surrogates in the two countries.

Elly Teman’s ethnography of Israeli surrogacy offers a fascinating comparison. The Israeli and US approaches to surrogacy are in many ways opposites, yet there are some striking similarities between surrogates’ conceptualization of the practice. The Israeli state actively supports and tightly controls surrogacy contracts and mandates a rigorous screening process, while US surrogacy is regulated at the state level, if at all, and contracts are often unenforceable.

Teman connects women’s narratives to the Israeli sociocultural context and the regulatory practices of the pronatalist state. Israeli medical professionals and the public trivialize gestation in favor of genetics, while in the United States genetics is very often downplayed in comparison to intent, a concept Israelis do not reference. However, both Israeli and American surrogates think of themselves as carriers of the host fetus and often use the same metaphors of “babysitting,” “incubating,” and “baking.” In both countries surrogates embrace the concept of “birthing a mother” and define surrogacy as creating and nurturing not just babies but also parents.

These empirical studies paint a complex picture of the relationships, interests, and emotions of its practitioners. They challenge the binary understanding of surrogacy as either simple commodification, as many feminist critics have framed the issue, or altruism, as journalists increasingly tend to do. In exploring these complexities, I find Viviana Zelizer’s “relational work” an illuminating concept to make sense of my data. Zelizer argues that people make considerable efforts to negotiate the meanings of social relations and mark their boundaries, especially when these relations involve both intimacy and economic transactions. We establish meaningful ties
to others and carefully distinguish these ties by differentiating the rights, obligations, and transactions that belong to them, marking them with different names and practices of exchange.  

I see surrogacy as an instance of an intertwined cultural, emotional, and economic—in other words, social—practice whereby people make creative efforts to establish, maintain, negotiate, and transform interpersonal ties of intimacy within a contractual agreement and “engage in the process of differentiating meaningful social relations.” This approach shifts the attention from individual actors to interpersonal transactions, the negotiation of relations, and the construction of meaning. The concept of relational work fits well with the interactionist perspective I have adopted for this study. My focus, then, is not on reproductive technologies or the politics of reproduction but on the interactions that create shared understandings, ideas, and desires among the women who assist reproduction.

Building on the above scholarship and, also in each chapter, on a range of sociological, anthropological, and legal scholarship on assisted reproduction, relatedness, contract, money, and gift, I explore the meanings surrogates discursively create on SMO. My research questions address these discursive interactions or interactive discourses that shape the social and emotional organization of assisted reproduction. Women have been jointly working out what it means to be a surrogate and what kinds of behaviors are consistent with their dream of “giving the gift of life.”

Marcia Inhorn and Daphna Birenbaum-Carmeli argued, “It is always important to keep the problem of infertility in clear view when discussing ARTs.” US surrogates do not let the researcher forget this, and their frequent and elaborate discussions of infertility and its pain also remind us that the definition of infertility is very much local. The operative definition of infertility on SMO is inability to have children even past childbearing age or to have as many children as one would like. This definition shapes surrogates’ empathy and informs their determination to “help couples,” whether childless, or gay, or past childbearing age, or “not done with their family.”

I situate my investigation in the context of larger sociocultural ideas and practices concerning family, parenthood, money, gift, and technology in the United States. My data point to a collective, Internet-based effort to create surrogates as well as surrogacy, an endeavor that has its rules, rituals, and rewards that are independent of individual biographies. Surrogates’ accounts are compelling and
fascinating cases of individual agency, situated in and invigorated as well as tempered by what Goffman called “interaction ritual.”

I began this project in a somewhat unusual way. My earlier research was on nineteenth-century unmarried women and their notions of love, duty, work, money, and family. Then I moved to Los Angeles, woefully far from my beloved archives in Massachusetts, and with two young children I knew I would not be able to bridge the distance. A few years later I started teaching a lecture course, the Sociology of the Family, and assigned parts of Helena Ragoné’s book on surrogacy. One of the students in that class chose to do a paper on surrogacy, using SMO as her source of data. In order to be able to give her advice, I logged on. I became intrigued with online discussions; I saw this as a brave new frontier. The online discussions intrigued me no less than the letters and diaries I had researched in the past; deciphering both required close attention to detail and meaning. SMO threads invoked the importance of family, referenced self-sacrifice and vocation; these were priorities and concepts that were familiar from my previous research.

My reading of SMO threads resonated with many of Ragoné’s arguments about the conceptualization of surrogacy. Nevertheless, there were major differences. In Ragoné’s study, surrogacy agencies played a central role in framing the meaning of surrogacy and mediating interactions, while on SMO women communicated with one another and offered advice without institutional mediation. This was a self-regulating group; surrogates were taking charge of the process in many ways, advocating surrogacy and policing the website.

This new type of social control was intriguing, and I became interested in the collective emotional and relational work, the joint negotiations, and the meaning making surrogates engaged in on SMO. Reading surrogates’ discussions convinced me that these women were creative players in a new social situation; online interactions shape and coordinate their thinking about the problems and questions that arise. Discussions reveal joint efforts to negotiate and define the balance between selflessness and self-protection, between giving and receiving. Communications revolve around taking charge of the process and serve as both learning tools and vehicles of support and appreciation. Women collectively strive to affirm the value of helping behavior and normalize surrogacy and the emotions it gives rise to. They learn to deal with disappointments and to be “the better person” and define what it means to be a good surrogate.
By focusing on the dynamic and formative nature of SMO communications I am by no means trying to take away from the uniqueness of women’s stories. Rather, my argument emphasizes the creative process whereby shared understandings and definitions emerge from their discussions.

The relatively new practice of surrogacy has been evolving in front of our eyes and offers us insights into how people make sense of what they do as they chart new territories. Attention to discussions and negotiated meanings among surrogates and participating intended parents reveal the moral project they are engaged in; good and bad, appropriate and inappropriate, are defined by the group. Empirical exploration of these negotiations enables us to ask better questions about the intersection of market and nonmarket activities, of monetary and intimate relationships in surrogacy and beyond. Thus, rather than rehearsing the old and not particularly fruitful questions about the moral perils or possible economic benefits of commodification or debating whether certain things should be kept out of the reach of the market, we may turn our attention to what Fourcade and Healy call “moralized markets.” \(^{28}\) “How gift and market exchange relate to moral worth is, ultimately, an empirical question,” and this is the question that I take up in my research. \(^{29}\)

Lisa, the surrogate who contacted me to ask if I was still interested in surrogacy, soon became my key informant. She told me her unfolding story and answered the many questions that SMO threads raised for me. She was a working divorced mother of two teenagers; she had given birth to twins in January 2003 as a traditional surrogate (TS). Traditional surrogates are artificially inseminated, either at the doctor’s office or at home, and are genetically related to the baby. By the time she began writing to me Lisa was actively looking for new intended parents, commonly known as IPs, that is, a couple to carry a baby for. \(^{30}\) Even though Lisa, like most surrogates, was asking for compensation, she was also hoping to find her “perfect match.” This did not surprise me because I had already noticed the prevalence of the language of love (“I fell in love with this couple” and “we clicked right away”) in surrogates’ writings.

What did surprise me, however, was Lisa’s determination to find a new couple so soon after the birth of twins; the second twin’s birth was by C-section and Lisa was unhappy about that. Initially, she wanted to do another traditional surrogacy, but by September she was open to a gestational “journey.” Gestational surrogates are not genetically related to the fetus they carry. \(^{31}\) They go through an “embryo transfer” procedure in which the fertilized eggs are put in
a plastic catheter, which is placed near the top of the uterus. The placement is guided by ultrasound imaging and once the catheter is in place, the embryos are expelled into the uterus.

Gestational surrogates all take Lupron, a hormone to regulate their menstrual cycle, four to five weeks before the transfer. Just before and after the transfer gestational surrogates are also on estrogen and progesterone, hormone pills and injections, to thicken the uterine lining. Some take aspirin and antibiotics, and even steroids, for a while. They are on medication for twelve to sixteen weeks if the transfer is successful but for a minimum of two weeks until the blood test result (and continue if it is positive). Since transfers are often unsuccessful, gestational surrogates frequently undergo several cycles with the same or very similar medical protocol each time.

“I’m excited to get started on a new journey as this is important for me to do and I don’t want to ‘run out of time’ to be able to do it. My body is only good for so long and I sure wish I’d known about it much earlier . . . so I could do this many times,” Lisa wrote in the fall of 2003. This desire was not uncommon among surrogates on SMO, who joke that surrogacy contracts should include the following: “WARNING: Helping others create families via surrogacy may be addictive. Please plan on having 10+ years available for future journeys.” In October Lisa seemed to have found her dream couple. The first phone call went well. “We talked about 1.5 hours . . . about EVERYTHING and we actually get along better than me and my previous IM [intended mother]! It was like it was meant to be.” When surrogates “click” or “hit it off” with a couple, their online posts often sound like Lisa’s account. When this is not the case, the advice on SMO is likely to be “don’t settle for something like this if you don’t want to. . . . there’s always something perfect out there waiting.”

Finding IPs can be a drawn-out and complex procedure. Women research agencies and wait to be matched. With the Internet playing an increasingly important role in the matching process, independent arrangements (“going indy,” i.e., without an agency) are on the rise. The parties advertise on sites like SMO, respond to advertisements, and negotiate personal compatibility as well as financial and contractual issues. Lisa described the process in a long e-mail to me. “When my agency was having difficulty matching me, I took it upon myself to place an ad on SMO. After placing my ad, I responded to multiple ads in order to get my name out there and to see if I connected with anyone, etc. Corresponding between multiple PIPs [potential intended parents] is normal.” When I noted that
the selection process seemed more intricate than online dating, she agreed, “haha, well, I’ve tried that and it is similar in most ways, but you talk about babies, not dating!!” My idea for this comparison came from the numerous posts I had read in which surrogates liken surrogacy to romantic relationships.

The match about which Lisa was so enthusiastic fell through for financial reasons. “They determined that ‘in case I was put on bedrest’ they could not afford to pay my net wages. . . . They did not have the ‘extras’ for maternity clothes, expenses, multiple fee, c-section fee, etc. That all could potentially increase the fee over $10K,” Lisa wrote. By December 2003, she had talked to a number of agencies, couples, and single men. The e-mails that followed betrayed Lisa’s frustration. Then she wrote me about a failed home insemination. I asked who the couple was. “The couple is the same couple who didn’t have money. I dropped a lot of fees/extras and have extended the time to pay out for 6 months after delivery! The IM and I have such a connection, I just couldn’t walk away.”

Lisa decided to forgo her lost wages and life insurance requests. “I have such a connection with my IM that I couldn’t see doing this for anyone else.” But after the failed attempt, there were no more tries. The intended father had reservations and did not want to continue. Lisa explained that she had tried to change their minds because she was “concerned for the out-of-pocket $$ they have already spent and wanted them to at least try. I don’t think they will. For whatever reasons, IF [intended father] thinks he’s “cheating” on IM,” Lisa told me. Surrogates are not the only ones who borrow from the language of love.

Lisa, who was in her midthirties and impatient to find new IPs, continued to look for a match both with and without agency help. She lives in a “surrogacy-unfriendly” state and that was a hindrance.32 Finally, in the fall of 2004, Lisa was matched through an agency as a gestational surrogate. The IPs were an older couple in a second marriage; the IM had a grown son from her first marriage, but her husband had no children. They were using an egg donor and the husband’s sperm. Lisa had two fertilized eggs transferred at the beginning of October. At the end of October the ultrasound showed one sack with a yoke and fetal pole (i.e., one of the fertilized eggs implanted), but it was too early for the heartbeat.

In November Lisa miscarried. However, it was not until January 2006 that, in an answer to my question about pregnancy loss, she told me more about that miscarriage: “as far as any support from my IPs prior, during or after the miscarriage, there was NONE.
Not a call to see how I was doing, how am I feeling, am I in pain (? what? Pain during a miscarriage? How about working an 8 hour day in a law firm DURING a miscarriage?? I did it.) They grieved, yet showed me no comfort during that time and then they pulled away completely and I had no idea as to what they were thinking or anything. They even talked to the RE [reproductive endocrinologist] and were told that I had nothing to do with it, it wasn’t my fault, it just quit growing for some reason. I did everything I was supposed to do. . . . They still didn’t talk to me for a while.”

Lisa’s experience is similar to that of many surrogates whose stories I read on SMO. Women express anxiety and often confess to feeling responsible for crashing the couple’s hopes, although not for the miscarriage itself. And, most often, they are alone with their pain and anxiety. “I felt the same way as you,” one surrogate on SMO comforted another who felt lonely after her miscarriage, “that there wasn’t really anyone around, or any of my family or friends who really understood how I was feeling. Even my IM; because she was feeling her own feelings and although we are in this together, we have different emotions and are coming from different angles. It is our bodies who had to go through all of this.”

But like this surrogate, Lisa was eager to try again for the same couple. By the spring of 2005 Lisa was pregnant with twins but soon “lost one of the twins.” She was realistic about the benefits of being pregnant with a singleton but felt bad for her couple. Her IM was “very upset.” As the pregnancy progressed, Lisa experienced serious swelling in her feet and often had to call in sick. In October, she delivered by C-section, something she was hoping to avoid. A bad infection set in soon after she was released from the hospital. She had a very high fever and had to go to the emergency room. She also developed high blood pressure.

This was not the only hardship Lisa had to endure. Her surrogacy contract did not cover all her lost wages. “I’ve lost so much money with this surrogacy and having my lost wages capped because no one told me disability only paid $1700 per month, only half of what I was normally making!” She confessed that she lost more money on this surrogacy than on her first one. And because she was on sick leave more than her boss tolerated, she lost her job.

When I pressed Lisa, she admitted that she had told her IM about her predicament. “I emailed my IM and told her I’d lost my job and I’ve yet to hear back from her about it. I’ve been emailing about ‘other’ things with her but no comment on this. I guess it’s my responsibility to find a job (of course it is) and it must be my fault
too? *sigh* Of course, I wouldn’t have lost it had I NOT been prego so that’s the part that kills me.”

She regularly received pictures of her “surrobaby,” which she promptly forwarded to her surrogate friends, and to me. After I sent her a link about a surrogate who was not paid after a miscarriage because of the way the contract was phrased, Lisa agreed that “it’s really upsetting to read threads like that but the responsibility falls on the surrogate to cover her own ass . . . this one failed, as I did. Next time, she’ll be a bit smarter. Like I will be.” Lisa was a realist, most of the time. However, things did not work out well for her. She had found several temporary and part-time jobs and was still looking for a permanent one when I e-mailed with her last. Lisa’s son, then nineteen years old, was killed in a hit-and-run accident in the fall of 2007. I received Lisa’s group e-mails about this and about the funeral, but she never again corresponded with me after this tragedy. I continued to see her occasional posts on SMO for a while, but then she disappeared from there, too.

My initial curiosity coupled with Lisa’s frequent e-mails drew me deep into this project, and I found myself logging on to SMO to see “what my surros were doing.” There were many stories similar to Lisa’s. Women were eager to embark on a surrogate “journey,” often exploring both agency and independent matching options. They enthusiastically posted about the intended parents they “clicked with,” the vicissitudes of the contract negotiations, and their pregnancies and birth stories; they made financial and other compromises and adjustments to carry a baby for someone else. They happily shared stories of updates from former IPs and posted photos of flowers and other gifts they received from their couple. There were also many anguished accounts of miscarriages, feelings of guilt for letting their couple down, and complaints about the lack of support and empathy from intended parents. Some women, like Lisa, have lost money or their job. And whether the journey went well or not, many surrogates wrote of their resolve to do it again.

As I immersed myself in SMO discussions I realized that this forum was by no means simply a meeting place for women who shared the same “dream to help infertile couples.” SMO threads teach women what to expect, want, and dream of. Surrogates often reference the same dream: seeing the IPs’ faces and the tears in their eyes as they hold their baby after birth. This may be the single most powerful image of surrogacy, and one that continues to exercise enormous power over newcomers and old-timers alike. The online medium enables the image to be clearly formulated through
countless posts describing the expectation of tears and smiles at the moment of the ultimate giving.

Lisa and most of the women who have posted on SMO over the years actively pursue surrogacy, collect information, go through hardships, and increasingly applaud stories that project independence and self-sufficiency. They increasingly think of surrogacy as a purposeful, goal-oriented series of actions that is in many ways its own reward. One of the moderators on SMO wrote with the authority of seniority, “You can do anything that you really want to do, there are no limits with smart and educated women.”

This sounds very much like the “myriad of micropractices” that Sawicki suggested we should describe and analyze in order to understand reproductive technology as “neither inherently liberating nor repressive,” and whose “meaning derives from the social and political context in which it is embedded.”33 The ways in which participants make sense of assisted reproduction within specific sociocultural contexts is not a simple matter; social actors “can understand an interaction in different, and conflicting, ways.”34 This book is an exploration of such meaning-creating practices.

**Overview of the book**

In Chapter 1, “The Virtual Meeting Ground for Real People,” I introduce SMO, discuss its organization and membership, and describe my methods.

Chapter 2, “Journey,” describes the “journey of shared love” that ideally starts with a feeling of chemistry between the surrogate and the intended parents. Surrogates do not embark on this journey alone and husbands’ support is essential. Women also work out the relationship to the fetus they carry and redefine relatedness in creative ways. The love rhetoric reframes commercial surrogacy as an intimate relationship with the intended parents. Thus, surrogates mourn reproductive losses, whether they are failed conceptions or miscarriages, which represent the loss of their own surrogacy dreams and also mobilize women to show their empathy for their couples. Love is the logical antithesis of commodification; women insist that there is no full compensation for this kind of giving. This rendering of surrogacy counters the stigma of “baby production”; paradoxically, though, framing surrogacy as a selfless “labor of love” not only enables but also encourages women to repeatedly carry babies for others.
Chapter 3, “Contract,” gives a detailed description and analysis of contract negotiations as revealed by SMO posts. The currency evoked in these discussions is both monetary fees and moral worth. Contrary to most legal theories, surrogates and intended parents often do not see the contract the same way and are not always trying to achieve the same goals. Surrogates’ view, not explored by legal scholars, that the contract is the basis of the social relationship with IPs is consequential for surrogacy outcomes. Surrogates are also keenly aware of the limitations of the contract in regulating meaningful relationships; friendship is real if it is freely given.

Chapter 4, “Money,” takes up the financial side of surrogacy, which has important both practical and symbolic significance. Surrogates generally want to save money for their intended parents and often compromise on fees for the “right couple.” The numerous discussions and stories reveal rich layers of symbolic meanings. Monetary dealings are always understood in the context of the relationship with IPs. Discussions also show that women carefully match the various monetary transactions with their interpretation of the relationship.

Chapter 5, “Gift,” investigates the actual and symbolic gifting practices between surrogates and their couple and the centrality of gift giving in surrogates’ definition of surrogacy. Surrogates often receive tangible gifts at various times during the journey and also intangible gifts like time, attention, and trust. Their countergifts include efforts to allow couples to experience “their pregnancy” as well as presents that mark memorable occasions. SMO discussions reveal a deep desire to transform the surrogate journey into a mutual gift-giving relationship in which tangible and intangible gifts flow back and forth.

Finally, “Conclusion” sums up the major findings and highlights the discursive creation of the online world of surrogacy and the ways in which surrogates turn jointly negotiated understandings into platforms for actions. It offers some thoughts about the ways in which surrogates’ self-organizational, emotional, and cultural work shape both the market in third-party reproduction and its moral meaning. It also offers some thoughts on the generalizability of these findings for the interrelated nature of gift and market in postindustrial societies.
Notes

1. Most recently, France Winddance Twine asked some of these questions in a comparative context. FW Twine, Outsourcing the Womb: Race, Class and Gestational Surrogacy in a Global Market (New York: Routledge, 2015).
6. Ibid., 178.
10. Ibid., xv.


21. Ibid., 34–35.

22. Ibid., 32–33.


26. Erving Goffman, *Interaction Ritual: Essays on Face-to-Face Behavior* (New York: Pantheon Books, 1967). While Goffman’s subtitle is “Face-to-Face Behavior,” he argues that everyone “lives in a world of social encounters” involving the person “in face-to-face or mediated contact with other participants” (ibid., 5). Mediated interactions involve fewer senses, thus fewer cues, but my findings show that women on SMO utilize symbolic signals like emoticons, abbreviations, and internal references, adding nuance to the verbal repertoire.

27. Policing practices by members includes identifying inconsistencies in posts, probing into suspicious-sounding stories, and confronting members who breach stated or tacit rules of engagement.

29. Ibid., 301.

30. “Commissioning couple” is a term often used by legal and feminist scholars but never by surrogates or intended parents on SMO. My findings show that SMO-ers do not think about surrogacy as commission or IPs as commissioning.

31. Gestational surrogacy, often using “donor” gametes, has become vastly more common; according to some questionable estimates, it accounts for 95 percent of commercial surrogacy arrangements. This statistic has been cited by several legal scholars who reference one other. Mark Strasser’s recent piece cites a 2011 paper that in turn cites a 2007 article (Strasser, Mark. “Tradition Surrogacy Contracts, Partial Enforcement, and the Challenge for Family Law.” Journal of Health Care Law & Policy, 18 (2015): 85-113). At the end of the reference chain, I found the original source, RESOLVE fact sheet #56. This fact sheet, “could not be found” on RESOLVE’s website although a RESOLVE web page on surrogacy contains a link to it: http://familybuilding.resolve.org/site/PageServer?pagename=cop_eaotpo_srgcy&printer_friendly=1. A 2003 estimate claimed that more than 50 percent of surrogates have been gestational since 1994 (http://www.encyclopedia.com/topic/surrogate_mother.aspx). The basis of these estimates is the number of clinics that work with traditional surrogates. The picture is further complicated by the inconsistent, state-by-state regulation; some states ban traditional surrogacy, some others ban all compensated surrogacy, and some do not regulate it. See http://creativefamilyconnections.com/wp-content/uploads/2013/12/FamilyAdvocateSurrogacyAcrossAmerica.pdf. But we cannot really know; assisted practices are not recorded on birth certificates. Agencies have no reporting obligation but would be unable to accurately report in any event because surrogates and intended parents (IPs) frequently match independently online or through lawyers, as SMO evidence indicates. Also, many traditional surrogates do home inseminations to save money for their couple and thus leave no official trail. The Council for Responsible Genetics estimated that gestational surrogacy grew by 89 percent between 2004 and 2008, resulting in 5,238 babies. However, the Centers for Disease Control and Prevention (CDC) collects statistics on IVF cycles rather than individual cases. The CDC’s data collection of assisted reproductive technologies (ART) has been evolving since 1996, and the National ART Surveillance System was launched in 2006. The 2012 ART National Summary Report states, “Gestational carriers were used in about 1% of ART cycles using fresh nondonor” eggs and embryos (see http://www.cdc.gov/art/pdf/2012-report/national-summary/art_2012_national_summary_report.pdf). Donor eggs and frozen embryo transfer cycles are not included in any statistics even though these are empirically well documented, common practices.
32. Eleven states—the surrogacy-unfriendly ones—prohibit all or most surrogate agreements. There are many regulatory loopholes and gray areas, but living in a surrogate-unfriendly state makes the arrangement more complicated. See Hinson and McBryan, “Surrogacy across America.”
