When people first look into gestational surrogacy, they often expect a simple yes or no. In practice, the answer is more layered. A woman may look like a strong candidate on paper, yet still need further medical review. Someone else may assume she is automatically disqualified because of a prior procedure, only to learn that it is not a barrier at all.

That is why the subject of surrogate requirements deserves a careful, plainspoken explanation. The screening standards exist for a serious reason. Gestational surrogacy involves pregnancy, and pregnancy always carries real medical risk. Agencies and fertility clinics are not just checking boxes. They are trying to reduce avoidable risk for the surrogate, for the intended parents, and for the pregnancy itself.

One point matters at the outset. This discussion is about gestational surrogacy, not traditional surrogacy. In gestational surrogacy, an embryo created through IVF is transferred to the surrogate. The surrogate does not provide the egg and is not genetically related to the child. That distinction shapes several of the most common questions, especially the one about prior tubal ligation.

The baseline most programs look for

Although exact standards can vary somewhat by agency, clinic, and state law, the core requirements tend to center on reproductive history, general health, legal eligibility, and psychological readiness. One agency example states that it generally works with women between ages 21 and 40, with a body mass index between 18 and 32 or below 32, and with at least one prior pregnancy carried to term without major or serious complications. That same screening approach also includes medical and psychological evaluations and a background check.

Those details tell you something important about the requirements to be a surrogate. Programs are usually not searching for a theoretical ideal. They are looking for evidence, from a real prior pregnancy, that a candidate's body has already handled pregnancy well.

A previous full-term birth matters because it offers a known history. It tells the clinic and agency more than lab work alone ever could. A woman may feel healthy and motivated, but if she has never carried a pregnancy to term, there is simply less information to work with. In surrogacy, uncertainty is expensive, stressful, and sometimes medically unsafe.

Why prior pregnancy history matters so much

This is one of the most misunderstood parts of surrogacy screening. People sometimes assume that if a woman is healthy enough to become pregnant, she should qualify. Surrogacy programs usually look deeper than that.

A prior term pregnancy without major complications is often treated as a central qualification because it lowers the unknowns. Pregnancy can involve serious complications, even in women who appear healthy beforehand. That is not a theoretical concern. It is one reason screening is so detailed.

A previous uncomplicated birth gives professionals a better sense of how a candidate may respond to pregnancy, prenatal care, and delivery. It does not guarantee a future pregnancy will be easy, of course. No one can promise that. But it provides a more grounded basis for decision-making than optimism alone.

This is also where some candidates run into difficulty. A history of significant pregnancy complications can be disqualifying, or at minimum trigger closer review. The exact line may differ depending on the clinic or agency, but the general principle is clear: surrogacy programs are cautious about prior complications because those issues may recur or raise risk in a future pregnancy.

That can feel frustrating, especially for women who recovered fully and went on to feel fine afterward. But from a screening perspective, surrogacy is not about whether someone is strong enough to take on risk. It is about whether the risk profile is acceptable in the first place.

Age, BMI, and the reality behind those numbers

People often focus on age and BMI because those are easy to measure. They matter, but not for superficial reasons. They are used as screening tools, not moral judgments.

One agency example says it generally works with candidates who are 21 to 40 years old. That age range reflects a practical balance. A younger applicant may not yet have enough life or reproductive history, while an older applicant may face higher medical scrutiny depending on her history and overall health. The key phrase is generally. Programs often begin with broad screening bands because pregnancy risk assessment relies partly on established thresholds.

BMI works the same way. The example range of 18 to 32, or below 32, is a health screen designed to reduce risk during IVF treatment and pregnancy. It is not a statement about worth or capability. It is a way to assess the physical demands pregnancy may place on the body and whether those demands are likely to be manageable in a surrogacy setting.

If a candidate is just outside a stated range, she may assume there is no point in applying. Sometimes that assumption is right, and sometimes it is premature. What matters is that BMI and age are rarely considered in isolation. They sit beside prior birth history, current health, and the medical judgment of the fertility team.

Can you be a surrogate if your tubes are tied?

Yes, tubal ligation does not automatically disqualify a woman from becoming a gestational surrogate.

This is one of the clearest answers in the field, and it surprises many people. When someone asks, can you be a surrogate if your tubes are tied, the confusion usually comes from thinking about natural conception. Gestational surrogacy does not work that way. The embryo is created through IVF and then transferred to the uterus. Because the surrogate is not conceiving through her own fallopian tubes, having tubes tied does not prevent her from carrying a pregnancy as a gestational surrogate.

That answer often brings real relief. Many women who have completed their own families choose permanent birth control and later become interested in helping another family through surrogacy. A tubal ligation may actually fit that life stage. It says nothing, by itself, about whether the uterus can support a pregnancy.

What still matters is the rest of the screening process. A woman with tied tubes still needs to meet the other surrogate requirements, including prior term pregnancy history, health review, and psychological screening. Tubal ligation removes one misconception, not the need for evaluation.

The medical and psychological evaluations are not formalities

Some applicants think of the evaluation phase as paperwork with a few appointments attached. That is not how professionals in this field treat it, and it should not be.

Medical evaluation is there to review whether a candidate can safely proceed with embryo transfer and pregnancy. Psychological evaluation serves a different but equally important role. Surrogacy asks a great deal emotionally. It involves carrying a pregnancy for someone else, navigating expectations, communicating with intended parents, and managing the ordinary stresses of pregnancy in an unusual context.

A background check is also part of the screening described by at least one agency. For intended parents, that layer matters. Surrogacy is built on trust, legal clarity, and reliability. The process is long enough that avoidable uncertainty can become a major problem.

A state law example from Washington reflects the same general direction. It requires prior birth, medical evaluation, and mental health consultation in connection with gestational surrogacy agreements. That does not mean every state uses the same wording or process, but it shows that the screening framework used by reputable programs is consistent with legal safeguards seen in at least some jurisdictions.

Who usually qualifies

If you strip away the myths and internet chatter, the women who most often qualify for gestational surrogacy tend to share a fairly specific profile:

1. They are within the age range a program generally accepts, such as 21 to 40.
2. They have had at least one prior pregnancy carried to term without major or serious complications.
3. They meet the program's health screening, which may include a BMI standard such as 18 to 32 or below 32.
4. They can complete medical and psychological evaluations, along with a background check.
5. They have the legal status a program requires, such as U.S. Citizenship, lawful permanent residence, or documented legal residency acceptable to the agency.

Even here, each point deserves interpretation. Take legal status, for example. One agency states that candidates should be U.S. Citizens, lawful permanent residents, or green card holders, and some of its materials add that legal residents or immigrants should have documentation valid for at least two years. That is specific to the program's own rules, but it illustrates a broader truth: legal eligibility matters because surrogacy involves contracts, medical treatment, and state law considerations. It is not just a medical journey.

What disqualifies you from being a surrogate?

This is the question most people ask in the bluntest possible way: what disqualifies you from being a surrogate? The honest answer is that some factors clearly disqualify a candidate, while others place her in a gray area that requires closer review.

The clearest concerns, based on the verified screening standards here, revolve around history and risk. Significant prior pregnancy complications can be disqualifying. Being outside a program's accepted age or BMI range can also prevent approval. Failing medical or psychological evaluation, or having problems revealed by a background check, can stop the process as well.

Here are the most common disqualifying categories reflected in the available standards:

1. No prior term pregnancy, or no history of carrying a pregnancy to term without major complications.
2. Significant past pregnancy complications that raise concern for a future surrogate pregnancy.
3. Falling outside the age or BMI parameters the program uses.
4. Not passing the required medical, psychological, or background screening.
5. Not meeting the program's legal residency or citizenship requirements.

What is worth emphasizing is that not every "no" comes from the same place. Some disqualifications are rooted in medical safety. Others are about legal compliance or risk management. Candidates sometimes take rejection

personally when it is really a matter of program structure. A woman may be warm, responsible, and deeply motivated, but still not meet a fertility clinic's safety standards.

Gray areas that cause confusion

The hardest part of screening is often not the obvious yes or obvious no. It is the middle ground.

For example, some materials from one agency speak very strictly about prior fertility issues or pregnancy complications, while other pages use softer phrasing, such as requiring a prior term pregnancy without major complications. The safest interpretation is not to assume that every issue is an automatic bar, nor to assume that any issue can be explained away. Significant complications are treated seriously, and uncomplicated prior pregnancy history is strongly preferred.

This is where people get tripped up by online anecdotes. Someone may say she knew a surrogate who had a certain medical history, or who was approved after a borderline situation. Those stories are not reliable guides. Clinics and agencies assess risk based on records, not rumors, and they do not all weigh the same history in the same way.

Another point of confusion is the difference between fertility and the ability to carry a pregnancy. A woman with tied tubes is a perfect example. She may not be able to conceive naturally because of the tubal ligation, yet still be fully capable of carrying a gestational surrogacy pregnancy after embryo transfer. That distinction is medically and practically important.

Why agencies and clinics screen so carefully

If you have never been through surrogacy, the requirements can look strict to the point of being discouraging. But the caution exists for good reason.

Pregnancy is not a neutral event. It places real demands on the heart, circulation, hormones, metabolism, and mental health of the person carrying it. Even a healthy pregnancy can be physically intense. When the pregnancy is part of a surrogacy arrangement, there are added emotional and legal layers. That combination is exactly why good programs screen hard on the front end.

In practice, careful screening protects everyone involved. It protects the surrogate from entering a pregnancy that carries more risk than she may have appreciated. It protects intended parents from investing emotionally and financially in a match that may not proceed safely. It also protects the integrity of the process itself.

Professionals who work in this area often say that the strongest surrogate candidates are not just generous. They are medically suitable, emotionally steady, and well-informed. That balance matters more than enthusiasm alone.

A realistic way to think about eligibility

Many women approach surrogacy with one dramatic question in mind: am I qualified, yes or no? A better question is this: based on my pregnancy history, health profile, and ability to pass formal screening, am I the kind of candidate a reputable program is designed to accept?

That shift in framing helps. Surrogacy is not like volunteering for a short-term project. It is a medically managed pregnancy on behalf of someone else. The qualifications are supposed to be selective.

If you are assessing yourself, start with the known anchors. Have you carried at least one pregnancy to term? Was that pregnancy free of major complications? Are you within the age range and BMI range a program generally

uses? Could you comfortably complete a medical exam, a psychological review, and a background check? Do you meet the legal status requirements the program specifies?

If the answer to most of those is yes, you may be a plausible candidate. If the answer to one or more is no, it does not always mean the door is closed forever, but it does mean you should expect closer scrutiny or possible disqualification.

The biggest misconception of all

The biggest misconception is that surrogacy qualification turns on desire. Desire matters. Commitment matters. Compassion matters. But they are not enough.

The requirements to be a surrogate are built around one central truth: the person carrying the pregnancy must be a safe and appropriate candidate for that role. That means proven pregnancy history, acceptable health markers, legal eligibility, and successful completion of screening. It also means understanding that some things people fear, such as tubal ligation, may not actually be disqualifying in gestational surrogacy at all.

For Surrogacy Agency women asking can you be a surrogate if your tubes are tied, the answer may be encouraging. For women asking what disqualifies you from being a surrogate, the answer is more nuanced but still clear in principle. Programs are looking for evidence of safety, stability, and a prior history that supports another healthy pregnancy.

That is the standard that matters most, and it is the one worth respecting.