

If you are asking what disqualifies you from being a surrogate, you are probably looking for something more useful than a vague checklist. Most women who explore surrogacy want a straight answer. They want to know whether one past pregnancy issue matters, whether age is flexible, whether legal status affects eligibility, and whether a prior tubal ligation closes the door.

The short answer is that surrogacy programs do not look at one factor in isolation. They look at whether carrying a pregnancy for someone else appears medically, psychologically, and legally appropriate. That is why the surrogate requirements used by agencies and clinics tend to focus on prior pregnancy history, age, body mass index, screening results, and basic legal eligibility.

There is also an important distinction to keep in mind from the start. The context here is gestational surrogacy, which is the model handled by agencies such as ABC Surrogacy. In gestational surrogacy, the surrogate is not genetically related to the baby. An embryo is created through IVF and transferred to the uterus. That detail matters because some women assume that a past sterilization procedure or fertility issue automatically rules them out, when the answer can be more specific than that.

The basic standard most candidates are measured against

A useful way to understand the requirements to be a surrogate is to start with the profile agencies are generally seeking. Based on the verified eligibility guidance available here, a typical candidate is a woman between ages 21 and 40, with a BMI between 18 and 32 or below 32, who has already carried at least one pregnancy to term without major complications, and who can pass medical, psychological, and background screening. Legal status also matters. Agencies may require U.S. Citizenship, lawful permanent residency, or green card status, and in some cases documentation valid for at least two years for legal residents or immigrants.

That standard is not arbitrary. Pregnancy carries real risk, even in healthy women with uncomplicated histories. Professional organizations have long recognized that gestational surrogacy can involve serious pregnancy-related complications. Because of that, agencies and clinics screen carefully before anyone is approved to move forward.

What often gets lost in online discussions is that screening is not designed to judge character. It is designed to reduce avoidable risk for everyone involved, including the surrogate, the intended parents, and the future child.

The clearest reasons someone may be disqualified

When people search for surrogate requirements, they often want a simple yes-or-no list. Real screening is more nuanced, but several factors are consistently important and can become disqualifiers.

- Being outside the usual age range of 21 to 40
- Having no prior full-term pregnancy, or having a history of significant pregnancy complications
- Having a BMI outside the accepted range, commonly above 32 or below 18
- Not passing the required medical, psychological, or background screening
- Not meeting the residency or immigration documentation standards the program requires

Each of those deserves a closer look, because some are hard limits in practice while others depend on the details.

Prior pregnancy history is one of the biggest dividing lines

Of all the requirements to be a surrogate, prior pregnancy history is often the most decisive. A candidate is generally expected to have had at least one previous pregnancy carried to term, and that pregnancy should have been free of major or serious complications.

This is one area where broad statements online can mislead people. Some agency materials describe the standard very strictly, saying no prior fertility issues or pregnancy complications are allowed. Other materials phrase it more moderately, saying the woman should have carried a prior pregnancy to term without major complications. The safest reading is this: a healthy, uncomplicated term pregnancy is the expected baseline, and significant complications can be disqualifying.

That means the question is not simply, "Have you ever been pregnant?" It is closer to, "Does your history suggest that another pregnancy is likely to be safe enough to consider?" A full-term pregnancy with no major complications gives providers and agencies a better sense of how your body handles pregnancy. Without that history, there is more uncertainty, and surrogacy programs tend to avoid that uncertainty.

This requirement can surprise women who feel healthy now but have never delivered a baby. It can also disappoint women who had pregnancies but not a term birth. Even so, from a screening perspective, prior term delivery is one of the clearest signals that a candidate may be able to carry again.

Past complications are reviewed carefully, not casually

A lot of women worry that one difficult moment in a prior pregnancy will automatically end the conversation. The truth is narrower but still serious. Significant complications can be disqualifying, and agencies screen for them carefully.

The reason is straightforward. Surrogacy involves carrying a pregnancy on behalf of someone else, so agencies and clinics want the strongest possible indication that the pregnancy can proceed safely. If a prior pregnancy involved major medical concerns, that history becomes highly relevant.

It helps to think about this in practical terms. Screening is trying to answer whether your uterus and overall health history support another pregnancy with an acceptable level of risk. If the answer is uncertain, many programs will err on the side of caution. This is not a criticism of a woman's strength, resilience, or past experience. It is a risk assessment.

That distinction matters. Plenty of women who would be capable parents are not ideal surrogacy candidates, simply because the screening standard is more conservative than the standard for deciding whether someone may become pregnant for herself.

Age matters because risk matters

Most programs referenced here generally work with women ages 21 to 40. That age range is one of the most recognizable surrogate requirements because it is simple to understand and easy to screen at the first inquiry stage.

Someone younger than 21 would usually fall outside standard eligibility. Someone older than 40 may also be outside the range. In many fields, age cutoffs can feel blunt, and this one is no exception. A healthy 41-year-old may wonder why she is excluded while a less fit 30-year-old could technically qualify. But agencies tend to use set age ranges because they need consistent screening standards, and pregnancy risk assessment often becomes more cautious with age.

If you are near the edge of the range, the best approach is not to assume. It is to ask the specific program how it applies its policy. Still, as a general matter, being outside 21 to 40 is one of the most common reasons someone is screened out early.

BMI is not cosmetic, it is a medical screening tool

A BMI between 18 and 32, or below 32, is a common benchmark in the verified agency guidance here. That can be frustrating to hear because BMI is an imperfect measure in everyday life. But in surrogacy screening, it is used as a rough medical tool rather than a style judgment.

Programs use it because pregnancy already places strain on the body. Agencies and clinics want candidates who fit within the range they consider safer for treatment and pregnancy management. So if a candidate's BMI is above 32, or below 18, that may be disqualifying under the stated requirements.

The practical point is simple. Even if a woman feels healthy, a program may still decline her based on a BMI cutoff. These policies can feel impersonal, but they are part of standard gatekeeping in a setting where medical risk is taken seriously.

Medical and psychological screening are not formalities

Many first-time applicants assume screening is just paperwork. It is not. Candidates are expected to complete medical and psychological evaluations, and a background check as well.

That matters because a woman might seem to meet the obvious surrogate requirements on paper, then be disqualified during evaluation. Sometimes this is where the real answer to "what disqualifies you from being a surrogate" becomes clear. Not every issue is visible from age, BMI, or pregnancy history alone.

The screening process typically aims to confirm several things:

- that the candidate is medically appropriate for a pregnancy
- that her prior pregnancy history supports another pregnancy
- that psychological evaluation does not raise concerns
- that a background check does not create problems for the match
- that all legal documentation is in order

This is one of the most misunderstood parts of the process. A woman may be kind, motivated, and deeply sincere about helping another family, but that does not guarantee approval. Programs are not only asking whether she wants to be a surrogate. They are asking whether she can do so within a framework that satisfies medical, mental health, legal, and program standards.

Legal status can affect eligibility more than people expect

One practical point that gets overlooked in casual conversations is residency and immigration status. Some agencies require a woman to be a U.S. Citizen, a lawful permanent resident, or a green card holder. In some cases, agencies also require documentation that will remain valid for at least two years for legal residents or immigrants.

This can absolutely be a disqualifying factor. It may have nothing to do with health and everything to do with whether the agency or legal process can proceed with adequate documentation and stability.

For women exploring surrogacy quietly, perhaps before telling friends or family, this detail can come as a surprise. They may focus heavily on the medical side and only later realize that legal eligibility is part of the threshold. It is better to know that early.

Can you be a surrogate if your tubes are tied?

This is one of the most common questions in this area, and it deserves a direct answer. Yes, tubal ligation does not automatically disqualify you from becoming a gestational surrogate.

If you have wondered, “can you be a surrogate if your tubes are tied,” the reason the answer can still be yes is that gestational surrogacy uses IVF. The embryo is implanted in the uterus, and the surrogate is not genetically related to the baby. Because the fallopian tubes are not needed in the same way they would be for natural conception, a prior tubal ligation does not by itself rule someone out.

That said, it is worth being precise. The fact that tied tubes do not disqualify a woman does not mean she automatically qualifies. She would still need to meet the other surrogate requirements, including prior term pregnancy, acceptable BMI, age range, medical screening, psychological screening, background check, and legal documentation standards.

This is a good example of why broad internet advice can be misleading. One reproductive issue may not matter in gestational surrogacy for the reason people assume, while another part of the history may matter much more.

Gestational surrogacy only, not traditional surrogacy

Another point that affects eligibility is the type of surrogacy involved. The verified context here specifically refers to agencies that handle gestational surrogacy, not traditional surrogacy.

That matters because some women search for requirements to be a surrogate while imagining a process that involves their own egg. In a gestational arrangement, that is not how the process works. The surrogate carries an embryo created through IVF and is not the genetic mother.

This distinction helps clarify several eligibility questions. It explains why tubal ligation is not necessarily disqualifying. It also explains why agencies focus so heavily on the ability to carry a pregnancy, rather than on the ability to conceive one naturally.

Why some women are surprised they do not qualify

In practice, many women who inquire about surrogacy are surprised by the difference between being healthy enough for everyday life and being approved to carry a pregnancy for someone else. Those are not the same standard.

A woman may feel energetic, have no chronic complaints, and still fall outside a program’s age or BMI range. Another may have had pregnancies before but no prior term birth. Another may have a history that seems manageable from her perspective, yet raises concern in a screening review.

That gap between self-perception and program criteria is not unusual. Surrogacy screening is intentionally selective because the process is high stakes and medical risk is real. The criteria are not built around whether someone is admirable or capable in general life. They are built around whether a pregnancy for intended parents can be undertaken with the strongest available indications of safety and stability.

A realistic way to think about disqualification

The most practical mindset is to stop thinking only in terms of “pass” or “fail” and instead think in terms of risk flags. The more closely your history matches the standard profile, the more likely it is that you can move forward. The farther you are from that profile, the more likely a program will decline you.

If you are wondering whether you fit the usual requirements to be a surrogate, ask yourself a few direct questions. Are you within the general age range of 21 to 40? Have you carried at least one pregnancy to term without major complications? Is your BMI within the accepted range? Would you be comfortable completing a medical evaluation, a psychological evaluation, and a background check? Do you meet the residency or immigration documentation standards a program requires?

Those questions do not replace formal screening, but they do give you a grounded first look at likely eligibility.

The bottom line for women considering an application

The cleanest answer to what disqualifies you from being a surrogate is this: agencies and clinics are looking for evidence that another pregnancy is medically, psychologically, and legally appropriate. The strongest disqualifiers tend to be being outside the common age range, lacking a prior uncomplicated term pregnancy, having significant pregnancy complications in your history, falling outside the accepted BMI range, not passing screening, or not meeting legal documentation requirements.

At the same time, not every fact that sounds serious is actually disqualifying. A woman may assume sterilization ends the possibility, then learn that the answer to “can you be a surrogate if your tubes are tied” is yes in gestational [Surrogacy Company](#) surrogacy.

That is why clarity matters. Surrogacy programs do not rely on myths, and women considering this path should not either. If you meet the typical surrogate requirements, you may be a candidate. If one of the key disqualifiers applies, it is better to learn that early, before investing emotionally in the process. Either way, the purpose of screening is the same, to protect everyone involved in a pregnancy that carries meaningful responsibility and real medical risk.