

# Minutes of the one hundred and third Meeting of the Ethics Committee on Assisted Reproductive Technology

**26 October 2023**

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Held via zoom on 26 October 2023

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## **In Attendance**

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|--------------------------|----------------------------|
| Jeanne Snelling          | Chairperson                |
| Analosa Veukiso-Ulugia   | Member                     |
| Angela Ballantyne        | Member                     |
| Annabel Ahuriri-Driscoll | Member                     |
| Lana Stockman            | Member                     |
| Mike Legge               | Member                     |
| Richard Ngatai           | Member                     |
| Simon McDowell           | Member                     |
| Jude Charlton            | Member                     |
| Debra Wilson             | ACART member in attendance |

ECART Secretariat

## **Apologies**

Emily Liu  
Mania Maniapoto-Ngaia  
Peter Le Cren

### **1. Welcome**

The Chair opened the meeting and welcomed all in attendance.

### **2. Karakia**

Angela Ballantyne led the Karakia.

### **3. Conflicts of Interest**

Conflicts of interest were declared in relation to the following applications considered at this meeting:

- Dr Simon McDowell – E23/145

### **4. Confirmation of minutes from previous meetings**

The minutes from the 31 August 2023 meeting were confirmed.

## 5. Application E23/135 for embryo donation for reproductive purposes

Mike Legge opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

### Issues discussed included:

- The intending/recipient parents have had multiple unsuccessful transfers and pregnancies using their own gametes. The intending mother has a history of infertility related to a chronic condition, as well as advanced maternal age and aneuploidy. Egg donation was recommended, however, the intending parents were unable to find an egg donor. The chance of a successful pregnancy using their own gametes is very low and at present embryo donation is considered their best opportunity to have a child.
- The intending mother has been counselled regarding the increased obstetric risks associated with age and embryo donation. The intending mother plans to have obstetric care when pregnant. Both the intending parents are otherwise healthy with no significant medical history.
- The donor couple have children and consider their family complete. Both donors are healthy and have no medical conditions that could impact on the potential child. The donor couple recognised from their own fertility journey how challenging it can be and wished to help another family going through a similar experience.
- The donor couple both had family members impacted by genetic conditions and received genetic counselling to discuss the risks of the embryos having genetic conditions. The opinion from genetic counselling was that there was no increased risk when compared to background population risks. This information has been shared with the intending parents and they are happy to proceed.
- The intending parents met the embryo donors prior to proceeding with the proposed arrangement. Both parties reported that they shared similarities and felt comfortable with each other. All parties agreed that they intend to be open with any resulting child about their origin story and to maintain ongoing contact with each other. The intending parents will let the embryo donors know updates about any pregnancy and live birth.
- The donor couple have eight embryos in storage and are happy for the intending parents to use all embryos if needed. They have been informed that once an embryo is transferred to the intending mother the intending parents will become the legal guardians of the fetus. The donor couple are also aware that they can withdraw consent any time before the embryo transfer. All parties have been informed that after a live birth any remaining stored embryos cannot be on-donated due to the two-family limit.

### Decision

The Committee decided to **approve** this application.

### Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

## 6. Application E23/136 for donation of eggs between family members

Jeanne Snelling opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

### Issues discussed included:

- The intending parents had multiple unsuccessful IVF cycles that resulted in low egg number and poor embryo formation with unsuccessful embryo transfers.
- The intending mother has a chronic health condition that is well managed. She has been informed of the increased risk of pregnancy complications due to her chronic health conditions, such as miscarriage, congenital abnormalities and pre-eclampsia. Antenatal care plans to support the intending mother through pregnancy have been made. The intending father has no notable medical history.
- The egg donor is a sister-in-law of the intending father. The egg donor and her partner have a child and are uncertain whether or not they wish to have more children in the future. They have agreed to the donation with full consideration of their own circumstances. The egg donor has been informed of the risks involved with egg donation.
- The egg donor had pre-eclampsia in her previous pregnancy, but this was not severe and resulted in the birth of a healthy child at term. There is an increased risk of pre-eclampsia for the intending mother using donated eggs and this information has been shared with the intending parents.
- The donor couple and intending parents have had open conversations about the proposed donation and share the same views, including the raising of a child with Māori and Samoan heritage. The intending mother and egg donor have a close relationship and share similar values around whanau. The intending parents anticipate that any resulting child will grow up knowing the egg donor as their special aunty and both parties intend to be open with a resulting child about the donation as early as possible.
- The intending father has strong connections to his family and Samoan culture. The intending father has informed a brother about the intended arrangement and plans to inform his parents and wider family at a later time. The egg donor and her partner will inform their child about the donation when they are old enough to understand the concepts.
- The egg donor has discussed the intended arrangement with her mother and sisters; the donation was met with support from her sisters. The egg donor's mother was initially concerned about the potential impact on the egg donor's future fertility, but after conversations is now supportive. The egg donor's partner has spoken with one of his brothers and does not feel the need to tell anyone else at this point.
- The egg donor would consider on-donation of the embryos but would wish to have further counselling at that time.

### Decision

The Committee decided to **approve** this application.

### Actions

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

## **7. Application E23/137 for surrogacy involving an assisted reproductive procedure**

Simon McDowell opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

### **Issues discussed included:**

- The intending parents have a history of unexplained recurrent pregnancy loss. They have one child from a pregnancy carried to term. However, they have had recurrent pregnancy loss since the birth of their child. The Committee has been advised that the intending mother is currently pregnant but does not have any further information.
- The medical report for the surrogate who is a family member identifies medical conditions (including one that is a family member's condition rather than their own), which were investigated, and medical opinion was provided that they do not warrant further investigation. In terms of a plan to manage any risks, the surrogate has been advised to take medication during pregnancy that has no known effects on the person carrying the pregnancy or the baby.
- The surrogate's own pregnancies were without complication and her children were born healthy.
- The Committee discussed whether the intended arrangement meets the threshold for the 'best or only' opportunity for the intending parents to have a child. Balancing the information that was before the Committee, it was agreed that while the intended arrangement might not be the only opportunity for the intending parents to have a child, it might reasonably offer them the best opportunity in terms of having a healthy child born at term.
- The counselling reports have canvassed the implications of the intended arrangement well and the committee had no concerns arising from the information before it.
- The parties have sought independent legal advice and have been advised of the requirements of the HART Act and their rights in relation to the intended arrangement. Testamentary guardianship and wills have been discussed and agreed. The intending parents have received approval for an adoption order in principle from Oranga Tamariki.

### **Decision**

The Committee decided to **approve** this application and to endorse obstetric care for the surrogate when a pregnancy is confirmed.

### **Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

## **8. Application E23/138 for creation of embryos from donated eggs and donated sperm**

Richard Ngatai opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

**Issues discussed included:**

- The intending parent is a single woman with no children. She has had multiple unsuccessful cycles and has been advised that her egg quality is low. Due to age and medical history, egg donation has been recommended.
- The egg donor has donated previously and wishes to donate again for altruistic purposes. Her family are aware of the proposed donation. She has no children currently and no plans to have them in the future. She has no identified hereditary disorders.
- The egg donor and intending parent have met and talked online. The egg donor has decided against on-donation.
- The sperm donor is a clinic donor who also wishes to donate for altruistic purposes. He will be supported through this process by his partner.
- There are no identified risks for the sperm donor in this proposed donation. He has a family history of cancer and all parties have been made aware of this.
- There is no evidence of financial or social gain for any party. All parties are aware of their rights and responsibilities, and the rights of any potential child. Both donors have their own support networks.
- There is no evidence of undue influence for any party. All parties live in New Zealand and have discussed future contact with a resulting child.
- The clinic counsellor has worked with the intending parent since 2018. The intending parent noted how important it is to her to become a mother and wish to complete treatment as soon as possible.
- The medical report for the intending parent recommended that any treatment is undertaken with specialist-led care.
- The specialist report discussed the intending parents' mental health and noted that she can seek support when needed.

**Decision**

The Committee decided to **approve** this application, supporting the recommendation for specialist care.

**Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

**9. Application E23/139 for embryo donation for reproductive purposes**

Jude Charlton opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

**Issues discussed included:**

- In this application for embryo donation one couple wish to donate their remaining embryos created from their own gametes to their two friends. The couples have been friends for many years.
- The donor couple have completed their family and are in good general health. They have no known medical history that might present risk to the health of the potential child/ren.
- The recipient couple have no children and have been advised to pursue egg or embryo donation due to medical factors. They have tried IVF and IUI treatment which has not resulted in pregnancy.
- The donors have experience with fertility issues and thought carefully about donating prior to applying to ECART. The proposed arrangement would help the recipients in their fertility journey as well as help the donor couple decide what to do with their remaining embryos.
- There are no signs of undue influence or pressure. There will be no social or financial gain from this donation.
- The donor couple will remain in contact with the intending parents and any resulting child as they have a long-standing friendship. They are happy to be identified as having a genetic relationship to any resulting child and reports note that the donors are committed to transparency. All parties reside in New Zealand.
- Termination was discussed in counselling sessions. The donor couple understand that any decisions surrounding termination are the intending parents' decisions to make.
- An elevated BMI has been noted for the intending mother, who is looking after her health in anticipation of a pregnancy. Any pregnancy would be monitored in a health setting. The intending father has a known health condition which does not require further treatment.
- The committee noted how extensive the counselling reports were. This appears to be a proposed donation based on genuine friendship, with the intending parents being grateful to have this opportunity of donation from trusted parties.
- The intending parents met with the counsellor on several occasions. they discussed pregnancy, labour, birth, termination, and the importance of knowing their donor family well. They discussed parenting a child with no genetic connection.
- The committee was satisfied that all principles of the HART Act have been respected.
- The recipient couple have been police vetted.

### **Decision**

The Committee decided to **approve** this application.

### **Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

## **10. Application E23/140 for donation of sperm between family members**

Analosa Veukiso-Ulugia opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

**Issues discussed included:**

- In this application for within family gamete donation the intending mother hopes to receive sperm from her sisters' partner. All parties in the proposed donation identify as New Zealand Māori.
- The intending mother had eggs frozen prior to commencing medical treatment. Sperm donation, egg donation, and embryo donation have been advised to her with sperm donation being her preference. She has been informed of the risks associated with carrying a pregnancy.
- The donor couple have been in a relationship for many years and have children together.
- Genetic screening showed that the sperm donor is a carrier for a few conditions and has a blood disorder. Medical reports state that the intended mother is aware of these results and that the chances of a child being affected would be remote.
- The counselling reports note that the parties are members of a close-knit whānau, where the resulting child will be made aware of their whakapapa with a commitment to complete transparency from all parties. The donor couple have noted that they would follow the intending mother's lead in these discussions.
- Counselling reports noted that if this donation is not successful, a member of the intending mother's family has offered to carry a baby for her via surrogacy. The family are familiar with whāngai arrangements and have also investigated this as an option for the intending mother.
- The gamete donor has participated in thorough counselling and is aware of legal issues and his ability to withdraw consent for use of his donation up to the point embryos are created. Reports note that the donor couple do not feel pressure to donate, and that they have drawn on their Māori worldviews of wanting to help each other out. Reports noted the connectedness of this whānau.
- As the gamete donor couple are the sister and brother-in-law of the intended mother, they would have an active role as aunt and uncle in the life of any resulting child, with their children growing up as cousins.

**Decision**

The Committee agreed to **approve** this application.

**Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the Committee's decision.

**11. Application E23/141 for donation of eggs between family members**

Simon McDowell opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation*,

*embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy, and the principles of the HART Act 2004.*

**Issues discussed included:**

- The egg donation is considered the best option for the intending parents to have a child. The intending parents have had multiple unsuccessful fertility treatments, and the intending mother has a history of low egg reserve and chromosomal translocation. The intending parents have been advised by a genetic counsellor that there would be a low chance of conceiving naturally.
- The intending mother has a chronic health condition which is well-managed, and she is otherwise healthy. The intending father takes medication for a mental health condition which is well-managed.
- The egg donor is the sister-in-law of the intending father. The donor and her partner have children and consider their family complete. When the intending parents shared their plan to explore egg donation with their family, the egg donor offered to help them. The donor has been informed of the risks associated with egg collection.
- The egg donor and intending partner have no shared carrier conditions that might affect a potential child.
- The intending parents and egg donor plan to be open about the donation with any resulting children and both couples agree on the approach to sharing information about the donation with children. The egg donor and her partner have not informed their children of the intended donation but intend to support them to understand this once they are older. The egg donor will always have an important role in any future child's life and will be known as an aunty.
- Both parties have been informed that the egg donor can withdraw her consent up until the point where the eggs are used to create embryos. The parties have also been informed that any decision to on-donate the embryos would require consent from the egg donor.

**Decision**

The Committee agreed to **approve** this application.

**Actions**

Secretariat to draft a letter from the Chair to the researchers informing the Coordinating Investigator and HDEC of the committee's decision.

**12. Application E23/142 for surrogacy involving an assisted reproductive procedure**

Angela Ballantyne opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy, and the principles of the HART Act 2004.*

**Issues discussed included:**

- The intending mother has a condition that has resulted in previous embryo transfers not being successful. It has been recommended that surrogacy would be the best option for the intending parents to have a child.



- The intending parents have had treatment overseas and in New Zealand. They have four embryos stored overseas and these are all structurally normal.
- The intending mother is healthy aside from some chronic gynaecological conditions and the intending father is healthy with no medical history to note.
- The surrogate is the sister of the intending mother and lives overseas. The surrogate is single with children and experienced uncomplicated pregnancies and deliveries. The surrogate is on medication for anxiety and a chronic health condition, and both are well managed.
- The surrogate's father lives near her and would be her primary support person. The intending parents would travel overseas earlier if the surrogate needed additional support.
- The surrogate has informed her children about the arrangement, and this has been met with support. The surrogate and intending mother have not told some members of their family about the intended arrangement and intend to once a pregnancy is established. The intending parents plan to be transparent with any resulting child and openly share their origin story and celebrate the relationship they share with their aunt.
- The intention is for the surrogate to travel to New Zealand for embryo transfers and have the pregnancy and birth overseas. The intending parents plan to travel overseas for the birth and then travel back to New Zealand with the child.
- The parties have discussed pre-birth, birth and post-birth plans. They have discussed the difficult topic of termination, agreeing that the surrogate's health would be paramount in any decisions made, and they would discuss it together if a situation arose. Both parties have been informed that this decision ultimately lies with the surrogate.
- Both the intending parents and surrogate have received independent legal advice and the intending parents have received approval of an adoption order in principle from Oranga Tamariki.

### **Decision**

The Committee agreed to **approve** this application.

### **Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

### **13. Application E23/143 for surrogacy involving an assisted reproductive procedure**

Annabel Ahuriri-Driscoll opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

### **Issues discussed included:**

- The intending parents have had multiple unsuccessful pregnancies and the intending mother's chance of carrying a pregnancy to term would be very low and potentially pose a risk to her life due to a chronic health condition. Surrogacy is therefore seen as the best option for the intending parents to have a child.

- Due to the intending mother's condition, the child would have an increased risk of mild congenital anomalies. The surrogate and her doctor have been informed of this increased risk and the recommendation for extra scans during pregnancy to monitor this.
- The intending mother is in good health and has a normal life expectancy with her condition being well-controlled. The intending father is on low dose medication for a mental health condition, and this is well managed.
- The surrogate and intending mother are close friends. The surrogate has recently separated and has a child. The surrogate offered to help the intending parents when the intending mother's doctor advised her against attempting another pregnancy. The parties live close to each other and frequently spend time together.
- The surrogate has a history of anxiety and depression and has ways to manage this. An independent psychological assessment showed the surrogate to be self-aware and have good plans in place. The psychologist review recommended regular psychologist check-ins during the pregnancy. The Committee noted that the report was very thorough and supported the recommendation for the surrogate to have continuing counselling check-ins.
- The surrogate had an uncomplicated pregnancy and birth and based on recommendations, plans to deliver in hospital. The surrogate will live with the intending parents just before the birth to ensure she has support in the final stages of pregnancy and child-care support.
- The intending mother will wait before sharing the news of the intended surrogacy widely until the pregnancy is well established due to her previous experiences of repeated loss. The surrogate intends to tell her child about the arrangement in an age-appropriate way.
- Both parties intend to be transparent with any resulting child about their origin story and the surrogate would have an aunty role in the child's life.
- The parties discussed termination in joint counselling and agreed that the surrogate's health would be paramount in any decision around termination. If a problem affecting the baby was identified, the intending parents would seek advice from medical professionals before deciding their preferred course of action. All parties have been informed that the decision ultimately lies with the surrogate.
- Both parties received independent legal advice and nominated each other as testamentary guardians.
- The intending parents' application for an adoption order in principle was approved by Oranga Tamariki.

### **Decision**

The Committee agreed to **approve** this application and endorse the recommendation of monthly counselling check-ins for the surrogate.

### **Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the Committee's decision.

## **14. Application E23/144 for embryo donation for reproductive purposes**

Lana Stockman opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

**Issues discussed included:**

- The intending mother is a single woman with premature ovarian insufficiency and therefore requires egg and sperm donation to have a child. The recipient woman chose embryo donation so that she might have a connection with one family.
- The intending mother has chronic health conditions that are managed with medication. She has been seen by a maternal fetal medicine physician and advised about risks and monitoring in pregnancy and, has been recommended a care plan along with specialist guidance to help mitigate the risks.
- The donor couple used IVF to conceive one of their children. They now consider their family complete and wish to help another family by donating their remaining embryos.
- The donor parent whose eggs were used has no notable medical history. The donor parent whose sperm was used has visual impairments and is also being assessed for a mild psychological condition. The intending mother has been informed of this.
- The donation has been facilitated via the clinic and the parties met for counselling prior to proceeding with the application. The parties discovered several commonalities in their profiles and shared viewpoints regarding the donation process and future expectations.
- The donor couple intend to be transparent and share this information with their children once they are old enough to be able to understand the concepts. One of the donors has a child from a previous relationship who they intend to inform in person when the child next visits. They have informed their family and friends about the intended donation.
- The donor couple emphasised that they would be available for future interaction for the intending mother and any children from this donation. They acknowledged that any interactions would be subject to the discretion of the intending mother. The donors understand that any child resulting from the arrangement would legally be the intending mother's child.
- The donor couple have been informed that if the recipient was to have a child, any remaining embryos would not be able to be donated to another family due to the limitation on the number of families with full genetic siblings.
- Since making the application, the embryo donor couple have separated. They are both happy for the donation to continue. They had a joint counselling session and agreed to receive approximately yearly updates facilitated through the clinic about the donation arrangement.
- The intending mother was informed of the separation and would still like to proceed with the donation. During previous counselling sessions, the intending mother identified wanting to use donated embryos due to the resulting connection with only one family, rather than using donated eggs and donated sperm. She explained that this donation still felt like a connection to only one donor family, despite the separation and still believes this is the best option for

her. The intending mother is willing to contact the embryo donors separately in the future.

### **Decision**

The Committee agreed to **approve** this application and support the recommendation for the intending mother to have continued specialist guidance throughout the pregnancy.

### **Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the Committee's decision.

### **15. Application E23/145 for surrogacy involving an assisted reproductive procedure with egg donation**

Jeanne Snelling opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo donation, the use of donated eggs with donated sperm and clinic assisted surrogacy*, and the principles of the HART Act 2004.

Simon McDowell declared a conflict of interest and the Committee agreed that he could comment generally on medical issues but could not take part in the decision making for this application.

### **Issues discussed included:**

- The intending parents have previously attempted fertility treatment using their own gametes but without success.
- There is a clear medical reason for the need for an egg donor and for a surrogate to help the intending parents build their family; the intending mother is not able to conceive and carry a pregnancy both due to treatment for a serious medical condition. She is currently in remission and has an excellent long-term prognosis.
- The egg donor is a clinic donor and she and her partner have children together. They consider their family to be complete. The egg donor, whose eggs have already been collected, has no history of significant medical issues. They have met the intended parents in person (facilitated by the clinic) and since then have continued to meet themselves without clinic assistance. She is aware of the intended surrogacy arrangement and has received counselling about the implications of donation and her rights in relation to the intended arrangement and the importance of openness with existing and potential children. The egg donor identifies as Māori and counselling sessions have explored the importance of information about whakapapa for the child.
- Several parties to this application are Māori. Counselling sessions have explored what they see to be the potential cultural aspects of the intended arrangement and how they might safeguard the potential child's wellbeing with access to knowledge about their cultural origins.
- The intending parents met the surrogate via an online forum, and they have developed a relationship. The reports reflect a genuine friendship has grown in the time they have gotten to know one another. They have discussed in counselling sessions their plans for during a pregnancy, birth and post birth and

a shared support plan for the surrogate is in place. The parties appear aligned in their views around termination of pregnancy.

- The surrogate has never been pregnant, and the Committee was reassured by the strong theme throughout the application that the surrogate is clear that she intends to relinquish any child born of this arrangement and that this was supported by some of her family who attended counselling sessions with her. The intending parents have also discussed and agreed on testamentary guardianship in the event that they are unable to care for the child.
- The intending parents have discussed plans for continued contact post birth. They have discussed how they would share information regarding the role the egg donor and surrogate played in creating their family and the social relationships they intend to have with them and their wider families.
- The surrogate has medical conditions that currently appear to be well-controlled with the help of medication. As a result of medical concerns about the risks these could present during a pregnancy, she was referred to specialists for further assessment of the risks. Since she was referred on, she has started new medication and made lifestyle changes. Her conditions are now well controlled. The medical view is that her overall health is at the point where a pregnancy and birth could be safely contemplated but there is still risk involved; it is not as high as it was prior to the changes to her treatment and lifestyle.
- Reports provided with this application have carefully considered and thoroughly discussed the issues in relation to her physical and mental health and are supportive of her acting as a surrogate.
- The Committee discussed whether it agreed with the statement that the surrogate's physical health is now at a level where surrogacy could be safely contemplated and considered whether her risk level is at a threshold where the committee would be happy to approve the intended arrangement.
- The Committee noted that while there are compounding issues for the surrogate, it is comfortable in this case to accept the medical assessments that the surrogate is now in a safe place physically to act as a surrogate. It was reassured that the surrogate has strong social and health care supports and a plan in place to access that support before, during and after a pregnancy.
- The Committee was also reassured by the fact that the surrogate's parents attended counselling, were supportive of her decision, and trusted her motivation to act as a surrogate and to relinquish a baby. The Committee also noted that the reports indicated the surrogate is self-aware about her motivation to act as a surrogate and was explicit about those motivations.
- Both parties have received independent legal advice. The Committee noted comment in the intending parents' legal report that is potentially inconsistent with s14 of the Act as well as the suggestion in both legal reports that the intending father's name could be on the child's birth certificate. It agreed to relay that there were inaccuracies in the legal advice in its decision letter.

## Decision

The Committee acknowledged the identified risks to the surrogate's health in carrying a pregnancy. However, relying on the thorough specialist reports in support of the surrogate, agreed to **approve** this application, and to endorse the plan for specialist care before, during and after a pregnancy.

**Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the Committee's decision.

**11. Consideration of extended storage applications****Meeting close**

Confirmation of next meeting on December 7<sup>th</sup> 2023.

Confirmation of ECART member in attendance at next ACART meeting on December 14<sup>th</sup> 2023, Analosa Veukiso-Ulugia.