

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

31 August 2023

Held via zoom on 31 August 2023

In Attendance

Jeanne Snelling	Chairperson
Analosa Veukiso-Ulugia	Member
Angela Ballantyne	Member
Annabel Ahuriri-Driscoll	Member
Emily Liu	Member
Mania Maniapoto-Ngaia	Member
Mike Legge	Member
Peter Le Cren	Member
Richard Ngatai	Member
Simon McDowell	Member
Jude Charlton	Member
Shannon Hanrahan	ACART member in attendance

ECART Secretariat

Apologies

Lana Stockman

1. Welcome

The Chair opened the meeting and welcomed all in attendance.

2. Karakia

Analosa Veukiso-Ulugia led the Karakia.

The Chair updated the Committee on relevant communications, noting out of cycle approvals and the two legal opinions ECART is waiting on. The Chair also noted that police vetting is yet to be received for an application from the 28 June 2023 meeting.

3. Conflicts of Interest

No updates to the register.

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

- Dr Emily Liu – E23/107, E23/108, E23/109
- Dr Simon McDowell – E23/110, E23/113

4. Confirmation of minutes from previous meetings

The minutes from the 28 June meeting were confirmed.

Recent correspondence

- The Secretariat opened this item by suggesting ECART discuss its process and the policy surrounding maternal mental health for surrogates. This item was prompted by recent correspondence from a member of the public who works in the field of maternal mental health.
- The Secretariat noted that ECART has been relatively responsive and made process changes when notified of adverse outcomes in the past. The Secretariat gave an overview of previous changes and suggested potential options for the Committee to discuss to address the recent correspondence.
- The Committee discussed the options, which included raising this item with ACART to investigate policy changes or introducing a mental health specialist member role in ECART's Terms of Reference.
- The Committee noted that they are reliant on medical and counselling reports which are included in applications to ECART to assess the health and wellbeing of the parties involved in an application. From a process perspective it would be very difficult for the Committee to use this written analysis to determine whether previous mental health histories would affect the surrogate's health in surrogacy arrangements. ECART do not engage in the process of endorsing aspects of applicants' clinical wellbeing that they are unable to do.
- The Committee noted that risk prediction is not always easy to base off the history provided in applications and, agreed it could be valuable to discuss this further with a mental health professional at the upcoming ECART/ACART training day. The ACART observer shared that there is a maternal mental health clinical lead at Te Whatu Ora that ECART could contact.

Actions

- The Committee agreed to think further on this issue and discuss at the next in person meeting, along with raising this at the Ethics sector day in December.

5. Application E23/107 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.

Dr Emily Liu declared a conflict of interest and did not take part in the decision making for this application.

Issues discussed included:

- In the intended arrangement, the gamete donor has offered to donate sperm to his partner's sister and her partner, the intending parents. In considering whether the intended arrangement safeguards the well-being of all parties including the potential child, it was noted that a child would be biologically related to the intended mother and will have a relationship with the gamete donor. The

potential child would also have a relationship with their genetic half siblings through the existing familial relationship, which is described as one that is close knit and with regular communication.

- In considering whether the intended arrangement provides the best or only opportunity for the intending parents to start their family, it was noted that the intending father's sperm is not viable and medical opinion is that any treatment using his sperm would be futile. The couple were placed on a clinic donor waitlist during which time they did not pursue other options such as adoption.
- The donor couple have completed their own family. The medical report for the gamete donor notes he himself was diagnosed with a condition at a young age and took medication for this for a few years before stopping in his teenage years. He has no issue in adulthood. The couple's younger child is thought to have a milder form of the condition that does not require treatment. This information has been shared with the intending parents who wish to continue with the arrangement in this knowledge.
- The medical report for the intending mother notes no concerns about her carrying a pregnancy. There are no concerns from a medical perspective about the ability of the intending parents to raise any resulting child.
- Both parties have discussed in counselling sessions the implications of having a child born with a health condition or genetic disorder. They believe they would welcome and love any child born of this donation. The intending parents expressed the same in the context of discussion around termination of pregnancy but also stated they would be open to receiving medical advice at the time if the intending mother's life was at risk.
- Individual counselling sessions for the donor couple have canvassed the donor's motivation for donating (the counsellors believe the offer has been made freely with good will, has been well considered and reached gradually after reflecting on all options) and their rights in relation to donation and use of the gametes. They understand that they can only withdraw their consent to use of the gametes up to the point that embryos are created and at that point the intending parents become the legal guardians of the embryos. They understand that the intending parents' names will be on the child/ren's birth certificate. The counselling sessions have also covered the parties understanding of the HART Act requirements for information sharing. The intending parents counselling sessions have also canvassed these issues.
- The intending parents' individual counselling sessions have also included discussion on loss of a genetic link to a child for the intending father, and how the cultural and social aspects of the intended arrangement will safeguard the well-being of all parties and especially any child born of the donation. The intending parents consider their child will be born into a multicultural family where they will be encouraged to learn and understand all aspects of who they are and who their parents are. Both parties have expressed a willingness to be open with the potential child from a young age and their whānau, including the donor couple's own children, about the role that the donor played in the child's conception. The gamete donor will be seen socially as an uncle to the child and both families' children will grow up together.

- Both parties have expressed that the counselling has been culturally appropriate for them.
- The potential child will not have a genetic connection to the intending father's whānau, and the reports did not clearly state whether the whānau have been made aware of the intended arrangement. The Committee queried whether this might leave the potential child living in that particular community without full rights.
- The Committee noted the intending parents' intention to raise the child in the language and culture while acknowledging at the same time, the child won't have whakapapa Māori. The Committee recognised the significance of this issue for the intending father, and potentially the child, while noting the whānau's confidence that they can navigate this. The Committee noted that in joint counselling sessions the intending father had declared that he will talk to family in the future and was reassured that the issue had been raised and discussed during counselling sessions.

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 E23/108 for surrogacy involving an assisted reproductive procedure with egg donation

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.

Dr Emily Liu declared a conflict of interest and did not take part in the decision making for this application.

Issues discussed included:

- The intending parents have had a number of IVF treatments for male factor infertility. The intending mother is of advanced maternal age and has low egg reserve. Treatment the couple have received to date has not been successful; after a number of ICSI cycles, the decision was made to move to an egg donor to improve their chances of conceiving. Their treatment was not successful, and they moved to a new donor and embryos were created with this donation. Unfortunately, embryo transfers have not resulted in a healthy pregnancy. The medical reports postulated as to why there has been no success and, given the couple's history, the intended surrogacy seems to be the best option for the couple to start their family.
- The embryos intended for transfer to the couple's surrogate have been created and there are no additional medical risks to the gamete donor in this intended surrogacy arrangement. The donor has previously consented to the embryos being transferred to a surrogate.

- The surrogate has completed her family. The important concerns for her in carrying a pregnancy have been considered. She herself had no complications in pregnancy or delivery in the past. Medical notes state she is a healthy, active person and her previous pregnancy and birth experience was a positive one with no complications and a spontaneous delivery and birth at term of a healthy child. Pregnancy and birth plans for the intended surrogacy arrangement have been discussed.
- The Committee noted an appreciation of the cultural practices discussed in this report for one of the couples who are Māori.
- The Committee noted the gamete donor's mother had expressed some views about the potential child being genetically linked to her and it brought home for the committee that these donations are not only about the donors and recipients but there are also wider whānau implications. The counselling sessions addressed this implication well.
- The Committee noted a slight inconsistency in the intending parents' responses around the child being born with a genetic or medical condition, but in the context of the application as a whole is satisfied it would not need to seek clarification or more information before making a decision. What was important to note was that the parties held the same view about termination of pregnancy if there were any risks to the surrogate following joint discussion.

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 E23/109 for donation of eggs between family members

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.

Dr Emily Liu declared a conflict of interest and did not take part in the decision making for this application.

Issues discussed included:

- Due to premature ovarian insufficiency, medical advice is that donation of eggs gives the intending parents the best option for starting their family. A within family gamete donation gives the intending parents the chance of a genetic link and gestational connections as the intending mother will carry a pregnancy. The intending parents are both healthy and well and have no medical history with any implications that would put either themselves or the potential child at risk.
- The egg donor is the intending mother's niece who has received independent medical advice as part of this application process. The Committee queried

whether there might be any clinical risk and the implications for the donor having more children given her family history. Generally, collection of eggs would bring no risk to the donor's egg supply.

- The application talks to some of the logistics involved in the donation given where the gamete donor lives overseas, and includes discussion and agreement on the intended treatment plan here in New Zealand.
- The intended donation has been approved by members of the wider family, including the egg donor's father. The reports note that the egg donor is considered to be mature enough to make the decision to donate; she offered to donate her eggs to the intending parents after hearing of their struggles to become pregnant. It seems that her offer to donate came from her cultural and personal beliefs. The egg donor is open to embryo donation in future and sees a potential embryo donation as the primary cultural issue for them. The intending parents have declared that they would not make any decisions about on donation of surplus embryos without first discussing with the donor.
- There is openness within the family and extended family who are described as close knit, about the intended donation. The intending parents anticipate a social relationship of cousin between the potential child and the egg donor's existing child, and the egg donor has declared that she will share information with her own child about the role she played at an age-appropriate time.
- Counselling reports note discussion around pregnancy plans, including discussion about termination of pregnancy, and both parties have been advised that any decisions about the pregnancy are the intending mothers to make. The egg donor has expressed that she does not need to be consulted about pregnancy and birthing plans and especially with someone who is of an older generation as her aunty is. It was very clearly noted in the reports is that the counsellor did not observe any evidence of coercion.
- The issue of communication is noted given the intending mother's loss of her native language, and English being the gamete donors second language. Therefore, an independent translator has been involved in the counselling sessions. Joint counselling took place over Zoom and the issues raised in the individual counselling sessions have been explored extensively here.
- Although the counselling sessions had extensively explored the implications, which allayed concerns about coercion, the Committee discussed whether it would ask for verification of independence so that it could be satisfied of the independence of the interpreter who attended counselling sessions.
- Because the intended arrangement appears to be culturally appropriate, including in terms of collective consent for the donation, the Committee agreed not to seek verification of independence.

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.

8. Application E23/110 for donation of sperm between family members

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.

Dr Simon McDowell declared a conflict of interest and did not take part in the decision making for this application.

Issues discussed included:

- The intending parents are a female couple who require sperm donation to begin their family. They intend to use eggs from IP1 and for IP1 to carry the pregnancy. A within family gamete donation would allow IP2 to maintain a genetic connection to a resulting child.
- IP1 intends to have IVF treatment and has been counselled about the risks of this process.
- The sperm donor is the son of IP2. Genetic testing found that the donor has one carrier condition which has a low risk of being passed onto a potential child. The donor also has some health conditions which the intending parents are aware of.
- The sperm donor has been informed that he can withdraw his consent up until the point where embryos are created. All parties indicated that they would not wish to on-donate embryos in the future.
- Fertility counselling reports note that there was no evidence of coercion seen throughout the counselling process. The intending parents approached the sperm donor two years ago to ask about his willingness to donate to allow a genetic connection for IP2. After considerable reflection, the sperm donor agreed to donate. It was noted by the committee that the donor initially hoped that he would be able to have a Māori counsellor—although this was not able to be accommodated, he was satisfied and appreciative of the counselling provided.
- The sperm donor, as well as P2's daughter and her children live together in the intending parents' home. The intending parents have not shared the donation plan with IP2's daughter, or with any of their wider whānau, and are awaiting ECART approval before sharing this. The Committee noted the importance of openness about the intended donation, given that the potential child would have close relationships with family members living in the same household.
- The Committee noted the intergenerational element of this application and the complexity of the relationships involved given the donor would be the social brother and biological father of the resulting child. The Committee discussed the implications for the resulting child navigating their conception story and relationships with family members. The Committee agreed that further counselling would be helpful to discuss the best interests of the child and what support and safeguards could be put in place to help the child with their experience of their conception story.

Decision

The Committee decided to **defer** this application to request that further counselling take place to reflect on what supports could be put in place for the potential child. The Committee also request that counselling address how this intended donation may impact the wider whanau and future relationships with the child.

ECART would encourage early disclosure to the family members living in the same home to allow discussions about this arrangement.

Actions

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

9. Application E23/111 for surrogacy involving an assisted reproductive procedure

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:

- Due to previous medical events, the intending mother has been advised that carrying a baby would be unsafe and surrogacy would be the best option for the intending parents to begin their family.
- The surrogate parents consider their family to be complete. The surrogate has no notable medical history and had uncomplicated pregnancies and births. The surrogate has been informed of the higher risks associated with a surrogate pregnancy.
- The surrogate is the sister-in-law of the intending parents and offered to be the surrogate after hearing of their fertility difficulties and seeing the intending mother's declining health. The surrogate parents and intending parents have a close relationship and see each other regularly.
- The intending mother has chronic health conditions that are currently well-managed, however, her long-term prognosis is unknown. There is a possibility of her health deteriorating and her not being able to care for a child. The intending father is confident that he would be able to successfully raise a child if this was to happen with the assistance of his mother, sister, and the surrogate parents.
- The intending father has not told his parents or sister about the planned surrogacy yet and intends to share this with them when the surrogacy application has been approved. He reports a close family relationship and is assured that they will be supportive of this arrangement. The intending parents feel well supported by the intending mother's father as well as by a good friend network around them.
- The surrogate parents have chosen not to disclose the surrogacy arrangement to their children yet given they are young and plan to explain this to them once the surrogate is pregnant. The surrogate partner's child has been informed and is supportive of the arrangement.
- The intending parents and surrogate parents had shared views around termination, with all parties agreeing that the surrogate's health and wellbeing

would be paramount in any decision. Both parties have been informed that the surrogate is the only person who can consent to terminate the pregnancy.

- The surrogate and surrogate partner will be the aunt and uncle of the potential child and their children will be cousins. The parties plan to be open and transparent with the resultant child about their conception story.
- Both parties have sought independent legal advice and the intending parents received approval for an adoption order in principle from Oranga Tamariki. The Committee noted that there was no reference to testamentary guardianship or wills in the legal report for the intending parents. The Committee emphasised the importance of the intending parents organising wills and nominating testamentary guardians in the event that they are themselves unable to care for a child born of this arrangement.

Decision

The Committee decided to **approve** this application subject to receipt of an assurance that the intending parents have received information regarding wills and testamentary guardianship prior to treatment starting.

In acknowledging the intending mother has had significant health challenges, the Committee also encourages the intending parents to explore what additional supports might be available to them for raising their child.

Actions

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

10. Application E23/112 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.

Issues discussed included:

- The intending parents are a male couple and require donated eggs and a surrogate to begin their family. They intend to use IP1's sperm with donated eggs to create embryos to transfer to a surrogate.
- The intending parents are in good health and have no notable history of medical conditions. Carrier screening for IP1 and the egg donor showed them both to be carriers of a genetic condition. Advice from genetic services stated that these genes are two different variants and there is no risk of the child developing this condition.
- The egg donor is the sister of IP2 which will allow IP2 to maintain a genetic connection to the child. The egg donor describes being motivated to help her brother and brother-in-law and there was no evidence of coercion in the counselling process. The egg donor has been informed of the risks of egg collection.
- The intending parents describe a close relationship with the egg donor and her partner, living close together and spending a lot of time together. Both parties expect that this close relationship will continue beyond the donation and do not

anticipate the family dynamics changing following the donation. The egg donor has spoken to her wider whanau about the donation and has been met with support, as well as her children who are excited for their uncle to grow his family.

- The intending parents met the surrogate through an online forum. They have since developed a friendship and the intending parents have spent time with the surrogate's family.
- The surrogate and her partner consider their family complete. The surrogate has had three uncomplicated pregnancies and deliveries. She was informed of the higher risks of a surrogate pregnancy in her medical assessment.
- The surrogate disclosed a history of post-natal depression following the birth of her first child. She discussed the situational factors precipitating this and is aware of her risk factors. The surrogate has recently returned to study and discussed ways of looking after herself during the pregnancy and demands of her life. She described a good support network around her, including her mother and the intending parents.
- The intending parents have a strong support network and have been open with their family and friends about their plans, being met with support from everyone.
- The intending parents and surrogate parents are committed to staying connected in the future and allowing for a child to know of their connection to the surrogate and her family. The surrogate is happy to discuss her culture and genealogical links if the potential child has the desire to know more about this.
- The surrogate indicated a desire to have a home birth as she had with her last child. The intending parents plan to take medical guidance around this and are conscious of safety being paramount. The surrogate said that she would be accepting of a hospital birth if it was medically advised.
- The intending parents and surrogate parents had shared views around termination, with all parties agreeing that the health of the surrogate would be the priority. The surrogate is happy for the intending parents to make the decision about termination if a medical condition was detected during the pregnancy, however, both parties are aware that decisions around termination are ultimately the surrogate's choice.
- All parties intend to be open with any resultant child about their conception story and the intending parents anticipate that they will continue their relationship with the surrogate and surrogate partner and have a relationship akin to extended family.
- The intending parents and surrogate parents have received independent legal advice and Oranga Tamariki has approved the adoption order in principle.

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 E23/113 for surrogacy involving an assisted reproductive procedure with egg donation

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.

Dr Simon McDowell declared a conflict of interest and did not take part in the decision making for this application.

Issues discussed included:

- In this proposed surrogacy arrangement using egg donation the intending father will provide the sperm and the sister of the intending mother will act as the surrogate. A friend of the intending parents will provide the egg.
- The Committee was satisfied that this arrangement would be the best or only option for the intending parents to start their family. The intending mother is unable to carry a pregnancy due to medical factors.
- The intending mother has a health condition. The Committee discussed the intending mother's prognosis and noted the letter provided by her specialist, which explained her condition is rare, and prognosis is hard to predict.
- The surrogate has three children with her partner. They have not yet told their children of this arrangement and are apprehensive about involving them in clinic counselling.
- The intending parents and surrogate are entering the intended arrangement well-informed having had considered discussion about the intended arrangement for some time.
- The intending parents met the egg donor via an online forum. The counselling reports note discussion around her motivation for donating her eggs. She expressed that her own experience of baby loss made her aware of fertility issues and she wants to help others by donating.
- The egg donor identifies as Māori, and it is important to her to share her whakapapa with any resulting child. The counselling reports indicate that the intending parents are open to this.
- Both the surrogate and the intending parents describe work arrangements that allow for them to be flexible with time. The surrogate believes a pregnancy would not impede her work and, the intending parents plan to support the surrogate during the pregnancy, including helping with housework, childcare, and driving her to appointments.
- The surrogate's previous pregnancies have been without complications. She is currently on medication which places no elevated risks on pregnancy.
- The counselling sessions note discussion around birth plans: the surrogate plans to have the same midwife she had for her own pregnancy and to deliver in hospital.
- The intending parents have received in principle approval from Oranga Tamariki. They intend to nominate the surrogate and her partner as testamentary guardians to any child.

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 E23/114 for surrogacy involving an assisted reproductive procedure with egg donation

Emily Liu 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 are a male couple who require an egg donor and a surrogate to start their family.
- A child born from this arrangement would have a biological link to both parents, as intending parent 1 will provide the sperm and the sister of intending parent 2 will provide the egg. Intending parent 1 has undergone genetic carrier screening and there are no overlapping conditions with the egg donor.
- The egg donor has already undergone egg collection overseas and embryos have been created. Before collection the risks were explained to her. She has been informed of the planned surrogacy arrangement.
- The egg donor has had counselling in her home country and reports have been provided with this application. The reports note discussion around the number of times the donor is prepared to donate, and the plan for openness with a resulting child from an early age. They also describe intended social relationships: the egg donor would view herself as an aunty to the child and any future children of hers would have a cousin relationship with the child.
- The surrogate met the intending parents through her work and offered to be their surrogate after hearing of their intention to begin a family.
- The intending parents asked her to take some time to think about her offer, and after some time she still felt strongly that she wanted to be their surrogate. The surrogate identifies as Māori and NZ European and has two children. She recognises that the intending parents have different cultural backgrounds to her, and she would support a future child should they wish to learn about her whakapapa.
- The surrogate's own pregnancies have been described as uncomplicated. Her medical report notes she has had two c-section deliveries: one elective caesarean section and one emergency caesarean section. After her second pregnancy she was diagnosed with postnatal depression secondary to situational factors.
- Detailed counselling reports outline the surrogate's mental health history and explore her experience with adverse events. They indicate that her mood is stable and well maintained.
- The surrogate has an elevated BMI. An independent obstetric review identified the risks related to pregnancy which were clearly documented, the biggest risk being developing gestational diabetes, in addition to a risk of developing hypertension. A plan has been agreed to mitigate some of this risk. The

Committee discussed ECARTs stance on BMI for surrogates. They noted that the surrogate would likely gain weight throughout the pregnancy and were concerned about the effects of this on her health.

- The Committee noted that the surrogate would have a lot of things to deal with throughout a pregnancy. They discussed the importance of ensuring adequate support would be in place for the surrogate throughout the post-partum period.
- The intending parents are aware of the surrogate's obstetric and mental health history.
- The reports regarding wills and testamentary guardianship are clear. The intending parents have received approval from Oranga Tamariki for an adoption order in principle.

Decision

The Committee agreed to **defer** this application to request a plan that shows how the surrogate will be supported during the pregnancy and post-partum. The deferred decision will remain in place until the surrogate reaches a BMI of 40 or below.

Actions

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

13. Application E20/148 for creation of embryos from donated eggs and donated sperm

Mania Maniapoto-Ngaia opened the discussion for this application. The Committee considered this request for an extension to approval 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:

- This is a request for an extension to a previous ECART approval. The original application was considered in December 2020, and the approval is due to expire in December 2023.
- The original application outlined considerations for both donors, plans for future contact, and sharing of information about the future child's genetic origins.
- The intending parents' circumstances have not changed. The recipient woman has had obstetric review and been advised she can continue with treatment.
- The sperm donor has advised of no significant changes in his personal circumstances, aside from moving to a new city.
- The egg donor has undergone another egg collection which has led to the creation of more embryos for the intending parents to use in their own fertility treatment.

Decision

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

Actions

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

14. Application E22/196 for surrogacy involving an assisted reproductive procedure with egg donation

Jeanne Snelling opened the discussion for this application. The Committee considered this notification of a change in circumstances 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 fertility clinic has contacted ECART to advise of a change in circumstances for the surrogate as she has recently separated from her partner.
- The intending parents have been supportive of the surrogate, and the two parties agreed to pause the surrogacy while she dealt with this changed relationship situation. The surrogate now feels ready to continue with the surrogacy.
- The surrogate has had an uncomplicated history with pregnancy. The original application noted that she has had treatment for depression and that her clinician had no particular concern for her at that time.
- Notes from joint counselling have been provided, which discuss the impacts on the surrogates' children. The children have been counselled.
- Plans are in place to maintain the surrogate's psychological wellbeing.

Decision

The Committee agreed that approval could remain in place for this application.

Actions

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

15. Consideration of extended storage applications

16. Response to ECART decision for E23/080 Application for surrogacy involving an assisted reproductive procedure

ECART approved this application at its 28 June 2023 meeting subject to receipt of a letter from Oranga Tamariki approving an adoption order in principle.

The Committee noted the Oranga Tamariki pre-approval and approved the application.

17. Response to ECART decision for E23/083 Application for surrogacy involving an assisted reproductive procedure with egg donation

ECART approved this application in the 28 June 2023 meeting subject to receipt of an assurance that both parties have received information regarding wills and testamentary guardianship prior to treatment starting.

The Committee noted the receipt of letters from the lawyers for the intending parents and surrogate parents confirming that the parties had received advice regarding wills and testamentary guardianship. The committee agreed to approve this application.

Meeting close

Confirmation of next meeting on Thursday, 26 October 2023.

Confirmation of ECART member in attendance at next ACART meeting on Thursday, 19 October 2023. Lana Stockman.