

# Minutes of the one hundred and eleventh meeting of the Ethics Committee on Assisted Reproductive Technology

**11 April 2025**

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Held online on 11 April 2025

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## **In Attendance**

Dr Jeanne Snelling	Chairperson
Dr Analosa Veukiso-Ulugia	Member
Dr Annabel Ahuriri-Driscoll	Member
Dr Emily Liu	Member
Mrs Mania Maniapoto-Ngaia	Member (9am-12pm)
Dr Mike Legge	Member
Mr Richard Ngatai	Member
Mr Peter Le Cren	Member
Mr Jonathan Darby	Member
Dr Simon McDowell	Member (9am-12:30pm)
Dr Angela Ballantyne	Member

Dr Lynsey Cree                      ACART member in attendance

ECART Secretariat

## **Apologies**

Ms Lana Stockman  
Mrs Mania Maniapoto-Ngaia (12pm-4pm)  
Dr Emily Liu (10am-11am)  
Dr Simon McDowell (12:30pm-4pm)

### **1. Welcome**

The Chair opened the meeting and welcomed all in attendance.

### **2. Karakia**

Angela Ballantyne gave the opening Karakia.

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

No updates to the register and two declared conflicts of interest in relation to applications considered at this meeting.

- Dr Emily Liu for application 22238 for within family gamete donation.
- Dr Simon McDowell for application 22317 for surrogacy involving an assisted reproductive procedure.

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

The minutes from the 20 February 2025 full-committee meeting and the 6 March 2025 sub-committee meeting were confirmed.

#### **5. Response to deferred decision for application 20813 for Embryo Donation**

Jeanne Snelling opened the discussion for this response. 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:**

- ECART first considered this application for an intended embryo donation between two couples who are friends in 2024.
- The initial medical report for the intending parents was brief apart from noting that the couple had considered the option of sperm donation but there was uncertainty of success. At the time ECART relied on the information in the counselling reports to help it further understand the couple's medical situation. The counselling reports established that there was male factor infertility, and the use of donated sperm was an option, but noted the intending parents chose embryo donation as they see it as akin to a gestational adoption and they are currently raising an adopted child.
- When the Committee discussed whether it thought the intended donation met the 'best or only' ACART guideline requirement, it agreed that given the couple's relationship is one of long-standing friendship, there would be uncertainty about finding a sperm donor and, there might also be some egg-factor subfertility contribution, that it would accept that while the embryo donation is not the only option for the recipient couple, it is the best option in the context of this case.
- The initial counselling report for the recipient couple also noted that the intending mother had a genetic condition that was likely not heritable. However, the Committee noted that the syndrome was in fact a heritable genetic condition and decided to defer the application to request further information regarding the condition and its implications for a future child and, and evidence that the intending parents were aware of any relevant information.
- The response to the deferred decision was considered in between meetings by a sub-committee in March 2025 and they agreed to bring the application back to the next full committee meeting for a full committee decision.
- Information provided in the response is that the donor woman has a gene mutation that predisposes anyone with it to developing a particular cancer—the risk is estimated to be between 15-20 percent over a person's lifetime. In this case there is a 50 percent risk of the donor couple's embryos having the mutation, consequently the relative risk of any future person born from the embryos developing cancer would be 10 percent. If a person inherits the mutation, surveillance options exist in New Zealand from the age of 19 although evidence shows that early detection may not ensure long-term survival given the aggressive nature of this particular cancer. Preimplantation genetic testing is available although the intending parents have indicated that they would not choose this option.
- Further information from an ANZICA-accredited counsellor states that the intending parents have considered the impact on the potential child of receiving such a diagnosis. The intending parents have acknowledged that the ECART

deferral has given them the opportunity to investigate and come to an understanding of the gene and what it might mean for the potential child were they to inherit it. While they are aware that they have the option to test the embryos prior to implantation they do not want to do this as they wish for any of the embryos to have a chance at life.

- When the sub-committee met in March it considered the potential implications for the health and well-being of any potential child: specifically it took into account that it is a late onset condition; the risk of the potential child developing the condition (while there is a 10 percent chance of the condition manifesting in a future child, there is a 90 percent chance it won't), and the severity of the condition, specifically that it is aggressive and can metastasise early, meaning that even though surveillance is available it might not prevent a poor outcome. ECART also considered the psychological impact on a future person born with the mutation living with the risk, and the capacity of a person to manage risk over their lifetime through surveillance.
- The sub-committee also considered the parental interests—noting that although the intending parents don't have lived experience of the condition, they are well-informed and have considered the potential consequences.
- The report from the offshore genetic counsellor states the view that the proceeding with intended donation is reasonable given that the intending parents are informed of the risks.
- The sub-committee also noted that prior to receiving the additional information regarding the condition, the Committee was willing to accept that the intending parents wish to receive donated embryos was the 'best option' in the circumstances for them to have a family.
- On balance, the sub-committee consensus was that because it is not known whether the embryos have the mutation and the intending parents are well informed of the risks and potential implications, the risks were not such that fully informed intending parents should not be able to use the embryos.
- The full committee also considered the health and well-being of a future child born from the donated embryos, in particular the age of onset of the condition, the seriousness of the condition and the available treatment options, and the relative risk of a future child/person developing the condition. The Committee agreed that the high chance for a future child not to be affected, or alternatively if affected to have healthy years of life into adulthood; in conjunction with the reproductive autonomy of the intending parents weighed in favour of permitting the donation, despite the potential risk for a future child.
- It was noted that there is level of risk that people carry as part of any fertility journey. This intended arrangement involves third party reproduction with an unknown risk of whether a potential child will inherit a condition. Taking into account the known risk parameters, the consensus was to approve this application.

## **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.

## **6. Application 22238 for within family gamete 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:**

- This application is for a within family gamete donation where a father intends to donate gametes to his son and his son's wife for use in the couple's fertility treatment to start a family.
- A child born from the intended donation will have a biological link to the intending mother and her eggs have already been collected. The intending father has azoospermia and the intended donation from the sperm donor would provide a paternal genetic link for a future child.
- The donor is described as medically well. Both parties have been advised of the impact of advanced paternal age and small increased risks associated with that. The intending parents have decided that the risks are outweighed by their wish to have a shared biological connection to a future child/ren.
- Immediate family members are both aware of and supportive of the intended donation.
- Both parties have received individual and joint implications counselling sessions and appear well-informed and keen to proceed with the donation.
- The Committee noted the social context and the timeframe in which the decision has been made in this case: the intending parents are a young couple who have been together for a relatively short time, and it appears there could be potential for a family donor who is in the same generation as the couple. The Committee discussed whether further counselling to consider a same generation donor might be of benefit to the couple and potential child but agreed that given an offer has not been made, that to ask this of the parties might open up the possibility of coercion. Further, the counselling reports describe clearly that the options have been considered, and the couple are of the view that the intended arrangement is the best option for them.
- The Committee discussed what was described in the counselling reports in relation to the intergenerational aspect of the intended donation and, how a future child might feel about a social grandfather being their biological father and, whether it was satisfied on the basis of the counselling reports that the intending parents had considered how they would address this from the time a child is born. The parties have declared intentions to be open with any child born of this donation about the role the donor played and have talked in counselling sessions about doing this from the time of a birth.

### **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.

### **7. Application 22296 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:**

- The intending parents present with a detailed fertility history across two fertility treatment providers and surrogacy has been medically indicated as the 'best or only' option for them to have a full biological link to a child born of this arrangement. The medical reports submitted with this application describe a genetic marker for the intending father that is not associated with any significant health conditions and that notes preimplantation genetic testing on the embryos is therefore not needed.
- Important considerations for the surrogate as set out in her medical report, her own pregnancies were uncomplicated, and her babies were born at term and at healthy weight, and no postpartum issues. The risks associated with carrying a surrogacy pregnancy have been described and discussed with her.
- Both parties have received individual and joint counselling sessions and there is no evidence that the intended arrangement is for social or financial gain and no evidence of coercion, with the surrogate having made her offer freely. Implications counselling sessions have also canvassed treatment, pregnancy and post birth plans and each of the parties' rights in relation to all aspects of the intended arrangement and a future child's rights to know of the role the surrogate played.
- The relationships between the parties and how they safeguard the well-being of all parties including existing and potential children: the intending mother and surrogate are long-standing friends, and the couples describe close relationships. They see their long-standing relationship as a protective factor for all including the potential child in the intended arrangement. The surrogate also has a supportive network (both emotionally and practically) in her immediate and extended family and friends.
- The intending parents have disclosed in counselling sessions the impact of their journey on their mental health and wellbeing and have discussed how they will continue to support themselves. The clinic has suggested they keep an ongoing connection with the counselling team.
- Both parties have received independent legal advice on the requirements of the HART Act and in relation to the adoption process. The intending parents intend to adopt any child born of this arrangement and have received approval in principle for an adoption order from Oranga Tamariki.
- A child-centred approach that prioritises the health and well-being of a future child and existing children in the surrogate couple's family is described in the reports submitted with this application.

## **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 22317 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.

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' fertility journey has been challenging, they have had ongoing fertility treatment without success and in light of this history the Committee was satisfied that the intended surrogacy arrangement meets the threshold for the best opportunity for them to start a family and to have a child who would be their full genetic child.
- Both parties in this arrangement are New Zealand residents. They were born overseas and neither couple has extended family support here in New Zealand.
- While the couples share the same ethnicity, they share different religious faiths are respectful of their differences and share and participate in each other's religious celebrations. They describe their faith communities as providing support for them.
- The surrogate is a trusted friend of the intending mother, and she describes her faith and a desire to help friends here in New Zealand who have become dear to her to start their family as her motivations for offering to be a surrogate.
- The counselling reports describe a well-established and close friendship where the parties see each other regularly, live geographically close to each other and emotionally and practically support each other. The intending parents intend to continue to practically support the surrogate couple in the context of the intended arrangement.
- There have been declared intentions to be open with any child born of the intended arrangement about the role that the surrogate and her partner played. The parties state a commitment to sharing details of a child's birth and supporting ongoing relationships between their families from the time of a birth and in an age-appropriate way. The parties have yet to tell their families about the arrangement but say they will be clear and open about what they are doing for the intending parents should a pregnancy be established.
- Birth and pregnancy plans have been agreed, and the surrogate appears to have asserted her own needs and boundaries well in this context and all seem clear about their rights and responsibilities in relation to decision-making about the pregnancy.

- Both parties have received independent legal advice about the HART Act requirements and the adoption process.
- The intending parents have engaged with Oranga Tamariki as they intend to adopt any child born of this arrangement. Approval of an adoption order in principle is on file.

### **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.

## **9. Application 22318 for surrogacy involving an assisted reproductive procedure with egg donation**

Peter Le Cren 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:**

- This is the intending parents' second application to ECART. They have a child born from their first surrogacy arrangement and a new surrogate who is a long-standing friend of IP1 has offered to be their surrogate in this second application.
- They wish to continue to use their existing embryos created with donated eggs and IP2s gametes for transfer to the surrogate and if successful, their children will be full siblings.
- The egg donor has three autosomal conditions and otherwise no relevant medical history. She supports the intention for the intending parents to have a second child in the context of this intended surrogacy arrangement. The egg donor and the intending parents have a close relationship and, the egg donor has met the surrogate.
- The surrogate has no significant medical issues of note, and her own pregnancies and deliveries have been without complication.
- The intending parents' first surrogacy experience is described as transparent and positive with intending parents offering practical support to the surrogate throughout the process and, relationship building between the parties.
- The surrogate has known one of the intending parents for some time and she reached out to the couple after they announced the birth of their first child. In the course of those interactions, she offered to act as their surrogate.
- The intending parents have declared that they are committed to supporting the surrogate and have the insight to know that now they have a baby they may be less able than they were the first time around to give practical support. There has been considered discussion for all parties around the fact that this second surrogacy experience may not be same as it was for their first surrogate. They have a comprehensive plan that covers the pre-birth, birth and post-birth for the surrogate. Practical support for the surrogate will primarily come from her

immediate and some extended family who are described as being supportive of her decision to act as a surrogate.

- The counselling reports describe a shared and sound understanding by the respective parties in relation to their rights and responsibilities and, a shared commitment on both sides to maintaining transparent and open relationships including with their existing children and with a future child born of this arrangement.
- Both the surrogate couple and intending parents have received appropriate legal advice. Oranga Tamariki has approved an adoption order in principle for the intending parents.

### **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 21309 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:**

- In this application for surrogacy that the Committee first considered last year, the intending parents have children from the intending father's previous relationship and, the couple wish to have a full biological child together. The intending mother has had a hysterectomy and is therefore unable to carry a pregnancy. The intending mother's sister has offered to act as a surrogate.
- When the Committee first considered this application, it had noted that the medical report for the surrogate was light on information regarding general pregnancy risks and, given the surrogacy arrangement would be the surrogate's first experience of pregnancy, agreed that in the interest of her being fully informed it would defer the application.
- The Committee requested an independent medical specialist report that would provide an assurance that the surrogate is fully informed about pregnancy, childbirth and the post-partum period.
- The independent medical report provided set out the pregnancy risks that were noted and discussed with her along with how the risks could be managed during a pregnancy. The specialist stated their support for the surrogate in the planned surrogacy arrangement.
- The Committee had also noted that support for the surrogate within her household and immediate family was referenced in the reports and had requested a social support plan for the surrogate that sets out the support that will be available for her outside of the home.
- The Committee discussed the information in the support plan submitted and agreed that the plan didn't fully address what support would be in place for the



surrogate and that the focus was on what the surrogate would do to support herself. It also agreed that while its concerns weren't fully addressed, there weren't sufficient grounds to decline the application.

### **Decision**

The Committee agreed to **approve** this application, supporting the surrogate's preference for specialist care and noting her preference for a caesarean section.

### **Actions**

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

### **11. Application 22386 request to extend approval for embryo donation**

Jeanne Snelling opened the discussion for this request. 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 original application related to this request was approved in 2022.
- The intending parents now have a child born from the donation and have embryos remaining that they would like to use in treatment to have another child.
- The request before the Committee includes updated medical information for the intending parents. The intending mother has been advised of pregnancy risks, including the risk of developing gestational diabetes, and has had a recent review by an obstetric physician. Her previous pregnancy was uncomplicated, and delivery was by a caesarean section. She experienced nausea and weight loss, which in turn resulted in lowering her risk of gestational diabetes.
- The intending mother has been advised that the absence of complications in her previous pregnancy does not guarantee a similarly uncomplicated experience in this pregnancy. The intending mother is intending to modify the risk of developing gestational diabetes with lifestyle changes and medication. She has also been advised that she will need specialist care and close monitoring of foetal growth.
- Ongoing contact between the intending parents and the donor couple relies on the clinic as intermediary, as the donor couple have outlined their preference for this arrangement. This includes any updates from the intending parents, which they are happy to receive.
- The clinic has shared news of the birth of a child to the intending parents. The donors remain happy with their decision to donate, and they support the intending parents using the remaining embryos in treatment to have another child. The donor couple have spoken to their child about the fact that they have a biological sibling in another family.

### **Decision**

The Committee agreed to **approve** this request noting that the intending mother has been well counselled regarding her maternal foetal risks and well counselled regarding the need for specialist input and monitoring during the pregnancy.

## **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 22174 for surrogacy involving an assisted reproductive procedure**

Mania Maniapoto-Ngaia 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 gone through multiple IVF cycles, without success. Following medical investigation surrogacy has been recommended as the option that will give them the best opportunity to have a full genetic child. A long-standing and close friend of the intending mother has offered to be a surrogate for the intending parents. The intended arrangement is an altruistic one where the surrogate is highly motivated to help the intending parents in the context of their friendship.
- The surrogate couple have children together, and the medical report for the surrogate describes her own pregnancies and deliveries as uncomplicated.
- The medical report also notes that the risks associated with carrying a pregnancy due to the surrogate's BMI were discussed along with actions that can be taken to help mitigate and monitor these risks.
- Both parties have declared intentions to be open about the intended arrangement including with the potential child. The surrogate has spoken to their older children about their plans to be a surrogate and plans to do the same with their younger ones should they receive ECART approval. The intending parents plan to tell any resulting child of the surrogate's role early in the child's life and anticipate an ongoing relationship with the surrogate and her family in the context of their existing friendship.
- The counselling reports do not highlight any concerns and describe that the parties' views are aligned on pre-birth, birth and post-birth plans. They have been advised of their rights and responsibilities in relation to decisions about a pregnancy and post-birth.
- The medical report for the surrogate stated that she should be referred for obstetric care when pregnant and the Committee endorses this.
- The Committee noted that the medical reports do not fully set out the discussion with the intending parents about the medical risks that the surrogate is taking on to have a child for them. The Committee discussed whether to request further comment in this regard to receive an assurance the intending parents are aware of the aspects of the surrogate's medical history that are relevant to her during a surrogacy pregnancy but agreed not to as the report does at least indicate that the surrogate's relevant medical history has been shared with the intending parents.
- Both parties have received independent legal advice, and the intending parents have received an adoption order in principle from Oranga Tamariki.

## **Decision**

The Committee agreed to **approve** this application on the basis that the medical report for the surrogate indicates that her medical complexities and the associated risks to her in carrying a surrogacy pregnancy have been discussed with the intending parents and, that she will be referred for obstetric care once a pregnancy is established.

## **Actions**

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

### **13. Application 22316 for surrogacy involving an assisted reproductive procedure**

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 would like to start a family together. The intending mother had an IVF cycle prior to cancer treatment. Her prognosis post-treatment is positive however she cannot carry a child herself, and surrogacy offers the intending parents the only option to have a child who would be genetically related to them both.
- The intending parents and surrogate met through a website where the intending parents indicated their need for a surrogate. The surrogate reached out to the intending parents. The intending parents have since met the surrogate family a number of times in person and have continued communication.
- Both parties have received individual and joint counselling from an ANZICA-accredited counsellor. They are in alignment regarding support for the surrogate, birth plans and continued communication. The parties are aware that because of the geographical barrier between the two families the intending parents will not be able to offer extensive day to day support. They can however offer emotional support to the surrogate and her family. The surrogate parents have family and friends nearby that they can rely on for practical and emotional support and who are supportive of the surrogacy arrangement.
- The surrogate couple have one child together. An early delivery of their baby was required, and there were some minor complications post-delivery. The Committee noted that the medical report for the surrogate was brief. She has some risk factors and the medical report did not clearly indicate that the surrogate is fully aware of what a subsequent surrogacy pregnancy will look like. The surrogate had a condition during a previous pregnancy, which has high reoccurrence rate, with severe cases resulting in an increased risk for stillbirth. The report implied that the surrogate's understanding was that the condition will not impact future pregnancies or birth. This raised concern as to whether the intending parents are aware of the circumstances around the surrogate's previous pregnancy and the risks of recurrence involved with the condition and the Committee agreed that it would request a further specialist obstetric review

that comments on the condition and associated risk of recurrence and to request that the review is shared with the intending parents.

- The surrogate has a history of mild post-natal depression with social circumstances at the time being a contributing factor. A specialist report included with this application concluded that the surrogate had suffered from mild depression that did not have a major impact on her functioning, and she now has good support, information, understanding and awareness for mitigating and managing any post-natal depression.
- The legal reports submitted with this application indicate that testamentary guardianship and wills have been discussed with both parties. The intending parents have also been advised of the importance of the surrogate appointment them as testamentary guardians when she updates her will.
- The intending parents intend to adopt any child born of this arrangement and Oranga Tamariki has approved an adoption order in principle.

### **Decision**

The Committee agreed to **defer** this application to request an independent obstetric review for the surrogate and confirmation that this is then shared with the intending parents.

### **Actions**

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

## **14. Application 22371 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 parents and the surrogate are cousins. They live nearby each other and are close friends. They have expressed that they would be active in each other's lives even without the intended surrogacy arrangement.
- The medical report indicated that surrogacy is the best and only option for the intending parents to start their family as the intending mother has had a hysterectomy subsequent to a cancer diagnosis.
- The embryos available for transfer to the surrogate were created with the intending parents' gametes and a child born of this arrangement would be their full genetic child.
- The intending partner has a history of hearing loss, as well as a broader family history of hearing loss. The intending parents feel well prepared to care and support a future child if they had hearing loss.
- The Committee noted the health profile of the surrogate provided in her medical report and that there was a lack of clarity about whether she and the intending parents are aware of the full details of the medical risks for the surrogate and whether both parties have been appropriately counselled about them. The Committee therefore agreed that it would request an independent specialist

obstetric review for the surrogate and request that the review is shared with the intending parents.

- The Committee noted that there was a reference in the documentation to a support plan for the surrogate, however no support plan was provided. The provision of this support plan would aid in providing further clarity and context to the overall application and the Committee agreed to request to see it.
- The parties have declared intentions to be open with a child born of this arrangement about the role the surrogate played. The surrogate has her own children who were not included in counselling at this stage and the intending parents' child also did not attend counselling. The Committee noted that there are implications for the existing children in both families and that the process doesn't place weight on the significance of the intended arrangement for them. The Committee agreed that this gives further reason to the Committee to see a support plan for the surrogate.
- The surrogate does not currently have a will or life insurance, however, the intending parents are willing and able to contribute to life insurance payments for the duration of a surrogate pregnancy.
- The Committee noted Oranga Tamariki approval of an adoption order in principle is currently outstanding.

### **Decision**

The Committee agreed to **defer** this application to request: an independent obstetric review for the surrogate and confirmation that this is shared with the intending parents, the support plan for the surrogate that is referenced in the application and, Oranga Tamariki approval of an adoption order in principle.

### **Actions**

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

## **15. Application 22329 for surrogacy involving an assisted reproductive procedure**

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:**

- The intending mother has a syndrome which means she was born without a uterus. In order to have biological children IVF treatment with a surrogate is required and meets the only opportunity for the intending parents to have a full genetic child.
- The intending parents raise an adopted child. The child sees them as their parents but knows that they are not their biological parents.
- All parties have received individual and joint counselling and sessions have canvassed the pregnancy, labour, and birth plans and their rights and responsibilities in relation to all aspects of the intended arrangement. The two families note a shared faith that they consider aids in building friendship and believe they could work through conflicts should any arise.

- The intending parents have provided an assurance that a future child will have access to information about the surrogate and her family. The intending parents have told some of their close family and have started the conversation with their adopted child about the intended arrangement.
- Both parties have received independent legal advice about the requirements of the HART Act and the adoption process. The intending parents have been advised of the appropriate support they can provide the surrogate from a legal standing.
- The surrogate's medical report noted that she had slightly above average blood loss with previous pregnancies, and that this puts her at higher risk of post-partum haemorrhage. However, this risk can be readily managed.

### **Decision**

The Committee agreed to **approve** this application **conditional** on receipt of Oranga Tamariki approval of an adoption order in principle.

### **Actions**

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

### **16. Request to extend approval for application E22-009 for surrogacy involving an assisted reproductive procedure**

Mike Legge opened the discussion for this request. 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:**

- This application was previously approved in 2022. One of the recommendations made in the 2022 approval was a consideration of the surrogate reducing BMI to help mitigate any associated risks, this has not been commented on in the current application.
- The intending mother and the surrogate have a long-standing relationship, also outlined in the previously approved application.
- The intending mother has a syndrome which can be passed down. However, the embryos have been tested and were determined not to have inherited the syndrome.
- The intending parents are wanting to create more embryos and undergo testing, with the intention of having the same surrogate as the previous application. The previous surrogate has also agreed to be the surrogate again, subject to ECART approval.

### **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.

## **17.Consideration of extended storage applications**

Led by Richard Ngatai

### **Meeting close**

Confirmation of next meeting on 12 June 2025.

Confirmation of ECART member in attendance at next ACART meeting on 1 May 2025, Richard Ngatai.

Angela Ballantyne led the closing Karakia.