

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

## 12 June 2025

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Held in person in Wellington, NZ

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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
Dr Mike Legge	Member
Mr Richard Ngatai	Member
Mr Peter Le Cren	Member
Mr Jonathan Darby	Member
Dr Simon McDowell	Member
Dr Angela Ballantyne	Member
Dr Debra Wilson	ACART member in attendance

ECART Secretariat

### Apologies

Ms Lana Stockman

### 1. Welcome

The Chair opened the meeting and welcomed all in attendance.

### 2. Karakia

Mania Maniapoto-Ngaia gave the opening Karakia.

### 3. Conflicts of Interest

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

- Dr Emily Liu for application 22489 for embryo donation.
- Dr Simon McDowell for applications 22844 and 22713 both for surrogacy involving an assisted reproductive procedure and egg donation.

### 4. Confirmation of minutes from previous meetings

The minutes from the 11 April 2025 committee meeting were confirmed.

## 5. Application 22644 for surrogacy involving an assisted reproductive procedure

Simon McDowell 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:

- In this intended gestational surrogacy arrangement, the surrogate will carry a baby who would be a full biological child of the intending parents. The surrogate couple and the intending parents are friends. The surrogate offered, in the context of their friendship and with knowledge of the intending parents' fertility journey, to carry a child for the intending parents to help them start their family.
- The Committee was satisfied that a surrogacy arrangement would give the intending parents the best opportunity to start their family given the long history of unsuccessful fertility treatment they have had. Although fertility treatment has been unsuccessful for the intending parents, there are no adverse factors in their medical background that would explain treatment being unsuccessful for them and, they have been carefully counselled.
- The surrogate's pregnancy and birth history are important considerations for her in carrying a surrogacy pregnancy. The Committee was satisfied on the basis of information provided in a specialist report that the chance of the surrogate having a pre-term delivery is low and, provided she understands all potential risks, she is not precluded from acting as a surrogate in this intended arrangement.
- The parties have attended counselling sessions and received independent legal advice and have been well counselled in relation to the social and legal implications of the intended arrangement. Implications counselling sessions have canvassed treatment, pregnancy and post-birth plans including the rights of each of the parties in relation to decision-making about the pregnancy and parenting of a child born of this arrangement. Both parties in the intended arrangement have also sought independent legal advice that has also covered the making of wills and appointing testamentary guardians. The intending parents have declared they would adopt any child born of the intended arrangement. They have engaged with Oranga Tamariki and have approval in principle for an adoption order pending the results of routine police checks.
- There are no known genetic, medical, social, cultural or inter-generational aspects of the proposed arrangement that might impact on the potential child. Both parties understand the concept of 'openness' and the child's right to have identifying information about their surrogate. They have declared intentions to be open with the future child and they intend to continue their relationships with the surrogate couple and their family, recognising the need for the surrogate couple's existing children to meet and visit a child born of this arrangement.

### Decision

The Committee agreed to **approve** this application on the condition that it receives an updated Oranga Tamariki letter with approval for an adoption order in principle following police checks and support the proposed plan for the surrogate to be referred for antenatal specialist assessment.

## **Actions**

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

### **6. Application 22489 for embryo donation**

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:**

- While the intended treatment is not the only option open to the intending parents to start their family, the Committee was satisfied that it offers them the best opportunity given that they have had fertility treatment using their own gametes and then with donated sperm without success and they do not have ready access to donor eggs given the limited options open to them. The Committee noted that while it agreed that there are likely egg quality factors that it would have preferred to have seen these elaborated on in the intending parents' medical report.
- The intending parents have come to accept they may not have a genetic connection to a potential child, they would like to have further treatment with donated embryos to help them start their family.
- The intended donation has been facilitated by the clinic and the couples were not known to each other prior. They met in person for the first time at their joint counselling session and found commonality and agreement on many points such as openness, ongoing contact and the well-being of existing and potential children.
- The couples have had discussion around the potential genetic, medical and social and cultural aspects of the intended arrangement. One of the embryo donors is a carrier of a sex-linked chromosome duplication. The intending parents have received genetic counselling and understand there is a 50% chance the embryos may carry the duplication and that there is a small risk that the duplication could lead to clinical consequences in a male. A specialist letter included with the application provides further information and notes that the overall risk of is small and unlikely to be clinically significant. The intending parents are aware of the risk and are willing to proceed with the intended donation in this knowledge. They have declared that they would accept and raise any child born of the donation.
- Counselling sessions have also canvassed the rights of each of the parties in relation to decision-making about the treatment and pregnancy.
- There is a cross-cultural aspect to this intended arrangement and the parties have declared that they are open to maintaining relationships in future to support a future child to understand their unique cultural background. There has been declared commitment to openness and transparency with a child and existing children in recognition of their best interests. The intending mother has

some experience through her paternity, of the donor woman's culture. Both parties report that they found the counselling culturally appropriate.

### **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 and to note in the decision letter that the cultural considerations were well addressed in the counselling reports.

## **7. Application 22491 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.

### **Issues discussed included:**

- In this application for surrogacy with egg donation, the sister of one of the intending parents has donated her eggs for the creation of embryos with her brother's partner's gametes. The embryos were created in 2023. The Committee noted that the creation of embryos in this situation is not an established procedure and requires ECART approval because of the within family gamete donation aspect.
- The intending parents are a male couple who need an egg donor and a surrogate to help them start their family. Their egg donor is the sister of one of the intending parents and if treatment and the intended surrogacy arrangement is successful the future child would have a genetic connection to both intending parents. The intending parents' connection to the surrogate is through their sister the egg donor as the two are good friends.
- The surrogate's offer to the intending parents was led by her as was the egg donor's offer and there does not appear to be any coercion or undue influence in this intended arrangement.
- The intending parents have recently moved offshore so they may be somewhat isolated in terms of everyday support, but they still have regular contact with their family and the capacity to return to New Zealand readily. The intending parents may eventually move back to New Zealand which would facilitate ongoing relationships with their surrogate. The parties have thought through treatment, pregnancy and post-birth plans carefully including plans for what would happen if the intending parents were not able to return home in the near future, and how they could best support the surrogate including without breaching requirements around valuable consideration.
- Both parties have received independent legal advice which the Committee considered was thorough and useful. The surrogate couple have been encouraged to set up wills to cover issues around, inheritance and guardianship. The intending parents have declared they will adopt any child born of this arrangement and have received approval of an adoption order in principle from Oranga Tamariki.

- The Committee noted that the medical report for the surrogate does not note discussion about the increased risk of hypertensive disorders in a surrogacy pregnancy and risk mitigation and agreed to approve this application subject to receiving a reassurance from the surrogate's medical specialist that she is aware of the increased risk of hypertensive disorders of surrogacy pregnancy and how those risks will be mitigated.

### **Decision**

The Committee decided to **approve** this application conditional on receiving a reassurance from the surrogate's medical specialist that she is aware of the increased risk of hypertensive disorders of surrogacy pregnancy and how those risks will be mitigated.

### **Actions**

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

## **8. Application 22699 for embryo donation - request to extend approval**

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:**

- ECART first approved this application in July 2022. The intending parents have a child born of the donation. They are requesting an extension to the original three-year approval to use the remaining embryos in the hope they will have another child who would be a full genetic sibling of their existing child.
- The ethnicity of the male embryo donor differs from the ethnicity of the intending parents. When ECART approved the application in 2022 it noted that it would have liked to have seen more discussion in the application about how the applicants might manage the implications for a future child as they grow up and, recommended further counselling to ensure that the future child's cultural heritage and needs could be met. The reports submitted with this request note that they have been open and transparent with the children about their conception.
- The parties' relationships are ongoing; they keep in touch via messaging and a social media group for all the donated offspring and their families. The intending parents have sought information from the donor male and his mother about his culture as well as advice regarding how to relay that to their child. They are confident they can continue to support their children to have a cultural connection.
- Both families are supportive of the extension.

### **Decision**

The Committee decided to **approve** the extension.

### **Actions**

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

## **9. Application 22575 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:**

- This is the intending parents third application to ECART for surrogacy. The previous two applications were approved, and they have a child born from their first arrangement. The intending parents would like to have another child and a sibling for their existing child.
- The intending mother has a condition which means that she cannot carry a pregnancy and therefore surrogacy is the best option for the intending parents to build their family. A specialist report for the intending mother states that the intending mother's health status remains the same as it was in the previous two applications and does not raise any further issues for the Committee to consider.
- The surrogate made her offer freely to act as a surrogate for the intending parents in the context of her longstanding friendship with the intending mother. She has known for many years about the intending parents' fertility journey. The counselling reports describe close and open relationships between the parties and a shared commitment to continuing to work together through any issues that come up in the context of the intended arrangement. They also describe a network of friends and family support that they can draw on independently of each other.
- Perinatal and pregnancy plans have been discussed and agreed in counselling sessions - a strong commitment to being considerate of the surrogate's needs during this time is apparent. The surrogate has declared that situational factors led to her experiencing depression following her second pregnancy, but the condition is well managed, and she has a supportive health care team.
- Both parties have declared intentions to be open and transparent about the role the surrogate played with existing and future children. The surrogate couple have started introducing the idea of surrogacy to their young children.
- Both parties have been counselled on legal issues associated with a surrogacy arrangement and have received independent legal advice. The intending parents intend to adopt any child born of this arrangement and Oranga Tamariki has approved an adoption order in principle. The intending parents' lawyer has advised them to set up wills. They have appointed a testamentary guardian.

### **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 22668 for embryo donation

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 father has a medical condition that prevents him from being able to conceive a child. The intending parents have had unsuccessful fertility treatment using donated gametes previously, and the intending mother is now of advanced maternal age. Embryo donation has now been recommended as the best option to help them start their family.
- The couples in this application met via an online fertility forum that connects donors and potential recipients. They have built a relationship since then and have met in person including with the donor couple's children. They have found common ground socially and describe shared values and beliefs.
- The intending mother's medical history, including medications she is currently taking and the important considerations for her in carrying a pregnancy, were canvassed. Weight loss has been recommended by the intending mother's medical team to reduce the risk of gestational diabetes, gestational hypertension and pre-eclampsia. An obstetric assessment attached with the application outlines the relevant medical issues and risks, however, ECART noted that it has been three years since the report was written. It is also unclear whether the information has been shared with the embryo donors as the medical report for the intending parents does not provide a response to this question.
- Both parties have engaged in individual and joint counselling sessions that have explored the implications of the intended donation for both parties. The sessions have canvassed the rights and responsibilities of each of the parties in relation to decisions about treatment, pregnancy, parenting and information sharing, and how they might safeguard the safety and wellbeing of all including existing and potential children. The couples have declared intentions to be open with any child born of the donation and are committed to facilitating relationships between the children in both families as they would be full biological siblings.

### Decision

The Committee agreed to **defer** this application to request an updated obstetric review for the intending mother that provides an updated risk assessment and proposed treatment/care plan. ECART also requests confirmation that the updated obstetric report is shared with the donor couple.

### Actions

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

### **11. Application 22713 for surrogacy involving an assisted reproductive procedure with egg donation**

Richard Ngatai 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.

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 male couple who had previously been pursuing adoption but were recently informed that the chances of a baby becoming available for them to adopt was very remote. This coincided with the offer of surrogacy from the surrogate and has enabled them to take up the prior offer of egg donation from the gamete donor.
- The intended arrangement offers the intending parents the opportunity to have a child who will have a biological connection to one of them.
- The surrogate is a long-standing friend of IP2 and her offer to act as a surrogate for the couple has been made in the context of this friendship some years ago now.
- The egg donor is also known to the intending parents. IP1's sperm will be used with the donor eggs in this arrangement. IP2 has previously donated sperm to the egg donor and her partner, and they are currently pursuing fertility treatment using those embryos.
- The children in between the intending parents' and egg donor couple will not be full genetic siblings but they will carry a biological link being half siblings. The parties in this application are not using the intended treatment for social or financial gain and there is no evidence of coercion. The parties appreciate the difficulties same sex couples face creating their families and, their donations to each other are not considered to be a transactional arrangement but rather a mutually supportive solution to rainbow family formation.
- The parties have been advised of their rights and responsibilities in relation to the intended arrangement. Counselling sessions have canvassed pre, pregnancy and post birth plans and practical and emotional support for the surrogate is at the centre of their plans. The intending parents intend to adopt any child born of the intended arrangement; there are no concerns that they would not accept a baby born of the arrangement nor any concern that the surrogate would not relinquish the baby. Both parties have received independent legal advice that covers their rights and responsibilities and the requirements of the HART Act. The intending parents have appointed testamentary guardians in the unlikely event that they are unable to care for a child born of this arrangement.
- All parties are aware of the requirement for openness with a resulting child about the roles the egg donor and surrogate played. They have declared that they plan to be transparent and open in communicating the conception story to any future children. They believe their existing relationships and shared commitment to transparency will help safeguard the well-being of all parties including existing and future children.



- Medical reports for all parties set out the important considerations for them, the risks and how they will be managed, in relation to gamete collection and carrying a surrogacy pregnancy. The egg donor is a carrier of a genetic condition and the recipient IP1 will be screened to ensure there are no shared carrier conditions before the embryos are created.
- A non-kin adoption letter is included with the application for the intending parents to take the baby after birth into their care, but ECART notes this needs to be an in principle, approval of an Adoption Order for IVF surrogacy.

### **Decision**

The Committee agreed to **approve** this application conditional on receipt of a letter from Oranga Tamariki that in principle it approves an adoption order following IVF surrogacy.

### **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 22839 for surrogacy involving an assisted reproductive procedure and egg donation**

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:**

- This is the intending parents' third application to ECART. They have two children born from their previous surrogacy arrangements that were approved by ECART, and they hope to have a third child and full genetic sibling of their existing children.
- The intending parents and donor couple are familiar with the process having been through it twice before. All parties in this intended surrogacy arrangement are known to each other through their connection with the intending parents. The egg donor was also the intending parents' surrogate in their second application to ECART and consents to use of the remaining embryos to be transferred to the surrogate in this application.
- The important considerations for the surrogate in carrying a pregnancy—she has children of her own and has also been a surrogate for another couple in the past. The last surrogate pregnancy and birth of the child were mostly without complication, but she needed a caesarean section delivery. There are no medical concerns stated about her ability to act as a surrogate in this application and the Committee was satisfied based on the information in the medical report that any risk to the surrogate could be mitigated and she would be managed by a specialist obstetric team.
- The counselling sessions have canvassed treatment, pregnancy and post birth plans including whether information about the surrogacy arrangement would be shared publicly and the parties are in agreement about the plans and share similar views.

- The parties have been advised about their rights and responsibilities under the HART Act regulatory framework, and they have also received independent legal advice in relation to the intended surrogacy arrangement. The Committee noted that there is no record in the surrogate's legal report of discussion regarding testamentary guardianship or updating of wills and agreed to seek reassurance that she has received advice about these aspects to protect the interests of her biological children.
- The parties are well-versed in surrogacy arrangements given their previous experiences.

### **Decision**

The Committee agreed to **approve** this application conditional on receipt of a letter from Oranga Tamariki that it approves an adoption order in principle and confirmation that the surrogate has received legal advice regarding the relevance of testamentary guardianship and updating her will. It supports the recommendation that the surrogate be referred for assessment by an obstetric team.

### **Actions**

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

### **13. Application 22714 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 intended surrogacy arrangement provides the intending parents the best and only opportunity to start their family and to have a biological child. Due to medical reasons, the intending mother is not able to gestate a pregnancy. The intending mother's condition is not hereditary, and her prognosis is good. She is otherwise described as being fit and well as is the intending father and there are no genetic disorders identified that could be passed on to a potential future child.
- The intending parents and surrogate have known each other for over a year now having developed a relationship after initially meeting via an online forum. The parties have had individual and joint counselling sessions as part of this application to ECART and describe feeling comfortable in the relationship that they have developed.
- The surrogate's pregnancy and birth history and the important considerations for her in carrying a surrogacy pregnancy. Given her history she has had an obstetric review and psychologist review, and both reports have been included with this application. She has been advised to switch to a medication that is considered to be safe during pregnancy and, the risk factors to her in carrying a surrogacy pregnancy have been thoroughly discussed and a plan put in place to mitigate the risks including monitoring during pregnancy. The psychologist's view is that she is not particularly vulnerable to developing post-natal depression or anxiety and notes that a surrogacy pregnancy would be different to her post-

natal experience with her own children given that she will relinquish the baby to the intending parent. The surrogate also has supportive immediate and extended family who live close by. There are also agreed plans in place for the intending mother to offer practical assistance in the later stages of a pregnancy as needed.

- The surrogate's motivation was not clearly stated in the counselling reports. However, ECART noted there does not appear to be any evidence of coercion, the offer appears to have been made freely, and the intended arrangement appears to be altruistic. The psychologist report noted that, in response to a question about how the surrogate would feel if the intended arrangement was not approved, the surrogate said that she would feel she had been true to the value she places on helping another couple to have a family. The time that the couples have known each other, and the lifestyle changes the surrogate is making also signalled to the Committee that the surrogate is committed to doing this for the intending parents and has not changed her mind. The Committee agreed that it would feedback to the clinic counsellors that it is helpful for the Committee to have a clear description and discussion in relation to a surrogate's motivation to weigh up in the context of an application.
- Both parties have received independent legal advice which has thoroughly addressed the requirements of the HART and adoption legislation. Wills and testamentary guardianship have also been discussed, and the intending parents have appointed a testamentary guardian in the unlikely event they are unable to care for a child born of this arrangement.

### **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.

### **14. Application 22844 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.

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 male couple who need an egg donor and surrogate to help them start their family. A family member has offered to be the intending parents egg donor (she made her offer to donate some years ago), and a child born of this arrangement will have a genetic link to both parents.
- The parties have declared intentions to be open and transparent with existing and potential children about the role that the egg donor and surrogate played in their conception story. The egg donor has spoken with her child about the

donation, and they are reportedly supportive of the arrangement and are looking forward to having a 'sibling cousin'. The egg donor has received advice that counselling is open to her child in future and the committee discussed in the interests of the rights of the child whether to encourage her to consider counselling for her child given the genetic connection they will share, and the surrogate to consider counselling for her older children given their ages.

- The surrogate has described a long-standing interest in being a surrogate for altruistic reasons and she has now completed her own family. The intending parents and the surrogate met via an online forum around a year ago and they have since developed a strong relationship including with the surrogate's own children.
- The surrogate and intending parents have been counselled both clinically and socially in relation to treatment and pregnancy plans. The intending parents are aware that the surrogate has her own support networks, and they are also willing to offer practical support to the surrogate couple where needed. The Committee agreed there is a comfortable level of detail in the reports around treatment, perinatal and post-natal support and decision-making that describe a common understanding of the rights and responsibilities of each party and that also reflects robustness in their relationships. A family member of the surrogate has also talked through a number of hypothetical examples with the couples.
- The surrogate's pregnancy and birth history and the important considerations for her in relation to carrying a surrogacy pregnancy. She has experienced hyperemesis in her previous pregnancies but believes this is something that can be managed.
- Both parties have received independent legal advice and have been advised about the HART Act prohibition on payment.
- 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 **approve** this application and, given the age of the egg donor's child and the surrogate's two older children, to encourage the egg donor and the surrogate to consider counselling for them as an option for helping them talk through their thoughts on the intended arrangement.

### **Actions**

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

### **15. Application 22848 for within family gamete donation**

Jonathan Darby 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 a family member who is of the same generation as the intending parents has offered to donate sperm to them to help them start their family. IP2's brother-in-law has offered to donate in the context of a close and

trusting family relationship to help the intending parents. There is no evidence to suggest that this intended donation is for social or financial gain.

- Both parties have received individual and joint counselling sessions which have canvassed the donor's motivation, the parties' relationships and how they safeguard the health and well-being of all including existing and future children. Although socially the donor couple would be an aunty and uncle to the potential child/ren and their children raised as cousins, the parties have declared intentions to be open and transparent about the role the donor played in a child/rens origin story. The couples have a network of extended family and friends who are aware of and supportive of the intended donation.
- Donor couple would be a social uncle and aunty to the future child and their children raised socially as cousins and would be open and transparent about the child's conception story. Rights of the child to know their conception story have been discussed in counselling sessions.
- There are no medical concerns described for the donor nor for the intending parents that might impact on IP1 (who will carry a pregnancy) or on a future child's health and well-being. Pregnancy and birth plans have been discussed with the intending parents.

### **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.

## **16. Application 22047 for surrogacy involving an assisted reproductive procedure and egg 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:**

- ECART previously considered this application for surrogacy with donor ova and noted a concern regarding the risk profile of the surrogate. ECART agreed to approve the application conditional on receiving a specialist report regarding the surrogate's suitability.
- An obstetric review provided set out her pregnancy and birthing history. It noted that her two most recent pregnancies involved caesarean sections, one for foetal distress. While she has not had difficulties with her pregnancies otherwise it was noted that significant time had passed since her youngest child was born and there may be additional risks given her current age and that she will be gestating a donor embryo. The report clearly outlined the relative risks of gestational diabetes, pre-eclampsia as well as options for mitigating risks. The risks associated with a possible third caesarean section were also discussed. The report writer stated that the surrogate is now fully aware of the risks involved with having a surrogacy pregnancy and what could be done to optimise her health.

- The specialist recommends screening for gestational diabetes and prompt treatment to prevent pre-eclampsia.
- The intending parents have also received a copy of the obstetric report.

### **Decision**

The Committee was satisfied based on the specialist recommendation that the issues it had raised were adequately addressed in the report and 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.

### **17. Application 22133 for donation of gametes between family members and surrogacy involving an assisted reproductive procedure**

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:**

- This application is for a surrogacy arrangement that has a within family gamete donation aspect where the surrogate's eggs will be used with her brother's male partner to create embryos that will then be transferred to the surrogate.
- ECART had approved the within family gamete donation aspect of the application previously and approved the surrogacy aspect subject to receiving updated legal reports from the parties (given that the legal reports initially provided were from some years earlier when the parties were considering a traditional surrogacy arrangement).
- The intending parents have since moved offshore, and the legal reports provided are from a lawyer based offshore who was advising on New Zealand legislation. The intending parents will return to the country they are currently living in after an adoption order is made. Advice has been given and discussion had about the plan for adoption once they return to New Zealand
- The Committee noted that the intending parents have been given advice for adoption generally, rather than IVF-surrogacy adoption. The Intending Parents submitted an in principle, adoption order approval letter. ECART noted that the intending parents have been advised that they will need to stay in New Zealand until an adoption order is given
- The Committee agreed to note in its decision letter that there may be different arrangements available to them given this is an IVF surrogacy adoption and agreed to encourage them to seek local legal advice about the process for adoption following IVF surrogacy.
- The Committee also considered notification of a change in circumstances for the surrogate mother that was submitted with the updated legal report – she is well supported in the change of circumstances and still wishes to proceed with the intended donation and surrogacy arrangement.

## Decision

ECART agreed to **approve** this application and to note that the intending parents might want to seek local legal advice in regard to adoption following IVF surrogacy.

## Actions

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

### 18. Application E23-082 update in circumstances

Mania Maniapoto-Ngaia 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.

- The clinic has provided an update on this approved embryo donation. The embryos were first created as part of a surrogacy arrangement. The intending parents in that arrangement had a child and then chose to donate the remaining stored embryos to their egg donor and her partner; the recipient couple are planning to begin treatment soon. Currently there are 23 embryos in storage.
- The embryo donors are beginning a new surrogacy process for themselves and hope to submit a new surrogacy application in the near future using the same available pool of embryos to have a full biological sibling for their existing child. At the same time, the embryo donors are happy for the intending parents to continue to use embryos from the available pool.
- Both couples have recently attended counselling sessions, and they are in agreement that the embryo donors will also use some of the available pool of embryos in a future surrogacy arrangement after approval by ECART.
- In the original embryo donation application approved by ECART, the embryo donors declared that they wanted to keep the option open for further use of the embryos to complete their family. There are a number of embryos available to both parties to share.
- ECART noted that in line with existing law the embryo donors retain the right to make decisions about the embryos and that they can withdraw their consent to the recipients' use of the embryos at any point up to the point of transfer of any embryos. The current arrangement is therefore that the embryos are available to either party to use unless, and until, the donor couple withdraw their consent prior to implantation.
- ECART agreed to amend its original approval to introduce a safeguard for the embryo donors to the effect that they must be notified each time the recipients use one of the embryos. This enables the recipients to use the embryos, whilst protecting the donors' rights to use them for their own reproductive purposes.

## Action

Secretariat to draft a letter from the Chair to the clinic informing the medical director that it has amended the original approval to require that the embryo donors must be notified each time an embryo is used by the recipient couple/intending parents.

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

Led by Mike Legge.

### **Meeting close**

Confirmation of next meeting on 8 August 2025.

Confirmation of ECART member in attendance at next ACART meeting on 19 June 2025, Dr Emily Liu.

Mania Maniapoto-Ngaia led the closing Karakia.