

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

12 December 2025

Held online

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
Ms Lana Stockman	Member
Shalomy Sathiyaraj	ACART member in attendance

ECART Secretariat

Apologies

There were no apologies for this meeting.

1. Welcome

The Chair opened the meeting and welcomed all in attendance.

2. Karakia

Richard Ngatai gave the opening Karakia.

3. Conflicts of Interest

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

- Dr Simon McDowell for application 23297 for clinic-assisted surrogacy with egg donation.

4. Confirmation of minutes from previous meetings

The minutes from the 10 October 2025 meeting were confirmed.

5. Application 23743 for embryo 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.

Issues discussed included:

- The intending mother has been on a long fertility journey to try to have a family. She is currently single and has a history of unsuccessful fertility treatment. The committee acknowledged the markedly reduced likelihood of successfully creating embryos with the intending mother's eggs and agreed that embryo donation is an appropriate pathway for achieving parenthood and offers her the best opportunity to start a family.
- The Committee was satisfied that while the medical report notes certain conditions for the intending mother, these are being appropriately monitored and managed. The committee confirmed that key risk factors and considerations associated with pregnancy, including those related to the intending mother's advanced maternal age, have been discussed and appropriately planned for.
- The intending mother's connection to the embryo donors was established through social media. They have since built a relationship and met in person including with the donor couple's children. The intending mother has declared intentions to be open with any future child about their origin story and a plan is in place for future contact with the donor family.
- The embryo donors have children of their own and have been considering embryo donation for a significant period. The donor couple's older child is aware of the intended donation, while the younger children are considered too young for such conversations at this stage. Open disclosure remains a priority, with plans for informing the children when there is a positive pregnancy test. The donors are fully aware of their legal rights and obligations, including the understanding that if the recipient has a child from the first embryo transfer, then any remaining embryos may not be used.
- The committee noted that, in accordance with the ACART guidelines on gamete and embryo donation and surrogacy, applicants for embryo donation must undergo police vetting. In this case, the application indicated that the police vetting form had been sent; however, confirmation of completion was not provided to ECART.
- The Committee noted that receiving legal advice in relation to embryo donations is no longer a mandatory requirement and the reports submitted with the application do not always discuss whether applicants have wills or have appointed testamentary guardianship in place in the event that they might not be able to care for a child. The Committee noted that the intending mother will be a single parent of a donor-conceived child and agreed that it would recommend that the intending mother consider making, or alternatively updating, her will and consider appointing testamentary guardians.

Decision

The committee agreed to **approve** the application, subject to receipt of clear police vetting results for the intending mother. In addition, the committee would encourage

the intending mother to ensure that, should a pregnancy be achieved in the future, she has an up to date will and testamentary guardianship in place.

Actions

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

6. Application 24057 for surrogacy involving an assisted reproductive procedure

Emily Liu opened the discussion for this application. The Committee considered this response 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 surrogate couple and the intending parents have known each other for many years and describe themselves as extended family. The counselling report described a close and amicable nature of the relationship and, that the other families involved are supportive of this arrangement. The surrogate offered, with knowledge of the intending parent's fertility journey, to carry a child for the intending parents to help them start their family and there does not appear to be any evidence of coercion.
- The Committee was satisfied that a surrogacy arrangement would give the intending parents the best opportunity to start their family given pregnancy is contra-indicated for the intending mother due to an ongoing medical condition.
- The committee acknowledged the intending mother's medical condition is a significant factor and that comprehensive discussions have been had throughout the application process regarding support arrangements and contingency plans for the intended child's care.
- The surrogate has been appropriately counselled regarding the increased obstetric risks associated with a surrogacy pregnancy. The medical report did not highlight any specific areas of concern or medical problems that could not be managed. The surrogate will have practical support from the both the surrogate's family members and the intending parents throughout the pregnancy. The surrogate can be supported financially by her partner.
- Appropriate counselling has been provided to the surrogate's children and considered that ongoing inter-family relationships will be beneficial for the children.
- Both parties have obtained independent legal advice. The intending parents have appointed a testamentary guardian and, the surrogate has been advised to create a will.
- The committee noted that a letter from Oranga Tamariki approving an approval in principle of an adoption order following IVF surrogacy is pending.

Decision

The Committee agreed to **approve** this application subject to receipt of approval in principle for an adoption order following IVF surrogacy from Oranga Tamariki.

Actions

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

7. Application 23297 for surrogacy (with donated eggs) 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 Committee was satisfied that surrogacy with egg donation represents the best or only option for the intending parents to begin their family, given their previous unsuccessful fertility treatments and the intending mother's ongoing medical conditions, which would make carrying a pregnancy highly complex.
- The intending parents have previously adopted a child and therefore have experience navigating the adoption process.
- The surrogate couple and the intending parents share a close friendship, which they describe as akin to family, with the intending mother having a longstanding relationship with the surrogate's partner. The surrogate has made her offer freely – the surrogate couple expressed interest in carrying a pregnancy for the intending mother during discussions that arose when the intending mother mentioned the possibility of having another child.
- The surrogate's advanced maternal age is a significant consideration in undertaking a surrogacy pregnancy. This has been addressed in the medical report and the surrogate plans to receive obstetric care and deliver in a hospital setting.
- The egg donor was introduced to the intending parents through a clinic. Although they have not met in person, the egg donor has demonstrated thoughtfulness, expressed contentment with the process, and was willing to maintain openness and transparency.
- The egg donor and her partner have children of their own, have previously served as foster parents, and both have an interest in gamete donation, with the partner having donated sperm in the past. The Committee was satisfied that the egg donor and her partner have approached decisions regarding children and assisted reproduction with clear intention and careful consideration.
- The Committee noted that the surrogate and her partner have not yet informed their adult children of the surrogacy plan, preferring to wait until arrangements are more certain, but intend to do so in due course. The Committee was satisfied that the decision to proceed with surrogacy was thoughtful and well-informed.

- Both parties have received independent legal advice. The Committee noted with respect to the intending parents' legal report they have been advised that until they are legal guardians of the child through a court order, they are unable to appoint a testamentary guardian, which is correct. However, the surrogate has not been given advice to appoint the intending parents as testamentary guardians and to update her own will to reflect this is a gestational surrogacy.

Decision

The Committee agreed to **approve** this application subject to receiving confirmation that the surrogate has received updated legal advice that she may appoint the intending parents as testamentary guardians prior to the proposed adoption being finalised, and that inheritance rights only extend to her biological child.

Actions

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

8. Application 24025 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 surrogate and the intending mother primarily know each other through their shared work and the reports describe a strong friendship. The Committee was satisfied based on the information provided in the reports that their working relationship would not have an impact on the surrogacy process.
- The Committee noted that it appears that the surrogate has made her offer altruistically. The surrogate witnessed the distress following the intending mother's pregnancy losses and recognising the intending parent's strong desire to be parents, offered to enter the surrogacy arrangement. She has a desire to help and there is no evidence of coercion or pressure.
- The Committee was satisfied that surrogacy is the best option for the intending parents to have a child given their history of unsuccessful fertility treatment and the intending mother has been advised not to attempt further pregnancies due to ongoing medical history. The Committee noted the intending parents have previously had embryo transfers to a different surrogate, which was approved by ECART in 2024, but without an ongoing pregnancy occurring the intending parents have decided to use another surrogate.
- The surrogate's medical history, including previous pregnancies and birth complications has been considered with a plan in place should the embryo transfer result in a successful pregnancy. The surrogate has been advised that a surrogate pregnancy carries a higher level of risk compared to her previous pregnancies and has been encouraged to consult with the obstetric team regarding the mode of delivery. A recent medical test revealed no concerns, and the intending parents remain mindful of the surrogate's obstetric history.

- If a pregnancy does not occur with the embryos currently available the surrogate has indicated she may consider continuing treatment dependent upon health, family, and work considerations. Both parties have agreed to review the treatment plan following the transfer of the available embryos.
- The intending parents have declared that they intend to adopt any child born of this arrangement and the surrogate parents are aware of this and have declared they will relinquish any child born of this arrangement to the intending parents.
- The intending parents have clearly expressed their commitment to supporting the surrogate during a pregnancy with specialist care. They will also provide life insurance for the surrogate throughout the pregnancy and for three months following birth. The intending parents live nearby and can offer practical assistance with the surrogate's children, whom they already help care for. Close family friends of all parties are aware of the proposed surrogacy arrangement, and the surrogate also has her mother living with her part of the week. The Committee was satisfied with the proposed support plan for the surrogate and that the support the intending parents have offered does not contravene the requirements of section 14 of the HART Act.
- Both the intending parents and the surrogate have discussed the potential child's right to access information about their origin and conception and agreed that there are no reasons why such information should be withheld.
- The Committee noted that the intending father had disclosed receiving a charge/conviction in the distant past; however, this behaviour has not recurred. The surrogate is aware of this history and has expressed no concerns.
- The Committee was satisfied that the legal advice provided to both parties was comprehensive, addressing all relevant matters, including legal issues, enforceability, naming on the birth certificate, wills and testamentary guardianship, costs and financial compensation, life insurance, information sharing with children, the HART Act, decisions regarding pregnancy and termination, dispute resolution, and the implications of proposed legislation. The letter from Oranga Tamariki recommended approval of an adoption order. The intending parents have appointed family members as testamentary guardians, and the surrogate has confirmed consent for the child to be adopted into their care.

Decision

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

Actions

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

9. Application 24220 for surrogacy involving an assisted reproductive procedure

Richard Ngatai opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo*

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

Issues discussed included:

- The surrogate couple and the intending parents connected via an online forum. Both couples have shared interests and describe having developed a genuine friendship. Neither party is planning to move away from New Zealand.
- The Committee was satisfied that surrogacy represents the most appropriate and only viable option for the intending parents to begin their family, given their previous unsuccessful pregnancies and the intending mother's medical history.
- Both the surrogate couple and the intending parents have participated in individual and joint counselling sessions that have addressed each party's rights and responsibilities. These discussions also covered their respective support networks and plans for managing the pregnancy and birth. Both couples have agreed to maintain openness and transparency with the surrogate's own children and any future child born from the arrangement. There was no indication of coercion or undue influence, and no concerns raised about relinquishing a resulting child. It was noted that the surrogate was already a member of the forum prior to any discussions with the intending parents.
- Both the intending parents and the surrogate couple agree that the health of the surrogate is the primary concern and have discussed the importance of taking medical advice and receiving specialist care if recommended. The risk of a multiple birth is low as a single embryo transfer will be performed. The Committee noted the comprehensive support plan provided with the application and that all parties had thought through the different scenarios which may need arise and how they might be managed.
- The Committee noted that no significant concerns were identified in the medical reports for both the intending parents and the surrogate, and that appropriate risks and recommendations relating to pregnancy and childbirth were discussed with the surrogate.
- Both parties received appropriate legal advice and have been advised of the rights and responsibilities of each party, as well as any child born from the arrangement. This includes matters relating to guardianship, wills, the HART birth registry, the adoption process, and financial limitations.

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 24266 for creation of embryos from donated eggs and donated sperm

Peter LeCren opened the discussion for this application. The Committee considered this application in relation to the *Guidelines for family gamete donation, embryo*

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

Issues discussed included:

- The intending mother is currently single and has a long history of fertility challenges, which, as noted in the counselling records, has been a source of grief. She connected with both gamete donors through a profile exchange facilitated by the fertility clinic.
- The egg donor has experienced her own fertility journey to have children and therefore understands the emotional impact involved. Her eggs have already been retrieved, and no additional egg donations have been made since the initial collection.
- The sperm donor is in a same-sex relationship and does not have children of his own. He expressed a desire to continue his genetic lineage while contributing to the creation of families for others. The sperm donor and his partner intend to have a family in the future. The sperm donor has not yet informed his family of his intention to donate but plans to do so in the future, reflecting an awareness of the importance of familial implications.
- The intending mother has acknowledged the importance of the child understanding their genetic identity and heritage, particularly as the gamete donors are of different heritage to her and has taken steps to address this. She stated that her choice of donors was influenced by their willingness to engage. Both gamete donors have expressed openness to maintaining contact with the child in the future.
- The Committee was satisfied that neither of the gamete donors presented any significant medical concerns that would adversely affect a future child and contraindicate donation.
- The Committee noted that the intending mother is currently receiving treatment for an ongoing mental health condition and, if she were to become pregnant, would need to discontinue her current treatment. The Committee agreed to request a report from the intending mother's psychiatrist that outlines the associated risk of discontinuing her medication, specifically the potential impact on her mental health, and how she might best be supported to maintain good health if a pregnancy is achieved.

Decision

The Committee agreed to **defer** this application to request a psychiatrist report for the intending mother that provides a risk assessment associated with the potential impact of discontinuing her current treatment to carry a pregnancy.

Actions

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

11. Application 24267 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:

- This surrogacy involves a surrogate carrying a pregnancy for their younger sister. The resulting child will be the full genetic child of the intending parents, while the surrogate and their partner will be the child's aunt and uncle. The sisters share similar values and have a close relationship. There are no identifiable external influences on any party.
- Surrogacy was suggested to the intending parents by a fertility specialist, based on the intending mother's medical history and fertility journey. The decision to pursue surrogacy felt like a significant relief for the intending parents. The Committee is satisfied that surrogacy is the best or only option for the couple to start their family.
- The intending parents have embryos in storage. The surrogate has stated the number of cycles she is willing to have and may revisit this if they are unsuccessful.
- The intending parents wish to attend the surrogate's clinical appointments and be present at the birth. Any complications will be discussed openly between the parties.
- The intending parents understand they hold rights regarding ongoing embryo storage and disposal, while the surrogate retains legal rights over pregnancy decisions. Both parties have been informed of surrogacy processes and associated legal issues.
- The surrogate has been advised of their legal rights, including the Status of Children Act and adoption procedures. They understand that payment for surrogacy is illegal and have been advised of limitations on associated payments.
- Counselling for both the intending parents and the surrogate was noted, with no significant concerns raised. The surrogate and their partner are aware of counselling services if needed and state they would not have proceeded if there was any risk to their children.
- The intending parents intend to follow standard legal adoption procedures. Oranga Tamariki have approved an adoption order in principle.
- The counsellors have observed that, all parties attended counselling sessions in person and demonstrated a naturally good rapport, being open and honest.
- The surrogate has discussed the arrangement separately with their clinician and completed the necessary pre-treatment work-up. The Committee is satisfied that any medical concerns or risks will be managed throughout the pregnancy.
- Both parties have discussed the HART Act and the future rights of the child. They intend to be open with the resulting child and transparent about the surrogacy with family, including the surrogate's children.

- Both parties have strong support from family and partners.
- Both parties received full legal advice, including advice regarding the need for updated wills and testamentary guardianship.

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.

12. Application 24221 for surrogacy involving an assisted reproductive procedure

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

Issues discussed included:

- The intending parents have had an infertility journey over some years with no known cause and surrogacy is recommended as the best option to help the couple start their family. Embryos have been created using their own gametes and so a child born of this arrangement would be the intending parents' full biological child.
- The important considerations for the surrogate in carrying a surrogacy pregnancy: her own pregnancy and birthing history has been considered, her medical specialist has advised her of the additional risks of surrogacy and, there is a medically appropriate plan in place for her that includes monitoring by a specialist care team. The surrogate's informed consent to the treatment has been clearly demonstrated. The counselling reports included discussion around the plans in place for day to day practical and emotional support for the surrogate during a pregnancy. The Committee was reassured by the fact that she has some key support people close by especially as the intending parents and the surrogate live in different parts of the country.
- The counselling reports described the way in which the parties met and how they have since developed a relationship. The reports also set out their discussion and agreement around treatment, pregnancy, birth and post-birth plans. The issue of the intending parents' past grief that might arise during the course of the pregnancy was explored along with how the parties might communicate with each other to manage expectations. The Committee was satisfied that all parties are aware of the risk and have a plan in place to help them manage any issues that arise. The Committee was reassured that they have demonstrated how they have used the agreed communication plan in relation to issues that came up in the context of the counselling discussions.
- The parties' have been informed of their legal rights and responsibilities in relation to treatment, pregnancy, birth and post-birth when the intending parents plan to take a resulting child into their care. The intending parents have declared that they would adopt any child born of this arrangement, they appear highly motivated and prepared to take a child into their immediate care, the

surrogate is aware of and has consented to this happening. Oranga Tamariki has approved an adoption order in principle.

- Both parties have also sought independent legal advice. The Committee noted that the legal report for the surrogate was particularly strong as it covered the legal issues well and additionally, demonstrated the surrogate has a strong understanding of the issues.
- The intending parents have a public-facing social media presence through the work that they do and, their surrogacy journey is and will continue to be posted there. The Committee discussed the privacy considerations in particular for the surrogate in relation to this and, the importance of consent to post identifying material having been explored within the counselling sessions.
- The Committee noted that the intending parents' surrogacy story is public and agreed that while that doesn't necessarily relate to coercion for the surrogate, it does create a particular environment that might make it harder for her to say no or change her mind at a certain point. The Committee noted that it was reassured that the surrogate's lawyer appeared to have raised the issue of the surrogate's right to privacy, including online privacy, appropriately with the surrogate.

Decision

The Committee agreed to **approve** this application, and endorsed the legal advice regarding the surrogate's privacy rights and would recommend that she is given the opportunity to consent to publication of any photos of the birth before any are posted online.

Actions

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

13. Application 24224 for surrogacy involving an assisted reproductive procedure

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

Issues discussed included:

- The intending parents are a male couple who need an egg donor and a surrogate to help with their family formation.
- The surrogate is a long-standing friend of the intending parents who has completed her family and has subsequently offered to be their surrogate. The surrogate and the intending parents have discussed at length the implications of the intended arrangement for their friendship.
- The egg donor was unknown to the intending parents. She offered to be their egg donor after reading their profile on an online forum.
- There is a cross-cultural aspect to this arrangement with each of the parties having come from different ethnic and cultural backgrounds. They have reported that they found the counselling they received to be culturally appropriate.

- The Committee noted there was detailed discussion in the counselling sessions about pregnancy and birth arrangements. The surrogate's counselling report noted that she would like to proceed with the midwife she has had for her own pregnancies, but in the joint counselling report it is noted that she will receive specialist private care throughout the pregnancy.
- The intending parents have made plans to take leave post-birth and to support the surrogate in her recovery. The surrogate has noted that the intending parents have some insight about what to expect including about some of the more challenging aspects of pregnancy as they have a long-standing friendship, and the intending parents were present during her previous pregnancies with her own children. A support plan for the surrogate is included with this application. The Committee noted that it is a concise plan, but it shows consideration of the different parties who would be able to help care for the surrogate's own children and also some of her self-care strategies.
- The intending parents themselves describe a good support network including with their respective families, despite them being offshore. They have shared their surrogacy plans with family and some close friends. IP1 disclosed a prior experience of depression which was related to situational factors. The Committee noted that this could potentially be relevant in the future and also noted that IP1 says he is able to identify and describe his warning signs.
- Both intending parents' medical history has been disclosed to the egg donor who has had testing for a medical condition carried in the IP2's family that could affect a future child, but she is not a carrier of the gene. The egg donor's medical report sets out her history, but this history is not discussed elsewhere in the application.
- Both intending parents were born overseas, and their families are overseas, but they intend to remain in New Zealand for the time being. They have declared intentions to be open with a future child about their origins. The surrogate has declared intentions to be open with her own children but considers they are too young to be involved in counselling currently, although the surrogate couple know that counselling is available for the children should they need it. The parties plan to have ongoing contact and the surrogate and her partner will be known as aunty and uncle to the child. The egg donor has said that she is willing to be known to the future donor-conceived child, and to remain in occasional contact in the future.
- Both parties have received legal advice, and the parties have been advised to make or update their wills and have testamentary guardianship plans. The intending parents' report also covers life insurance and income protection for the surrogate.
- Oranga Tamariki has approved an adoption order in principle for 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.

14. Application 24133 for embryo donation for reproductive purposes

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 intended parents have been trying to have a family for an extended period of time without success. They have tried and considered different methods of building their family. To date they have had fertility treatment with their own gametes, later with the addition of an egg donor, and again with their own gametes all without a pregnancy. They have been told by two fertility specialists at two different fertility clinics that embryo donation would offer them the best opportunity for a pregnancy.
- This is a clinic facilitated embryo donation. The donors created embryos using their own gametes for their own treatment. They have children born from those embryos and consider their family complete. The donors selected the recipients for their donation from their non identifying profile and the intending parents accepted the offered donation from the donors' profile and information about the embryos. The couples share similarities in terms of shared experiences of fertility treatment, religion and cultural backgrounds.
- The intending parents are New Zealand residents. They are likely to visit family overseas, but their intention is to raise any child born of the donation here. The donor couple who share a similar ethnic background also have family overseas and, while they have no immediate plans to return to live with family, they would update their contact details if their residency status were to change.
- Medical information about the donor couple that could be relevant to a future child's health has been disclosed to the intending parents. The donor couple's own children are well and there are no known heritable genetic disorders in their families.
- Counselling sessions explored the implications of having full genetic siblings in two families and the reports note they were thoughtful about the need for donation and what parenting a donor-conceived child might look like for them. The intending parents declared that while their initial focus would be building their family, that they would want a resulting child to know who their biological parents are, and they would be open to a future relationship with the donor couple and their children. They are still working through how they will talk to a future child about this, but they anticipate they will start at an age-appropriate time to help the child understand their origin story. They also plan to tell their immediate close family members and anticipate they will welcome a child born of this donation into the family.
- The donor couple's counselling reports describe them as having a strong conviction that any resulting child will be the intending parents' child, with the intending parents having the right to make all treatment and pregnancy decisions as well as and having all parental rights. Their motivation to donate is described as altruistic and a desire to help another family and to give the embryos a chance at life.
- The donor couple have declared that they will be open with their own children about their decision to donate at an age-appropriate time.

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.

15. Application 24222 for surrogacy involving an assisted reproductive procedure

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

Issues discussed included:

- The intending mother has a medical history of cancer and treatment for this has compromised her ability to carry a pregnancy. The intending parents have had many attempts for pregnancy and their only ongoing pregnancy sadly ended with a mid-pregnancy loss. It is clear that there is a high risk of pregnancy complication or loss if the intending mother attempts pregnancy again herself and, surrogacy is their best opportunity to have a family. They have a young child born through a previous surrogacy arrangement approved by ECART and are hopeful for a second child through this intended arrangement.
- The parties connected via a friend's social media post indicating that the intending parents were looking for a new surrogate and the surrogate got in touch as she was actively looking to be a surrogate at this time. The parties have met several times since then and have bonded over the fact that they have discovered they share similar interests. The Committee noted that the application provides little insight into the surrogate's motivations beyond stating a strong desire to be a surrogate.
- The intending parents have used their own gametes to create embryos. Their existing child and any resulting child will be full genetic siblings, both with a surrogacy story. Their children will have different surrogates, and the reports state that the intending parents have declared that both will have opportunity for knowledge of and contact with the women who gave birth to them.
- The Committee noted that the letter from Oranga Tamariki approving the adoption order in principle, as well as the counselling reports, highlight that the intending parents have not told their existing child that they were born through surrogacy. The counselling reports recommend early disclosure and the letter from Oranga Tamariki strongly reinforces this, stating that openness and transparency are in the child's best interests regardless of whether another surrogacy occurs.
- The intending parents indicated they plan to share this information if the current surrogacy proceeds, viewing it as an opportunity to explain their current child's origin story. The Committee agreed with the emphasis in the letter from Oranga

Tamariki that disclosure should happen now, as early communication is preferable in the interests of the child.

- Both couples live in rural areas and have bonded over that shared experience. The surrogate has had straightforward pregnancies and births, but did experience postnatal depression after the birth of her youngest child, which she attributes to rural isolation. There has been discussion about whether similar feelings might arise after this pregnancy. While she won't have the demands of caring for a newborn, the intending parents are mindful of this and prepared to offer support if needed.
- One concern raised was the lack of detail in the application about support arrangements, particularly the level of support the intending parents can provide. They live some distance away, but the reports indicate that there has been consideration of how best to support the surrogate.
- The surrogate couple both have mothers who are very involved and often stay for extended periods of time to help during busy times on the farm, which was reassuring to the Committee. The surrogate's partner is fully committed and stated that if support from the two mothers is not enough, they would delegate farm duties to workers and personally care for the children.
- The surrogate is in good health, with well-managed coeliac disease. She has noted her preference to use a midwife, as in previous pregnancies, but is open to obstetric or specialist care if required.

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 23804 for embryo 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 mother is pursuing parenthood as a single woman, and she wishes to be the recipient of embryos for her use in fertility treatment to start a family. She has previously attempted to conceive while in former relationships without success, before being diagnosed with early menopause.
- The intending mother has considered adoption but prefers to carry a pregnancy herself and is aware of significant delays with any adoption process and that adoption is not guaranteed. While the use of donor sperm and donor eggs has been considered she considers embryo donation to be less complicated. For

these reasons, embryo donation is considered the best option to help her start a family.

- The intending mother has been medically counselled regarding the increased risk of preterm birth associated with her prior surgery and has been advised to attend a preterm birth clinic for monitoring during pregnancy. Risks related to advanced maternal age have also been explained. She has a medical condition which is well controlled, and her specialist has confirmed that medication will be adjusted as needed for fertility treatment.
- The donor couple have completed their family and the embryos for donation are surplus to their needs. The donors' medical information has been disclosed to the intending mother.
- The intending mother connected with the donor woman through a social network after posting a message seeking embryo donation. They live in different cities and have not met in person but report a positive relationship.
- If the treatment is successful, the intending mother plans to share information about treatment, pregnancy, and birth. She has a strong local support network, is aware of single-mother support groups, and feels confident about parenting. She has been advised of the HART Act requirements and intends to provide the child with access to identifying information. She has declared that she plans early disclosure about the child's origins and has reviewed resources from donor-conceived organisations. She is open to contact with the donors and accommodating their children's needs.
- The donor couple has completed their family and wishes to help others experiencing infertility, particularly within a shared work community. They share similar views on openness and information sharing, with no expectations about communication frequency. They intend to inform their own children about potential donor-conceived siblings if the arrangement is approved. Both parties expressed hope that the children might develop a social cousin-like relationship, despite being full siblings.
- The Committee noted that police vetting is pending for the intending mother and agreed to approve subject to police vetting being clear.

Decision

The Committee agreed to **approve** this application subject to receiving confirmation that police vetting has been completed and is clear.

Actions

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

17. Application E22/156 for within family gamete donation – request to extend approval

Richard Ngatai opened the discussion for this request. The Committee considered this request 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 request is for an extension approval for this within family gamete donation, originally approved in 2022.
- The applicants have also requested a variation to allow Recipient Woman 2 to have treatment using the donation in addition to Recipient Woman 1. Specifically, they have asked:
 1. Whether an extension if approved could allow for transfer of embryos created to both the recipient parents who are both female - (the couple's original plans approved by ECART were for RW1's eggs to be used and for her to carry a pregnancy), and
 2. Whether a new application would be needed if the couple decided they wanted to also create embryos using RW2's eggs and the donated sperm for transfer to either RW1 or RW2.
- The Committee noted that there has been a change in circumstances for the sperm donor who now has a child with their partner. There is one embryo (created with RW1's eggs and the donor sperm) remaining and a letter setting out updated counselling for the donor states that he has consented to either woman using the remaining embryo. It is not explicitly stated that he consents to more embryos being created with RW2's eggs and transfer to her.
- Under ECART guidelines, any variation requires confirmation that the donor has consented to the specific use of the donation. While it appears the donor has received renewed counselling and consented to transfer of the remaining embryo to RW2, the Committee agreed that clarity is needed on whether consent applies to more embryos being created with RW2's eggs and transfer to her. The Committee noted that it would also require a medical report for RW2, to confirm her suitability for treatment as the clinical picture for RW2 is not clear based on the information provided.

Decision

The Committee agreed to **approve** this request to extend approval of the original application.

Any other variation requires consent for a specific person to use the donation and would require a medical report for RW2 and updated counselling that clearly shows that the donor has consented to RW2's eggs being used to create embryos for transfer to her or to RW1.

Actions

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

18. Application E22/166 for embryo donation – request to extend approval

Mike Legge opened the discussion for this request. The Committee considered this request 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 request to extend approval of a previously approved embryo donation arrangement with a within family aspect.
- An extension has been requested so that the recipient couple can use the remaining embryo in treatment when they are ready to do so.

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.

19. Consideration of extended storage applications

Led by Mr Peter Le Cren.

Meeting close

Confirmation of next meeting on 20 February 2026.

Confirmation of ECART member in attendance at next ACART meeting on Thursday, 19 March 2025, Dr Jeanne Snelling.

Mr Richard Ngatai led the closing Karakia.