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

19 June 2026

Held in person at the Ministry of Health, Wellington

In Attendance

Dr Jeanne Snelling	Chairperson
Mr Peter Le Cren	Member
Dr Annabel Ahuriri-Driscoll	Member
Dr Emily Liu	Member
Ms Lana Stockman	Member
Mr Richard Ngatai	Member
Dr Simon McDowell	Member (from 1pm)
Mr Jonathan Darby	Member
Dr Mike Legge	Member
Dr Amanda Lees	Expert advisor (ethics)
Dr Debra Wilson	ACART member in attendance
ECART Secretariat	

Apologies

Mrs Mania Maniapoto-Ngaia	Member
Dr Analosa Veukiso-Ulugia	Member
Dr Angela Ballantyne	Member

1. **Welcome**

The Chair opened the meeting and welcomed all in attendance.

2. **Conflicts of Interest**

Dr Simon McDowell declared a conflict of interest for application ARP 25369 for DO/DS and application 25552 for surrogacy involving an established procedure and did not take part in the decision making for these applications.

3. **Confirmation of minutes from previous meetings**

The minutes from the 24 April 2026 meeting were confirmed.

4. **Secretariat update**

The Secretariat advised of a planned update to the Committee's standard operating procedure, which will be provided in ECART's August papers for ECART to note. Also advised were Committee appointments and fees changes updates.

5. **Application 24719 for creation of embryos from donated eggs and donated sperm – conditional approval response**

Dr Annabel Ahuriri-Driscoll 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:

- The Committee had previously conditionally approved this application. It had noted the intending mother's prior mental health challenges and considered that the psychiatric report provided to the Committee did not clearly outline a structured management plan and the support available should the intending mother's mental health deteriorate.
- The Committee was satisfied that the further information provided with this response demonstrated that a comprehensive and proactive plan is in place and that these measures appropriately mitigate identified risks.
- The Committee noted that applications can sometimes focus more on pregnancy than on longer-term parenting demands. In this case, the intending mother demonstrated insight into these challenges and had made considerable effort to address potential stressors and supports over time.
- It was confirmed that the intending mother has access to counselling through fertility services and is also engaged with an established therapeutic support network. The Committee was satisfied that appropriate counselling support is in place.

Decision

The Committee concluded that the detailed, well-integrated, and proactive support plan, along with strong clinical oversight and support networks, provided sufficient assurance that the intending mother's mental health and well-being is well supported and that potential risks will be appropriately managed. It 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.

6. **Application 25369 for creation of embryos from donated eggs and donated sperm**

Mr 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 parents are in a committed relationship and have experienced unsuccessful fertility treatment, including multiple IVF cycles that did not result in a pregnancy. The application seeks approval for the use of both an egg donor and a sperm donor in order to achieve a pregnancy and start their family.
- The medical report states that use of donor eggs in conjunction with donor sperm is the best option for the couple to conceive a child.
- The intending parents have a supportive extended family network and experience with diverse family structures, including non-genetic relationships.
- The egg donor is in an extended family relationship with the intending father through marriage to a sibling (i.e. the donor is the intending father's sister-in-law). Although the familial connection has developed more recently, the relationship between the intending parents, egg donor, and donor partner is described as positive and supportive.
- The sperm donor is a clinic donor not known to the intending parents but has previously donated and maintained contact with another recipient family, reporting a positive experience. Both donors have expressed openness to ongoing contact with the child. The intending parents have demonstrated a commitment to supporting future contact between the child, donor siblings, and donor families. The egg donor's children have been involved in counselling and are supportive of the intended arrangement.
- The intending mother has a congenital condition that has been surgically managed and is reported as stable in prior specialist assessment. The report available to the Committee was dated several years prior, noting some pregnancy-related risks requiring monitoring, particularly regarding blood pressure, but not indicating a contraindication to pregnancy. The Committee noted that the report was not current; however, reassurance was drawn from evidence that the intending mother has undergone fertility treatment during this period under clinical supervision, suggesting she has ongoing medical oversight. It is expected that updated review will occur during pregnancy as recommended.
- The Committee noted that no genetic incompatibilities were identified between donors and, that relevant medical information, including mental health history, has been shared between parties. The Committee considered the stability of the intending parents' health, their supportive family environment, and openness regarding donor conception. The presence of strong support networks and commitment to openness about genetic origins were viewed positively. No significant concerns were identified regarding the future child's wellbeing.
- The Committee's primary concern related to the age of the specialist cardiology report for the intending mother. The Committee noted that while more recent documentation would be preferable, the condition appears stable, and there has been ongoing clinical engagement through fertility treatment. It was agreed that approval of this application could proceed with acknowledgement of the age of the report and on the basis that clinical monitoring will occur as required.

- The Committee was satisfied that all parties have participated in counselling as required. Engagement of the egg donor's children in counselling was noted as a positive aspect.

Decision
The Committee agreed to **approve** this application on the assumption that, although the specialist cardiology report for the intending mother was not recent, her condition continues to be stable as reflected in the 2022 report.

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

7. Application 25370 for surrogacy

Mr 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:

- The need for a surrogacy arrangement arises from a history of infertility, including multiple IVF attempts using the intending parents' own gametes without success.
- The medical report states that surrogacy is considered to be the best option for the intending parents.
- The surrogate is a close family member of the intending mother. The relationship is described as very close and supportive. The surrogate has an existing child and is acting altruistically, having initially offered to act as surrogate prior to starting a family. The counselling reports show there is a clear understanding of roles and expectations, with no intention for social media exposure and an expectation of ongoing familial contact given the existing relationship.
- The Committee was satisfied that medical information has been shared appropriately between parties, and no significant unmanaged health risks were identified. A plan is in place to limit embryo transfer attempts, thereby mitigating physical and emotional burden.
- No concerns were raised regarding the health and wellbeing of a future child. The family context is stable, supportive, and well established. The close familial relationship is expected to provide a supportive environment for the child, with clarity about origins and ongoing relationships.
- The Committee noted the absence of any evidence of financial or material gain, with the arrangement clearly altruistic in nature.
- All parties have received appropriate counselling. The counselling process addressed the emotional implications of surrogacy, roles and expectations, and the impact on existing family relationships. The intending parents demonstrated insight into their infertility journey and readiness for surrogacy.

- All parties have received independent legal advice and understand their rights and responsibilities. The legal framework governing surrogacy arrangements, including parentage and post-birth processes, has been fully explained. Any requirements specific to the arrangement have been identified and addressed.

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 25552 for surrogacy involving an established procedure

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

Issues discussed included:

- The intending parents are seeking to have a child through a traditional surrogacy arrangement following unsuccessful attempts involving a gestational surrogacy pathway. The current proposal involves the surrogate also acting as the egg donor, with IVF as the planned method of conception. The application was brought to the Committee for non-binding ethical advice, although formal approval is not required under the relevant ACART guidelines.
- The intending parents and the surrogate have an established relationship developed over a sustained period, including regular communication, in-person contact, and shared experiences through previous treatment attempts. The relationship is described as respectful and supportive, with familiarity between wider family members. The parties have agreed that there will be ongoing contact after birth, and the surrogate will maintain a role in the child's life within an extended family framework. The intending parents also intend to support the child's connection to the surrogate's family and cultural background.
- The surrogate has a history of postnatal depression and other factors that may increase vulnerability to emotional distress, including at relinquishment. These matters were disclosed and discussed with the intending parents and explored in counselling and psychological assessment. The earlier postnatal experience was considered situational, and no current clinical concerns were identified. The implications of the surrogate being both gestational and genetic parent were specifically addressed.
- The surrogate has a strong support network, including a partner and family, and has demonstrated awareness of potential emotional risks and willingness to seek support. Practical arrangements include childcare support, attendance at key appointments with a support person, and engagement with a lead maternity carer. The intending parents have plans to return to New Zealand if required during pregnancy (they are currently working offshore) and to be present before the birth, with contingency support from family members if needed.

- No concerns were identified regarding the welfare of the future child. The parties have considered issues of identity, openness, and ongoing relationships, including the child's genetic origins and cultural connections. The intending parents demonstrated a commitment to supporting the child's understanding of these aspects over time.
- The Committee discussed the intending parents' overseas location and was satisfied that current arrangements, including contingency planning and improved relationship stability, adequately addressed earlier concerns. The use of IVF in a traditional surrogacy arrangement was also discussed; while more intensive, it was accepted as an appropriate option and raised no ethical concerns.
- The Committee confirmed that all parties have received appropriate counselling. Counselling addressed the implications of traditional surrogacy, relinquishment, ongoing contact, cultural considerations, and support for all parties, including the surrogate's existing children.
- The Committee confirmed that all parties have received independent legal advice and have been informed of their respective rights and responsibilities, including the legal processes required for adoption following the birth of a child. The intending parents have previously obtained approval in principle for adoption, and guardianship arrangements have been considered.

Decision
The Committee was satisfied that the proposed arrangement was consistent with the relevant ethical principles usually applied to surrogacy applications, that appropriate counselling and legal advice had been obtained, and that the health, welfare, support, and legal implications for all parties and the future child had been adequately considered. As the arrangement did not require formal ECART approval, the Committee's view was provided as non-binding ethical advice rather than as an approval decision.

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

9. Application 25207 for surrogacy

Ms 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 application concerns intending parents seeking approval for a gestational surrogacy arrangement. Medical advice confirms that surrogacy is the only viable option for the couple to have a genetically related child. Embryos have been created and a child born of this arrangement will be a full genetic child of the intending parents.

- The intending parents were introduced to the surrogate through an online forum. The relationship has subsequently developed in person, with visits and ongoing communication. The surrogate, her partner and their children are part of a supportive extended family network. The intending father has adult children from a previous relationship, who are aware and reported to be supportive. The Committee discussed whether those adult children required counselling and concluded that, given their adult status and lack of direct impact on their daily lives, this was not necessary.
- The intending mother's condition and recommended treatment were clearly documented, and the Committee was satisfied that surrogacy is the only pathway for the intending parents to have a full genetic child.
- The Committee noted the surrogate's pregnancy and delivery history included some manageable complications. These risks were acknowledged and there is appropriate monitoring and plans in place to manage any risk.
- The Committee discussed several practical and ethical considerations. These included the need to ensure appropriate guardianship arrangements are in place, particularly as the intending parents plan to return to a different location shortly after birth.
- The use of social media was also discussed, given the parties' initial contact via an online platform. While no inappropriate use was identified, the Committee supported the counselling advice that risks be managed carefully, particularly in emotionally challenging situations.
- Independent counselling was completed separately for the intending parents and the surrogate, as well as jointly. The reports indicated no evidence of coercion or undue influence, and that all parties demonstrated a clear understanding of the process, risks, and expectations. Counselling covered the emotional and physical demands of surrogacy, expectations regarding involvement during pregnancy, birth planning, and post-birth arrangements. Issues such as termination decisions, which rest solely with the surrogate, were discussed and understood.
- The importance of openness with all children involved regarding their origins was emphasised, and age-appropriate approaches were recommended. Social media use was explicitly explored, including potential risks. The Committee was satisfied that counselling was comprehensive.
- All parties received independent legal advice. They were informed that surrogacy arrangements are not legally enforceable and that legal parenthood initially rests with the surrogate and her partner until an adoption order is completed. The need for legal safeguards, including guardianship arrangements to allow the intending parents to make decisions for the child prior to adoption, was understood. Testamentary guardianship and succession planning were also discussed. The altruistic nature of the arrangement was confirmed. The Committee noted a minor administrative issue with unsigned legal documentation but did not consider this substantive.

Decision
The Committee agreed to **approve** this application. While minor concerns were discussed, including social media use and procedural details, these were considered adequately addressed. The Committee supported reinforcing counselling advice regarding responsible social media engagement but did not make this a formal condition of approval.

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

10. Application 24642 for surrogacy

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

Issues discussed included:

- The intending mother had an emergency hysterectomy for medical reasons, meaning that surrogacy is medically considered the only option for the intending parents to expand their family.
- The intending parents have existing embryos created from their own gametes.
- The surrogate couple have an existing close relationship with the intending parents who they live near to. The surrogate couple are motivated by a desire to support the intending parents following their fertility challenges.
- The surrogate's medical history notes prior uncomplicated pregnancies and no significant ongoing medical concerns. Relevant risks of surrogacy have been discussed and are considered manageable within standard obstetric care.
- Both couples have undergone counselling individually and in a joint session. The Committee agreed that relevant topics were discussed and overall, the arrangement has been well considered and understood.
- Both parties received independent legal advice outlining their rights and responsibilities under the HART Act. The Committee was satisfied that all parties have an appropriate understanding of the legal framework.

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

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

11. Application 25547 for surrogacy with donated eggs

Dr 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 application is for a same sex male couple, who therefore require an egg donor and surrogate to have a child, making the indication for donation and surrogacy clear and appropriate.
- The egg donor was reported to have no significant medical concerns. It was noted that they are a carrier for a congenital condition however this has no implications for egg donation in this context. The donor has been counselled regarding IVF processes and risks. Risk mitigation strategies are in place. The Committee did not identify any concerns regarding suitability for donation.
- The surrogate has had her own previous pregnancies; all delivered at term via caesarean section. A caesarean section is planned for delivery of a child born of this arrangement. The Committee discussed the increased operative and obstetric risks associated with multiple caesarean deliveries; however, these risks were not considered prohibitive. A history of postnatal depression on two occasions was noted, with situational triggers identified. No ongoing concerns have been identified. The surrogate has good social supports. Risk mitigation strategies have been discussed, and planned referral for specialist obstetric care with appropriate monitoring.
- No concerns were raised regarding the health and wellbeing of the future child. The medical and psychosocial contexts of all parties were considered stable, with appropriate safeguards and monitoring in place.
- Counselling for all parties has been comprehensive. This includes discussion of treatment processes, risks, and expectations. No significant concerns were identified within the counselling reports.
- The Committee was satisfied that all parties have received appropriate legal advice regarding their rights and responsibilities under the relevant regulatory framework. No legal concerns were identified.

Decision

The Committee agreed to **approve** this application supporting the planned referral for the surrogate when pregnant for specialist obstetric care with appropriate monitoring.

Actions

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

12. Application 25740 for surrogacy with donated eggs

Dr 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 application for surrogacy is due to the intending mother having received medical advice that a pregnancy would pose substantial risk to both her health and that of the fetus, due to her serious ongoing medical condition.

- The intending parents attempted IVF using their own gametes, however this was unsuccessful likely due to low ovarian reserve, therefore egg donation is required.
- The Committee accept that surrogacy with egg donation is the best and only option for the intending parents to extend their family.
- The Surrogate is part of the intending mother's extended family, and they have a close relationship.
- The Committee noted that the surrogate has a history of uncomplicated pregnancy and delivery, with some minor medical considerations identified but deemed manageable through standard obstetric care.
- The egg donor has an existing relationship with the intending parents through longstanding social connections.
- Both the intending father and egg donor are carriers for a genetic condition, although with different genotypes. Genetic counselling confirmed a twenty-five percent change of a child inheriting a milder genotype, this would not be recommended for prenatal testing.
- The Committee also discussed the intending mother's long-term health prognosis and its potential implications for parenting, noting that while there are ongoing health concerns, these were not considered sufficient grounds to preclude approval.
- All parties have had comprehensive counselling, including both individual and joint sessions. The Committee were satisfied that all relevant matters were explored and that all parties are aligned.
- All parties have received independent legal advice regarding their rights and responsibilities under the relevant legal framework, including the HART act.
- The Committee note that this arrangement takes place in a close-knit community context with all parties intending to have ongoing contact and safeguards the interests of all parties including a future child.

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

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

13. Application 25739 for surrogacy

Dr 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 application is for gestational surrogacy due to the intending mother having exhausted all other fertility treatment options after experiencing a history of infertility and pregnancy loss. The Committee acknowledge that surrogacy is considered the best and only medical option for the intending parents to have a child.

- This is the intending parents' fourth proposed surrogacy arrangement, following three previous ECART-approved applications that did not proceed due to either surrogate withdrawal or medical factors affecting the suitability of the surrogate for embryo transfer. The intending parents are well-experienced with the surrogacy process and remain motivated to proceed.
- The intending surrogate was found via a surrogate website; however, they have a long-standing social connection to the intending parents.
- The Committee noted that the surrogate has previously experienced pregnancy-related complications. These factors were acknowledged as introducing increased risk in a surrogate pregnancy. However, the Committee noted that these risks are well understood, have been discussed with the surrogate, and can be appropriately managed with specialist obstetric care and monitoring. The surrogate is otherwise in good health, and risk mitigation strategies, including close clinical oversight, are in place.
- All parties have had counselling, including individual and joint sessions. These sessions have addressed treatment processes, pregnancy management, post-birth arrangements, communication, disclosure to children, and expectations regarding ongoing relationships. All parties demonstrated a good understanding of the implications of surrogacy and were aligned in their intentions, including openness with the child regarding their origins. No concerns were raised from a counselling perspective, and the parties were considered appropriately prepared.
- All parties have received independent legal advice and demonstrated a clear understanding of their rights and obligations under the HART Act. This includes awareness that surrogacy arrangements are not legally enforceable, that the surrogate retains legal parentage at birth, and that adoption processes will be required. Financial considerations, decision-making regarding termination, and the role of the Family Court were discussed. Testamentary guardianship has been considered by the intending parents, and both parties have been advised on the importance of wills and future planning.

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. Deferral response for ARP 803059 HLA tissue typing

The Committee considered this application in relation to the principles of the HART Act 2004.

Issues discussed included:

- This application relates to a couple whose young child has a severe transfusion-dependent condition. The couple wish to undertake HLA tissue typing to conceive an HLA-matched sibling who could, in the future, donate stem cells to treat the older child's condition. The parents also wish to have another child to expand their family.

- The couple have already undertaken an IVF–PGT-M cycle which produced embryos that were unaffected by condition. The applicants seek to test these embryos for HLA compatibility with their sick child. If a match is found, they plan to transfer the HLA-matched embryo.
- The Committee deferred the application initially due to key information gaps: specifically, ambiguity in the counselling report regarding the appropriateness of cord blood compared to bone marrow for transplant purposes and a lack of clarity regarding the intending parents' expectations of when a transplant might occur. The application referenced cord blood as the intended donation method, but the specialist report noted private cord blood banking in New Zealand is not standardized and therefore unreliable for transplant. Clarity was sought on the planned donation method and the parents' awareness of its implications, the intending parents' understanding of transplant timing, and primary motivations for another child.
- The Committee also sought additional medical information, consistent with the requirement of the relevant ACART guidelines, including the severity of the existing child's condition, alternative treatments and outcomes available for treating the existing child, why an HLA-matched sibling transplant is the best option, what procedures the donor child would undergo, and likely transplant outcomes.
- The report provided to the Committee included a detailed specialist report and an updated counsellor's report addressing the concerns listed above.
- The specialist report noted that the child's condition is severe and progressive. A bone marrow transplant is the only curative treatment and optimally will need to be performed in early childhood.
- No suitable unrelated donor is available internationally; a parent donor would be only a half-match with higher risks. Consequently, an HLA-matched sibling is the best donor option.
- If an HLA-matched sibling is born, donation will involve bone marrow harvest under general anaesthetic after 2 years of age. This procedure carries minimal risk to the donor child, and an independent doctor would oversee the donor child's welfare.
- A sibling donor transplant could cure the existing child's condition, ending the need for transfusions and enabling a normal lifespan.
- The counselling report notes the parents have been thoroughly counselled on HLA tissue typing and fully understand the procedures and implications, including that a transplant might occur when the donor child is too young to consent.
- The intending parents reaffirmed their primary motivation is to have another healthy child, not solely to create a donor; helping their sick child via HLA matching is a hoped-for added benefit.
- The intending parents accept that an early transplant may be necessary and are reassured by the low risks and independent donor advocacy. They also acknowledge a match is not guaranteed and are prepared to have a child regardless.
- The Committee considered that the additional information satisfied the relevant ACART guidelines: that the applicants received appropriate counselling and are well-informed, with ethically sound intentions.

- The affected child's condition is severe and is life-limiting without a stem cell transplant; a sibling transplant is the only realistic cure, and no alternative donor is available.

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

15. Consideration of extended storage applications - Dr Emily Liu to lead

Meeting close
Confirmation of next meeting on 14 August 2026.

Confirmation of ECART member in attendance at next ACART meeting on 2 July 2026. Mr Richard Ngatai.