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

20 February 2026

Held online

In Attendance

Dr Jeanne Snelling	Chairperson
Dr Analosa Veukiso-Ulugia	Member
Dr Angela Ballantyne	Member
Dr Annabel Ahuriri-Driscoll	Member
Dr Emily Liu	Member
Ms Lana Stockman	Member
Mrs Mania Maniapoto-Ngaia	Member
Mr Richard Ngatai	Member
Dr Simon McDowell	Member
Mr Jonathan Darby	Member
Mr Peter Le Cren	Member
Dr Debra Wilson	ACART member in attendance

ECART Secretariat

Apologies

Apologies were received from Dr Mike Legge.

1. **Welcome**

The Chair opened the meeting and welcomed all in attendance.

2. **Conflicts of Interest**

Dr Emily Liu declared a conflict of interest for application 24852 for surrogacy and did not take part in the decision making for this application.

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

The minutes from the 12 December 2025 meeting were confirmed.

4. **Discussion with Fertility Associates counsellors about counselling for minors**

5. **Application 24498 for Embryo Donation**

Mrs 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 intended donation is clinic-facilitated; the couples were not known to each other before meeting through the clinic. The embryo donors have children of their own and have completed their family. They decided to donate their embryos rather than discard them as they wish to help another couple have a family.
- The intending parents have a long history of primary infertility involving both egg and sperm factors. The Committee was satisfied that embryo donation represents the best pathway for the intending parents to have a child given the maternal age and the egg and sperm factors described in their medical report.
- The Committee noted that the male embryo donor has a family history of a genetic condition but does not have the condition himself. The Committee noted advice that the condition identified in the family is a de novo occurrence, rather than a heritable condition, and therefore not of relevance to the embryos for donation in this application.
- The Committee noted discrepancies regarding the number of embryos available for transfer and considered this was likely due to the fact that some of the embryos had been tested with varying results. The Committee agreed that it would note the issue in its decision letter and request consistency in reporting of numbers in future. The Committee also agreed it would seek an assurance that the intending parents are aware of the number of embryos available for transfer.
- The Committee noted that counselling had been completed for the intending parents, including discussion of pregnancy-related risks, and that relevant mitigation strategies are in place.
- The Committee was satisfied that counselling for the parties was done in accordance with the relevant guidelines. There was no evidence of undue influence, coercion, or use of the procedure for social or financial gain.
- The intending parents discussed the loss of a genetic link in implications counselling and have declared they would accept any resulting child as their own, while acknowledging the importance of sharing genetic information for the child's wellbeing.
- The Committee noted that both parties have declared intentions to be open with any resulting child about their conception and would support potential donor-sibling relationships. The donor coupled are planning to move to Australia; the Committee noted the intending parents did not view this as a barrier to the arrangement as the intending parents also have family in Australia and travel there to visit them.
- All parties have been advised of their rights and obligations in relation to the intended donation during treatment, pregnancy and post-birth of a child.
- The Committee noted that the intending parents have been police vetted in accordance with the ACART guidelines

Decision

The Committee **approved** the application, subject to the ECART secretariat receiving confirmation that both couples are clear about the number of embryos available and suitable for transfer.

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

6. Application ARP 24697 for Surrogacy

Dr 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 intended parents have been in a long-standing relationship and have been attempting to conceive for some time but have reported recurrent implantation failures. The intending parents have expressed concern about the past implantation failures and view surrogacy as their best remaining opportunity for a child. This view was supported by their fertility specialist in the medical report.
- The surrogate is a relative of the intending parents and has a close relationship with them. The counselling reports describe the surrogate freely offering to act as their surrogate.
- The Committee noted the surrogate's acknowledgment that she may experience emotional attachment during the pregnancy and may require support, but she states she is motivated to help the intending parents have a child and, she feels well supported by the intending parents.
- The parties live near each other and anticipate maintaining ongoing contact. The intending child would know the surrogate as a social aunt, with plans for age-appropriate disclosure about her role.
- The intending parents intend to adopt any child born of this arrangement. They have discussed the adoption process and their rights and responsibilities in relation to the child pre and post adoption in counselling sessions and, have also sought independent legal advice.
- The legal advice for the intending parents notes discussion about the need for them to adopt the child through the family court. They have completed a preliminary adoption assessment with Oranga Tamariki and are aware that further approval will be required for the child to be placed in their care following the birth. The Committee noted that this was inconsistent with the surrogate's legal advice, which stated that Oranga Tamariki approval for the intended parents to take custody of the child at birth is not required because the surrogate's partner and the intending parent are siblings (which the committee understands may be permitted under s6 of the Adoption Act 1955).
- The Committee noted the discussion about costs. The surrogate's partner indicated that the intending parents had signalled they would reimburse pregnancy-related expenses. Permissible support within the legal framework in Aotearoa New Zealand was clarified in the legal sessions. The need for testamentary guardianship and wills were discussed and the intending parents expressed a wish for the surrogate couple to be appointed as testamentary guardians.
- The Committee noted that both parties indicated awareness of their respective rights, including the surrogate's ability to make decisions during pregnancy.

- Due to the surrogate's maternal age an obstetric consult was sought. The report set out the risks in relation to having a surrogate pregnancy at advanced maternal age. The Committee noted the indication that the surrogate has a 30% chance of developing gestational diabetes and how that could be managed. Her risk of developing preeclampsia is 10-15%. The Committee noted that premature delivery is curative and the risks of delivery early in the pregnancy versus later in the pregnancy were discussed.
- The Committee reviewed all evidence provided and noted that the embryos were created when the intending parents were of advanced reproductive age. Drawing on expertise of clinical members of the committee ECART noted that the available clinical information indicates a high likelihood of chromosomal abnormalities in the remaining embryo with a very low probability of achieving a successful pregnancy (whether or not a surrogate is involved). On this basis, the Committee was not satisfied that embryo transfer to the proposed surrogate provided any material benefit or a better clinical option than transferring the remaining embryo to the intending mother. It also noted that while there was no material clinical benefit in the proposed procedure, the surrogate would assume the risks (primarily implantation failure and miscarriage) associated with the procedure.
- Taking into account all of these factors the Committee was not satisfied that the proposed surrogacy constituted the "best or only" option for the intending parents to have a child (as is required by the ACART Guidelines). Further, the Committee was not satisfied that the implications of proceeding with what may effectively be described as a social transfer, with low chances of success, had been fully explained to the surrogate or the intending parents. Finally, the Committee noted its obligation under the HART Act and the Guidelines to consider the health and wellbeing of the women involved in assisted reproductive procedures, such as the proposed surrogacy arrangement.

Decision
The Committee decided to **decline** the application. The Committee was not satisfied that the proposed surrogacy represented the best option for the intending parents to have a child given the very low likelihood of success which, given the clinical history, would not be improved by using a surrogate.

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

7. Application 24852 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 intending parents have a long-standing relationship, and children conceived through previous fertility treatment. The intending parents have experienced complex pregnancies and treatment, and the medical report

strongly discourages further pregnancy for the intending mother. The embryos were created using the intending parents' gametes, meaning the resulting child would be the intending parents' full biological child. The Committee were satisfied that surrogacy was the best opportunity for the intending parents to have another child.

- The surrogate couple have children and consider their own family to be complete. The surrogate and intending parents initially met through their children and have now known each other for some years. Both parties anticipate an ongoing relationship no matter the outcome of the intended arrangement.
- Individual counselling and joint counselling sessions were completed for the intending parents and the surrogate. The Committee was satisfied that that counselling had thoroughly addressed the relevant considerations, and both parties were reported to be well informed.
- The intending parents plan to be open with any future child about their conception and intend to share information with their current children once a pregnancy is established. The surrogate couple have also declared their intention to be open with the potential child regarding their conception story.
- The Committee was satisfied that there was no evidence of coercion and that both parties have been well-advised of their rights, including decisions relating to pre-pregnancy, perinatal, and post-pregnancy care.
- Both parties have received independent legal advice. The intending parents intend to adopt any child born of this arrangement and they have received approval from Oranga Tamariki for an adoption order in principle and have been advised about the altruistic nature of surrogacy in Aotearoa New Zealand and, that only reimbursement of reasonable expenses is permitted. Lawyers have recommended wills and testamentary guardianship planning.

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 24641 for Surrogacy

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

Issues discussed included:

- This is the intending parents second application for a surrogacy arrangement. Their first was successful and they hope to have another child through this intended arrangement.
- The intending mother has known since childhood that she would not be able to carry a pregnancy herself. The Committee was satisfied that the intended arrangement offers the intending parents the "only" opportunity to expand their family.

- The intending mother and the surrogate are longstanding friends, and they currently live nearby each other. The surrogate is motivated to help her friends expand their family and is reported to have made her offer freely.
- The counselling reports for the surrogate couple note they have children of their own and consider their family to be complete. The surrogate had a complication in one of her previous pregnancies that presents a small increased risk to her for any future pregnancy. The medical report therefore recommends that any birth occur in a hospital setting.
- The Committee noted the support plan for the surrogate includes information about close family and friends who will support her during a pregnancy and postnatally. Extensive discussions have taken place between all parties regarding how the intended arrangement could go, and all have expressed confidence in their ability to manage. Both parties state that they have the support of their extended families.

  Both parties have discussed and agreed on pre, perinatal and postnatal plans. They have been advised about their rights and responsibilities in relation to the intended arrangement., They have declared intentions to be open with the future child about their birth story and plan to maintain ongoing contact as an extended family. The intending parents have previously maintained a positive relationship with their previous surrogate, though it was noted that the prior surrogate felt excluded during the postnatal period. The intending parents have expressed their intention to avoid repetition of this experience and to ensure the current surrogate remains included after birth.
- Both parties have received independent legal advice, including advice on testamentary guardianship and wills. The intending parents have received approval in principle for an adoption order following IVF gestational surrogacy.
- The intending parents have until recently lived overseas for employment reasons, with the intending father currently commuting back to New Zealand. It was unclear whether the intending parents will return overseas after the procedure. The Committee noted that the legal report did not mention advice and discussion on whether relocation prior to adoption of a resulting child could have legal implications and agreed to recommend that the intending parents seek legal advice if they plan to relocate before an adoption is finalised in Aotearoa New Zealand.

Decision
The Committee **approved** the application with the recommendation that the intending parents obtain legal advice should they plan to leave New Zealand before parentage is legally finalised by adoption.

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

9. Application 24640 for Creation of embryos from donated eggs and donated sperm

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 Committee noted that the intending mother is single and therefore requires donor sperm. Due to an early-onset infertility condition diagnosed in adolescence, she also requires donor eggs. The Committee noted that the intending mother's infertility is secondary to a rare genetic condition that arose spontaneously and is not known to be familial. Medical assessments confirm she has a normal uterus and can carry the pregnancy.
- The egg donor and sperm donor are both clinic-recruited. The egg donor has children of her own and has previously donated her eggs to other recipients undergoing treatment so is aware of donation-associated risks. The sperm donor does not want to have children of his own. Carrier screening identified one recessive gene in the sperm donor that is not shared by the egg donor, so the Committee was assured there is not a risk to any resulting embryo. Both donors are open to future contact with any resulting child born of the arrangement.
- The Committee noted that the intending mother has a rare, progressive genetic condition that affects certain aspects of physical movement, function and energy levels. It was noted in the medical report that the condition may be exacerbated by pregnancy. A neurology assessment was also provided. noting that there was no confirmed diagnosis of the condition and that a cardiac evaluation should be conducted prior to pregnancy. Available guidance is limited, largely based on case reports and theoretical considerations regarding pregnancy and delivery given the variability of the presentation. The specialist advised that her condition has progressed gradually and recommended multidisciplinary care throughout pregnancy, including ongoing monitoring and assessment of the mode of delivery closer to the time. The neurologist advised they would be satisfied to support the intending mother proceeding with pregnancy if cardiac evaluation that showed normal results.
- The intending mother reports being able to manage the impacts of the condition in daily life, including in her role as a full-time health professional, with minor workplace adaptations. She expressed confidence in her ability to safely undertake parenting responsibilities.
- The intending mother lives with family and has additional support nearby. She plans to nominate her mother, step-father, and sister as testamentary guardians. She has strong support networks among friends and colleagues. The Committee noted that she has not engaged in joint counselling with her mother, expressing concern that this may cause unnecessary worry for her.
- The Committee discussed the clinical and specialist reports, noting they provided focus primarily on the immediate implications of the intending mother's condition, particularly in relation to pregnancy and delivery, rather than considering the risk of any deterioration in her condition and contingency plans. The Committee noted that the documentation does not clearly outline the likely

long-term trajectory of the condition or how future changes in health and functional capacity may affect the intending mother's ability to parent over time. The Committee considered the available information in the reports to be limited when assessing the overall support structures for the intending mother, sustainability of care, and her capacity to meet the longer-term needs of a child.

- The Committee noted its obligation to consider the health and wellbeing of women in the use of assisted reproductive procedures, as well as the children born from them, under the HART Act. It agreed it would request further information on what support arrangements are available for the intending mother should her condition worsen during pregnancy or after, and how the welfare of any future child would be protected if such an outcome eventuated.

Decision

Given these concerns, specifically the lack of discussion of possible deterioration in the intending mother's condition as a result of the proposed pregnancy and the implications for her own health going forward, as well as her capacity to parent as a single mother, the Committee decided to **defer** this application. Ideally, the Committee would like to receive more information regarding the prognosis of the condition (to the extent possible) and if this information may be ascertained that the intending mother is aware of it. Further, ECART will request evidence of further discussion in counselling regarding the potential for the condition being exacerbated by pregnancy, and if that situation were to occur, what contingency measures may be put in place to support the intending mother and to protect the welfare of any future child.

Actions

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

10. Application 24643 for Creation of embryos from donated eggs and donated sperm

Dr 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 is single and therefore requires donor sperm. Due to her medical history of infertility, she also requires donor eggs, although she can carry the pregnancy herself. The Committee considered these factors and were satisfied that this pathway represents the best option for her to have a child.
- The Committee noted from the counselling report that the intending mother has openly acknowledged her grief regarding the need to use donor eggs. She expressed sadness about not being able to pass on her family's genetic heritage, while also identifying aspects of the donation that feel meaningful to her. She understands the donor-conceived identity processes, including the donor registry, and has declared intentions to be open with any future child from an early age about their genetic origins.

- The intending mother has an ongoing medical condition that requires continued management, which is currently being effectively controlled. Some of her medications would need to be adjusted or discontinued during pregnancy, and clinicians advised there is a possibility the condition may improve during pregnancy. The Committee was satisfied that the condition, as currently managed, does not preclude her from carrying a pregnancy.
- The Committee noted that the intending mother currently lives in a long-term, stable arrangement with a close friend, who also attended counselling as a support person. Although she is not closely connected with her family of origin, the Committee was satisfied that she appears to have an established and reliable social support environment.
- The sperm donor is a longstanding friend of the intending mother, and their friendship is an enduring one despite living in different cities. The sperm donor intends to maintain an ongoing connection with the intending mother regardless of whether a pregnancy is achieved, and he will be known to any future child in a non-parental role. The Committee also noted that the donor and his family are supportive of the arrangement. As someone who has donated in the past, he is familiar with his rights and responsibilities, in relation to the intended donation.
- The egg donor is a clinic donor who is not known to the intending mother, and she selected the donor from a non-identifying profile. It was noted that the egg donor has expressed an interest in meeting the child once they reach adulthood.

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 24657 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 parents do not currently have children. The intending mother has a complex medical and pregnancy history, and clinical advice indicates that carrying a pregnancy would pose significant risks to her health and to foetal growth. On this basis, the Committee were satisfied that surrogacy is the most appropriate and only viable pathway to parenthood for the couple. A child born of this arrangement would be a full biological child of the intending parents.
- The proposed surrogate is a longstanding childhood friend of the intending mother, and their friendship is expected to remain ongoing independent of the intended surrogacy arrangement.

- The surrogate and her partner have children of their own and consider their family complete. The medical report for the surrogate notes that she is healthy and that her previous pregnancies and births were without complication. She has no history of mental health concerns.
- There were no concerns identified regarding relinquishment of the baby to the intending parents. There were also no concerns that any baby born from the arrangement would not be welcomed by the intending parents.
- Both parties have declared intentions to be open with the resulting child about the role the surrogate played in their birth.
- Both the surrogate and her partner have spoken with their families about the intended arrangement. The surrogate couple have started talking with their children about the surrogacy.
- Both parties have received independent legal advice, and the Committee noted the reports were comprehensive. The intending parents intend to adopt any child born of this arrangement and they have received Oranga Tamariki approval of an adoption order in principle following IVF surrogacy.
- The Committee noted that all parties appear well informed of their rights and responsibilities and was satisfied that both parties demonstrated understanding of the medical, social and legal risks associated with the intended surrogacy arrangement.

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

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 24266 for Previously Deferred Application for Creation of embryos from donated eggs and donated sperm

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 Committee first considered this application in December 2025. It deferred it to request a specialist report for the intending mother providing a risk assessment regarding the potential impact of discontinuing her current treatment, and how she might best be supported to maintain good health in the event a pregnancy is established.
- The Committee noted the psychiatrist's report indicates that the intending mother has made significant and sustained progress in her mental health since their February 2025 assessment. The report notes that her mood has remained stable over time, and she is psychologically robust. She is considering an alternative medication that has a safer profile for the foetus and to ensure targeted support for her during pregnancy. She also has access to ongoing

psychosocial support and management strategies in place which will help her maintain her mental health throughout the treatment and pregnancy.

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. Consideration of extended storage applications

Meeting close
Confirmation of next meeting on 24 April 2026.

Confirmation of ECART member in attendance at next ACART meeting on 19 March 2026. Dr Jeanne Snelling.