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

24 April 2026

Held online

In Attendance

Dr Jeanne Snelling	Chairperson
Mr Peter Le Cren	Member
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
Dr Mike Legge	Member

Ms Shalomy Sathiyaraj ACART member in attendance

ECART Secretariat

Apologies
No apologies were received.

1. **Welcome**

The Chair opened the meeting and welcomed all in attendance.

2. **Conflicts of Interest**

No conflicts of interest were declared.

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

The minutes from the 20 February 2026 meeting were confirmed.

4. **ACART PGT-M draft guideline**

ECART noted that it is pleased to see the work being done and suggested a couple of areas where the language could be changed: (a) to give ECART clarity on threshold that needs to be met for it to be able to consider an application and, (b) so that the language of the guidelines is more accessible to lay people. ECART provided suggestions by way of ‘comments’ in the draft guideline.

5. **Extended Storage parameters document**

6. Application 803059 for PGD with HLA tissue typing

Dr Mike Legge opened the discussion for this application. The Committee considered this application in relation to the *Guidelines on the Preimplantation Genetic Diagnosis with Human Leucocyte Antigen Tissue Typing* and the principles of the HART Act 2004.

Issues discussed included:

- In this application for PGD with HLA tissue typing, the intending parents have an existing child who was born with a serious genetic blood disorder. Following the birth of their child, the couple pursued IVF with PGT-M and now have two unaffected embryos in storage. They are seeking HLA tissue typing of these embryos to identify a potential future sibling who may be a compatible tissue match for treatment of their existing child.
- The Committee discussed the medical advice provided by the haematologist and noted that it was not provided in a form that would aid ECART to adequately address whether the requirements set out in the ACART guidelines were met. In particular, the medical reports did not clearly outline the treatment options available to the sick child, nor explain why PGD with HLA tissue typing was considered part of the best treatment option in this case. The Committee noted that key medical considerations were instead embedded within the fertility counsellors report, rather than clearly advised in the medical report.
- The Committee also noted that the intending parents had received advice (from the genetic counsellor) that PGT-M was not routinely undertaken or publicly funded, despite the affected condition being one for which single-gene disorder testing is publicly funded in New Zealand.
- The Committee considered whether it was satisfied that the intending parents had a clear understanding of the treatment pathways available to their existing child if the child's future sibling were to provide a tissue match. The counselling report signalled the intending parents' preference for the use of cord blood stem cells due to its non-invasive nature; however, medical advice from the haematologist stated that there is currently no medically reliable cord blood collection service in Aotearoa New Zealand and that cord blood would not be used. The Committee was concerned that this discrepancy suggested potential for misunderstanding or ambiguity regarding the realistic treatment options, particularly the likelihood that bone marrow transplantation would be the only available option.
- The Committee noted that the ethical considerations differ between non-invasive cord blood collection and invasive bone marrow transplantation. Selecting an embryo with the possible expectation that the resulting child may undergo bone marrow donation before reaching the legal age of consent raises different ethical issues, particularly if the sick child's condition deteriorates faster than anticipated.
- The Committee discussed ethical and practical concerns arising from the possible future need for bone marrow transplantation. The Committee noted that the counselling reports cover in detail the discussion had around how the intending parents would view the future child and noted that it was reassuring to see that the intending parents had declared an intention to have a child regardless of whether or not they might provide a tissue match for their existing child. Members noted that counselling had not explored scenarios in which the existing child's condition might deteriorate more rapidly than anticipated,

necessitating a bone marrow transplant before the resulting child reached the legal age of consent. The Committee observed that the ethical considerations differ significantly between non-invasive cord blood collection and invasive bone marrow donation, particularly where consent cannot be provided by the child. While the Committee was reassured by counselling evidence that the intending parents wished to have another child regardless of tissue compatibility, it remained concerned that the medical and counselling information did not clearly set out or reconcile the anticipated treatment pathways.

Decision
The Committee determined that, while much of the relevant information had been provided, it had not been presented in a manner consistent with the requirements of the ACART guidelines.

The Committee agreed to **defer** the application to request a detailed medical letter from the haematologist that clearly addresses the ACART guidelines criteria, including treatment options, anticipated outcomes, timing considerations, and justification for HLA tissue typing as the best treatment option compared to alternatives.

The Committee also agreed to request clarification from the fertility counsellor to confirm that the intending parents' understanding of treatment options aligns with the medical advice received.

The decision to defer was reached to ensure the Committee could be satisfied that there is clarity about the proposed treatment pathways and fully informed consent.

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

7. Application E23-038 for Embryo donation – approval extension request

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:

- This request is to extend approval for an embryo donation arrangement so that the intending parents can have further treatment in the hope of extending their family. The intending parents currently have two young children conceived from the donated embryos.
- The intending parents and the embryo donors did not know each other prior to the donation. Since the donation, the two families have maintained contact, and a positive and ongoing relationship has developed. The families have met in person, and the children are described as having an awareness of their donor siblings, with the intending parents reflecting thoughtfully on how the children understand their relationships and sense of belonging across both families. The

donors describe the recipient family as extended family and have expressed satisfaction with how the donation arrangement has progressed.

- The Committee discussed medical information relevant to the donors and recipient family. Since the original donation, the only new medical information is that one of the donor's children has been diagnosed with a condition. This information has been disclosed to the intending parents. No other new or significant medical issues were identified. The Committee noted that this update does not raise concerns that would preclude further embryo use.
- The Committee considered the potential health and wellbeing of any future child conceived from the donated embryos. The existing positive relationships, openness around donation, and ongoing contact between families were viewed as protective factors supporting the wellbeing of future children. No concerns were raised that would adversely affect the welfare of a child born as a result of further embryo transfer.
- The Committee noted that the donors consider their own family to be complete and remain supportive of the recipients' wish to extend storage and pursue further transfers. It was acknowledged that the donors are aware of, and retain, the right to withdraw consent to future procedures if they choose.

Decision
The Committee decided to **approve** the request to extend approval.

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

8. Response to deferred 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 intending mother in this application is a single person with premature ovarian insufficiency, therefore requiring both an egg donor and a sperm donor.
- When the committee first considered this application, it agreed to request further information that more fully explored the implications of possible deterioration in the intending mother's medical condition that might result from the proposed pregnancy and, the implications for her own health as well as her capacity to parent in the longer term. Specifically, the Committee requested further information regarding the prognosis of the condition (if that was possible). The Committee also requested 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.

- The Committee has received detailed specialist letter and a further counselling report that addressed ECART's information request well. The counselling report provided detailed information about what the intending mother's support networks are at home, at work, and in her community of family and friends. During a pregnancy the intending mother will receive specialist care.
- The medical specialist letter included states that they have discussed the prognosis of the intending mother's condition postpartum with her and her mother. The Committee was satisfied that her mother who will be her primary support person, is well-informed about how the arrangement could potentially affect her daughter's health.
- The specialist report notes that in terms of prognosis, it is a best-informed estimate because there is limited information available. Overall, however, the outlook appears positive. People who develop the condition later in life tend to live longer, and the applicant fits into this group. Her specific condition is also linked with longer survival. In addition, she is receiving coordinated care from a range of specialists and is reviewed regularly, which is known to improve outcomes. Taken together, the specialist considers her prognosis to be relatively favourable.
- The Committee considered the specialist advice regarding the likelihood and trajectory of functional deterioration. The specialist advised that, while some progression of symptoms is expected over time, this is likely to be gradual rather than rapid, based on the applicant's specific syndrome and her clinical presentation to date. The applicant has shown a good response to minimal intervention, and her current level of functioning places her in a relatively favourable group compared with others with similar conditions.
- The specialist noted the applicant is currently functionally capable, and that she had made a considered and timely decision to pursue parenting in the near future.
- The Committee was reassured that potential future functional decline had been appropriately identified and explored, and that it did not present an immediate risk to parenting capacity. The Committee placed weight on the applicant's insight, forward planning, and the presence of a strong and realistic support network to mitigate the impact of any future deterioration. Taken together, the Committee concluded that concerns regarding functional deterioration had been satisfactorily 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.

9. Application 24825 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 intending mother in this application is a single person who has a history of infertility and prior unsuccessful fertility treatment attempts including using donor gametes. Clinical advice is that further treatment using her own gametes is unlikely to be successful, and embryo donation may offer her the best opportunity to start her family.
- This is a fertility clinic facilitated embryo donation; the embryo donors and intending mother were not previously known to each other and have been matched through a fertility clinic. The parties have received individual and joint counselling where disclosure, future contact, cultural considerations, donor-conceived child rights, and the implications of embryo donation were discussed. The parties met in person at joint counselling sessions and at those sessions, discussed their fertility journeys and motivations for the embryo donation.
- The parties declared intentions for respectful, open and ongoing communication, including with any child born of this donation. They discussed in counselling the ways in which they anticipate keeping in touch and supporting the future child to know their genetic origins and whakapapa.
- The embryo donors' children were conceived via IVF. The donor couple experienced a second trimester stillbirth, which was a distressing experience and has informed how and when they choose to discuss the embryo donation with their children. They indicated they are mindful of their children's emotional wellbeing and attachment needs. For this reason, they prefer not to discuss the arrangement with their younger children prematurely. They have informed their oldest child and intend to discuss the arrangement with their younger children once there is greater certainty, to minimise potential emotional harm. The intending mother confirmed she would support a resulting child's right to information, including knowledge of their whakapapa and family history, and would have open and age-appropriate discussions with the child as they grow up.
- The Committee noted the intending mother's medical history as outlined in her medical report. This included discussion with her specialist in relation to pregnancy risks associated with maternal age and body mass index, including hypertensive disorders, pre-eclampsia, and gestational diabetes and how they might be mitigated. The embryo donors' medical and family history that is relevant to this application was disclosed to the intending mother and discussed during counselling.
- The Committee discussed the significance of a genetic blood clotting disorder in the donor couple's family, and noted it is a common and generally manageable condition. The Committee was satisfied that the information had been shared and understood, and that no additional specialist consultation or PGT-A testing of the embryos was required as the condition did not pose an unacceptable risk to a future child.
- The intending mother demonstrated understanding of potential health outcomes and a commitment to seeking appropriate medical and social support should a child be born with health or developmental needs.

Decision

The Committee **approve** the application

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

10. Application 24930 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:

- The application is for a surrogacy arrangement involving within-family gamete donation. The intending parents are in a committed relationship and are seeking to build a family together. One intending parent is unable to carry a pregnancy and has preserved gametes prior to gender transition. The proposed assisted reproductive treatment involves the use of these stored gametes and donor eggs from a close family member who will also be the couple's gestational surrogate. The Committee was satisfied that the intended surrogacy offers the intending parents the best opportunity to have a child who is genetically related to them both.
- The counselling reports submitted with the application described strong pre-existing family relationships, regular communication, and mutual support for the intended arrangement across the wider family. There was clear evidence of shared expectations around ongoing contact. All parties expressed commitment to transparency regarding the child's genetic origins, with agreement that the child would be raised with knowledge of their conception story and accepted into the wider family network.
- The surrogate couple have completed their family, and the Committee noted the couple have declared intentions to communicate the surrogacy to them in an age-appropriate manner once a viable pregnancy is established.
- The Committee discussed the medical history of the intending parents, and surrogate and the important considerations for the surrogate in carrying a pregnancy. No significant medical conditions of concern were identified for the intending parents.
- The surrogate was noted to have a body mass index at the upper threshold for embryo transfer eligibility. The Committee discussed this as a potential clinical consideration; however, no additional health concerns were identified, and clinical management was considered appropriate. Medical information had been shared between parties as required, and no unresolved risks were identified.
- The Committee noted that the intending parents and surrogate live in different regions, requiring travel for treatment and birth planning. The documentation showed that these logistics had been discussed in detail, including shared accommodation around the time of birth and clear plans for immediate care arrangements.
- The Committee confirmed that all parties had received independent legal advice outlining rights and responsibilities in relation to surrogacy, parentage, and adoption. The legal framework applicable to surrogacy arrangements was discussed, including post-birth processes. Wills and guardianship matters were

raised in legal advice. The Committee noted that the legal advice contained a minor technical inaccuracy regarding statutory processes. This was resolved through the intending parents obtaining approval in principle for adoption order from Oranga Tamariki.

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 24608 for Surrogacy

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 Intending Parents are seeking approval for a gestational surrogacy arrangement. The Intending Mother has had a hysterectomy following severe endometriosis, which required multiple surgeries. As a result, pregnancy is not possible, and surrogacy is considered the only option for the applicants to have a child. The intending parents have embryos created through their own IVF treatment and if the treatment is successful, a resulting child would be their full biological child.
- No medical concerns were raised regarding the intended parents beyond the established indication for surrogacy.
- The intending parents and the surrogate couple are close friends and describe their relationship as being like family. All parties are from the same country of origin, and they became close after meeting in New Zealand, where they now share similar social and friendship circles. The Committee noted the strength of the relationship and the familiarity between the parties as safeguarding the wellbeing of all parties and especially any resulting children.
- The surrogate couple have indicated that their family is complete, and they do not have intention to have more children themselves. The medical report for the surrogate sets out the important considerations for her in acting as a surrogate; she has previously had vaginal deliveries without pregnancy related complications and is currently medically well.
- A past history of depression was noted in the reports, but she has not required medication for several years and is considered stable, with no current concerns about mood. The Committee was satisfied that this history was not a significant concern and did not consider it necessary to seek further information about risk mitigation.
- The Committee noted that both parties have completed counselling in accordance with the guideline requirements and fertility standards, at individual and joint counselling sessions. The Committee noted the counselling was

thorough and robust, and no concerns were identified. The Committee was satisfied that the counselling adequately explored the surrogacy arrangement and that the parties demonstrated shared understanding and aligned expectations.

- The intended parents and surrogate have received advice regarding their legal rights and responsibilities within the requirements of the current legal framework. The intending parents intend to adopt any child born of this arrangement. They have received approval from Oranga Tamariki for an adoption order following IVF gestational surrogacy. The Committee did not identify any red flags, gaps, or concerns in the legal or Oranga Tamariki documentation submitted with this application.

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

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

12. Application 24719 for Creation of embryos from donated eggs and donated sperm

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 intending mother is seeking approval to proceed with creation of embryos involving both donor eggs and donor sperm. The intending mother has been attempting to conceive for a number of years and has previously undertaken cycles of IVF including with use of donor sperm. Due to her age and fertility history, the fertility specialist has advised that the use of donor eggs represents the best option for achieving pregnancy.
- The intending mother and the egg donor met via an online forum and have since been in continued contact. The sperm donor is a clinic donor who has consented to having his donation used in up to six families.
- The intending mother and donors have been advised of their legal rights and responsibilities, including consent requirements and the ability to withdraw consent, in accordance with the regulatory framework. At this stage, the egg donor has not consented to on donation of any embryos created but has indicated that she would give it more consideration if the situation were to arise in future.
- In relation to disclosure and transparency with a donor conceived child and their right to information and support, the Committee noted that the intending mother has acknowledged the need for guidance around cultural support for any resultant child to support them in terms of their Māori identity as the egg donor

is Māori. The intending mother is aware of the egg donor's whakapapa and their iwi affiliation, and donor linking has been discussed. The Committee noted that the reports didn't discuss how the family might engage with whānau and community in the future if the future child wanted to approach the gamete donor for this information. It was noted that process will look different for every whānau, hapū and iwi and, that in the current application process, it is accepted as enough to know that they have considered cultural implications as part of the counselling process and that they consider that counselling has been culturally appropriate.

- The Committee noted that the sperm donor as a clinic donor has received implications counselling and has declared that he is open to being contacted by any resultant child.
- The intending mother has a medical condition that she would need to discontinue medication for prior to treatment and a pregnancy being established. The medical report also indicated that the intending mother is a carrier of two recessive genetic conditions, however, this was not considered to pose a risk due to the use of donated gametes. The increased risks associated with carrying a pregnancy at an advanced maternal age were discussed with the intending mother, including an elevated risk of pre-eclampsia and the likelihood that delivery would be by caesarean section. The intending mother is reported to have a clear understanding of the risks and how they could be managed.
- The Committee noted the information provided in the intending mother's medical report includes a history of depression. A specialist report was also provided, confirming the intending mother's current situation, and a plan for medication management should a pregnancy occur.
- The Committee discussed the intending mother's mental health history noting that the reports focus on her current mental health state, which is considered stable, but do not comment in detail about a clinical management strategy that outlines the support structures in place for her in relation to potential challenges that could arise in parenting in future. The Committee acknowledged that the fertility clinic has a long history of engagement with the intending mother and will likely have included clinic engagement with her specialist given her history, which the committee acknowledged as reassuring. However, information on future mental health implications that might arise in relation to the challenges of parenting did not appear to be discussed. The Committee acknowledged that individuals with lived experience of mental health challenges often have well-developed coping strategies and supports in place but agreed, that it would be beneficial to seek a reassurance that the intending mother has an existing support plan for managing her mental health if she were to find her mood deteriorating and, what strategies and tools she might use to maintain her mental health.

Decision

The Committee acknowledged that the intending mother is in contact with a mental health care team and agreed to **approve** this application conditional on the intending

mother sharing with the Committee the kind of specific supports she has in place, or plans to put in place, if she were to find her mood deteriorating during and post-pregnancy, including regular mental health check-ins.

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

13. Application 25211 for within family gamete donation (eggs)

Dr 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:

- Intending parents are applying for a within-family egg donation. The intending parents are seeking donation following an extended period of infertility, during which they underwent multiple IVF cycles and embryo transfers, none of which resulted in pregnancy. The intending mother also had eggs frozen, but due to a declining ovarian reserve, clinical advice was that egg donation represents the best and likely only option for achieving pregnancy.
- The egg donor is the intending mother's sister-in-law. The egg donor and partner have children and while they do not consider their own family to be complete yet, they have explored the implications of this in counselling sessions and their greater motivation is to help the intending parents start their family. Discussions regarding donation began approximately one year ago, following medical advice, and it is noted that the donor initiated the suggestion of egg donation.
- The Committee noted that all parties have given careful consideration to the family dynamics, including the fact that any resulting child would be genetically related to their social cousins. It was acknowledged that the intending father had taken time to reflect on this relationship. There was no evidence of coercion or undue influence, and all parties expressed a shared intention to maintain positive and "organic" family relationships. The intending parents also indicated they would support any resulting child to understand their genetic origins.
- There were no significant medical concerns identified in relation to either the intending parents or the donor that would preclude treatment. The proposed use of donor eggs was supported clinically as the best opportunity for achieving a pregnancy.
- The Committee did not identify any unmanaged health risks and noted that the parties appeared to be well informed about treatment processes and implications, including relevant social and medical considerations. Practical considerations regarding treatment logistics were discussed in counselling, particularly how the donor would manage appointments alongside caring for her own children. It was noted that support arrangements, including childcare assistance, had been considered and discussed.
- The intending parents and donor completed joint and individual counselling sessions. Counselling addressed the emotional, relational, and practical

implications of within-family donation, including genetic relationships, disclosure to the child, and family functioning. The Committee noted that key issues were explored openly, including potential pressures within a family context, and that the parties demonstrated insight, mutual understanding, and informed decision-making. Practical arrangements, including logistics and support mechanisms, were also discussed.

- The Committee was satisfied that the parties have received appropriate information regarding their rights and responsibilities, including consent processes and the scope of the donation. It was noted that all parties agreed that any embryos created will be solely for the intending parents use only.

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 25356 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 children from previous relationships and are seeking to have a child who is genetically related to both of them. The intending mother has had a hysterectomy, and clinical advice is that surrogacy offers the intending parents the only option to have a full biological child.
- The intending parents and surrogate initially connected through an online platform but later discovered that they already shared a broader social connection, including mutual acquaintances and a common interest. This pre-existing connection has contributed to strengthening their relationship over time. The Committee discussed the positives of the combination of meeting through a structured platform and having an existing social link.
- A treatment plan involving IVF cycles has been proposed, and one embryo had already been created at the time of the report. Due to a family history of a genetic condition, which has affected one of the intending mother's children, the intending parents intend to use preimplantation genetic testing (PGT). The Committee noted that appropriate counselling had been provided regarding the genetic risks and associated uncertainties.
- The surrogate's medical report notes her pregnancy and delivery history, and the Committee was satisfied that she has been appropriately informed about the process and the risks associated with carrying a surrogacy pregnancy. The surrogate has expressed a preference for specialist-led obstetric care, which the Committee considered to be a reasonable and appropriate approach in the context of this application.
- The Committee also discussed an additional psychological report included in the application noting that it provided valuable context and offered a comprehensive view of the surrogate's background and current functioning.

The report outlined some of the challenges the surrogate had faced earlier in life and noted her resilience in managing and overcoming those challenges. She is currently in a stable relationship and has strengthened her support network. Importantly, the report noted that this surrogacy arrangement is planned, supported and managed appropriately, distinguishing it from her past experiences. The report also confirmed an agreed plan for ongoing psychological support, which will allow her to focus on her own wellbeing during the process.

- Overall, the Committee was satisfied that there were no medical concerns that would preclude approval of this application.
- The Committee was satisfied that the parties have received appropriate counselling in relation to the medical, psychological, and social aspects of the intended surrogacy arrangement. No concerns were raised about the adequacy of counselling or the parties' understanding of the implications of the arrangement.
- The Committee noted that the parties have been advised of their legal rights and responsibilities under the HART Act framework and have received independent legal advice in relation to the proposed surrogacy arrangement. There were no concerns raised regarding the parties' understanding of their requirements of the legal framework and adoption process.

Decision

The Committee noted the extensive discussion of the support required for the surrogate and the plans in place to manage her mental health during and after the surrogacy, including specialist support. It agreed to **approve** this application conditional on receipt of a letter from Oranga Tamariki that approves an adoption order in principle following IVF gestational surrogacy.

Actions

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

15. Application 24752 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:

- This is for intending parents second application to ECART for approval of a surrogacy arrangement. ECART approved the first application, but the arrangement did not go ahead.
- The intending mother has a congenital condition and is unable to carry a pregnancy. Surrogacy is therefore the only viable option for the intending parents to have a full genetic child.
- The surrogate and surrogate partner are long-standing personal friends of the intending parents, with a relationship spanning many years, including a period of shared living arrangements. The Committee considered that this long-term connection provides strong reassurance regarding trust, communication, and

mutual understanding between the parties. The surrogate couple made the offer to act as a surrogate after careful consideration and in full awareness of the intending parents' fertility journey. There was no evidence of coercion or inducement, and the surrogate couple consider the surrogate family to be complete.

- Medical reports confirm that the surrogate is healthy and has previously experienced a successful pregnancy. Manageable complications were noted in a prior pregnancy, neither of which required significant intervention. The surrogate also disclosed a historical cardiac condition, which has been assessed by a specialist and deemed to be well managed and not a barrier to proceeding. The Committee noted that no additional monitoring beyond standard care was recommended and that there were no inherited or genetic conditions identified. The Committee was satisfied that risks had been appropriately assessed and could be safely managed, with no medical contraindications to proceeding.
- The Committee noted that the intending parents and the surrogate couple have participated in counselling, both jointly and independently. Counselling sessions addressed expectations, roles, and responsibilities within the arrangement, communication throughout the process, and available support networks including family and friends. Practical support during pregnancy was discussed, along with involvement during different stages of the pregnancy and plans for sharing the child's origin story. The surrogate acknowledged the right to make decisions regarding the pregnancy, including termination, and all parties demonstrated an understanding of the importance of prioritising the health and wellbeing of the surrogate. No concerns were identified in the counselling reports.
- The Committee noted that the intending parents and the surrogate couple have each received independent legal advice and have been informed of rights and responsibilities under the HART Act framework. This included advice on the legal status and non-enforceability of surrogacy arrangements, the adoption process, guardianship, and related matters. A report from Oranga Tamariki recommending support in principle for an adoption order was included. The Committee was satisfied that all parties have a clear understanding of the legal implications of the arrangement.

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

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

16. Consideration of extended storage applications

Meeting close
Confirmation of next meeting on 19 June 2026.

Confirmation of ECART member in attendance at next ACART meeting on 7 May 2026. Dr Mike Legge.