

4. Confirmation of minutes from previous meetings

The minutes from the 8 August 2025 meeting were confirmed.

5. Research study referred to ACART in accordance with s18(2) of the HART Act

The Committee noted that researchers from The University of Melbourne had recently asked about whether ECART approval could be sought for them to join an international clinical trial of PGTA for aneuploidy screening that would involve randomising embryos to having PGTA or not. Aneuploidy screening is offered to women of advanced maternal age to see if chromosomal abnormalities are present that might impact the future child. There haven't been robust clinical trials to date to show whether PGTA improves clinical outcomes.

Despite aneuploidy screening being an established procedure under the HART Order, as well as standard IVF, this does not remove the requirement for ethical oversight of the study design and the study would fall within ECART's remit. Because the ACART guidelines provide for research on non-viable embryos only, ECART cannot approve the application. The Committee agreed to refer the matter to ACART in accordance with s18(2) of the HART Act.

6. Application 23130 for within family egg donation

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

Issues discussed included:

- The intending parents have had a broad range of fertility treatment without success and have received a diagnosis of unexplained infertility. Medical advice is that egg donation would be the best option to help them start their family.
- A close family member who the intending parents know and trust, has offered to donate her eggs to the couple to create embryos with the IF's sperm. Any future child/ren born of this donation would have a genetic link to IF and a gestational link to IM.
- The donor is medically well, and no genetic or medical issues are noted. She has received medical advice about the treatment process and risks associated with egg collection and, she has consented to donate with this knowledge.
- Counselling sessions have canvassed: the donor's motivation to donate; her rights and responsibilities within the regulatory framework; the point up to which she can withdraw her consent; and that the intending parents have responsibility for the embryos once created and would be the legal parents of a child born from this donation.
- The parties have talked about openness and what this will look like for them and their wider family. They have declared intentions to be open noting that they place importance on honesty and transparency. The donor couple have declared they will talk with their own child about the donation. As they are close family, they anticipate their relationships will continue and that the child will know their donor and have a social relationship as aunty and as cousin to the donor's 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.

7. Application 23239 for surrogacy involving an assisted reproductive procedure

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

Issues discussed included:

- The intending mother has had a hysterectomy, and a close family member has offered to be a surrogate for the intending parents to help them start their family. The medical report for the intending parents notes that the intending mother's current health status means that she can safely undergo egg collection, so a future child born from the intending parents' embryos would be their full biological child. The biological link is important to the intending parents, and they have declared that they would not pursue donation.
- The Committee also noted the intending parents' health status in the context of them raising a child born of this arrangement. The prognosis for the intending mother (supported by her specialist) is good and, there are no other medical issues described for either intending parent that might mean the couple could not take a resulting child into their care.
- The Committee noted the important medical considerations for the surrogate in carrying a surrogacy pregnancy. Her medical report noted some short-term implications resulting from her pregnancy and delivery of her own child but, she is now fully recovered with no long-term implications to her health. Her medical report notes no contraindications for her to be a surrogate for the intending parents.
- The social supports in place for the surrogate and the broader family dynamics and relationships described in the reports submitted with this application were noted. There is no evidence to suggest that the surrogate had not made her offer freely to the intending parents and, it appears that the close family ties the parties share will safeguard the well-being of all including existing and potential children. The parties have declared intentions to be open about the arrangement and have discussed how they will talk with existing and potential children.
- Pre-pregnancy, pregnancy, birth and post-birth plans have been discussed and agreed in the counselling sessions along with the rights and responsibilities each of the parties hold. There is no suggestion that the surrogate would not relinquish the baby to the intending parents and, the intending parents have declared that they would accept and raise any child born of this arrangement. The intending parents have engaged with Oranga Tamariki but approval of an adoption order in principle is outstanding. The couple are aware that approval

of an adoption order must be received before the Committee can approve this application.

- Both parties have received independent legal advice, and the Committee considered the legal advice to be thorough. The parties' legal rights, and responsibilities including rights and responsibilities in relation to legal guardianship of the potential child, including in the unlikely event that the intending parents would be unable to care for the child, were described in the legal reports. The parties' lawyers also canvassed provisions of s14 of the HART Act and, what potential reforms to surrogacy law might mean for them.

Decision

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

Actions

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

Secretariat to check approval once Oranga Tamariki letter is received.

8. Application 23679 for embryo donation

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

Issues discussed included:

- This is a clinic facilitated embryo donation. The embryos to be donated were created for the donor couple's own IVF treatment and they consider their own family to be complete.
- The medical report for the intending parents describes them as both medically well. They have had IVF treatment in the past without success and medical opinion is that the chances of them conceiving with their own gametes is low and that embryo donation would offer them the best chance of having a family.
- A child/ren born of this donation will be a full biological sibling of the donor couple's children and the importance of their emotional needs being considered has been noted. The intending parents have declared that they would let their families know that their children are donor conceived and although the future child/ren will not have whakapapa Māori, the intending parents have declared that they intend to raise them according to their values inclusive of Tikanga Māori.
- Counselling sessions have canvassed the donor couple's motivations to donate, shared discussion about expectations and plans for information sharing, views on openness and future contact. The parties are hopeful the donation will lead to a life-long relationship for them and for the children involved, and the donor couple have declared intentions to talk with their own children about the donation once a pregnancy is established. The intending parents are aware of their obligations under the HART Act around information sharing with the potential child and they have declared intentions to be open

with the child about their biological origins. The parties have received joint counselling which affirmed the content in their individual counselling reports.

- The donor couple have had specialist genetic counselling in relation to syndromes in the family and a specialist report included with the application concludes that there is no increased risk (compared with the population risk) of an affected child being born. Their own children are healthy. The intending parents are aware there is a possibility a child could be born with a genetic disorder, and they have declared they would accept any child born of the donation and would love and provide for the child's needs.

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.

9. Application 23236 for within family sperm donation

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 within family relationship between the couples is through the sperm donor's partner who is a cousin of one of the intending parents. There is an intercultural aspect to this donation as the sperm donor is Pacific Island/Māori and the intending parents are from the UK and have European ethnicity. The couples have connected more closely with the intending parents' recent relocation to Aotearoa New Zealand and the intending parents describe a close bond with the donor couple and their children.
- Counselling sessions have covered discussion and agreement around each of the parties' rights in relation to use, storage and disposal of the donation. The donor knows that he can withdraw from this process should he feel that this is not the right decision for their family. The donor does not consent to on-donation as he is donating to the intending parents only given the family connection.
- The Committee noted the medical reports for the intending parents stated that they have been advised of the risks involved with fertility treatment and that they are both well medically with no genetic or inherited conditions of concern. The report for the sperm donor also stated he is well medically but did note he is a carrier for a condition and, recommended that IP1 have genetic carrier testing given to assess the chances of a future child inheriting the condition. The Committee agreed that it would ask for reassurance that the intending parents have had the opportunity to have the testing given the significance of the condition.
- The Committee noted that the implications counselling report identified well the consideration around coercion, which was reassuring. The report described discussion around how initially the donor felt pressure to donate (the idea came from the donor partner and her cousin), but that he'd taken some time to

consider and had also met the intending parents and wider family before agreeing.

- Counselling sessions also covered discussion around how the relationships between the parties would safeguard the well-being of all parties including the welfare of the potential child: they have declared intentions to be open about the donation and to support the right of the child to know of their connection to the donor and the donor's cultural heritage. The intending parents have considered how they would stay connected to the donor couple in future should they return to the UK.
- The Committee noted that the future child who would have Pacific Island and Māori whakapapa through their donor could likely be raised outside of a cultural context that might be beneficial for them and discussed at length what it considered the important factors for the child's welfare in this situation to be.
- The Committee noted that the sperm donor is supportive of the intending parents and their family in the UK but that doesn't change the strong possibility that the child could grow up in the UK potentially with limited access to their cultural heritage and ability to access a wider supportive whānau.
- The donor couple place a great emphasis on supporting their own children to know the donor's cultural heritage and the donor has indicated that he places importance on the donor conceived child growing up with the ability to access that cultural heritage and support.
- The Committee noted that the thoughts of the sperm donor's wider family had not been taken into consideration in the application process as there is a slight disconnect within the family, and discussed the importance of wider family support for the future child as the child's whakapapa will also be the family's whakapapa.
- The Committee agreed, taking into account the welfare of the future child as a central HART Act principle, that it would note in the decision letter what it sees as the significant implications for the potential child who will have Pacific Island and Māori ancestry and will likely grow up in the UK. It agreed that it was appropriate in ECART's decision letter to encourage the parties to have ongoing conversations about how the potential child can be supported in regard to accessing information about their donor and engaging with their cultural heritage; and about how the intending parents will keep in touch with the donor over time given that the child might be raised in different country.

Decision

The Committee agreed to **approve** the application subject to the secretariat receiving confirmation that IP1 has had the opportunity to undergo carrier testing for the genetic condition that the donor is known to be a carrier of, and noting that it considers that continued relationships and connection to the donor and wider family as key to the future child's wellbeing in the event that the IPs return to the United Kingdom where there may/could be difficulty in accessing Māori and Pacific Island whānau and community to support the future child's cultural identity.

Actions

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

10. Application 23296 for creation of embryos with donated eggs and donated sperm

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 has had a previous application for double gamete donation approved by ECART with a different egg donor from a family member. However, after unsuccessful IVF treatment using the embryo created, she has reapplied with a new egg donor. Medical opinion is that the previous unsuccessful treatment might have been due to the then egg donor's advanced maternal age, and the intending mother has since been matched with a clinic egg donor. The intending mother will use the same donated sperm also from a clinic donor.
- The intending mother's medical condition and consequential ovarian failure means egg donation is clinically required for her to have a child. The committee noted specialist reports previously provided stated no contraindication for her to carry a pregnancy. The intending mother had an updated review earlier this year with her specialist which confirmed that her health has been stable, and no changes have been observed.
- The counselling report noted that the egg donor's health history includes some mental health issues, some of which were situational. The counselling report for the egg donor also notes that she has engaged with mental health services. The conditions were not detailed in the medical report. As some of the mental health conditions stated in the counselling reports may have implications for a future child, the Committee agreed that it would ask that the donor's mental health history and diagnoses be clarified in the egg donor's medical report and would recommend sharing information with the intending mother.
- The Committee noted the genetic carrier screening for both the sperm and egg donor had identified some recessive genes but that there was no cross-over so the Committee were satisfied the risk of them being heritable in a future child is low.
- The sperm donor has received updated counselling for this application and is aware that the egg donor has changed from the original application. The Committee noted that the counselling report stated the sperm donor's sister has recently entered a new relationship and plans to have children of her own, and that the sperm donor plans to tell these children about his sperm donation (and that they could potentially have related cousins).

Decision

The Committee decided to **approve** this application **conditional** on receiving clarification around the discrepancy between the egg donor's medical and counselling report in relation to her mental health history and diagnoses and, a reassurance that the intending mother has been made aware of any mental health history related to conditions that may be relevant for a future child.

Actions

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

11. Application 23298 for surrogacy involving an assisted reproductive procedure with donated eggs

Angela Ballantyne 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.

Dr Simon McDowell declared a conflict of interest and did not take part in the discussion or decision-making.

Issues discussed included:

- The intending parents are a same sex couple so egg donation and surrogacy would give them the 'best or only' opportunity to have children.
- The egg donation was previously approved by ECART, and embryos were created using one of the intending parent's gametes. The Committee noted that the egg donor and partner also received approval from ECART to use the created embryos. The Committee were satisfied that all parties will maintain communication about use of the embryos.
- The intending parents have previously been through a surrogacy process that was successful, and they have a child. The intending parent's previous surrogate did not offer to be a surrogate again, which is why they have connected with a new surrogate online. The Committee was satisfied that the intending parents are well informed about what it means to be a surrogate given their previous experience.
- The intending parents are planning to provide practical support to the surrogate and fund life insurance. The intending parents have suggested the surrogate communicates with their previous surrogate to gain an understanding of the intending parents and how the surrogacy relationship will work.
- The intending parents and surrogate have established a relationship after initially meeting online. They have since met in person, along with their children. The egg donor is also a friend of the intending parents and is in the child's life, so the Committee understands the intending parents to be encouraging of the ongoing connections with the other parties in this intended arrangement.

The Committee noted that the surrogate has children of her own and considers her family to be complete. Implications counselling raised no concern that the surrogate would not relinquish the child. The surrogate has previously been through two cycles of egg donation so has an interest in helping other couples have a family.

- The application references the surrogate's eldest daughter as a key support person for the surrogate, the Committee therefore noted that it would be beneficial for the daughter to receive some counselling support throughout the process.
- The Committee discussed the important considerations for the surrogate's health and well-being in carrying a surrogacy pregnancy. The surrogate has a history of low mood and depression mainly in relation to pregnancy and

parenting her older children. The Committee noted that there is no evidence this has reoccurred since having the younger children and the psychologist report concluded there to be no barriers to her being a surrogate. The Committee were satisfied with the psychologist's report and conclusion that the surrogate has coping strategies in place if she were to experience these issues again.

- The Committee noted that the surrogate's report details medical risks associated with pregnancy due to advanced maternal age. The report states that this will be managed with obstetric level care. However, it is detailed in the counselling reports that the surrogate has expressed a preference to birth in a birthing pool from home. The Committee discussed this at length and agreed it would recommend delivery in a hospital environment given the increased risk of post-partum haemorrhage. If the surrogate decides to proceed with a home birth, then the intending parents should be informed of the associated risks.

Decision

The Committee agreed to **approve** this application **conditional** on receiving an assurance that the surrogate has been fully informed of the risks associated with birthing from home, and that the surrogate's medical specialist is aware of the surrogates' proposed birthing plan. The Committee have also requested an assurance that the surrogate's medical report be shared with the intending parents' specialist who has talked through the associated risks with the intending parents.

Actions

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

12. Application 23562 for surrogacy involving an assisted reproductive procedure with donated eggs

Lana Stockman 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 intending parents are currently residing permanently in the United Kingdom (UK) and do not have any children. They plan to arrive in New Zealand before the intended child is due to be born and stay for 6 months post-partum to allow the adoption order to go through.
- The intending mother is infertile and unable to carry a pregnancy post medical treatment for cancer. Therefore, donated eggs with surrogacy offers the intending parents the 'best or only' option to have a family.
- The Committee noted that the intending parents have received counselling in the UK by a counsellor eligible for the Australian and New Zealand Infertility Counsellors Association (ANZICA) membership and, they have also received information from a clinic-based clinic counsellor regarding the legal aspects of surrogacy in New Zealand.

- There is a within family aspect to this application with the egg donor being the sister of one of the intending parents. The donated eggs have been used to create embryos with the intending father's gametes.
- The egg donor has children of her own. The Committee noted that the children have not received any counselling for the arrangement, which they agreed was important as they will be related to the potential child and likely in each other's lives given the close family ties. The Committee noted that the parties have declared intentions to be open about the intended arrangement and the roles that the egg donor and surrogate played.
- The surrogate is the best friend of the intending mother, and they have known each other since they were children. The surrogate, who has completed her own family, offered to be the intending mother's surrogate as she is aware of the intending mother's circumstances, and she wishes to help her have her own children.
- The Committee were satisfied the surrogate is informed of the additional risks in pregnancy related to surrogacy and has been recommended to receive obstetric care.
- The surrogate has been open with family and friends about the intended arrangement and plans to seek support from her friends, family and work colleagues. She has been advised on her rights in relation to being a surrogate and has spoken to another surrogate about the experience. She is also aware the child will go to the UK once born. The Committee were satisfied the surrogate has a strong support network in place.
- The Committee were satisfied that all parties in the intended arrangement have been advised of the requirements of the HART Act and associated law and have been made aware of their rights including in relation to use and storage of the embryos.
- The Committee was satisfied with the information provided in the medical reports but noted that the egg donor experienced some complications with her own pregnancies. The Committee agreed however that the report did not raise concern about additional risk.
- Both parties have sought independent legal advice, and the intending parents have received approval of an adoption order in principle from Oranga Tamariki. The Committee were satisfied with the legal reports provided and that they covered the legal requirements in relation to adoption of a child born of this arrangement. The Committee noted however, that while the reports note advice and discussion in relation to wills and testamentary guardianship being in place in the event that the intending parents could not care for the child was had, both parties had indicated that they don't currently have wills. It was noted that the child will have New Zealand citizenship until the adoption order goes through and will also gain UK citizenship.

Decision

The Committee agreed to **approve** this application and to note in its decision letter the importance of the parties' arranging wills and testamentary guardianship once a pregnancy is established.

Actions

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

13. Application E22/086 for embryo donation – request to extend approval

Mike Legge 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:

- This request is for an extension approval for an embryo donation arrangement where the donor couple had embryos created with donated eggs that they donated to the intending parents.
- The intending parents have one child currently and the Committee are satisfied that they have a strong, stable relationship with the donors.
- The intending parents wish to try for a second child and the donor couple have consented to them continuing to use the embryos in fertility treatment for this purpose.
- The Committee noted the intending mother's advanced maternal age but agree that she has made an informed decision to continue with treatment and to carry another 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.

14. Application E22/162 for surrogacy involving an assisted reproductive procedure – request to extend approval

Peter Le Cren 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:

- This request to extend approval of a previously approved surrogacy arrangement. The surrogacy was successful, and the intending parents have a child and wish to try for another child with the same surrogate.
- The intending mother cannot carry a pregnancy, and the Committee had accepted that surrogacy offers the best and only option for the intending mother to have a full biological child.
- The reports provided with this application noted that the pregnancy of the surrogate generated some anxiety for the intending mother due to her own antenatal history, but the Committee are satisfied that this has been addressed and is not a significant issue at this time.
- The surrogate is close friends with the intending parents and the parties stay in regular contact, including with their existing children.
- The counselling reports provided with this request describe the intending parents and surrogate to have strong communication and good respect for

boundaries. Any issues around termination, delivery, communication and expectations have been addressed.

- The surrogate considers her own family to be complete. Since the last surrogacy she has separated from her partner. The separation was described as amicable and not consequential of the surrogacy process. The surrogates' children previously had counselling and were supportive of the pregnancy.
- The surrogate lives with extended family and the Committee are satisfied that she is comfortable being a surrogate on her own with her extended family being her main support network.
- The surrogate had an uncomplicated pregnancy first time around, but the birth involved a caesarean section due to prolonged labour.
- The Committee noted the counselling report for the surrogate states she knew she would offer to carry another pregnancy for the intending parents.
- The Committee noted that notification from Oranga Tamariki that is supportive of the intending parents adopting a second child born of this arrangement is pending.

Decision

The Committee agreed to **approve** this application conditional on the secretariat receiving notification that Oranga Tamariki continues to support adoption of a second child born of this arrangement.

Actions

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

15. Consideration of extended storage applications

Led by Mr Jonathan Darby

Meeting close

Confirmation of next meeting on 12 December 2025.

Confirmation of ECART member in attendance at next ACART meeting on Thursday, 23 October 2025, Dr Jeanne Snelling.

Mr Richard Ngatai led the closing Karakia.