

# Minutes of the Ninety-third Meeting of the Ethics Committee on Assisted Reproductive Technology

## 25 February 2022

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Held via zoom on 25 February 2022

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### In Attendance

Iris Reuvecamp	Chairperson
Jeanne Snelling	Member
Angela Ballantyne	Member
Tepora Emery	Member
Mania Maniapoto-Ngaia	Member
Jude Charlton	Member
Mike Legge	Member
Emily Liu	Member
Analosa Veukiso-Ulugia	Member
Richard Ngatai	Member
Simon McDowell	Medical Expert Adviser
Calum Barrett	ACART member in attendance
Kirsten Forrest	Senior Advisor, Ethics
Mirae Wilson	Advisor, Ethics

### 1. Welcome

The Chair opened the meeting by welcoming all present in the newly constituted ECART committee, noting the importance of ECART's work and encouraging members' respective contributions and participation.

### 2. Conflicts of Interest

The Chair asked new and existing members to update to interests register if they have not already done so. Members can contact the Secretariat by email with declarations of interest both generally and in relation to specific applications.

### 3. Confirmation of minutes from previous meetings

The minutes from the 9 December 2021 meeting were confirmed.

### 4. Application E22/005 for within family egg donation

Iris Reuvecamp 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 application involves the donation of eggs from a niece to her aunt.
- The egg donor is relatively young and has not had any children.
- The recipient woman has age related infertility affecting the quality of her eggs. The recipient couple conceived a pregnancy that miscarried and have not conceived since then despite some ovulation induction cycles.
- The recipient woman also has evidence of significantly reduced ovarian reserve. Given her age, the chance of her conceiving using her own eggs is extremely low, making egg donation appropriate.
- The recipient woman will carry any potential child during pregnancy. The risks associated with pregnancy have been outlined to her and clearly understood.
- The recipient woman's partner has a young child. The recipient couple have decided that they do not intend to engage a counsellor for this child yet. However, they might do this once a pregnancy is established.
- The recipient couple have been in a relationship for three years. They report that they have a strong relationship with each other and the recipient partner's child.
- The egg donor's eggs have already been collected. The medical report was provided after the egg collection took place. The medical report confirms that the egg donor was informed of the potential but low risks of the procedure for young egg donors who have not completed their families yet, and the egg donor provided her informed consent for the procedure.
- The counselling reports for the egg donor were completed overseas and include extensive information. An independent psychological assessment for the egg donor was also provided. The Committee noted that it would not usually see this type of assessment for gamete donation applications in New Zealand.
- The recipient woman and the egg donor's father approached the egg donor to ask whether she would consider donating her eggs to her aunt. The Committee noted the relatively young age of the egg donor and her close relationship with her aunt. However, from the information provided, the Committee agreed that there was no indication of any pressure or coercion involved in this application.
- The egg donor expects that any child will be informed that she is their biological mother. The recipient couple intend to raise any child with full knowledge of this and their family members will also be made aware so that they can support the child.
- The Committee noted that socially, the egg donor and any child will be cousins.
- The egg donor is aware that she has no rights or responsibilities in relation to any child conceived with her eggs. She understands that her contact details will be forwarded to Births, Deaths and Marriages, and will also be accessible to the child once they are 18 years old.
- The egg donor understands that the recipient woman will be named as the mother on the child's birth certificate. The egg donor also understands that the recipient woman has the right to make decisions about testing embryos, testing during pregnancy, and termination of pregnancy. The egg donor is comfortable that she has no role in this decision making. She is also comfortable about the number of children that the recipient couple may wish to have from the egg donation.
- The Committee noted that the application refers to a requirement of the egg donor's consent in relation to an extension of storage application to ECART. The

Committee discussed and confirmed that the position of ECART and ACART is that a gamete donor does not have any rights in relation to an embryo (created with their gametes) once formed, other than with respect to on donation.

- The Committee noted that the egg donor does not consent to on donation of any embryos created from the donated eggs.

### **Decision**

The Committee agreed to **approve** this application. The decision letter will clarify that a gamete donor does not have any rights in relation to the embryo once formed (created with their gametes), other than with respect to on donation.

### **Actions**

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

### **5. Application E22/006 for within family egg donation**

Jude Charlton 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 application involves the donation of eggs from a woman to her cousin-in-law. The cousins grew up together and have a close relationship. The couples described a friendship that goes beyond their family link and they remain in close contact.
- The egg donor has completed her family and has three young children.
- The recipient couple do not have any children.
- The recipient woman has low ovarian reserve due to premature ovarian insufficiency and has also been on hormone replacement treatment. It was noted that egg donation is appropriate for the recipient woman.
- The recipient couple have not undertaken fertility treatment, however, they tried to conceive naturally in the past without success.
- The egg donor will require IVF in order for the eggs to be collected. The potential risks of the procedure are low in this case.
- The egg donor experienced antenatal depression and postnatal depression in relation to her second pregnancy. The effects were mild and did not require medical attention.
- The medical report for the egg donor sets out her and certain family members' medical history of note. There are no genetic conditions in the family, no stillbirths, and no birth defects.
- The medical specialist reported no concerns about the recipient woman undertaking a pregnancy. Any pregnancy risks will be reduced by good obstetric care and only a single embryo will be transferred to reduce risk of a multiple pregnancy.
- There were no issues in the egg donor's counselling report. There is no evidence of pressure or coercion involved in this application.
- Counselling was not considered necessary for other family members.

- The egg donation is fully supported by family members.
- The egg donor's children will have a close relationship with any resulting child. The egg donor will be known socially as another aunt to the 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.

## **6. Application E22/007 for creation of embryos from donated eggs and donated sperm**

Tepora Emery 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 recipient woman is single, has no children, and resides in New Zealand. She experienced premature menopause and she has premature ovarian insufficiency. She requires use of donor eggs and sperm to become pregnant.
- The egg donor is the recipient woman's sister. She resides overseas with her partner and children.
- The sperm donor who is a clinic-recruited donor, resides in New Zealand and he currently has no children.
- There is no close whakapapa or genealogical relationship between the egg donor and sperm donor.
- The donated eggs and sperm have not been used to produce genetic siblings prior for any other person or couple.
- The medical report for the egg donor included no reported risks as a result of the procedure. The egg donor has undertaken several IVF cycles to freeze eggs both in New Zealand and overseas.
- The egg donor knows that the recipient woman has required donated eggs for many years. Their family assisted the egg donor in proceeding to IVF and freezing her eggs for the recipient woman's future use.
- Extended genetic carrier screening was undertaken. This showed that the egg donor has two common recessive gene mutations. These have been discussed with the recipient woman. The screening was also completed for the sperm donor. He does not carry either of the two gene mutations and there are no concerns for any potential child.
- The medical report for the sperm donor states that he has no significant past medical history. He advised that he has not completed his family yet. There are no medical risks to him as a result of the procedure. However, he was made aware of the potential risks and gave his informed consent.
- Invitae genetic screening was undertaken for the sperm donor. He has an autosomal recessive condition. Screening for the recipient woman was

recommended prior to use of sperm to ensure that she also does not carry the gene.

- The recipient woman's medical report states that she will experience the usual risks of pregnancy.
- The Committee considered the counselling reports for all parties. The egg donor, donor partner, and recipient woman have met for joint counselling.
- The egg donor and recipient woman have a close bond as sisters. They are close in age and grew up together in a small community.
- The recipient woman had hoped that she would meet a partner and start a family together, however, now feels confident in her decision to have a child as a single woman using a clinic sperm donor. Although she would like to have a relationship in the future, she sees these two pathways as separate.
- There is no evidence of pressure or coercion involved in this application.
- Socially, the egg donor will be an aunt to any potential child. The egg donor and donor partner's children will be cousins with any resulting child. Any child will also be genetic half siblings with the egg donor's children. The egg donor and donor partner will explain this to their children.
- The recipient woman feels strongly about being honest and open with any resultant child about their conception story. She intends to start the process of telling this story from an early age.
- The egg donor understands that the recipient woman has considered her parents to be guardians of a resultant child should she be unable to care for them.
- Both the egg donor and sperm donor are aware that they can withdraw their consent to donate to the recipient women until fertilisation takes place. They understand the rules around embryo storage and length of time.
- The egg donor and recipient woman discussed the possibility of donating any embryos surplus to treatment. Both felt unable to consider this fully when there is no certainty that viable embryos will be created. They were open to this possibility; however, any discussion will take place if there are surplus embryos to consider.
- The egg donor and recipient woman believe that they are well equipped to deal with any minor disagreements. They are aware that counselling is also available to them in the future.
- The sperm donor does not have a relationship with the egg donor or recipient woman. He understands that his profile was selected by the recipient woman and he understands the circumstances in that she requires donated eggs and sperm. He is aware that the egg donor is the recipient woman's sister. He advised that he did not wish to receive any additional information about the recipient woman and was willing to be a participant in an ECART application.
- The sperm donor is open to future contact with the child. He is open to meeting the child either before or when they reach the age of 18 if the child wishes. He understands why this may be of importance to the child and is happy to work with the recipient woman to ensure that the child's needs are met. The recipient woman is aware of and is considering this as a means of supporting a resulting child to understand their genetic heritage and links.
- The sperm donor understands that any children born from the donation will be genetically connected to any children he may have in the future. He plans to tell any future children that he has donated sperm. He accepts that he has no legal

rights or responsibilities to any children conceived from his sperm donations, and that only the recipient woman will be on the child's birth certificate.

- The sperm donor completed his clinic consent to donate sperm with an indication that he would be open to consenting to on donation of any surplus embryos.

### **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 E22/008 for surrogacy involving an assisted reproductive procedure**

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

### **Issues discussed included:**

- The medical history for the intending mother and the acknowledgement that there is a clear medical reason for the need for surrogacy given her history.
- This is the second surrogacy arrangement for the intending parents. The first was successful and the couple have remaining embryos they would like to use to complete their family with a new surrogate.
- The birth parents have completed their family. There are no medical contraindications that would put the surrogate or the baby at risk, although the surrogate has been advised to lose weight before treatment to help reduce risks of gestational diabetes.
- The surrogate's own pregnancy and birthing history and, given her history and some of the associated risks, the recommendation from her medical specialist that she receive specialist obstetric care should a surrogate pregnancy be established.
- The relationship between the parties and how it protects the well-being of all including existing and potential children. The couples met online and have continued their relationship including travelling to meet each other in person. They expect their relationship to be enduring and describe placing a high value on this happening. They have declared intentions to be open with the potential child about the role the surrogate parents have played, and their existing children and a few members of their wider families have been told about the intended arrangement and have further thought about how to support the children and have plans in place as needed.
- Cultural differences between the couples have been taken into account in the context of the counselling sessions and the reports describe both parties have no concerns in this regard. The potential child will be the intending parents' full genetic child and will be raised by them.
- The counselling sessions for the surrogate have canvassed her motivations for being a surrogate, the risks associated with surrogacy, treatment plans and the

number of cycles she is prepared to do, the difficult topic of termination of pregnancy (all know that decisions are legally for the surrogate to make and, they have agreed to take medical guidance). Pregnancy, birthing and post birth plans have been discussed and agreed. The intending parents intend to adopt any child born of this arrangement and have received approval in principle for an adoption order from Oranga Tamariki.

- Both couples have received independent legal advice and have had the legal issues associated with surrogacy explained to them. Plans are in place for testamentary guardianship in the unlikely event the intending parents are unable to care for the child.
- The provisions of the HART Act in relation to payment have been discussed and the parties have been advised that the HART Act prohibits any financial gain in surrogacy arrangements.
- The Committee noted there appears to be sound support for both parties, no suggestion of coercion, and there has been clear consideration of risks and mitigations for the intended arrangement.
- The surrogate has been appropriately counselled about the risks to her and, because the surrogate is at risk of post-partum haemorrhage, the committee discussed either placing a recommendation or condition with any approval, that she deliver the baby in hospital under specialist care and also have treatment following some weight reduction (to BMI of 35).

### **Decision**

The Committee agreed to **approve** this application subject to the birth mother:

- reaching a BMI of 35
- agreeing to be referred, when pregnant, for obstetric assessment and care and,
- agreeing to give birth in hospital.

### **Actions**

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

## **8. Application E22/009 for Surrogacy involving an assisted reproductive procedure**

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

### **Issues discussed included:**

- The intending mother has a syndrome, which whilst considered stable, pregnancy is considered risky.
- Three embryos screened for the syndrome are already stored.
- The birth mother and intending mother's relationship was discussed and they have been close for most of their lives.

- The couples have described sharing a close relationship in which they maintain regular contact, and an openness about the intended arrangement with extended family and support networks.
- The birth mother has signalled she is willing to undergo several embryo transfers and the intending parents will consider IVF treatment if that becomes necessary.
- The intending parents plan to be open with the child resulting from the surrogacy.
- The birth mother has children with her partner and they consider their family complete. The risks of carrying a surrogacy pregnancy have been outlined and discussed with her and her partner and pregnancy and birth plans and the birth mother's rights in relation to decision making about the pregnancy have also been discussed during the sessions that have taken place as part of this application. She has acknowledged the ante natal and post-natal risks associated with a surrogate pregnancy and the ways in which they might be managed. Her pregnancy and birth history are considered uncomplicated.
- The birth mother's children have all been made aware of the pregnancy plans and they have agreed to keep this off their social media and meet the baby after birth.
- The intending parents plan to adopt the child and have received approval for an adoption order in principle from Oranga Tamariki. And testamentary guardianship has been agreed.
- The medical report recommends obstetric care and induced labour on the due date, however, the Committee view this as a low-risk pregnancy and there should not be a condition to this effect.
- The Committee recommend that there be a reduction of BMI to 35.

### **Decision**

The Committee agreed to **approve** this application with the recommendation that treatment begins when the surrogate has a BMI of 35.

### **Actions**

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

## **9. Application E22/010 for Surrogacy involving an assisted reproductive procedure**

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

### **Issues discussed included:**

- The intending parents have had 3 previous miscarriages and were forced to terminate their previous pregnancy due to medical complications.
- The birth parents have 2 children and consider their family complete. Their children have had counselling in relation to the surrogacy.
- The birth and intending parents have known each other for many years and have a close relationship.



- The intending parents intend to refer to the birth parents as uncle and aunt and the children of the birth family as cousins with regular and ongoing contact.
- There are no currently existing embryos and therefore there will be a cycle of IVF using the gametes from intending parents.
- The intending parents plan to adopt the child and have applied for an adoption order in principle from Oranga Tamariki.
- The risks of carrying a surrogacy pregnancy have been outlined and discussed, pregnancy and birth plans and the birth mother's rights in relation to decision making about the pregnancy have also been discussed during the counselling sessions that have taken place as part of this application. She has acknowledged the ante natal and post-natal risks associated with a surrogate pregnancy and the ways in which they might be managed. Her pregnancy and birth history are considered uncomplicated.
- They have made clear that there is a plan for the event of death in either party and legal advice has been sought and rights deemed understood.

### **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.

## **10. Application E22/011 for Surrogacy involving an assisted reproductive procedure**

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

### **Issues discussed included:**

- The intending mother is a carrier for a condition with a 1 in 4 chance the potential child will be affected and a 2 in 4 chance they will be a carrier. The intending mother also has a history of cervical cancer and can no longer carry a pregnancy. Genetic testing was undertaken to ensure the intending parent was not also a carrier of this form of anaemia.
- The intending mother has been through surrogacy prior to this which was unsuccessful. Surrogacy using the intending parents' gametes has been recommended.
- The intending parents have a good relationship and planning for care during pregnancy has been undertaken.
- The birth mother has 3 children and considers their family complete. The risks of carrying a surrogacy pregnancy have been outlined and discussed with her and her partner and pregnancy and birth plans and the birth mother's rights in relation to decision making about the pregnancy have also been discussed during the sessions that have taken place as part of this application. She has acknowledged the ante natal and post-natal risks associated with a surrogate pregnancy and the ways in which they might be managed. Her pregnancy and birth history are considered uncomplicated.

- Testamentary guardians have been declared and wills drawn concerning the guardianship of the future child.
- All parties intend on being open with the child and for socialisation to be regular between families.
- The medical report noted nothing of concern but birth in a hospital and obstetric care is recommended.
- All parties are aware of counselling if needed and the legal requirements related to adoption and surrogacy.
- The egg donor has been informed and counselled on all proceedings of egg donation and their family is supportive of the decision to donate.
- The egg donor has had contact with the surrogate but has no wish to undertake joint counselling.
- The intending parents plan to adopt the child and have applied for an adoption order in principle from Oranga Tamariki.

### **Decision**

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

### **11. Application E22/012 for Surrogacy involving an assisted reproductive procedure with donated eggs**

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 parents are a male couple requiring an egg donor and surrogate. Neither intending parent has any notable medical or mental health issues.
- The birth mother is a single mother who considers her family to be complete. The risks of carrying a surrogacy pregnancy have been outlined and discussed with her and her partner and pregnancy and birth plans and the birth mother's rights in relation to decision making about the pregnancy have also been discussed during the sessions that have taken place as part of this application. She has acknowledged the ante natal and post-natal risks associated with a surrogate pregnancy and the ways in which they might be managed. Her pregnancy and birth history are considered uncomplicated.
- The egg donor has no intention of having her own children and has no significant medical history. She is aware of the risks of undergoing IVF cycles. She is aware of the intending parents' plans and will consider doing more than one donation in the event it is necessary.
- The egg donor is a carrier of an inherited condition, of which the intending parents are aware of potential risks and severity of incidence if the child is a

carrier but have elected to not undergo screening for this condition themselves. The estimated risk is less than 1 in 58.

- The egg donor is made aware of guidelines for on donation and extended storage but has no plans currently to donate again in the future but has been made aware she is able to.
- The birth mother is separated from the father of her children, but he is prepared to help with the care of these children during the pregnancy.
- Counselling was carried out and parties are all in agreement on termination of any pregnancy, the surrogate wants the intending parents to make the decision of termination with specialist consultation.
- All parties are agreed in the sharing of information with the future child or children and with the birth mother's current children and close family and friends.
- The intending parents plan to adopt the child and have received approval for an adoption order in principle from Oranga Tamariki. Testamentary guardianship has been agreed.
- The Committee queried the risk of the egg donor being a carrier of the condition and the intending parent's decision to not be assessed for carrier status, and whether this has been expressed to the surrogate. To this effect specific counselling on this would be recommended for the surrogate and the intending parents.

### **Decision**

The Committee agreed to **defer** this application subject to the condition the genetic counselling regarding PAH deficiency is addressed and testing for this condition be considered.

### **Actions**

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

## **12. Application E22/013 for Surrogacy involving an assisted reproductive procedure with donated eggs**

Tepora Emery 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:**

- Because this traditional surrogacy involves an assisted reproductive procedure of within family gamete donation, ECART agreed that it has jurisdiction to consider the application under the surrogacy and within family gamete donation guidelines.
- The intending parents are a male couple who need an egg donor and a surrogate to start their family. There is a within family donation involved in the arrangement as the surrogate who has also offered to donate her eggs, is related to one of the intending parents. The other intending parent will donate his sperm and will have a genetic link to any child born of this arrangement.

- The donor intending parent has a congenital heart condition and a letter from his cardiologist confirms the condition is not an inherited one and poses no risk to the potential child.
- The surrogate has completed her family. Her medical report describes uncomplicated pregnancies and elective c-section deliveries and, she has had the risks associated with carrying a surrogacy pregnancy explained to her.
- All involved in this application are residents in New Zealand with established networks and support and it is their intention to remain in New Zealand. Close family connections and regular contact between the parties and their extended families are detailed in the counselling reports. The parties have declared intentions to be open with any child born of this arrangement. The surrogate has started talking with her own children about the arrangement and the intention is that they will be social cousins of the potential child.
- The intending parents wish to emotionally and practically (within the boundaries of the HART Act), support the surrogate should a pregnancy be established, and they have discussed and agreed pregnancy and birth plans and post-birth plans during counselling sessions and, with an understanding of their surrogate's history, place her health and well-being at the forefront.
- The committee was reassured that in depth thought has been given to what it means to be a surrogate physically, emotionally and cognitively both before and after the birth.
- The birth partner has been open about his own health and well-being in the context of situational challenges he has. The couple have a clear understanding of the stressors, a plan in place with support strategies and, a supportive network of family and friends.
- The counselling reports give confidence that the surrogate has come to her decision without any coercion and after much consideration. The surrogate has declared that she wants to help the couple have their own family and the potential child will have close genetic ties to both parents. The counselling sessions also detail well, the surrogate's process in relation to relinquishment of the potential child which ties in with her motivation to help the intending parents have a family.
- The parties have received both counselling and legal advice in relation to the adoption process in New Zealand and the options open to them to mitigate the risks and resolve any disputes in the unlikely event that they occur. Wills and testamentary guardianship have also been considered.
- All parties are aware of the issues and potential issues that may arise through a surrogacy arrangement. They have been well considered and discussed and parties appear to have given informed consent to proceed with the arrangement should it be approved by ECART.

### **Decision**

The Committee agreed to **approve** this application subject to the condition that the birth mother agrees to be referred, when pregnant, for obstetric assessment and care. The Committee acknowledges that there is an ongoing counselling service available to the birth parents should they need it.

### **Actions**

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

### **13. Application E22/014 for embryo donation for reproductive purposes**

Iris Reuvecamp 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 recipient couple have a long history of subfertility; multiple IVF cycles were unsuccessful, and they have been told by their specialist team that embryo donation offers them the best chance of completing their family.
- The couple have a child from the donated embryos after having treatment in offshore. ECART has previously considered a request from their New Zealand clinic about whether consideration and approval would be needed for treatment to take place in New Zealand. ECART's advice was that import into New Zealand was a matter for the clinic and that any subsequent use here would need an application to ECART for consideration and approval.
- The recipient couple have had extensive counselling about the loss of genetic link to their child and they feel grateful for the donated embryos which have allowed them to have a child and they see family as being wider than genetics. They have presented with a high level of adjustment to donor conception.
- The recipient couple and donor couple met online and now have a long-standing relationship spanning some years. The donor couple's embryos were created with donated eggs and the donor couple and egg donor had counselling in relation to the intended donation offshore. The egg donor has consented to this on donation. The donor couple have a continued relationship with the recipient couple and have a connection with the recipient couple's existing child. The donors have considered the possible implications for their own children and have been considered in their own thinking about providing information and support to their own children from early on about their genetic siblings.
- The recipient woman's medical report describes her as healthy with no previous medical or surgical history that would put her or the potential child at risk.
- The donors are aware their names will not be on the child's birth certificate but that their identities and that of their egg donor will be held on the donor register, which can be accessed when a child turns 18 and no valuable consideration for the donation is permitted under the HART Act. They are aware that on donation of the embryos is not possible now that there are siblings in two families.
- Joint counselling sessions have explored the donor couple's relationship with the recipient couple, expectations around future contact, supporting children to understand donor conception, the legal aspects of donation and ARP, information sharing with others and social media, future support and dispute resolution.

#### **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 E22/015 for embryo donation for reproductive purposes**

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:**

- Both couples in this intended within family embryo donation are Māori. The recipient couple and donor couple share whakapapa and they approached their clinic for assistance around the donation having already chosen their intended donation pathway to gift to whānau. The couples share close relationships with regular contact and, they have also at times lived with one another and during discussions around use of the donor couple's remaining embryo agreed to the intended arrangement. The couples see the embryo as a taonga and wish for it and any potential child, to stay within their extended whānau.
- The counsellor is of the view that there is no evidence of coercion in this intended arrangement.
- The recipient couple have had the medical risks associated with carrying a pregnancy with a donor embryo explained to them and they wish to proceed with the intended arrangement. The recipient couple are both fit and well with no medical history of concern.
- The donor couple have been counselled in relation genetic, social, cultural and intergenerational issues inherent in this intended arrangement and wish to preserve whakapapa between themselves, the donors and the recipient child and extended whānau. They understand there will be some intergenerational reordering in the whānau and social reordering and any child born of this relationship will be a social cousin of the donor couple's child rather than a sibling.
- Whāngai arrangements have been used to discuss how the intended donation could be viewed. Both couples have declared intentions to be open with the potential child about their origins and whakapapa. The donor couple intend to talk with their own child and wider whanau in time.
- The legal aspects of embryo donation and the applicants' rights have been discussed with a lawyer and the counselling reports describe advice including advice around donor couple rights to vary conditions of the donation or to withdraw consent for use prior to implantation. Rights in relation to decision making during pregnancy and post birth were also discussed. Both couples understand that the recipient parents will be the child's legal parents.

#### **Decision**

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

#### **Actions**

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

Secretariat to separately get in touch with the clinic counsellor to let the counsellor know that ECART is interested about the comments made that the creation of a

culturally responsive environment to navigate the complexities of embryo donation and the ECART process and would welcome knowing more about that from the counsellor.

### **15. Application E22/016 for embryo donation for reproductive purposes**

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 donor couple have embryos which were created for their own reproductive purposes. They have completed their family and have decided that they wish to donate their remaining embryos to the recipient couple.
- The recipient man has adult children from a previous relationship who live independently of the recipient couple. The recipient couple have been trying for their own family including with fertility treatment for a number of years without success and are delighted to have been chosen by the donor couple as recipients of the embryos.
- The counselling sessions are thorough and have covered off the complexities of embryo donation, particularly questions around timing and the parameters of consent and when they could withdraw consent.
- The committee discussed the well-being of the potential child should one of the recipient couple not be able to care for the child and noted it approves applications for single parents. The counselling reports have explored this potential scenario and the recipient woman describes an ability to parent alone and also strong support networks. The donor couple have also discussed this potential scenario and are comfortable to continue with the donation.
- The recipient partner's disclosure of a criminal history, the length of time that has passed since any offending and the nature of the offending. During the counselling sessions this issue was discussed thoroughly with the donor couple who are comfortable that the history is history and wish to continue with the intended donation. The committee was satisfied that the history is no longer particularly relevant.
- The couples have declared intentions to keep an ongoing relationship and particularly because the potential and existing children will be full genetic siblings.

#### **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. Response to E21/156 decision for embryo donation for reproductive purposes**

Jude Charlton 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 considered this application in 2021 and approved it on the condition that the treatment would take place when the surrogate has a BMI of 32. The medical report in the original application stated the surrogate was slightly more at risk of postpartum haemorrhage because of her weight and because if treatment is successful the surrogacy would be her fourth pregnancy.
- A response from the clinic asks ECART to reconsider the condition and advises that the surrogate has worked hard to reduce her weight and currently has a BMI close to 32 and is off athletic build. Her specialist is of the view that any risk would remain the same at the BMI she is at.

**Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the Committee's agreement that it would approve the application without the requirement for the surrogate to have a BMI of 32.

**17. Response to E21/177 decision for embryo donation for reproductive purposes**

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

**Issues discussed included:**

- The surrogate in this this application had a history of premature births which the Committee was concerned about along with the intending parents needing to be aware of the implication that might result from a premature birth.
- ECART requested the intending parents receive more medical advice so that they could be informed that there is a risk of premature birth and also the implications of a premature birth for the baby. The intending parents have received the advice and they wish to continue with the intended 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.

**18. Update on outcome and request for continued approval for application E19/047 for embryo donation for reproductive purposes**

Iris Reuvecamp 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:**

- When ECART approves an application, it requires clinics and applicants to inform the Committee of any significant changes, and a significant change includes the birth of a child as ECART seeks updates on how that went and whether there were any issues, or anything changed for the people involved.
- In this particular situation, a child was born in 2020 and now the intending parents would like to try for a second child using the same surrogate. The request is for ECART approval to continue treatment of transfer of another embryo to the surrogate. Papers provided include and obstetric review for the surrogate that raised no issues health wise or otherwise.

**Decision**

The Committee agreed to **approval** of this application on the condition that the surrogate agrees to be referred, when pregnant, for obstetric assessment and care.

**Actions**

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

**19. Consideration of extended storage applications**

**Meeting close**

Confirmation of next meeting on Monday, 11 April 2022.

Confirmation of ECART member in attendance at next ACART meeting on 3 March 2022. Iris Reuvecamp to attend.