

# Submission form

Please provide your contact details below.

Name:	Rosie Gee
If this submission is made on behalf of an organisation, please name the organisation:	
Please provide a brief description of the organisation if applicable:	
Address/email:	
Interest in this topic (eg, user of fertility services, health professional, member of the public):	I am a traditional surrogate, currently 26 weeks pregnant. ☺

We will place all submissions on ACART's website, except where we are asked that submissions be withheld in full or part for reasons of confidentiality. We will remove contact information from all submissions.

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I **request** that my submission be withheld in full or part from publication on ACART's website (if you wish a part to be withheld, please clearly indicate which part).

Please note that all submissions may be requested by any member of the public under the Official Information Act 1982 (the Act). If there is any part of your submission that you consider should be properly withheld under the Act, please make this clear in your submission, noting the reasons.

If information from your submission is requested under the Act, the Ministry of Health (the Ministry) will release your submission to the person who requested it. The Ministry will remove your name and/or contact details from the submission if you check one or both of the following boxes. Where a submission is made on behalf of an organisation, the Ministry will not remove the name of the organisation.

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I **do not** give permission for my name to be released to persons under the Official Information Act 1982.

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I **do not** give permission for my contact details to be released to persons under the Official Information Act 1982.

We will acknowledge all submissions. A summary of submissions will be sent to those who request a copy. The summary will include the names of everyone who made a submission, except where individuals have asked for personal details to be withheld.

Do you wish to receive a copy of the summary of submissions?

☒

Yes

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No

# Questions about the proposed amendments to the guidelines

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## Question 1

Do you agree with ACART's conclusions that:

- the surrogacy guidelines currently discriminate on the basis of sex and sexual orientation, and
- the discrimination is not justified in light of the principles of the Human Assisted Reproductive Technology Act 2004?

Yes

☒

No

☐

Please give reasons for your views.

It is discriminatory to have two sets of rules: one for straight couples/one for gay couples . Being gay is not illegal, it is not any different from any other couple situation, or what kind of family anyone would make. It seems ridiculous that in a country where you cannot be discriminated against in the workplace or courtroom for example, you can be singled out as not a fit parent because of sexual orientation? It is a hypocritical and hopefully not legal, viewpoint.

## Question 2

Do you agree with ACART's view that surrogacy should be used only where there is a need, and not for convenience?

Yes

☒

No

☐

Please give reasons for your views.

While this one could be open to change if commercial surrogacy was to become legal, I think that there need to be a medical need on the intended mothers part. This needs to include mental health needs: including a history of post-partum depression with previous children, or a mental health issue that could hold genetic factors as well.

### Question 3

Do you have any other comments on ACART's proposed amendments to the *Guidelines on Surrogacy Arrangements involving Providers of Fertility Services*?

I think that there shouldn't have to be either parent as a biological link: ie a single woman may require both egg and sperm donor in her surrogacy arrangement. I think to put biology on it too much may exclude some people who are not able to bear their own children, but have no partner for sperm etc.

### Question 4

Do you agree with ACART's proposal that single men and male couples applying to ECART to enter a surrogacy arrangement should also be able to apply to use eggs donated by a family member?

Yes ☒ No ☐

Please give reasons for your views.

I think they should be able to use eggs donated by **anyone**, even if not a family member eg a close friend or someone they meet on a donor website and befriend. Don't limit the potential success by having a family member only.

### Question 5

Do you agree with ACART's proposal that single women and lesbian couples should be able to apply to ECART to use sperm donated by a family member without needing a medical justification?

Yes ☒ No ☐

Please give reasons for your views.

This seems a bit obvious? As woman do not MAKE sperm themselves of course they will need to have a donor sperm. The need to have it done through a fertility clinic shouldn't change this. I think they should be able to use an anonymously donated sperm as well, or that of a friend.

### Question 6

Do you agree with ACART's view that the use of eggs or sperm donated by a family member should be possible only where intending parents do not have their own eggs or sperm, or if they do, that there is a medical reason for them not to use their own eggs or sperm?

Yes ☒ No ☐

Please give reasons for your views.

As long as unexplained infertility fits into the medical reason criteria.

### Question 7

Do you have any other comments or suggestions about either the proposed amendments to the guidelines or the associated discussion?

I would like to point out as a traditional surrogate, it would have been nice to be able to have some support throughout the process from the fertility clinics for basic services: counselling, cycle tracking, IUI etc just like any other couple could without the need for ethical committee approval. I understand the need when things get more complicated, but I would have preferred to have undertaken this whole surrogacy process in a medical clinic rather than been left to home insemination.

As it turns out we had taken months longer than necessary to fall pregnant due to miscalculation of ovulation dates etc when a simple cycle tracking through a fertility clinic would have been most helpful. Once we got the cycle right, I fell pregnant on the first 'proper' insemination. At an age of 41 I would have preferred to have as 'young' eggs as possible

We sought our own counsellor pre-conception etc but it again would have been helpful to have a fertility clinic support through this.

Thank you for the opportunity to have my say on these guideline amendments.

Regards  
Rosie Gee