CATEGORY: CLINICAL GOVERNANCE ADVICE

Cross-border reproductive care

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in Appendix A.

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: March 2016
Current: July 2021
Review due: July 2026

Values: The evidence was reviewed by the Women's Health Committee (RANZCOG), and applied to local factors relating to Australia and New Zealand.

Background: This statement was first developed by Women's Health Committee in March 2016.

Funding: The development and review of this statement was funded by RANZCOG.

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1. Plain language summary

This document addresses Cross-Border Reproductive Care (CBRC), which is travel to another country, state, or jurisdiction (with different regulations or conditions) to obtain fertility or conception-related treatment when this treatment is either not available or less affordable in specific Australian states or New Zealand.

2. Introduction

CBRC is defined as accessing reproductive services in a jurisdiction different to a person's usual place of residence. While the term is usually applied to international CBRC, countries such as Australia which is a federation of eight states with differing assisted reproductive technology (ART) regulations, have movement of patients across state borders to access ART services.

Patients seek CBRC for many reasons. In some cases this might be to seek treatment that is not locally available, either for regulatory or ethical reasons. In other cases CBRC is sought to access services perceived to be better, more comprehensive, personalised, cheaper or otherwise inaccessible to the patient. Within Australia, the majority of CBRC occurs to access donated gametes in states with fewer regulatory requirements. Internationally, Australian and New Zealand residents access CBRC for donor gametes, embryos, surrogacy, or gender selection.

While CBRC may offer benefits, there may be a potential for harm to parties including patients, offspring, health care providers, gamete or embryo donors, gestational carriers, and local populations.

3. Guiding Principles in the Management of CBRC

The guiding principles in CBRC affect multiple parties:

1. the patient/s accessing CBRC
2. the offspring resulting from CBRC
3. the third party or parties involved in CBRC (gamete and/or embryo donors and/or gestational carriers)
4. the practitioners/clinics facilitating CBRC

The guiding principles may be defined as:

1. health and safety
    a. the health and safety of all parties involved in CBRC is the guiding principle; any interventions that compromise the health and safety of any party cannot be supported, including unacceptable risk of transmission of infectious disease or the creation of higher order multiple pregnancies which expose both mother and baby to increased risks.

2. autonomy
    a. all parties must be provided with appropriate information and counselling to make an informed decision whether to proceed to CBRC.
3. equity:
    a. the same information, counselling and support is provided to all parties;
    b. mechanisms are in place to ensure equity of access to limited resources in the visited country to the detriment of the local population.

4. Recommendations

Recommendation 1	Grade
Specialist should discuss suitability for pregnancy and welfare of the unborn child before offering CBRC	Consensus-based recommendation
Recommendation 2	**Grade**
Practitioners facilitating CBRC should be familiar with their local regulatory and legal obligations. Practitioners are at all times subject to local regulations, which vary between and within Australia and New Zealand. Medical practitioners should be aware that significant penalties including criminal prosecution may apply for facilitation of certain reproductive practices, such as commercial surrogacy.	Consensus-based recommendation
Recommendation 3	**Grade**
The care of patients who have accessed CBRC should not, on their return their home state or country to Australia or New Zealand, be subject to any restrictions or penalties.	Consensus-based recommendation

5. References

1. ESHRE. ESHRE's good practice guide for cross-border reproductive care for centers and practitioners. Human Reproduction 2011, 0, 0: 1. Available from: http://humrep.oxfordjournals.org/content/early/2011/04/05/humrep.der090.full.pdf

Jenni Millbank. Responsive regulation of cross-border assisted Reproduction. Journal of Legal Medicine 2015, 23: 346 – 364

NHMRC Australian Government: Ethical guidelines on the use of assisted reproductive technology in clinical practice and research 2017

Fertility Society of Australia and New Zealand. Code of Practice For Assisted Reproductive Technology Units. October 2017

6. Links to other College statements

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)
https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based_Medicine_Obstetrics_and_Gynaecology_(C-Gen-15)-March-2021.pdf?ext=.pdf

Assisted Reproductive Technology for Women of advanced Maternal Age (C-Obs 52)
https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/RANZCOG-position-Reproductive-treatment-for-women-of-advanced-maternal-age-(C-Obs-52)-Nov17.pdf?ext=.pdf

Pre-pregnancy Counselling (C-Obs 3a)
https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Pre-pregnancy-Counselling-(C-Obs-3a)-review-July-2017_1.pdf?ext=.pdf

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Prof Steve Robson	Member
Professor Sue Walker	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Associate Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Dr Leigh Duncan	Maori Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)
Dr Christine Sammartino	Observer

Appendix B Overview of the development and review process for this statement

i. Steps in developing and updating this statement

This statement was originally developed in 2016 and recently reviewed in May 2021. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the May 2021 committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

ii. Grading of recommendations

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women's Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

Appendix D Full Disclaimer

Purpose

This Statement has been developed to provide general advice to practitioners about women's health issues concerning cross border reproductive care and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any person with a need for cross border reproductive care. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual person with a need for cross border reproductive care and the particular circumstances of each case.

Quality of information

The information available in Cross border reproductive care is intended as a guide and provided for information purposes only. The information is based on the Australian/New Zealand context using the best available evidence and information at the time of preparation. While the Royal Australian andNew Zealand College of Obstetricians and Gynaecologists (RANZCOG) had endeavoured to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available. The use of this information is entirely at your own risk and responsibility.

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