CATEGORY: CLINICAL GOVERNANCE ADVICE

Cross-border reproductive care

This statement has been developed and reviewed by
d33pe Wnd2s

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.

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 papag

4.

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	

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