



fodf Femmes ontariennes et droit de la femme à savoir

Fertility and Third Party Assisted Reproduction Law

September 15th, 2022

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www.onefamilylaw.ca

Land Acknowledgment

We acknowledge that this land is the traditional territory of many nations including the Huron-Wendat, Haudenosaunee, and the Mississaugas of the Credit. Today, the meeting place of Toronto is still home to many Indigenous people. We honour all the First Nation, Metis and Inuit people living on this land. We recognize the traditional territories on which our organization is located, and on which our programs and trainings take place.

Disclaimer

This webinar is for general information purposes only and is not legal advice.

It is not intended to be used as legal advice for a specific legal problem.

METRAC

METRAC: Action on Violence

- works to end violence against women, youth and children, Two Spirit, trans and nonbinary people.
- a not-for-profit, community-based organization

www.metrac.org

METRAC's Community Justice Program

- provides accessible legal information and education for women and service providers
- focuses on law that affects women, from diverse backgrounds, especially those experiencing violence or abuse

FLEW, Family Law Education for Women in Ontario

- provides information on women's rights and options under Ontario family law
- in 14 languages, accessible formats, online and in print

www.onefamilylaw.ca

www.undroitdefamille.ca

Presenter

Kelly D. Jordan

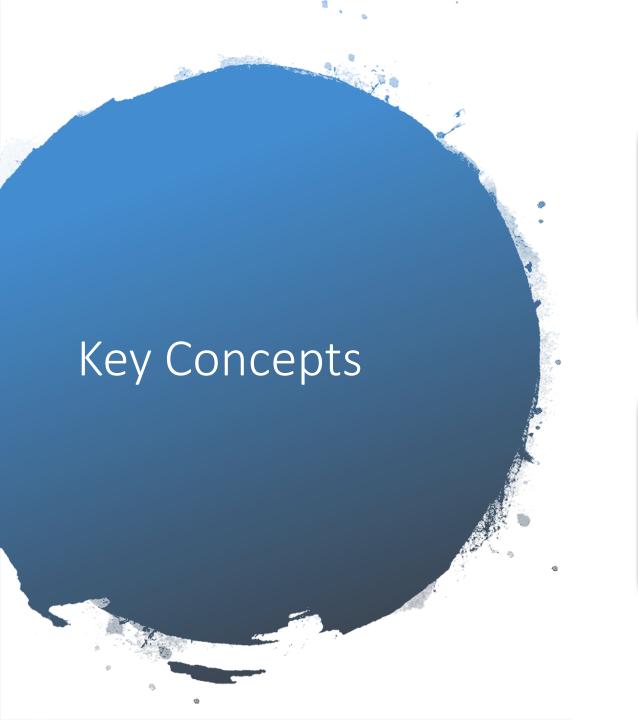
Family Lawyer, Kelly D. Jordan, Family Law Firm

Principal Lawyer and Mediator with Kelly D. Jordan Family Law Firm in Toronto, Ontario. Practises in the areas of family and fertility law, wills and estates. Certified as a Specialist in Family Law by the LSO. Accredited Family Mediator (OAFM). Adjunct Professor at Queen's University Faculty of Law. Particular expertise in family law issues pertaining to the gay and lesbian community and assisted human reproduction. Fellow of the American Academy of Assisted Reproductive Technology Attorneys. Co-counsel on *Baker v. Francis* (1999) and *Miglin v. Miglin* (2002) before the Supreme Court of Canada. Past Chair of the Ontario and Canadian Bar Association, Family Law Sections. Member of the Office of the Children's Lawyer. Frequent lecturer and author on issues pertaining to family and fertility law. Co-author of *Canadian Family and Immigration Law* in 2015 for Carswell.

Contributing author to Property and Support Rights and Obligations Under Ontario Family Law for Canada Law Book and to LGBTQ2+ Law: Practice Issues and Analysis for Emond Publishing. Contributing editor to Wilson on *Children and Law* for Lexis Nexis on assisted reproduction. Named as one of the Best Lawyers in Canada and as a Lexpert. Graduated from Osgoode Hall Law School 1993. Called to the Ontario Bar 1995.







Reproductive Medicine

Statutory Framework

What is third party reproduction?

Surrogacy

Gamete

Embryo Donation



Sperm Donation

Egg (ova) Donation

Embryo Donation



KNOWN – family member, friend, acquaintance

OPEN IDENTITY— When the child becomes 18 or 19 they have access to identifying information including name, last known contact information, etc.

ANONYMOUS – Can no longer be guaranteed for either party

Surrogacy



Definition & Types:

- a. **Traditional** (person carrying <u>has</u> a genetic link)
- b. **Gestational** (person carrying has <u>no</u> genetic link)

Surrogacy in Canada has increased 400% in the last decade



Main reasons for growing use of surrogacy

Need & Awareness

16% of Canadian couples experience infertility/reproductive loss

Gay couples/single men

Underlying female medical issues incompatible with pregnancy



GC = Gestational Carrier

TS = Traditional Surrogate

Gestational Surrogate; Carrier; Surrogate IP = Intended ParentGM/GF= GeneticMother/Genetic Father

IM = Intended Mother

IF = Intended Father

IPs = Intended Parents

Recipients (donation)

Donor

Who is NOT considered a donor or a surrogate?

What is intrauterine insemination (IUI)?

IUI vs. Home Insemination

• IUI is a medical procedure that puts sperm directly inside the uterus through a catheter, around the time of ovulation

Benefits:

- Cuts down on the distance sperm travel, making it easier to fertilize the egg
- Supported by cycle monitoring, which ensures accurate timing
- Less expensive and less invasive than IVF
- **Possible risks incl** (esp. with medicated cycles): multiples, premature delivery, miscarriage, ectopic pregnancy
- IUI is not guaranteed to be effective
 - 20% cycle success for women under 35, which drops significantly as women age, and after 5-6 cycles
- Who uses IUI with 3rd Party?
 - People in need of donor sperm: Lesbian couples, trans couples, straight couples with male factor infertility, single women
- Who uses Home Insemination with 3rd Party?
 - People in need of sperm (more often known): Lesbian couples, trans couples, straight couples with male factor infertility, single women
 - People doing Traditional Surrogacy

What is In-Vitro Fertilization (IVF)?

Who uses IVF?

- IVF is a medical procedure whereby retrieved eggs are fertilized by sperm in a lab, and 1 or more fertilized eggs (embryos or blastocysts) are transferred into a uterus
 - IVF vs. ICSI (Intracytoplasmic sperm injection)
- Benefits: Higher success rate than IUI/insemination, only way to do gestational surrogacy and egg donation, necessary if there are male factor limitations, freezing embryos
- **Possible risks incl**: ovarian hyperstimulation, multiples, premature delivery, miscarriage, ectopic pregnancy
- IVF is not always successful, and statistics can be misleading
 - Pregnancy vs. live birth, age, genetic testing, etc
- IVF with 3rd Party Reproduction
 - Retrieval vs. transfer
- Who uses IVF with 3rd Party?
 - People in need of donor eggs and/or surrogacy: gay male couples, trans couples, straight couples with female factor infertility, single men
 - Egg donors (retrieval)
 - Surrogates (transfer)

Psychological Issues for IPs

(Hetero vs. LGBTQ+)

Psychological Issues for Surrogates

Psychological Issues for Donors

Surrogacy: Trauma; Grief; Guilt; Jealousy; Fears re: Loss of control re: decision making & inclusion (prenatal care, termination, nutrition, activities); Disclosure; Bonding; Religious concerns; Stigma; Logistics; Finances, etc.

Donation: Trauma; Grief re: loss of genetic link/traits; Loss of racial/ethnic/nationality connection; Type of arrangement; Inequality with partner; Difference with multiple children; Religious concerns; Stigma; Disclosure, etc.

Loss of control/shared control; Patient autonomy; Impact on intimate relationship, children & other relationships; Emotional impact of medication; Disclosure; Workplace concerns; Expenses; Logistics; Parental under or over-involvement; Complications in pregnancy/delivery; Post-partum depression; Guilt; Grief; Conflict; Unmet expectations/promises during/after delivery, etc

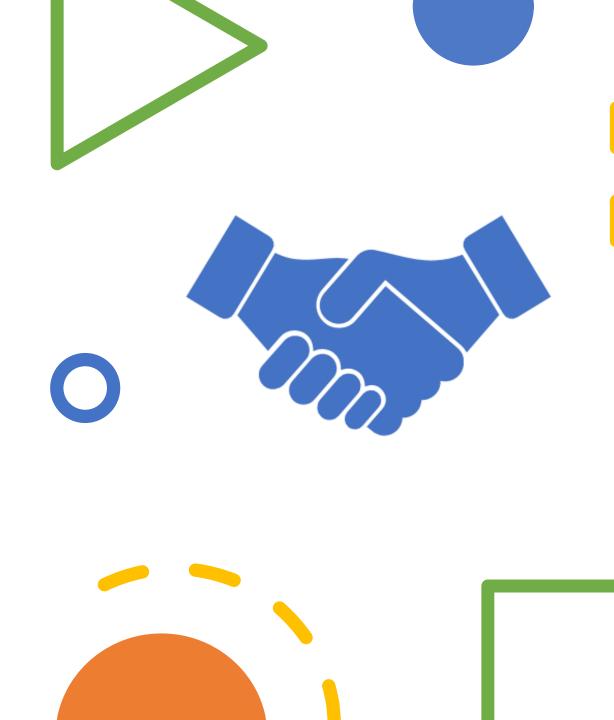
Egg Donors: Fears re: medical procedures, injections, side effects; Logistics; Patient autonomy; Lack of information at various stages; Satisfaction re: arrangement in the short & long-term; Questions re: outcome(s); Future disclosure re: partner/children; Contact with offspring, etc.

Sperm & Embryo Donors: Satisfaction with arrangement short & long-term; Questions re: outcome(s); Disclosure; Contact with offspring, etc

Psychological Issues for Offspring

Details that are often considered in a **Surrogacy Agreement** (other than parentage)

- How many embryos to transfer at a time? How many transfers will occur over the length of the agreement? How many fetus(es) is the surrogate willing to carry?
- What happens if the embryos split?
- What is the plan if there is a medical issue and/or bed rest is required?



Details that are often considered in a Surrogacy Agreement (other than parentage) Continued

- Abortion, selective reduction
- Medical testing
- Type of medical care (obstetrician, midwife, doula)
- Travel, food, activity restrictions
- Confidentiality
- Future relationship of the surrogate and child
- Plan in the event that the intended parents divorce or pass away
- Expenses/details/maximums/regulations reference

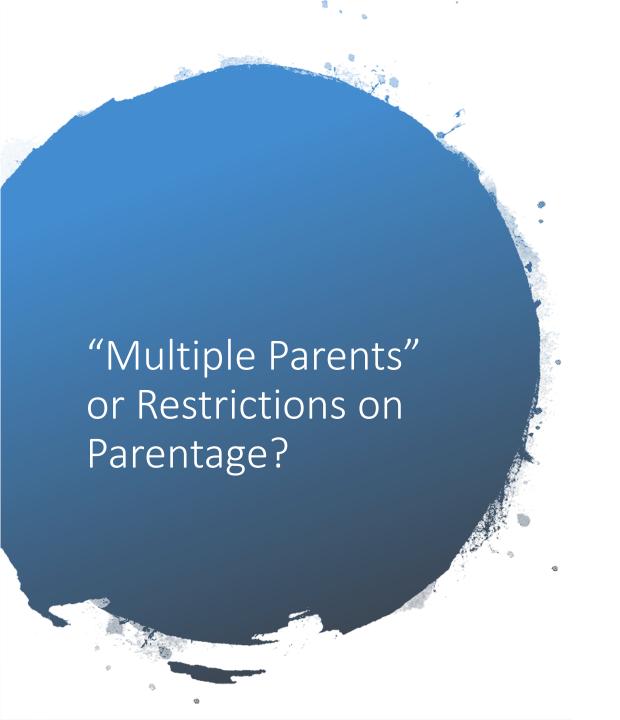


Details that are often considered in a **Sperm/Ova Donor Agreement**

- Obligations of donor and recipient
- Donor's health warranties
- ID of clinic, location
- maximum expenses, specifics, reference to regulations
- Future contact; limits; donation: open ID; anonymous; known
- Confirmation of intent that donor is not a parent
- Waivers/releases by donor re: parentage rights
- Waivers/releases/indemnification by recipient re: child support

Ontario's New Parentage Law







January 1, 2017 – Bill 28 "All Families Are Equal Act"

Parts I and II of the *Children's Law Reform Act* are repealed and rewritten

CLRA circa 1978 is finally updated to bring parentage legislation is step with LGBTQ families and assisted reproduction

Related statutes are amended including the SLRA, and the *Child Support Guidelines*

CLRA: Who is a Parent

A birth parent is a parent, section 6 (exception surrogacy, subject to sections 6 and 10)

A birth parent is the "person who gives birth" and is no longer gender defined



CLRA: Who is a Parent (continued)

- A person who **provides sperm** through **sexual intercourse** is a parent, unless there is a written preconception donor agreement, section 7
- There is a presumption that a child conceived through sexual intercourse is a parent
 - If that person was the spouse of the birth parent at the time of birth
 - Married to the birth parent at the time of birth
 - Living in a conjugal relationship with the birth parent at birth and child is born within 300 days
 - Signs the birth registration
 - Found by a court to be a parent



Donors who stood in the place of the parent or have demonstrated a settled intention to treat the child as his or her family may bring claims to receive child support, or may have claims for child support brought against them.

Settled intention through access and must show more that a display of common courtesy or hospitality towards the child.

Section 5 of the Child Support Guidelines states that the amount of support that a person who stands in the place of parent is expected to provide is that which the court considers appropriate.

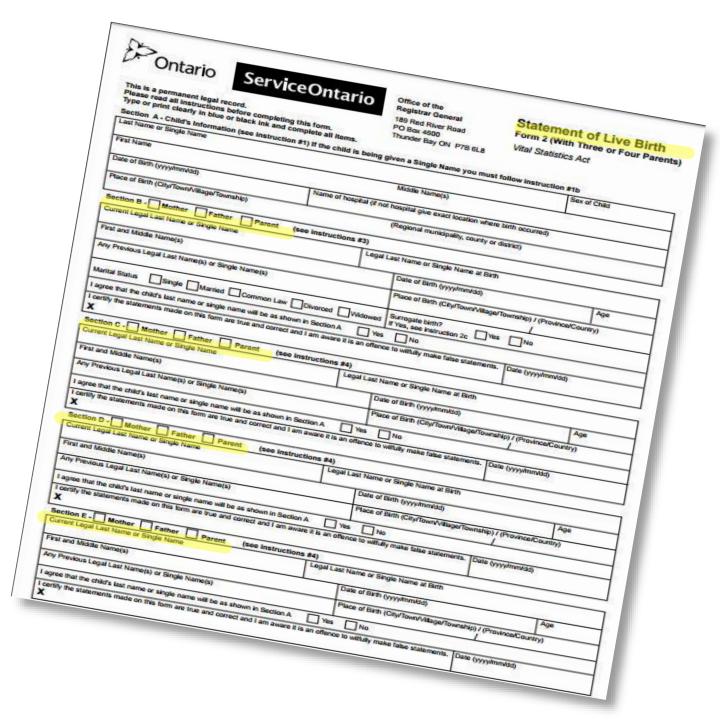
CLRA: Who is NOT a Parent?

- If using assisted reproduction, a **donor** of sperm, egg, embryo **is not** a parent, section 5
- HOWEVER, if the donor thereafter develops of relationship with the resulting child that a court
 considers to have met the test of 'settled intention to parent', the status of 'donor' may morph into
 that of 'parent', and accordingly, the rights/obligations that go along with 'parent' may apply
- A surrogate is NOT a parent, provided the criteria in Sections 10 and 11(surrogacy), and/or 13
 (declarations of parentage) are met
- A Surrogate cannot sign a Statutory Declaration under Section 10 until the child is at least 7 days old

CLRA Amended: s. 13

- Declarations of parentage and non-parentage can be made on the balance of probabilities
- Must be made within 1 year of birth unless court orders otherwise
- Adopted children are excluded
- Pre-conception intent must be established
- Declarations of parentage are no longer required by intended parents when there is a pre-conception written surrogacy agreement, with independent legal advice on both sides
- Up to 4 people can be named as 'parents' without a court order, provided the requisite criteria are met, including a pre-conception written agreement

Statement of Live Birth – 3 or 4 Parents





Q & A



THANK YOU





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