Chapter 13

Conclusion and Synthesis About ART in Nine European Countries



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Abstract

The following chapter is a summary and conclusion part of the country reports of the nine European countries in this volume. This chapter provides a synthesis of the most important questions and cornerstones of ART in nine European countries. Therefore, it deals with three of the main parts of this topic. Firstly, the constitutional background for ART is outlined, with special regard to the dignity and ART, and the respect for private and family life and the interconnections to ART. In the second, bigger chapter the ART technologies in the legal environment are put in focus, mainly from a medical aspect. Within the framework of this topic, the ART procedures of the given countries, the state involvement in financing ART procedures, the beneficiaries of ART and the key aspects of surrogacy are affected by the authors. The third bigger part of the chapter deals with the huge area of ART and family law and put the emphasis on the questions of establishing motherhood and fatherhood, surrogacy, same-sex legal parents, contesting motherhood and fatherhood, and last but not least, the best interests of the child.

Keywords: medically assisted reproduction, assisted reproduction technologies, the best interests of the child, reproductive rights, surrogacy, origin of the child

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1. Introduction

The aim of this chapter is to make a summary of the relevant legislative and practical measures of nine European countries, namely Czechia, Croatia, Slovakia, Slovenia, Hungary, Serbia, Poland, Romania and Ukraine, which will outline the evergreen and complex topic of assisted reproductive technologies. This summary article mainly focuses on the synthesis of the country reports of this volume. Because of the synthesis-nature of this chapter, it was written based on country reports, all of them can be read in this volume. Consequently, there are only fewer scientific, literature related footnotes in this article, only the Acts and other legal sources are indicated in the footnotes, which deals with the legal environment of the topic. If the reader is interested in the sources and detailed analysis of the given legal institution, or legal solution, it can be read in the corresponding country report.

In compiling of the chapter, we did not intend to present the legal institutions in accordance with the alphabetic order of the countries, but in another, more comprehensive context. Therefore, we composed the article according to a logical line, where the similarities and differences dominate in relation to the given legal institutions and practical problems and shortcomings.

Due to their nature and aim, we did not present two introductory chapters concerning psychology and religious ethics.

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2. Constitutional Background for ART

It can be generally stated, that neither of the Constitutions of the countries analysed mention rights to ART directly or in explicit regulations. However, as most of these countries are signatory parties of the Oviedo Convention and the European Convention on Human Rights, ART procedures are affected in the Constitutions. Therefore, we shall see that the constitutions examined regulate ART indirectly through general fundamental human rights. This tendency also points to the consequence that a certain space is vested to other statutes, policy guidelines or court interpretations regarding the most important and even controversial issues of ART.

In the given nine countries, the following constitutions – or as an equivalent –, fundamental laws are in force. The next summary table demonstrates the proper Constitution of the given country and the relevant Arts., which can be functioned as backgrounds for ART.

Country	Constitution	Relevant Arts. to aspects of ART
Croatia	Constitution of the Republic of Croatia, 1990 (and amendments) Official Gazette Nos. 56/90., 135/97., 8/98., Nos. 113/00., 124/00, Nos. 28/01., 41/01, Nos. 76/10., 55/01., 5/14., 85/10.	Art. 14, Art. 21, Art. 35, Art. 40, Art. 47, Art. 58, Art. 65
Czechia	Charter of Fundamental Rights and Freedoms, 1993, Act No. 2/1993 Sb.	Art. 1, Art. 2, Art. 3. Art. 4, Art. 6, Art. 31, Art. 32
Hungary	Fundamental Law of Hungary, 2011	Art. II, Art. III, Art. VI, Art. XV, Art. L, Art. XVI
Poland	The Constitution of the Republic of Poland of 2 April 1997, Journal of Laws of 1997, no. 78, item 483 as amended.	Art. 30, Art. 38
Romania	Constitution of Romania, 1991	Art. 4, Art. 16, Art. 20, Art. 22, Art. 26, Art. 34, Art. 48
Serbia	The Constitution of the Republic of Serbia, Official Gazette of the Republic of Serbia 98/2006, 15/2021.	Art. 15, Art. 21, Art. 23, Art. 24, Art. 25, Art. 42, Art. 43/1, Art. 58, Art. 63 Art. 64, Art. 65, Art. 66, Art. 68
Slovakia	Constitution of the Slovak Republic (1992, as amended). Constitutional Act No. 460/1992 Coll., as amended by later constitutional laws.	Art. 12, Art. 15, Art. 16, Art. 19, Art. 41,
Slovenia	Constitution of the Republic of Slovenia Official Gazette, Nos. 33/91-I, 42/97 – UZS68, 66/00 – UZ80, 24/03 – UZ3a, 47, 68, 69/04 – UZ14, 69/04 – UZ43, 69/04 – UZ50, 68/06 – UZ121, 140, 143, 47/13 – UZ148, 47/13 – UZ90, 97, 99, 75/16 – UZ70a, 92/21 – UZ62a.	Art. 14, Art. 17, Art. 53, Art. 54 (2), Art. 55
Ukraine	Constitution of Ukraine, 1996	Art. 3, Art. 21, Art. 24, Art. 27, Art. 28, Art. 32, Art. 49, Art. 51, Art. 52

Table No. 1

The most important fundamental and liberty rights which can be interpreted as backgrounds or cornerstones of ART procedures, are the following in the constitutions of the countries analysed: (a) non-discrimination/the right to equality; (b) the right to dignity; (c) the right to privacy; (d) the right to consciousness; (e) the right to life; (f) right to health(care); (g) children's rights (especially, the right of the child to know his/her origin); (h) the right to the free decision of childbirth; (i) the right of

ownership; (j) the prohibition of inhuman or degrading treatment; (k) the protection of personal data and confidentiality.

The colourful palette of the abovementioned fundamental rights can reflect two aspects of this topic. On the one hand, it can be ascertained that the possibility or the privileged procedures of ART cannot be protected directly in any of the constitutions, and therefore it cannot be seen as an 'independent fundamental right'. On the other hand, and even consequently, it might be stated that ART has several, almost untraceable connections to fundamental rights. In the following sections, we will summarise and compare the relevant provisions of the given constitutions (fundamental laws), in line with the logical order of The Charter of Fundamental Rights of the European Union (henceforward abbreviated as: Charter). Nevertheless, due to structural and content considerations, not all relevant fundamental rights are demonstrated here, only dignity and the right to private and family life, as the alphas of fundamental rights.

2.1. Dignity and ART in the Constitutions Examined

Title 1 of the Charter declares that 'Dignity covers Human dignity, Right to life, Right to the integrity of the person, Prohibition of torture and inhuman or degrading treatment or punishment, Prohibition of slavery and forced labour'.

Dignity, as one of the main roots of personality rights covers that 'Human dignity is inviolable. It must be respected and protected'.[1] The right to dignity appears in all the analysed countries' constitutions, as it is the cornerstone of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine of the Council of Europe (Oviedo Convention) from 1997 and appears even in civil codes. Most declare this human right within the general provisions of the constitution, such as the Czech and the Polish one.[2] Dignity, the right to life and infertility have a natural relationship, which shall be highlighted. At this point it seems appropriate to quote the wording of Lilla Garayová, who emphasises

> 'By valuing the human dignity of couples investigating the roots of their infertility, this approach ensures that, upon the elimination of identified causes, conception can occur naturally, preserving the dignity of the conceived life. Given these considerations, public health insurance should encompass this method as a viable alternative to conventional assisted reproduction techniques'.[3]

At the same time, we shall also see that this system of relationships is not simple and harmonious, as several chapters highlight. The Croatian country report reflects

1 Charter, Title 1, Art. 1.
2 Králíčková, 2026.
3 Garayová, 2026.

the situation, that dignity can be interpreted in line with the protection of children and embryos, and it can relate even to the potential misuse of embryos. The protection of the dignity of a future child also connects to the prohibition of cloning, as the aforementioned chapter reveals.[4] Similarly, the Romanian report highlights that complex arguments can be ascertained regarding the preservation of frozen embryos, as a violation of human dignity.[5] Moreover, in Romania, a specified legislation, the law no. 272/2004 on the rights of the child recognises the child's specific right to dignity.[6] The wording of the Infertility Act of Slovenia is remarkable, as it uses the phrase to 'allowing early embryos to die', which phrasing reflects the respect for the dignity of embryos, as it does not use terms such as 'destroy' or 'terminate'.[7] The Hungarian chapter adds that according to the Explanatory Memorandum to Bill No. T/2627 on the Fundamental Law of Hungary, the embryo's human dignity is defined as value worth of protection through the phrasing of the Fundamental Law.[8] In Hungary, the embryo is granted relative legal protection to its right to life and dignity, for this possibility of the state to balance these rights with others.[9] With this regard, the separate Act LXXIX of 1992 on the Protection of Foetal Life shall be mentioned, which prescribes 'Foetal life, which begins at conception, deserves respect and protection'. The phrase of the act shows 'foetal life' rather than human life and defines the protection starting from conception. The chapter adds that this Act focuses on the protection of the *in vivo* embryo and does not address the status or protection of the *in vitro* embryo.[10] The Ukrainian chapter emphasises that state-protected personal dignity underpins reproductive rights, and highlights that at an individual level, this means women's right should be treated with respect by doctors and specialists who are consult for reproductive health advice, since respect for human dignity requires ethical communication also.[11]

4 Korać Graovac, 2026.
5 Florian and Floare, 2026.
6 Art. 6g Law no. 272/2004.
7 Kraljić, 2026.
8 Barzó and Nagy, 2026.
9 Jobbágyi, 1997, pp. 75–91.
10 Barzó and Nagy, 2026.
11 Buletsa, 2026.

2.2. Respect for Private and Family Life and the Interconnections to ART

Chapter II of the Charter contains many Freedoms,[12] which can be interpreted in line with ART. These are mainly the following: the right to liberty and security, respect for private and family life, the protection of personal data, the right to marry and the right to found a family.

Respect for private and family life encompasses that everyone has the right to respect for his or her private and family life, home and communications. The constitutions analysed have demonstrated that the state is obliged to provide the individual with such conditions that would enable him or her to be able to decide freely to found a family – for example as is emphasised in the Slovenian Constitution.[13] Interconnections that can be surveyed by reproductive rights are inherently connected to personal autonomy and fall within the broader framework of protections designated to private and family life – which is mentioned in the Hungarian chapter,[14] and even appears as a principle of the protection of marriage and family life in the Family Law Book of the Civil Code.[15] Regarding the legal environment, it should be mentioned that the contemporary Serbian Constitution does not contain a provision on respect for private and family life, however it has historical roots, as the former, 'Constitution Charter on state union of Serbia and Montenegro' had a provision on the right to respect of private and family life. Of course, this does not mean that the right is missing from the state order, as the Family Act of Serbia contains the right to private and family life. Still, it does not appear as a constitutional, fundamental right, rather as a civil law personality right. However, while the importance of this right and its clear connection with ART are unquestionable, some chapters – such as the Czech – point out that its content and limits can be diverse, which is not easy (or even impossible) for the legal system to handle uniformly. Králíčková points out, that 'it is therefore very difficult to create a family policy and legal framework for the protection of the family and family life that suits everyone'.[16]

Within this framework, the decision of the Slovak Constitutional Court from 2007 also explicitly linked reproductive decisions with the right to privacy. The Slovak chapter underpins that a woman's right to privacy encompasses her freedom

12 Chapter II, Freedoms, Art. 6 Right to liberty and security, Art. 7 Respect for private and family life, Art. 8 Protection of personal data, Art. 9 Right to marry and right to found a family, Art. 10 Freedom of thought, conscience and religion, Art. 11 Freedom of expression and information, Art. 12 Freedom of assembly and of association, Art. 13 Freedom of the arts and sciences, Art. 14 Right to education, Art. 15 Freedom to choose an occupation and right to engage in work, Art. 16 Freedom to conduct a business, Art. 17 Right to property, Art. 18 Right to asylum, Art. 19 Protection in the event of removal, expulsion or extradition.

13 Kraljić, 2026; Art. 35 of the CRS.

14 Barzó and Nagy, 2026.

15 Act V of 2013 on the Civil Code, Art. 4:1 §.

16 Králíčková, 2026.

to make decisions about pregnancy and by extension, should encompass decisions about attempting to become pregnant via ART.[17]

3. ART Technologies in the Legal Environment – Medical Aspects

The chapters outline the medical-legal framework of ART technologies. These chapters can be synthesised by some key questions, such as (1) What is the extent of the choice of ART, i.e. which procedures are regulated as permitted procedures and which are prohibited; (2) The next important question of the analysis is how the state can help ART by financial means; (3) The beneficiaries of ART, as who are entitled to take part in the procedure; (4) Special focus on surrogacy arrangements

3.1. ART Procedures of the Countries – Vague Boundaries Between Law and Practice

In terms of legal regulation and interpretations, three possible paths can be ascertained: the traditional one, which speaks about ART in a very narrow legal context; the permissive one, which opens up the possible solution frameworks; and the intermediate regulation, which seeks to precisely define accepted and prohibited procedures. This categorisation is based solely on a legislative technical approach, namely on the distinction as to whether there is a specific systematisation consisting of several elements in the legislation or not. Therefore, the basis of classification is not content-based, and in no way is it value-based, but rather regulatory.

A traditional approach would be the Slovak one, whereas a permissive, more open approach would be the Czech one. In Slovakia, the Transplantation Act and an outdated regulation[18] narrowly defines artificial insemination, however in practice Slovak fertility clinics have adopted a wide range of modern ART procedures to address infertility. Nevertheless, the legal situation is quite vague, as those procedures, which are widely applied, operate without detailed legislative framework. At the same time, it does not mean, that artificial insemination is the only method, which can be performed in Slovakia. *In vitro* fertilisation, cryopreservation (the freezing of sperm, oocytes, or embryos for future use, including subsequent procedures like cryo-embryo transfer), pre-implantation genetic diagnosis (the detection of genetic disorders before implantation to prevent genetically inherited conditions) are all such techniques, which can be performed in practice, and without detailed legal regulations.

17 Garayová, 2026.
18 Measure No. 24/1983 of the Ministry of Health.

This contrasts with the Czech approach, which includes all forms of assisted fertilisation under a unified legal definition. In the Czech regulation, a unified legal definition opens up the circle of ART technologies, since according to law, assisted reproduction means methods and procedures involving the collection and manipulation of germ cells, the creation of a human embryo by fertilisation of an egg with sperm outside the woman's body, the manipulation and storage of human embryos for the assisted reproduction of the woman, (a) for medical reasons in the treatment of her infertility or the infertility of a man, if it is unlikely or impossible for the woman to become pregnant naturally or to bear a viable foetus and other treatments for her infertility, or male infertility has not led to, or is highly unlikely to lead to her becoming pregnant or (b) as regards the need for early genetic testing of the human embryo, if the health of the future child is endangered because of a demonstrable risk of transmission of genetic diseases or defects carried by the woman or man.

The Czech regulation also adds that it is stressed that the assisted reproduction of a woman as a treatment of infertility is (a) the introduction of sperm into the reproductive organs of a woman; (b) the transfer of a human embryo resulting from the fertilisation of an egg by sperm outside the woman's body into the woman's reproductive organs (*in vitro* fertilisation and embryo transfer).

Compared to these two described endpoints, there are countries, where acknowledged, permitted and prohibited ART technologies are listed. These countries are Hungary, Croatia, and Serbia.

Among ART procedures there are some quite 'traditional', 'core' techniques, which are commonly acknowledged and regulated by the countries, such as intrauterine insemination (IUI), or *in vitro* fertilisation (IVF).

Serbian law[19] prescribes that ART include *in vivo* fertilisation and *in vitro* fertilisation with embryo transfer. Procedures of ova and embryo donation are allowed.

The Croatian MAR Act[20] lists the different medically assisted techniques, such as: (a) intrauterine insemination (IUI); (b) *in vitro* fertilisation (IVF); (c) intracytoplasmic sperm microinjection (ICSI); (d) cryopreservation of gametes and embryos and their defrosting, transfer of gametes or embryos into the fallopian tube, and preimplantation genetic diagnostics.

The Act on Healthcare of Hungary lists accepted procedures as follows: (a) fertilisation outside the body and embryo implantation; (b) artificial insemination performed with the germ cells of the spouse or partner, or with donated germ cells; (c) fertilisation outside the body and embryo implantation carried out with donated germ cells; (d) embryo implantation performed with embryo donation; (e) any other method facilitating the fertilisation of the female germ cell, as well as the implantation and development of the fertilised germ cell, may be applied.[21]

19 Law on Biomedically Assisted Fertilisation, 2017.
20 Art. 9 of the MAR Act.
21 Act on Healthcare Art. 166, para. (1).

The Polish legal framework also lists permissible ART techniques. Among them are *in vivo* fertilisation artificial insemination (consisting of intrauterine insemination, homologous insemination, heterologous insemination and mixed insemination). Within *in vitro* fertilisation (IVF) homologous and heterologous IVF are accepted, such as Surgical Embryo Transfer (SET), Intravaginal Culture (IVC), and Transfer of fertilised eggs or embryos into the fallopian tubes.[22]

In Romanian law, Annex no. 30 of the Health Minister's Order no. 1241/2019 covers the following acknowledged types of ART: intra-uterine (artificial) insemination, *in vitro* fertilisation (IVF), embryo transfer, intracytoplasmic sperm injection (ICSI), and artificial insemination with sperm or oocytes from a third-party donor.[23] Medically assisted reproduction with a third-party donor is specifically mentioned by the Civil Code.[24]

Slovenian law[25] specifies the applicable ART technologies, as (a) intrauterine insemination (as insertion of sperm cells into the woman's reproductive organs; or insertion of egg cells together with sperm cells into the woman's reproductive organs); (b) extra-corporal fertilisation procedures (which means IVF) as the union of egg cells and sperm cells outside the woman's body; or the insertion of early embryos into the woman's reproductive organs.

Homologous and heterologous fertilisation are also known, but in heterologous ART procedures, the simultaneous use of donated egg cells and donated sperm cells is not allowed under Slovenian law.

ART technologies are in a special situation in Ukraine – especially surrogacy, which will be mentioned below. The current framework for assisted reproductive technologies in Ukraine offers various fertility treatment programmes, such as IVF, egg donation, and embryo transfer. Allowed and regulated technologies include homologous techniques, such as IVF using gametes from the intended parents, and heterologous techniques, such as sperm or egg donation, which are legally permitted under specific conditions. Informed consent from all parties – donors, recipients, and surrogates – is a mandatory legal requirement, ensuring voluntary participation and understanding of procedures, risks, and rights. Surrogacy is legally permissible, but exclusively for married heterosexual couples.

The regulation of posthumous fertilisation is also an important question in the framework of the countries examined. In general, three approaches can be described: on the one hand it is an explicitly banned procedure, and on the other hand, the legislator does not regulate it. The explanation for such a legislative decision lies in the attitude that a child has the right to be cared for by both parents.[26] In addition, a

22 Infertility Treatment Act.
23 Irinescu, 2024, pp. 348–349 cited by Florian and Floare, 2026.
24 Florian and Floare, 2026.
25 Infertility Act.
26 Korać Graovac, 2026.

third aspect can be seen, e.g. in Romanian and Ukrainian law, which tend to allow it.

It is not possible to find precise regulation about posthumous fertilisation in Serbia, because Serbian Law on Biomedically Assisted Fertilisation does not contain concrete rules about it, however a general requirement of ART procedure is the mutual life together in the moment of performing the procedure.[27] Another regulation shall be mentioned, which shows a tendency towards the banning of posthumous fertilisation, as the use of reproductive cells and embryos which belong to living donors is allowed. Despite the fact that the law is not precise on the procedure of posthumous fertilisation, legal practice shall deal with it, as Kovaček Stanić refers to two legal cases from recent years.[28]

In Slovakia the legal interpretations of the posthumous use of embryos (or gametes) are lacking from the legal environment.[29] In Hungary the Criminal Code[30] threatens the use of a germ cell originating from a dead person or a dead foetus for a special procedure aimed at human reproduction with imprisonment from one to five years, and also orders the punishment of preparation for such an act

Posthumous fertilisation is prohibited in Croatia as well. A further rule in this manner is that if the person who has provided and stored sex cells or tissues dies, the medical institution shall destroy the person's sex cells or tissues within 30 days of its knowledge of the person's death. Law is clear only in point that superfluous embryos may be donated, but not used by one of the intended parents.[31]

Similar legislation can be found in Slovenia, where the Infertility Act also does not allow posthumous fertilisation.[32] It is prohibited to perform ART with the sperm or egg cells of a donor who is no longer alive at the time of the insertion of the donated cells or early embryos into the woman's body. Before a doctor inserts the donated sperm or egg cells, or early embryos formed using the donated cells into the woman's body, they must determine whether the donor is still alive.[33]

As a third aspect, a vague – but rather permissive – legal environment could be ascertained in Ukrainian and Romanian law.

Within the Romanian framework, posthumous fertilisation can technically be construed to be legally possible if the deceased oocyte or sperm donor had consented to cell harvesting before death. It should be noted at the same time, that a former legislation has expressly prohibited the insemination of a woman with her dead husband's sperm.

In Ukraine's legal framework regarding assisted reproductive technologies there are some gaps, which for example also affect the interpretation of posthumous

27 Kovaček Stanić, 2026.
28 Ibid.
29 Garayová, 2026.
30 Section 169 of the Criminal Code.
31 Art. 33 para. 3 of the MAR Act; Korać Graovac, 2026.
32 Kraljić, 2026.
33 Art. 28(3) of the Infertility Act.

fertilisation. However, a new law, on the 'On Amendments to Certain Laws of Ukraine on Ensuring the Right of Servicemen and Other Persons to Biological Parenthood (Motherhood)', from 2024, has raised the issue of posthumous reproductive cell use. According to this Law, if a person whose reproductive cells are stored in accordance with the law dies or is declared dead by a court, their storage shall be free of charge for three years. After this period, the individual's reproductive cells may be stored at the expense of another person selected in their will in accordance with the law in the case of their death or court declaration of death. Before the current regulations, there was no legal mechanism for posthumous conception and birth in Ukraine.[34]

34 Buletsa, 2026.

Country	Legal basis	Legislative technical approach on permitted ART procedures	Posthumous fertilization
Croatia	special act (MAR Act)	intermediate approach: Act lists the procedures	prohibited
Czechia	special act (Act on Specific Health Services)	open approach: includes all forms of assisted fertilisation under a unified legal definition)	prohibited
Hungary	Civil Code and special acts (e.g. Act on Healthcare)	intermediate approach: Act lists the procedures	prohibited
Poland	special act (Infertility Treatment Act)	intermediate approach: Act lists the procedures	prohibited
Romania	special act (Health Minister's Order) and Civil Code	intermediate approach: Act lists the procedures	no explicit rules, but technically can be performed with prior consent
Serbia	special act (Law on Biomedically Assisted Fertilisation)	intermediate approach: Act lists the procedures	no explicit rules, tend to prohibition
Slovakia	special act (Transplantation Act)	traditional approach: narrowly defines ART procedures	no explicit rules, tend to prohibition
Slovenia	special act (Infertility Treatment and Biomedically Assisted Reproductive Procedures Act)	intermediate approach: Act lists the procedures	prohibited
Ukraine	Family Code, Civil Code/ general legislation, and Ministry of Health Order No. 787/2013 on ART	intermediate/open practical approach: ART procedures are regulated in a broad medical-administrative framework	2024 legislation regulates storage of reproductive cells after death, but does not fully settle posthumous conception, parentage and succession consequences

Table No. 2
About the legal basis and most important ART procedures

3.2. State Involvement in Financing ART Procedures

Given that reproductive procedures are quite costly, there has been a demand in the countries studied for the state to support and assist the couples, partners and

eligible singles who use them in some way. This assistance basically means providing financial support. However, the forms of this vary in individual countries. There are some states that are able to provide full coverage for treatments, while in other states partial financial support is available only for certain procedures. The fundamental purpose of these subsidies is to assist reproduction and not let the lack or limitation of financial resources be the main obstacle for couples to have their desired child.

There are mainly two types of state financing: public health insurances and dedicated national programs. The former is more common, as in Czechia, Hungary, Serbia, Ukraine, Croatia, Slovenia and Poland state support – as part of public health insurance – is available for beneficiaries. The latter version – national program – can be found in Romania.

The Hungarian system is distinctive in that infertility centres provide, free of charge, all medically necessary fertility treatments, including assisted reproductive technology (ART) procedures, with funding provided by the Health Insurance Fund. Healthcare providers seeking to perform ART procedures are required to obtain an operating license from the competent healthcare authority. Thus, reproductive procedures may only be carried out upon the recommendation of an appropriately qualified specialist doctor.[35] This situation can be traced back to the nationalisation of infertility clinics. In summing up, under the current regulation,[36] only state-run centres can provide assisted reproductive techniques, but the procedure is entirely free of charge for the couples. Consequently, the currently effective text of NM Decree No. 49/1997 declares that special procedures for human reproduction may be provided free of charge only on medical indication by a healthcare provider financed for that purpose by the Health Insurance Fund.

Public funding is available up to the age of 45.[37] The legislation permits up to six procedures of ovulation induction and artificial insemination, and up to five procedures of medication-assisted stimulation for egg cell retrieval.[38]

Very similar is Slovenian law, where a reimbursement is allowed, which is a generous one, as even 99 % of the costs can be paid back to the beneficiary in the case of ART technologies. The financial coverage is also similar in Czechia, but public health insurance is available only till the age of 40.[39] On the contrary, ART is available for women until the age of 49. It means that if a woman is over 40 years old, the infertile couple must pay for the whole service according to the conditions by the provider. State health insurance covers hormonal stimulation and *in vitro* fertilisation (IVF) cycles, but no additional and above-standard services such as the cryopreservation

35 Barzó and Nagy, 2026.

36 BM Decree 34/2023 (VIII.24) amended certain ministerial decrees: on health insurance: it amended Decree No. 30/1998 (VI.24) and NM Decree No. 49/1997 (XII.17) on infertility treatment procedures available under compulsory health insurance.

37 Sápi, 2024, p. 190.

38 Barzó and Nagy, 2026.

39 Act on Public Health Insurance (Act No. 48/1997 Sb., as amended, APHI).

of gametes and embryos, their prolonged cultivation, preimplantation genetic testing and other cycles.[40]

In Serbia, stimulations are state-funded for an unlimited number of stimulations, while up to three embryo transfers are state-funded for women up to the age of 45.[41]

In Croatia, the procedure of MAR at the expense of the Croatian Health Insurance Fund includes four attempts at intrauterine insemination (IUI) and six attempts at *in vitro* fertilization (IVF), with the obligation that two attempts be in the natural cycle. Some municipalities in Croatia co-finance further costs in order to increase number of newborns.[42]

A national program is dedicated to ART in Romania, which provides a support of up to €3000 per year for the beneficiary for procedures such as IVF, embryo transfer, and insemination. The age limit is dedicated for women between 20-45 years of age.[43]

In Slovakia, partial reimbursement of costs can be available.[44]

Overall, it can be seen that countries are trying to promote participation in ART with financial support, which in each country has an age limit. This age limit is typically set at 40-45 years of age. There would be fundamentally biological reasons for this. Even if the country's rules otherwise allow participation in ART for older women, state support is usually not available.

40 Králíčková, 2026.
41 Kovaček Stanić, 2026.
42 Korać Graovac, 2026.
43 Florian and Floare, 2026.
44 Garayová, 2026.

Country	Type and circle of funding	Age limit
Croatia	Public health insurance and municipal co-fundings, covers many possibilities	up to 42 years of age under health insurance
Czechia	Public health insurance, covers many possibilities	up to 40 years of age (+up to 49 years of age in the case of self-pay)
Hungary	Public health insurance, full coverage	up to 45 years of age
Poland	Public health insurance	until childbearing age
Romania	Dedicated national program	up to 45 years of age
Serbia	Public health insurance, unlimited stimulations, 3 embryo transfers	up to 45 years of age
Slovakia	Public health insurance, reimbursement (partial)	until childbearing age
Slovenia	Public health insurance, almost full coverage (reimbursement)	until childbearing age
Ukraine	Public health insurance/ partial state funding (as regulated)	Free state programmes: Women aged up to 40 years (up to and including 40 years and 11 months)

Table No. 3
On the possible of state aids of ART procedures

3.3. The Beneficiaries of ART

A general, common feature of the legislation of the countries examined, is that ART procedures can be performed with the intention of achieving the birth of a child. Therefore, as ART procedures cannot have other intentions and aims, the circle of beneficiaries who can take part in these methods is generally narrow. In this section, the basis of the distinctions is mainly the extent to which the given country allows others besides spouses to participate in the proceedings. It is basically visible and inherently established that married couples can participate in reproductive treatment according to the law of each country examined. Given that these countries do not recognise same-sex marriage, spouses are understood to mean the marriage between a man and a woman, so heterosexual couples can participate in ART. The further question is whether couples in *de facto* partnerships (cohabitants), single women, or homosexual couples can participate in these procedures.

Based on the simplest distinction, we can talk about countries where only spouses are legally entitled to participate in ART, and countries where the range of participants is a little wider.

Slovakia belongs to the first group, i.e. the case of participation is open only to marital spouses. In Ukraine, surrogacy and other types of ART are open to married couples as clients also.

At this point, the author of the Slovak chapter might be cited, as we shall see that the mere existence of a marriage at the time of application does not guarantee long-term family stability.

> Marriages may dissolve after the child is conceived, undermining the rationale of requiring marriage as a prerequisite for ART access. In practice, ART clinics often extend their services to unmarried partners despite the legal preference for married applicants. This discrepancy between the law and clinical practice highlights the gap between traditional legal norms and contemporary social realities. Critics argue that restricting ART access based on marital status is discriminatory and does not reflect the diversity of modern family structures. They point out that the law fails to account for the rights of single women or same-sex couples, leaving these groups without equal access to reproductive services.[45]

The other countries allow *de facto* partners and single women to participate in ART, with greater or lesser restrictions.

Czechia, Slovenia, Hungary, Croatia, Poland, Serbia and Romania allow *de facto* partners (cohabitants) to be involved in ART procedures. In Czechia, an infertile couple of the opposite sex as beneficiary (married or *de facto*) shall be mentioned. However, a novelty of the legal regulation of same-sex couples shall be mentioned, as it is possible for a child to be adopted even by the same-sex partner of his or her parent, male or female, living in a marriage or a partnership. That is why the only way for a child to have two 'legal' same-sex parents would be an adoption or the recognition of the same-sex parenthood being established abroad. Notwithstanding, this regulation does not affect the beneficiary circle of ART procedures.[46] In Hungary, eligibility for ART is fundamentally designed for married couples or cohabiting heterosexual partners, which can also be reflected in paternity presumptions.[47] In Poland spouses or a man and a woman living in cohabitation are allowed to enter ART techniques.[48] In Serbia, married or cohabitating heterosexual partners are considered as subjects of medically assisted fertilisation procedures. Additionally, in Serbia there is no regulation of same-sex partnerships.[49] In Croatia, men and women who are married or cohabitating can be beneficiaries of ART.[50] Non-marital spouses must provide a statement certified by a notary that they live

45 Ibid.
46 Králíčková, 2026.
47 Barzó and Nagy, 2026.
48 Andrzejewski, 2026.
49 Kovaček Stanić, 2026.
50 Korać Graovac, 2026.

in a non-marital union.[51] This rule is similar to that in Hungary. According to Slovenian law, a man and a woman who are in a marital or cohabiting partnership are allowed to enter ART procedure[52] which can only be performed with the written consent of the spouses or cohabiting partners.[53] The marriage or cohabitation must exist at the time of insertion of the sperm cells or early embryos into the woman's body.[54] However, the Constitutional Court of Slovenia opened the door to access to ART procedures by women living in same-sex marriages or civil unions, as well as for single women. The latter was also regulated by the amendment to the Infertility Act in December 2025.[55] In Romania, heterosexual couples can enter into ART procedures. At the same time, the detailed rule can be a circumvention on the rules of adoption, as the Civil Code provision does not prescribe the man and the woman who consent to this procedure to be an actual couple. They do not have to prove or even assert a relationship of any sort and their mutually agreed consent to the procedure could lead to them becoming the mother and father of a child without any other prior connection.[56] According to Slovenian law, a man and a woman who are in a marital or cohabiting partnership are allowed to enter an ART procedure[57] which can only be performed with the written consent of the spouses or cohabiting partners.[58] The marriage or cohabitation must exist at the time of the insertion of the sperm cells or early embryos into the woman's body.[59] So basically, it can be concluded that the most permissive regulation in this area is in Slovenia.

A much more difficult and divisive issue in the legal systems of the states under study is whether single women can participate in such procedures, and if so under what conditions. As was mentioned above, single women cannot take part in ART procedures in Slovakia. According to Polish law, the situation of a single woman is the same.[60] It was demonstrated above that Slovenia has a permissive regulation, which opens up ART procedures to single women if she is in the 'age of eligibility for childbirth', which is an undefined, flexible legal term and shall be determined on a case-by-case basis. The Constitutional Court has pointed out that a decision which stated only women up to the age of 43 were eligible for ART procedures is unconstitutional.[61] According to the Romanian Civil Code, single women have access to medically assisted reproduction with a third-party donor.[62] Serbian regulation also make

51 Art. 11, para. 3 of the Infertility Act.
52 Kraljić, 2026.
53 Art. 22(1) of the Infertility Act.
54 Art. 5(4) of the Infertility Act.
55 Kraljić, 2026.
56 Floarian and Floare, 2026.
57 Kraljić, 2026.
58 Art. 22(1) of the Infertility Act.
59 Art. 5(4) of the Infertility Act.
60 Andrzejewski, 2026.
61 Kraljić, 2026.
62 Florian and Floare, 2026.

it possible for a single woman to be the beneficiary of ART.[63] In this matter we shall take into consideration the sociological feature, which is emphasised by the author of the chapter, as in

> Serbian society family relations are very important for family members and very well developed. Thus, it would not be difficult for single woman to find a relative who would be able to help her in raising a child. In Serbia the social relations are developed as well. Thus friends of a single woman would help her.[64]

In Croatia, a single woman who has the age of majority and for whom a previous treatment of infertility has ended unsuccessfully or without hope and who, because of her age and overall health condition, is capable of exercising parental care, may also seek MAR treatment. Here, there is an age limit, but this affects only the health insurance, as she must not be older than 42 years in this case.

In Hungary, single women can be beneficiaries of ART procedures only in exceptional cases, as a woman has to be justified by her age or health condition. Although this wording is rather uncertain, especially because the age limit for natural conception is difficult to determine objectively; moreover the use of assisted human reproduction procedures also has an age-related condition: it can only be used if the woman has not reached the upper limit of reproductive age.[65]

63 Kovaček Stanić, 2026.
64 Ibid.
65 Barzó and Nagy, 2026.

Country	Spouses	De facto couples	Same-sex couples	Single women
Croatia	yes	yes	no	yes, due to health reasons
Czechia	yes	yes	no	no
Hungary	yes	yes	no	yes, but only in exceptional cases with authorisation
Poland	yes	yes	no	no
Romania	yes	yes	no	yes
Serbia	yes	yes	no	yes
Slovakia	yes	no	no	no
Slovenia	yes	yes	yes	yes
Ukraine	yes	not for surrogacy; other ART depends on the procedure and legal context	no	yes, for certain non-surrogacy ART procedures; no for surrogacy

Table No. 4
On the beneficiary circles

3.4. Key Aspects of Surrogacy

Maternal status is important for every child. For a long time, the mother's status was the most obvious point in family law, because under old Roman law principles, the child's mother is the one who gave birth to the child (*mater semper certa est*). Nowadays, while this is easier to determine than the father's status, there are additional questions that must be examined in light of the mother's status in case of surrogacy. According to international obligations undertaken by the Convention on the Rights of the Child,[66] it is necessary to register a child soon after birth and to establish the motherhood in order to make the parental status clear.[67] The difficulty of this topic is evident in the fact that, in Serbia, an expert meeting on surrogacy, entitled 'Surrogate motherhood – *pro et contra*', was held in 2019 and organised by

66 Art. 7 of the CRC: '1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and. as far as possible, the right to know and be cared for by his or her parents. 2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless'.

67 Barzó, 2021, p. 308.

the Ombudsman of the Province of Vojvodina.[68] However, the goal was to provide a balanced overview of the key arguments for and against surrogacy, and no concrete, final consensus on surrogacy emerged from the discussions. Surrogacy is not acknowledged in this country either.

The attitudes towards surrogacy in the countries currently under review are fundamentally balanced, but the Ukrainian legal system – and the Ukrainian chapter presenting it – should be viewed as a curiosity.

If we stick to the principle of '*mater semper certa est*', it can be seen, that Czech, Slovakian,[69] Polish, Hungarian, Croatian, Slovenian, Serbian and Romanian laws follow this principle, and do not acknowledge surrogacy. At the same time, a certain gradation can be observed, as while some countries expressly prohibit it, others tend to remain silent on the issue, even if it means a much more prohibitive approach.

In Croatia, any form of surrogacy (commercial or altruistic) is prohibited, and this rule can be found in the MAR Act of Croatia, as 'Contracts, agreements and other legal transactions of bearing children for another (surrogate gestational motherhood) and handing over a child after a fertility treatment, with or without a pecuniary remuneration, are null and void'.[70]

Surrogacy is regulated in a specific manner under Polish law. However, the phrase 'surrogacy' does not appear in the Infertility Treatment Act or the Family and Guardianship Code, there are indirect regulations pertaining to this method. According to the Family and Guardianship Code, any surrogacy agreements are invalid.[71]

Slovenian legislation treats surrogacy negatively, as the Infertility Act explicitly mentions surrogacy as a method, where a woman who intends to give her child to a third party for free or without compensation after birth is not entitled to ART procedures.[72] Besides the private law regulation, surrogacy is also part of the Slovene Criminal Code, which stipulates that anyone who unlawfully carries out a procedure of assisted reproduction for surrogacy will be punished by imprisonment. Therefore, for the first blink, a more concrete ban can be ascertained. Nevertheless, the Chapter underpins that 'following the wording of the law, it can be concluded that surrogacy is therefore not explicitly prohibited in Slovenia'.[73] The reason is that biomedical assistance in performing surrogacy is a prohibited method, but it is not a criminal offence for a Slovenian couple to go abroad and, if the surrogacy procedure is admissible there, to obtain a child through this method.[74]

Surrogacy is not permitted under contemporary Hungarian law; however, its suggestion has some historical roots. In the 1990's domestic policymakers explored ways

68 'Surrogate motherhood – Pro et Contra', 10.07.2019., Ombudsman of Autonomous Province of Vojvodina.
69 Family Act, § 82(1).
70 Art. 31, para. 3 of the MAR Act.
71 Andrzejewski, 2026.
72 Kraljić, 2026.
73 Kraljić, 2026.
74 Jerič, 2018., referred in Kraljić, 2026.

to regulate altruistic surrogacy (nanny pregnancy) and prepared detailed statutory provisions, but these rules never entered into force.[75] The consequence is similar to the other mentioned countries (Slovakia and Czechia), as surrogacy is not explicitly regulated, therefore it is neither expressly permitted nor prohibited: the legal environment remains largely silent on the matter, but there are various provisions of private and public law which highly restrict the possibility.

Surrogacy, whether commercial or altruistic, is therefore not legally recognized in Slovakia. The absence of a legal framework for surrogacy leaves intended parents vulnerable, particularly in cases of cross-border arrangements where children are born through surrogates abroad. If doubts arise regarding the identity of the birth mother, the court has the authority to determine maternity based on evidence related to birth. Any agreements or contracts attempting to alter this rule are considered *null and void*.

In Czechia surrogate motherhood has never been regulated by medical law, it is neither permitted nor prohibited in the current Czech legal system. The situations seem a bit vague again, as it is not explicitly prohibited in the Act on Specific Health Services, however the prohibition on surrogacy follows from the purpose of the Act.[76] However, surrogacy is mentioned in the Civil Code in relation to adoption as follows: 'Adoption is excluded between persons related to each other in the direct line and between siblings. This does not apply in the case of surrogacy' (Section 804, CC).

The legal situation seems similar in Romania, as surrogacy is not expressly forbidden, but it is neither specifically allowed nor regulated in Romania,[77] but the rules on parental care make surrogacy legally difficult.[78] The authors of the chapter highlights, that altruistic surrogacy is not explicitly banned, although it is heavily impeded by the current legal framework, while commercial surrogacy falls foul of multiple legal bans on trading the products of the human body, trading biological products or even human trafficking.[79]

The phenomenon of using surrogacy abroad – and its treatment in the legal system alone[80] – is one of the biggest tasks and problems in the countries examined. All country reports point out that even if the legal system prohibits 'domestic' surrogacy, couples who want a child (in many cases as a last resort) find a way to have a

75 Barzó and Nagy, 2026, citing: The constitutionality of this last-minute annulment later came before the Constitutional Court in Decision 108/B/2000. In the ruling, the Court emphasized that the right to self-determination does not oblige the state to provide access to any chosen medical intervention, and that access to ART is not a fundamental right. The Court underscored, that Surrogacy raises complex medical, ethical and legal issues that require a well-established professional consensus, which did not exist at the time. Although, the dissenting opinion sharply criticized the lack of proper consultation and the failure to establish expert bodies intended to oversee reproductive technologies, these views did not alter the outcome.

76 Králičková, 2026.

77 Hageanu, 2023, p. 222, cited by Florian and Floare, 2026.

78 Dobozi, 2013, pp. 64–65, cited by Florian and Floare, 2026.

79 Florian and Floare, 2026.

80 And there is no room here to outline – and even less to answer – the related extralegal questions.

child by using a foreign surrogate mother. The issues of the child's official status, citizenship, and the arrangement of parental custody are sometimes dwarfed by the possible criminal consequences. Despite everything, the phenomenon exists, although even Directive (EU) 2024/1712, amending the 2011 Anti-Trafficking Directive, explicitly identifies the exploitation of surrogacy as a form of human trafficking. Member States must transpose this into national law by July 15, 2026, targeting cases where women are coerced or deceived into acting as surrogates. It focuses on exploitation, not all surrogacy practices. The problem is often that surrogacy arrangements are executed abroad, and it is difficult to establish the proof that it really happened and under what conditions.

Ukrainian law is in radical contrast to the approaches described above – often vague, however – which most often express rejection, or rather tend towards it. Surrogacy, as defined under Decree No. 787,[81] is an assisted reproductive technology, designed to help married heterosexual couples to become the biological parents of their child. Within the framework of the Ukrainian legal approach only gestational surrogacy is allowed, meaning the surrogate mother carries an embryo created through *in vitro* fertilization using an egg from either the intended mother or an anonymous donor, or sperm from either the intended father or a donor. Consequently, the law shall define the parties of this legal relationship, who are the surrogate mother, the client and a medical institution. It is also important, that the Ukrainian law allows foreign citizens also, to take part in the surrogacy method – the only requirement is to be a married heterosexual couple. Regarding the genetic link, the law prescribes[82] that the spouse, in whose interests surrogacy is carried out must have a genetic relationship with the child, and the surrogate mother must not have a direct genetic link with the child. At the same time, the Chapter reveals the practical problem, that the genetic relationship criteria might be violated when foreigners participate in surrogacy operations without a genetic link. These actions can bring even criminal law consequences.[83]

Last but not least, legal approaches on surrogacy contracts shall be outlined. As a common feature of Slovak, Czech, Hungarian, Serbian, Croatian, Polish, Romanian and Slovenian law, any agreements or contracts relating to surrogate motherhood are null and void. The Slovak law[84] points out that the invalidity of such contracts shall be interpreted as a direct response to surrogacy. The author of the chapter is of the view that surrogacy contracts are *contra bonus mores* in the Slovak legal environment.[85] A similar interpretation can be observed in Czechia, as surrogacy agreements can be interpreted as prohibited contracts by the Civil Code because of immorality.[86] The Chapter adds that according to the Civil Code, 'Human body and

81 Order of the Ministry of Health of Ukraine (09.09.2013), No. 787.
82 Para. 6.1, Sec. VI of Decree No. 787.
83 Buletsa, 2026.
84 Sec. 2 of Art. 82 of the Family Act.
85 Garayová, 2026. citing: Júdová and Píry, 2019.
86 Sec. 1, Sub-Sec. 2, CC.

its parts, even if separated from the body, are not a thing',[87] which wording can also be interpreted as surrogacy contracts are not allowed.

The Polish Family and Guardianship Code stipulates that any surrogacy agreements are invalid. Regarding the Polish legal development, it is significant that in the former legislation there were no specific legal provisions regarding surrogacy agreements, therefore the permissibility of entering such contracts was assessed from an ethical perspective by considering whether such an agreement violated the principles of social coexistence. The country report reveals that even legal theory and legislation of Poland unequivocally consider surrogacy agreements invalid in the case of financial compensation.[88]

The Romanian Constitutional Court dealt with the collision of parental rights and compulsory preliminary surrogacy contracts, and was considered to be unconstitutional because they breached the outer limits of a person's rights to decide about themselves and they were contrary to good morals, insofar as they were allowing transactions regarding life, health and the unborn child.[89]

Based on what has been written so far, it is clear that Ukrainian regulations contradict these, as surrogacy is a permitted and regulated procedure in the Ukrainian legal system. Notwithstanding, the Family Code of Ukraine does not stipulate the surrogacy contract between the spouses and the surrogate mother.[90] Regardless of that, the contracting practice and other laws know the most important features of this agreement. The surrogacy contract provides for the transfer of the child to his/her intended parents after birth. The surrogacy contract is a service contract under Ukrainian law. According to Decree No. 787, the contract between the surrogate mother and intended parents must be notarised, which provides an additional guarantee of its proper execution, as there have been cases of surrogate mothers not fulfilling their duties toward genetic parents.[91]

87 Sec. 493, CC.
88 Andrzejewski, 2026.
89 Para. 3b, Constitutional Court Decision No. 418/2005.
90 Buletsa, 2026.
91 Ibid.

Country	Legal regulation	Regulation of surrogacy contracts
Croatia	prohibited both types	invalid
Czechia	grey area (not regulated)	invalid
Hungary	prohibited both types	invalid
Poland	prohibited both types	invalid
Romania	grey area (no concrete regulation, but tend to prohibition)	invalid
Serbia	prohibited both types	invalid
Slovakia	prohibited both types	invalid
Slovenia	prohibited both types	invalid
Ukraine	permitted and regulated	valid

Table No. 5
On the key aspects of surrogacy

4. ART and Family Law

Besides provisions that regulate medical aspects of assisted reproduction, there was a need to introduce provisions concerning sometimes specific rules of establishing parenthood, especially when the child is conceived by a donor.

Key questions arising from the fact that the child is conceived by medical intervention (ART) are: who is considered to be the mother of the child, who is considered to be the father of the child, and under what conditions is it allowed to contest motherhood or fatherhood.

If homologous techniques are used, the problem is quite simple: it is enough to apply general rules, ensuring the consent of the couple. When donor gametes or embryos are used, everything is more complicated. Family law aligns with the principles of the rule of law and the protection of family life, although there is no genetic link between the child and one or both legally recognised parents. In that case, family law rules concerning affiliation are led by the will of parents and donors, according to the legal regulation of the corresponding state. Donors who consented to

gametes or embryo donation should never have any family law obligations toward children and *vice versa*.

As expressed in 'the Hungarian' chapter: Ultimately, the regulation of parental status serves to ensure an orderly family structure, where the child's legal family corresponds to biological descent and is duly recognised in the birth register. This legal regularity provides the foundation for a child to grow up within a secure and recognised family environment. A clear and stable determination of the family status of a child born via ART serves not only the child's right to identity, but additional rights of social nature.[92] Also, the State bears the responsibility to adopt appropriate legislation in the field of family law. It must ensure gamete donors do not bear parental responsibilities for children conceived with their gametes.[93]

4.1. Establishing Motherhood

ART challenged family law *mater semper certa est*[94] rule, as it enables the child to be conceived by a donated egg or embryo and born by another woman. Hence, assisted reproduction does not affect the status of the mother: maternity is established exclusively by childbirth, not genetics or intention.

In principle, national family law systems offer the same rules of filiation of the children conceived naturally: the mother of a child conceived with a donated egg or a donated embryo in the procedure of medically assisted reproduction is the woman who gave birth to the child (Croatia, Czechia, Hungary, Poland, Romania, Slovakia, Slovenia, Serbia). The legislators have given primacy to the fact of carrying and delivering the child over genetic origin.[95] Some jurisdictions did not find it necessary to expressly stipulate who the mother of the child was until modern legislative changes (like the Slovenian one in 2017 and Czechia in 1998), and there was generally no doubt regarding motherhood. Traditionally, this legal presumption was considered irrefutable. The mother was the one from whose womb the child came.[96]

As an exemption, in Croatia, a woman whose eggs were used, although she did not give consent, may contest the maternity of a woman who gave birth to the child and request that her maternity be established.[97]

In Serbia, there is a rule concerning the prohibition of establishing motherhood of the woman who has donated the ova.[98] So if the mother is a woman who gave birth, it is not possible to contest maternity if the child is conceived by donated ova.

92 de Groot, 2014, p. 144, cited by Barzó and Nagy, 2026.
93 Kraljić, 2026.
94 '*Quia semper certa est, etiam si volgo conceperit: pater vero is est, quem nuptiae demonstrant*', Paulus, no date.
95 Kovaček Stanić, 2026.
96 Kraljić, 2026.
97 Korać Graovac, 2026.
98 Art. 57/2 of Family Act, Official Gazette of Serbia Nos. 18/2005, 72/2011, 6/2015.

This procedure is not explicitly regulated in the Civil Code of Czechia. There have been cases of switching babies in the maternity ward or the birth of a surrogate mother who proved her identity in the maternity hospital by the ID of her sister, a woman from the 'intended' couple.[99] Jurisprudence had to find a way to solve the arising disputes.

In Romania, maternal filiation, which is affirmed both by a birth certificate and the child's status by habit and repute, cannot be legally challenged, unless a court has previously found that a child substitution had taken place or that the woman registered as a mother was not the one who gave birth.[100] If the birth registration and the status by habit and repute do not concur, any interested party, including the child, can challenge the registered maternal filiation.[101]

4.2. Establishing Fatherhood

If the mother is married, *pater est quem nuptiae demonstrant* rule applies in all jurisdictions to the mother's husband, no matter if the child is conceived by husband's gametes or when a child is conceived by donated semen or a donated embryo in the procedure of medically assisted reproduction. The only exception is in Hungary, where Art. 4:100, para. (2) of the Civil Code precisely regulates the situation when a woman who was a *de facto* partner, gets married afterwards and gives birth to the child conceived during *de facto* partnership with *de facto* partner involved in the reproductive procedure. In such a case, the partner, not the new spouse, shall be considered the father of the child. Also, until 300 days have elapsed between the termination of the partner's mother's previous marriage and the birth of the child, and the mother concludes another marriage, the father is the spouse from the previous marriage.

The same legal rule can be found in Art. 62 (2) of the Polish Family and Guardianship Code.

Presumption always applies when a mother is married; and the previous spouse's consent for the specific assisted reproduction procedure (homologous or heterologous) is relevant for his possibility to contest fatherhood.

Special rules apply for *de facto* partners, where the key role plays consent to the assisted reproduction and endeavour that the male partner accepts parental

99 Králíčková, 2026.

100 Art. 411, para. 3 Civil Code: Nonetheless, if a judicial decision establishes that a child substitution had taken place or that another woman has been registered as the child's mother than the one who has given birth, the true filiation can be proved by any means.; Florian in Baias et al., 2021, pp. 554–555.

101 Art. 411, paras. 1 and 2 Civil Code: No person can claim another maternal filiation than the one resulting from their birth registration and the status by habit and repute which corresponds to it. / Nobody can challenge the maternal filiation of the person who has a status by habit and repute concurring with their birth registration.; Florian in Baias et al., 2021, pp. 554–555; Florian and Floare, 2026.

responsibilities after the birth of the child, no matter if he is genetically related to him/her or not.

In Croatia, consent for medical procedures and a beforehand stated acknowledgment of the child (in case of non-marital union) is requested in notarial form, so it should be ensured that the child conceived by medically assisted reproduction will have both parents. Poland, Serbia and Slovenia have similar regulations as well, although there were some criticisms expressed in Poland.[102] In Czechia, the Civil Code provides that if a child conceived through assisted reproduction is born to an unmarried woman (or the woman is registered to a partnership with another woman), the man who gave consent to the assisted reproduction is presumed to be the child's father (Section 778, CC). In Hungary, besides the consent, the law requires that the parentage must be the result of a reproductive procedure.[103]

In Slovakia, for non-marital couples or single women using ART, paternity can be established through a joint declaration of parenthood.

The Romanian legislator took an interesting approach: a consensual partner who gave his consent to a medically assisted procedure is liable to recognise paternal filiation after birth (which is difficult to enforce).[104]

To conclude, the genetic link does not have any impact for establishing legal fatherhood if all necessary consents have been legally given.

102 Andrzejewski, 2026.
103 Barzó and Nagy, 2026.
104 Florian and Floare, 2024, pp. 478–480.

Country	Motherhood	Fatherhood
Croatia	maternal filiation via birth	married couples: husband is the father *de facto* couples: consent is needed
Czechia	maternal filiation via birth	married couples: husband is presumed father *de facto* couples: consent is needed
Hungary	maternal filiation via birth	married couples: husband is the father *de facto* couples: consent is needed and the child shall be conceived during the partnership
Poland	maternal filiation via birth	married couples: husband is the father *de facto* couples: consent is needed and the child shall be conceived during the partnership
Romania	maternal filiation via birth	married couples: husband is the father *de facto* couples: consent is needed
Serbia	maternal filiation via birth	married couples: husband is the father *de facto* couples: consent is needed
Slovakia	maternal filiation via birth	married couples: husband is the father
Slovenia	maternal filiation via birth	married couples: husband is the father *de facto* couples: consent is needed
Ukraine	in ordinary birth cases, maternal filiation follows birth. Surrogacy: the intended mother is registered as legal mother (if statutory documents have been submitted, including the surrogate mother's notarised consent and proof of genetic link with at least one intended parent))	married couples: husband is the father if consented surrogacy: husband is the father (if statutory documents have been submitted, including the surrogate mother's notarised consent and proof of genetic link with at least one intended parent)

Table No. 6
On the key rules of motherhood and fatherhood via ART

4.3. Surrogacy – Who is a Parent?

Generally, as stated above, there is a restrictive legislative approach to surrogacy arrangements in most national legislations with a clear surrogacy ban – only Czechia and Romania have not regulated it. None of the presented central European legal systems has any family law provisions (regulating paternal affiliation) that directly address surrogacy, so the *mater semper certa* rule always applies initially.

Where surrogacy is not allowed, the problem arises from the fact that the intended parents travel abroad and use surrogacy arrangements. Coming back, they

often face obstacles when they try to enter the child into the domestic birth register and themselves as the legal parent/s.

Ukraine, as a hotspot for commercial surrogacy in Europe, has regulated some aspects, leaving the intending parents to solve the affiliation problem in their country of origin. This liberal approach allows the intended parents to be entered into the birth certificate of the child as the legal parents in Ukraine, but this is a temporary solution.

As Buletsa reports, the Ukrainian legislation does not regulate the surrogacy procedure in detail. Art. 123[105] of the Family Code sets out the rules for determining the origin of a child born as a result of the use of assisted reproductive technologies: if an embryo conceived by a married couple is transferred into the body of another woman, they are recognised as the child's parents. In Ukraine, there is a presumption of parenthood of biological parents who are the clients of a surrogacy program. The spouses, together with the document confirming the birth of the child from a surrogate mother, submit the surrogate mother's declaration of notarised consent to the registration of the child's biological parents, as well as a certificate of genetic link.[106]

The problem might arise when foreign citizens apply to their embassy to get official documents for the child, as the paternity or maternity may not be recognised. There were cases where the Ukrainian court accepted the applicant's request, establishing the filiation relationship between the applicant and the child born in the surrogacy program, as the court's judgment was the precondition that the parents indicated in the Ukrainian birth certificate were recognised as parents in their domicile country.[107]

In Czechia, there are judicial cases showing that informal private-law surrogacy agreements exist among relatives. The conception usually takes place in the natural manner which may sometimes disrupt a fragile family situation. If there is a 'dispute' over the child, the 'legal' mother of the child will be the woman who gave birth to the child. Furthermore, many problems are caused by the fact that Czechia is becoming a so-called promised land in this area, even for many women from countries where surrogacy is explicitly prohibited and criminalised. This is why there were some legal proposals to 'solve' the situation as follows.[108]

As reports Garayová, in Slovakia the intended mother, whether she contributed an egg or not, cannot be legally recognised as the mother unless she adopts the child after birth.

105 Family Code of Ukraine, (10.01.2002), No. 2947-III.

106 In the 'For annotations' column of the civil status register of registration bodies, is entered the mother of the child according the medical certificate of the birth, the name of the institution that issued the certificate, number of notarized consent of the woman who gave birth, and the marriage certificate of the child's genetic parents as indicated, among other data. This data contains only information on the biological parents. Buletsa, 2026.

107 Ibid.

108 Králíčková, 2026.

The one last possibility is applicable as a general rule also in other legal systems, regardless of whether they are expressly foreseen in legislation.

In Hungary, some couples pursue surrogacy abroad in jurisdictions where it is legal. However, Hungarian legal authorities may, based on legal interpretation or suspicion, refuse recognition of the parent-child relationship and, in certain cases, initiate criminal proceedings if deemed applicable.

The intended parents may try to register the foreign birth certificate in the Hungarian civil registry, managed by the competent government office under Decree No. 32/2014 (V.19.) of the Ministry of Justice, which is necessary for the child to receive Hungarian citizenship. As *mater semper certa est* rule applies, a feasible way for the intended mother to get recognised is through open adoption, and the intended father may acknowledge paternity. It is possible only if the surrogate mother was not married, or the spouse's husband has rebutted the presumption of paternity. [109]

Another way for establishing parenthood between the intended parents and the child is a case when only the implantation of the embryo takes place abroad in the surrogate mother's womb, but the actual birth occurs on Hungarian territory. The intended father can make a full declaration of acknowledgment of the child, while the birth mother, more precisely the surrogate mother, gives her consent to the open adoption of her child by the intended mother. In this way, it is not necessary to obtain the recognition of foreign official or court documents in Hungary.[110]

Other reports reveal that there is no regulation of legal consequences when a child is born by a surrogate mother abroad.

109 Barzó and Nagy, 2026.
110 Ibid.

Country	Challenges of cross-border surrogacy
Croatia	legally banned, authorities may refuse registration, Constitutional decision in favour of registration
Czechia	not explicitly regulated, not banned and surrogacy can be possible in practice
Hungary	legally banned, authorities may refuse registration or even initiate criminal procedure
Poland	legally banned, authorities may refuse registration
Romania	not explicitly regulated, so not banned, informal surrogacy can be possible in practice
Serbia	legally banned, authorities may refuse registration
Slovakia	legally banned, authorities may refuse registration, the intended mother shall adopt the child after the birth
Slovenia	legally banned, authorities may refuse registration
Ukraine	liberal approach, commercial surrogacy is allowed

Table No. 7
On the challenges of cross-border surrogacy

4.4. Same-Sex Legal Parents

Social reality, considering parentage, has rapidly changed, even in Central European countries. Nowadays, we witness that a child might have the same two same-sex parents entered into the birth certificate. ART widely opens the door to this possibility, for female and male couples. In the countries presented in this book, a child might have two same-sex parents listed in the birth certificate in Slovenia and in Czechia.

In Slovenia, since 2017, birth certificates have been issued for children of same-sex parents,[111] and also for married lesbian couples or couples who used ART.

The Constitutional Court of Slovenia has opened the door to access ART procedures for women living in same-sex marriages or civil unions (as well as for single

111 SVN-PB-01001.

women) in 2024 and Amendments to Infertility Act in 2025,[112] so it enabled the possibility that two women can become legal parents of the same child. That means that a woman who gave birth to the child by semen donation is considered to be a mother, and her female spouse or partner may adopt a child in a procedure prescribed by the Family Act. Slovenia is the only country in this survey that recognises same-sex marriage; it is not surprise that this legal fact is reflected in parental status as well.

In Czechia, on 1st January 2025, an amendment to the Civil Code came into force (Act No. 123/2024 Sb.), which establishes same-sex partnerships beside marriage, designed only for opposite-sex couples and beside same-sex registered partnership regulated by a special Act (Act No. 115/2006 Sb., on Registered Partnership, as amended). According to the novel of the Civil Code, the provisions governing marriage and the rights and obligations of spouses apply in principle to the rights and obligations of partners of the same sex entering into a partnership according to the Civil Code.[113] However, it will not concern the establishment of parenthood, except for so-called stepparent adoption. It means that it is possible for a child to be adopted even by the same-sex partner of his or her parent, male or female, living in a marriage or a partnership. That is why the only way for the child to have two 'legal' same-sex parents would be an adoption or recognition of the same-sex parenthood established abroad.[114]

Opposite politics is mirroring in Hungary: the Fundamental Law Art. L defines that a mother is a woman and a father is a man.

The Slovak parliament (National Council) in 2025 passed the 23rd amendment to the Constitution, reinforcing traditional definitions of family, marriage, and parenthood. This amendment directly impacts the legal definition of parents: 'the parents of a child are the mother and the father; the mother of the child is a woman, and the father of the child is a man' (Art. 41/2 of the Constitution of Slovakia).

In Croatia, High Administrative Court allowed adoption by same-sex partner.

The legal systems of other jurisdictions represented in this book have no possibility of two same-sex parents being entered into the birth certificate of the child.

112 Constitutional Court of the Republic of Slovenia decision ECLI:SI:USRS:2024:U.I.418.20, 16 October 2024. The non-compliance of the existing legislation must be remedied within one year of the CCRS decision. Since the inconsistency must be resolved by October 2025, the presentation and analysis of the legislative framework is based on the current legal arrangement as of December 28th 2024. Kraljič, 2026.

113 Newly, the same-sex persons entering a partnership according to the Civil Code will have for example, community property, family dwelling protection etc.

114 Králíčková, 2026.

Country	Legally possible on the birth certificate?	Recent legal changes
Croatia	no	legally not allowed, the Administrative Court allowed adoption by same-sex partner.(2026)
Czechia	only by adoption	Civil Code amendment from 2025, stepparent adoption is possible for same-sex partner, for instance parental orders from the USA – Constitutional court allows
Hungary	no	Fundamental Law declares 'Mother is a woman, father is a man'
Poland	no	no
Romania	no	no
Serbia	no	no
Slovakia	no	Constitution declares 'Mother is a woman, father is a man'
Slovenia	yes	the Constitutional Court has allowed ART for same-sex couples since 2024; Infertility Act 2025.
Ukraine	no	no recognition of same-sex marriage or same-sex legal parenthood; surrogacy is available only to married heterosexual couples

Table No. 8
On the situation of same-sex parents

4.5. Contesting Motherhood and Fatherhood

If the child is conceived by ART, it can be homologous or heterologous. In the case of homologous techniques, it is clear who the parent is. In the case of heterologous techniques, a special rule should be applied to prevent the child from remaining without a legal parent (like in adoption provisions), while it is clear that DNA would prove that the child is not genetically linked to his or her legal parents. So, as a basic rule, contesting motherhood or parenthood is not allowed.

In some jurisdictions, the possibility to contest parenthood relates to previously given consents in obligatory form – if all parties provided legally requested consents, it would not be possible to contest motherhood or fatherhood of the child (Croatia, Czechia, Hungary, Poland, Romania, Slovakia, Serbia, Slovenia). The prohibition against contesting motherhood applies to anyone, not just the mother herself.

In Croatia, besides a person entered as a mother (or a father) into the birth register, also persons from whom gametes originated, if they did not consent to their donation, have the right to contest maternity or paternity. To secure the child to have a legal parent, they need to prove in the same court proceeding that they are genetic

parents and that they did not consent to donate gametes. This provision was enacted after cases in which the third-party gametes were fraudulently used by a medical clinic.[115]

Legal provisions sometimes directly connect the possibility to contest paternity with the proof that the mother of the child became pregnant by other means than as a result of assisted reproduction (i.e. Romania, Serbia, Slovenia). In Czechia the Civil Code enables a man to deny his paternity even in the case of the assisted reproduction by donation, if he has given his consent to it, but only if he proves that the child's mother has become pregnant in a different way (i.e. if he proves in particular that she has had sex with another man and that the child is genetically linked to that man by a DNA test).[116]

5. The Best Interests of the Child

Key issues arising from assisted reproduction are: human rights and legal interests of intended parents, human rights of donors, interests of society, and, most important issue: the protection of the rights of the child.

Balancing all these rights is extremely important and a difficult task for every legislator.

As Sobczyk reveals, the development of international standards governing assisted reproductive technologies remains incomplete and conceptually fragmented, reflecting the historical reality that the foundational human rights instruments were drafted before the emergence of modern reproductive medicine. While the Universal Declaration of Human Rights and the 1966 Covenants contain no explicit references to ART, their guarantees of privacy, family life, and health have become the interpretive scaffolding for contemporary debates. Yet these adult-centred rights, when applied without qualification, risk overshadowing the interests of the most vulnerable party in ART arrangements: the child who is brought into existence through medical assistance.[117]

The Convention on the Rights of the Child (CRC) provides a crucial corrective to this imbalance. Although it does not regulate ART directly, its core principles – particularly the best interests of the child (Art. 3), the right to be entered into birth register, the right to identity (Arts. 7–8), and the right to know and be cared for by one's parents (Art. 7) – constitute binding obligations that must guide the interpretation and regulation of all reproductive practices. These provisions challenge national legal systems to move beyond a narrow focus on adult reproductive autonomy

115 Korać Graovac, 2026.
116 Králíčková, 2026.
117 Sobczyk, 2026.

and to adopt a child-centred framework that evaluates ART not merely as a matter of access to medical services but as a domain with profound implications for the rights, identity, and long-term well-being of the resulting child.[118]

Bioethical instruments such as UNESCO's Universal Declaration on the Human Genome and Human Rights reinforce this orientation by grounding reproductive interventions in the principles of human dignity and the protection of the human genome. These norms implicitly require states to consider the moral status of embryos, the integrity of genetic parentage, and the potential psychological and social consequences for children conceived through donor gametes, surrogacy, or other ART methods. Expert declarations, including the World Association for Sexual Health's statements and the Casablanca Declaration, illustrate the ongoing contestation between adult-centred reproductive rights and emerging calls for the stronger protection of children's rights – particularly in relation to surrogacy, anonymity of donors, and cross-border reproductive arrangements.[119]

Within Europe, the regulatory landscape is shaped by both the Council of Europe and the European Union. The European Convention on Human Rights, created in 1950, has no direct notion of assisted reproduction. Though, as a living instrument, it has been dynamically interpreted by the European Court of Human Rights (ECtHR). Its jurisprudence – Evans, S.H. and Others, Costa and Pavan – has expanded the scope of Art. 8 to include aspects of reproductive decision-making. A more robust integration of CRC principles into Strasbourg jurisprudence is necessary to ensure that the child's interests are not treated as secondary or derivative but as independent rights requiring affirmative protection.[120]

Nowadays, the jurisprudence of the ECtHR uses the best interests of the child principle to protect the affiliation between the intended parent(s) and the child in cross-border surrogacy cases, even though it is forbidden in the particular state.[121]

As stated in Hague Conference on Private International Law – *Conférence de La Haye de droit international privé*, that launched Parentage/Surrogacy Project

> this can have far-reaching legal consequences for all involved: for example, it may affect the child's nationality, immigration status, the attribution of parental responsibility regarding the child or the identity of the individual(s) under a duty to financially maintain the child, etc. Difficulties may also arise because the parties involved in such an arrangement are vulnerable and at risk.

118 Ibid.
119 Ibid.
120 Ibid.
121 Nagy, 2024. pp. 153–170.

Working group of the Hague Conference prepared the Final Report on the Feasibility of a possible Convention on the Recognition of Judgments on Legal Parentage.[122]

The Oviedo Convention[123] (Council of Europe) and EU secondary legislation on tissues and cells provides additional regulatory constraints. The EU's limited competence in family law preserves national diversity, but this pluralism cannot justify neglecting the universal and non-derogable rights of children. Sobczyk emphasises that the principle of subsidiarity must not be interpreted as permitting Member States to disregard the CRC's binding obligations concerning identity, parentage, and the child's best interests.[124]

Central European legal systems presented in this book have a different approach to interpreting the rights of a child conceived by ART, as was possible to notice through the national reports. Key issues, like the dignity of the child, the right of the child to parental care, the right to identity, the right to life, the right to health, and the protection of the embryo, are somehow differently regulated.

Every state has a wide margin of appreciation to regulate these sensitive issues, and there are different solutions available (for example, the right of the child (not) to know the circumstances of conception or the identity of donor), what is the best social environment that national legislation has to secure for the child (i. e. a heterosexual couple as a rule, or a single parent family is considered good enough, posthumous insemination issues, age of a woman).

Each state offered a legal framework trying to take into account the best interests of the child, at least in some aspects, although the interpretation of what the best interests of the child are may differ. Nevertheless, it seems very important to regulate as precisely as possible legal requirements and family law consequences for the sake of legal certainty. Undoubtedly, most legal uncertainty arises in legal systems conducted by *laissez faire* principle. In these cases, the intended parents and children might be stuck somewhere, which is most obvious in cross-border arrangements. Subsequently, jurisprudence has to invent solutions to protect the best interests of the individual child, but also to discourage intended parents in the future from bypassing national provisions or taking advantage of *lacunae* in them.

Obviously, such sensitive issues deserve a thoughtful and thorough public debate on which legal solutions are best suited to balancing the interests and rights of all parties involved. The final legislation should reflect society's values and broader public policy objectives.

122 WG on Parentage / Surrogacy: Final Report on the Feasibility of a possible Convention on the Recognition of Judgments on Legal Parentage, Prel. Doc. No. 1 of November 2025.

123 Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, Oviedo, 4.IV.1997, European Treaty Series – No. 164.

124 Sobczyk, 2026.

One of the most liberal approaches is the Ukrainian one, which offers commercial surrogacy to enable couples to become legal parents. Hence, rules that aim to protect the child can also be found in Ukraine.

On the other side is the traditional system of values offered by Andrzejewski, suggesting that principles protecting the best interests of the child should be:

(a) legislative actions and legal practice must adhere to the principle of prioritising the well-being of the individual, particularly the child, over societal interests, for example, those driven by demographic concerns;
(b) absolute protection of unborn life;
(c) the concept where the embryo is a human being from the moment of conception, at an early stage of development – not a 'potential' human – and no one has the right to dispose of its life;
(d) art procedures must include concern for the child's well-being after birth, ensuring health protection and the right to grow up in a family based on the union of a man and a woman;
(f) all forms of art commercialisation must be systematically opposed; (g) surrogacy agreements should be banned.[125]

It is realistic to believe that most national legislators will choose some compromise between these two approaches. Hence, national legal provisions should be drafted, placing the rights of the child at the forefront, and not the interests of adults.

6. Summary

At the conclusion of this book, which synthesizes the findings of a project presenting a comparative review of the legal, constitutional, medical, and family-law dimensions of assisted reproductive technologies (ART), as well as the best interests of children conceived through ART in nine European countries – Czechia, Croatia, Slovakia, Slovenia, Hungary, Serbia, Poland, Romania, and Ukraine – it becomes evident that these countries have adopted different approaches to the sensitive issue of creating human life through ART.

Undoubtedly, there is a deep human desire and instinct to become a parent, but many obstacles can stand in the way. Infertility is growing, and it shows many forms, such as medical or social infertility. Medicine is developing fast, and we face new possibilities as well as challenges, as medicine opens up the unimaginable ethical dilemmas of yesterday and leads to new, not yet regulated, legal areas. The responsibility of a legislator is immense, given that a new human being has been created

125 Andrzejewski, 2026.

by ART. The best interests of this new human being, a child, should be of paramount consideration in legislative procedures, but also in legal argumentation and interpretation when there are *lacunae* in legal systems.

Legal systems in most of the presented countries try to set up legal boundaries, regulating medical and family-law aspects of ART, at the same time offering help and protection to adults (intended parents), the protection of the welfare of the ART-conceived child (the best interests as it is interpreted and understood in a specific state), and the principle of the rule of law.

The comparative analysis demonstrates that medical help by ART is not recognised as an autonomous fundamental right within national constitutions but is indirectly grounded in core constitutional values, notably human dignity, respect for private and family life, the right to health, and the protection of children. These rights and values function as normative reference points through which legislatures and courts attempt to balance reproductive autonomy with the protection of vulnerable parties, particularly children born through medically assisted reproduction.

While dignity is universally affirmed as inviolable, its interpretation diverges significantly. In several legal systems, dignity is closely associated with the protection of embryonic life, leading to restrictive approaches to embryo manipulation, posthumous reproduction, and surrogacy, and is addressed primarily to the future child. In others, dignity is linked more strongly to personal autonomy and reproductive rights, emphasising the respectful treatment of adult individuals seeking fertility treatment. This diversity results in heterogeneous regulatory frameworks, ranging from permissive models (notably in Ukraine) to highly restrictive regimes that effectively discourage certain ART practices, like in Poland and Slovakia.

Regardless of how legal provisions are drafted, the legal situation is generally clearer in jurisdictions that provide comprehensive regulation of the rights, obligations, and responsibilities of all parties involved, including both individuals and medical institutions. Conversely, the absence of a comprehensive legislative framework creates legal uncertainty, particularly in cases involving the use of donor gametes. As the example of Romania demonstrates, such uncertainty may discourage the use of ART.

As new issues arise in the modern implementation of medical procedures (and they might be expected in the near future), and as the case law of the European Court of Human Rights expands, the role of jurisprudence is more and more important (especially the jurisprudence of the constitutional courts and high courts in a particular country). Sometimes it causes changes in the law, as shown in Slovenia.

Regulation of medical aspects further reveals how systems of values shape concrete policy choices. States differ markedly in defining permissible procedures, financing mechanisms, and eligible beneficiaries. While most countries allow *in vitro* fertilisation and insemination, other practices – such as embryo donation, preimplantation genetic diagnosis, or posthumous reproduction – are regulated unevenly or remain legally ambiguous.

Public funding schemes indicate an underlying value commitment to supporting reproduction as socially valuable on an individual and demographic level, yet these schemes are typically limited by the age of beneficiaries and medical criteria, reflecting a bio-medical rationality that prioritises efficiency and success rates.

Some access restrictions based on marital status, sexual orientation, or partnership form illustrate how traditional family models continue to influence ART policy in the Central European region, sometimes to the exclusion or restriction of single women and universal exclusion of same-sex couples, and consequently, the possibility of single men using surrogacy. Behind these choices is a tendency to ensure that a future child will be cared for by a traditional family (whereas some analogy can be drawn with the responsibility of the state when choosing adoptive parents).

Family law consequences of ART represent a central area where the best interests of the child intersect with competing value systems. Across all jurisdictions examined, maternal filiation is determined by *mater semper certa est* rule, and paternal status is largely determined through marital presumptions or prior consent to ART procedures. These rules aim to secure the legal certainty and stability of the ART-founded family, which is essential for the child's social identity, access to care, and protection within a legally recognised family framework.

While donors are uniformly excluded from parental status and parental responsibility, significant differences remain regarding the recognition and scope of a child's right to know the identity of the donor.

Surrogacy constitutes the most controversial domain, revealing deep normative tensions between reproductive freedom, human dignity, and the commodification of the human body. Surrogacy is mostly prohibited (or left *laissez-fair*), except in Ukraine, which regulates commercial surrogacy, including for foreign couples, grounded in a more market-oriented and intended parents' autonomy-focused value system. However, cross-border surrogacy arrangements generate profound legal uncertainty for children, particularly regarding legal parentage, nationality, citizenship and identity. In practice, courts are increasingly compelled to resolve these conflicts by prioritising the best interests of the child, even when this entails recognising parent–child relationships that originate from arrangements prohibited under domestic law.

The principle of the best interests of the child emerges throughout this book as a guiding principle and fundamental social value, although its concrete interpretation varies considerably across different legal systems. While international instruments such as the Convention on the Rights of the Child do not regulate ART explicitly, their emphasis on the child's right to identity, legal parentage, and protection provides a child-centred framework that challenges adult-centred conceptions of reproductive rights. The concluding chapter highlights that ART regulation cannot be confined to the domain of private autonomy or demographic policy but must be evaluated in light of the long-term implications for children's welfare, including their psychological well-being, social integration, and guarantee of stable family environments.

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