

## IAFL Introduction to European Family Law Conference 23 & 24 October 2025

Friday, 24<sup>th</sup> October 2025: 11:00 – 12:15

Session 5: Becoming a mother through Reproductive Medicine: Legal perspectives in a transnational context

Keynote speaker: Anna Schneeberg					
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# Anna Schneeberg PHD Candidate and Research Assistant

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## **Profile**

Dipl. jur. Anna Schneeberg (LL.B.) is a PhD candidate and a research assistant working under Professor Henrike von Scheliha at Bucerius Law School. She studied law at Bucerius Law School in Hamburg and at the University of Lisbon School of Law.

In her interdisciplinary doctoral thesis on family law, she explores the concept of autonomy in motherhood. She examines how legal regulations before, during, and after pregnancy enable or limit the autonomy of mothers.

**Eniko Fulop** 

**IAFL FELLOW** 

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## **Profile**

Eniko Fulop manages her own legal company in Bucharest, Romania. After 18 years of experience in field of commercial-, labour-, civil-, pharma-, and business law, decided to reverse the priority of her practice after winning a complicated child abduction case in 2015 in Bucharest.

In the last 8 years dealt with more than 40 international family law cases, which proved her that family law is her mission and her contribution to the world. She treats every case with total involvement and dedication.

She appears before all levels of litigation in Romania, having experience also before international Courts. Is a member of the Bucharest Bar since March 2009, being a legal counsel priorly between 2005-2009. She graduated from Babes- Bolyai University of Cluj in 2005, Romania and has a Master degree in International Law.

Languages Spoken: English, Romanian, Hungarian, Spanish, Italian

## **Sandra Verburgt**

## IAFL FELLOW

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## Profile:

Immediate Past President, European Chapter 2025 – 2026; European Chapter President, February 2023 – September 2025; President Elect, European Chapter 2021 - February 2023; IAFL Vice President 2016-2021; Parliamentarian 2014-15. Has a wide experience in all kinds of family law matters. Practice includes mainly divorces and financial relief (maintenance, divisions and prenuptial agreements), both contentious and non-contentious. Many of these disputes involve complex and financial aspects, often with an international element. Since 2007 also deals with cross border disputes and works closely with accredited family law specialists in the United Kingdom and the United States of America. Is an accredited family lawyer and member of the Dutch Association of Family Law Lawyers and Divorce Mediators (vFAS).

Matthias Thorshaug Rengård

**Senior Attorney at Law** 

Langseth Law Firm DA

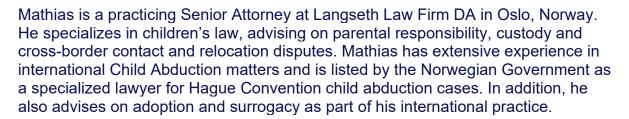
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Drawing on his earlier professional experience working closely with psychological and psychiatric experts, Mathias brings valuable insight into child-related mental health issues that often arise in complex family law disputes.



## Becoming a Mother Through Reproductive Medicine in Germany

Anna Schneeberg, LL.B.

Introduction to European Family Law Conference, Hamburg







Civil Code (BGB) § 1591 Motherhood The mother of a child is the woman who gave birth to it.



Basic Law for the Federal Republic of Germany
Article 6

(1) Marriage and the family shall enjoy the special protection of the state.

(2) The care and upbringing of children shall be the natural right of the parents and the duty primarily incumbent upon them. The state shall supervise their activities.

[...]

Basic Law for the Federal Republic of





## Heterosexual relationship

### Homologous

#### Insemination

- IVF, ICSI: Partner's sperm used
- Costs: ~ 3,000 € per cycle + medication
- § 27a Abs. 3 S. 1 SGB V: Statutory insurance covers 50 % for:
  - Married (heterosexual) couples only
  - Age limits: women  $\leq 40$ , men  $\leq 50$
- \* Success rate declines with age (32  $\rightarrow$  30%, 40  $\rightarrow$  6%)
- · Accessible mainly for affluent couples





#### Heterosexual couple relationship

### Heterologous

#### o Insemination

- Donor sperm if partner is infertile
   Not covered by statutory insurance (§ 27a SGB V)
- · Costs have to be covered by the couple

#### o Egg donation

- Effective treatment but prohibited in Germany, § 1 Abs. 1 Nr. 1 und Nr. 2 ESchG Possible only abroad  $\rightarrow$  health risks, high costs, potential exploitation
- Legal mother = woman who gives birth (§ 1591 BGB), whereas the sperm donator becomes father, the egg donator does not become mother

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#### Heterosexual couple relationship

#### Heterologous

#### Surrogacy

- Prohibited in Germany (§ 1 I Nr. 7 ESchG, §§ 13c 14b AdVermiG)
- Only possible abroad (USA, Canada, Georgia, etc.)
- Very expensive (\$36,000–290,000)
- BGH, 5.9.2018 XII ZB 224/17: Court ruling from abroad, granting parental status does not violate ordre public, if child is genetically related
- Ethical issues: exploitation vs. autonomy of surrogate mothers

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## Homosexual couple relationship

## Homologous

o ROPA-method

- · One partner donates egg, the other carries pregnancy
- Requires donor sperm (heterologous insemination)
- · Only birth mother recognized as legal mother (§ 1591 BGB)
- · Second parent must adopt child





### Homosexual couple relationship

#### Heterologous

- o Insemination with donor sperm

  - Legally possible, but unclear guidelines
     Some clinics/doctors refuse treatment No cost coverage → "luxury medicine"
- Egg donation
- Not permitted in Germany, only abroad
   Possible risks and exploitative conditions abroad

- Surrogacy
   Not legal in Germany
   Possible abroad but costly and ethically problematic





## Becoming a Mother without a Partner

- $\circ$  Single women excluded from cost coverage (§ 27a SGB V)
- $\circ$  Privately financed treatments vary by clinic  $\rightarrow$  legal uncertainty
- o Some clinics require guarantor for child maintenance
- o Risk of exclusion from family benefits without legal clarity
- o Institutional and financial barriers





#### Multidimensional discrimination in reproductive medicine

- o Women with disabilities: often denied reproductive rights, controlled by guardians
- o Migrants: language barriers, lack of information, low socioeconomic status
- o People of colour: face racism, stereotypes, unequal treatment
- o 60 % of fertility clinics do not provide multilingual information





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## Autonomy in Motherhood

O Access to motherhood shaped by:

- Law (rigid biological definitions)
- Financial means (affluent couples only)
- Medical access (regional disparities, clinic discretion)
- Social privilege (heterosexual marriage prioritized)
- Motherhood treated in context of reproductive medicine as a conditional privilege, not a right
- Structural imbalance: state promotes motherhood but restricts access
- Result: motherhood determined by legal + social power structures, not personal choice







Anna Schneeberg, LL.B.

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