

**International Societies statements in the order of press release.**



**Patient Management and Clinical Recommendations During the Coronavirus (COVID-19) Pandemic**

**As of March 17, 2020**

[Read these ASRM recommendations here.](#)

Along with others in the global community, reproductive medicine professionals and their patients are battling an unprecedented viral pandemic.

The priority of the ASRM is to maximize the wellbeing of patients, staff, and society at large. As such, ASRM aims to provide guidance and support based on existing scientific knowledge, to its members and the patients they care for during the coronavirus (COVID-19) pandemic.

This guidance addresses a gap in current guidelines addressing COVID-19, which only indirectly mention infertility and its treatment.

The recommendations laid out in this document are guided by COVID-19's steep daily rise in incidence, the impact of the virus on patient health and fertility care providers, and the known and unknown impact of coronavirus on fertility, pregnancy and transmission patterns. These recommendations are aimed at guarding the health and safety of patients and providers, while also recognizing that it is our social responsibility, as an organization and as a community of providers and experts, to comply with national public health recommendations and apply them to all reproductive settings during this unprecedented time.

The role of ASRM during this pandemic is to proactively do our share in blunting the impact of this pandemic, while recognizing the need to safeguard limited health infrastructure resources. However, we also understand our patients' time-sensitive aspirations to achieve pregnancy, and so we will regularly reassess these recommendations with a hope to resume initiation of comprehensive fertility care as soon as possible.

This guidance recommends the following:

1. Suspend initiation of new treatment cycles, including ovulation induction, intrauterine inseminations (IUIs), in vitro fertilization (IVF) including retrievals and frozen embryo transfers, as well as non-urgent gamete cryopreservation.
2. Strongly consider cancellation of all embryo transfers whether fresh or frozen.
3. Continue to care for patients who are currently "in-cycle" or who require urgent stimulation and cryopreservation.
4. Suspend elective surgeries and non-urgent diagnostic procedures.
5. Minimize in-person interactions and increase utilization of telehealth.

Note: This guidance will be revisited periodically as the pandemic evolves, but no later than March 30, 2020, with the aim of resuming usual patient care as soon and



## ESHRE News and Statements

14 March 2020

### Coronavirus Covid-19: ESHRE statement on pregnancy and conception

In view of the increasing incidence of infection from the coronavirus Covid-19 and widespread initiatives to limit its spread, ESHRE reaffirms its recommendation that Society members follow local and national government advice, particularly national daily advice updates, with compliance encouraged where feasible.

#### Pregnancy and conception

There is no strong evidence of any negative effects of Covid-19 infection on pregnancies, especially those at early stages, as indicated by the latest updates from the Centers for Disease Control and Prevention (CDC) in the USA and others in Europe (1,2).

There are a few reported cases of women positive for Covid-19 who delivered healthy infants free of the disease.(3) There have been reports of adverse neonatal outcomes (premature rupture of membranes, preterm delivery) in infants born to mothers positive for Covid-19 during their pregnancy, but the reports were based on limited data.(4) Similarly, one case report has been published of an infected infant, but again there was no strong evidence that this was the result of vertical transmission.(5)

These data, although encouraging, only report small numbers and must be interpreted with caution. They refer to pregnancies in their final stages, but we have no information on the possible effect of Covid-19 infection on pregnancies in their initial stages (6).

However, in view of the above considerations and the maternal and neonatal outcomes reported in cases of other coronavirus infections (such as SARS), ESHRE continues to recommend a precautionary approach.(7) It is also important to note that some of medical treatment given to severely infected patients may indicate the use of drugs which are contraindicated in pregnant women.

As a precautionary measure and in line with the position of other scientific societies in reproductive medicine we advise that all fertility patients considering or planning treatment, even if they do not meet the diagnostic criteria for Covid-19 infection, should avoid becoming pregnant at this time. For those patients already having treatment, we suggest **considering deferred** pregnancy with oocyte or embryo freezing for later embryo transfer.

ESHRE further advises that patients who are pregnant or those (men and women) planning or undergoing fertility treatment should avoid travel to known areas of infection and contact with potentially infected individuals.

ESHRE will continue to monitor the scientific literature, especially in relation to ART and pregnancy. And reaffirms the view that all medical professionals have a duty to avoid additional stress to a healthcare system that in many locations is already overloaded

1. [https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html?CDC\\_AA\\_refVal=https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html?CDC_AA_refVal=https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html)

2. <https://www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-covid-19-infection-in-pregnancy-v2-20-03-13.pdf>
3. Chen H, Guo J, Wang C, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. Lancet 2020; [doi.org/10.1016/S0140-6736\(20\)30360-3](https://doi.org/10.1016/S0140-6736(20)30360-3)
4. Liu Y, Chen H, Tang K, Guo Y. Clinical manifestations and outcome of SARS-CoV-2 infection during pregnancy. J Infection 2020; [doi.org/10.1016/j.jinf.2020.02.028](https://doi.org/10.1016/j.jinf.2020.02.028)
5. Wang X, Zhou Z, Zhang J, et al. A case of 2019 Novel Coronavirus in a pregnant woman with preterm delivery. Clinical Infectious Diseases 2020; [doi.org/10.1093/cid/ciaa200](https://doi.org/10.1093/cid/ciaa200)
6. Liang H, Acharya G. Novel corona virus disease (COVID-19) in pregnancy: What clinical recommendations to follow? AOGS 2020; [doi.org/10.1111/aogs.13836](https://doi.org/10.1111/aogs.13836)
7. Schwartz DA, Graham AL. Potential and maternal infant outcomes from coronavirus 2019-nCoV (SARS-CV2) infecting pregnant women: Lessons from SARS, MERS, and other coronavirus infection. Viruses 2020; [doi.org/10.3390/v12020194](https://doi.org/10.3390/v12020194)

#### Further references

- \* <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- \* <https://www.iffs-reproduction.org/page/COVID-19>
- \* <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Novel-Coronavirus2019>
- \* <https://www.asrm.org/news-and-publications/news-and-research/press-releases-and-bulletins/covid-19-suggestions-on-managing-patients-who-are-undergoing-infertility-therapy-or-desiring-pregnancy/>



## ASRM Announces Creation Of COVID-19 Task Force

Mar 13, 2020

ASRM

By: Origin: ASRM Bulletin/Press Release

A new strain of corona virus emerged in China in late 2019, producing a respiratory infection, that can severe consequences, including death, especially in the older population. COVID-19, as the disease is now known, has been declared a global pandemic by the World Health Organization. There have been over 100,000 cases throughout the world and the WHO expects the virus to emerge in every country.

At this point, not a great deal is known about the impact of COVID-19 on reproduction and pregnancy. While additional information is being collected and analyzed and more detailed guidance is being formulated, ASRM issued a brief guidance statement on March 13, 2020. Among other recommendations, that statement urged all patients who meet the diagnostic criteria for COVID-19 and who are planning to use sperm donors, oocyte donors or gestational carriers to avoid becoming pregnant when ill. Any such patients undergoing active

infertility treatment should strongly consider freezing all oocytes or embryos and avoid an embryo transfer until they are disease-free.

In order to provide physicians and their patients with information and guidance addressing the reproductive impact of COVID-19, Catherine Racowsky, PhD President of the American Society for Reproductive Medicine (ASRM) announced today that the organization will be establishing an emergency task force of reproductive medicine and infectious disease experts to examine available data and draft guidance for the professional reproductive care community, their patients, and policymakers. The ASRM considers this an imperative, understanding that the situation is fluid and the availability of evidence-based data is still limited.

Dr. Racowsky said, “As are health professionals around the world, we are taking the COVID-19 outbreak very seriously. We are convening an expert panel and reviewing all available data so that we may assist our members and their patients in navigating their family building journey in the face of this outbreak. We will work as quickly as possible, though we ask for understanding as we seek out the best data upon which to base our recommendations. In the meantime, we urge everyone to wash their hands, not to touch their faces and to practice as much social distancing as possible.”

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## **IMPORTANT MESSAGE FROM IFFS ABOUT THE CORONAVIRUS PANDEMIC AND COVID-19**

**March 12, 2020**

IFFS is carefully following the coronavirus pandemic and measures to contain and mitigate spread of the virus to individuals across the globe. Accordingly, we are monitoring updates issued by the World Health Organization ([www.who.int/emergencies/diseases/novel-coronavirus-2019](http://www.who.int/emergencies/diseases/novel-coronavirus-2019)) and the U.S. Centers for Disease Control ([www.cdc.gov/coronavirus/2019-ncov/summary.html](http://www.cdc.gov/coronavirus/2019-ncov/summary.html)).

Our highest priority as the largest organization of fertility societies of >50,000 healthcare professionals in 67 countries is to promote the public health and the health and safety of our member organizations, their members, patients and communities, our collaborators and sponsors, and IFFS staff and leadership.

As a Non-State Actor in official relations with WHO, we fully support recommendations being provided by WHO. In addition, we encourage all to access the available resources above and country- and region-specific professional healthcare organizations about this rapidly evolving situation for their personal safety and that of their patients, families and communities.

The global situation is dynamic and can change at any moment. Effects of the coronavirus on pregnancy are currently unknown. Patients who are considering pregnancy or who are currently undergoing fertility therapies are advised to check with their personal health care professionals for next steps.

As an organization devoted to global education and advocacy for reproductive health through workshops, symposia, regional meetings and World Congresses, keeping current on updates from reliable, evidence-based sources, such as the WHO and CDC, will help inform our decisions about our IFFS activities over the next several weeks and months. Please visit the IFFS website at [www.iffs-reproduction.org](http://www.iffs-reproduction.org) for periodic updates.

Respectfully submitted,

Linda Giudice, MD, PhD

President, IFFS 2019-2022