

INDIAN FERTILITY SOCIETY STATEMENT

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COVID-19 & FERTILITY RECOMMENDATIONS FOR CLINICS & PATIENTS

Introduction

Coronavirus Disease 2019, (COVID-19) is an emerging disease with a rapid increase in cases and deaths since its first identification in Wuhan, China, in December 2019. Limited data are available about the effects of COVID-19 infection and pregnancy, so far case reports from those pregnant suggest no additional risk (1). Effects on early pregnancy complications as miscarriage are yet to be reported. While the risk of vertical transmission is relevant, it is too early to get the facts as results disapproving the actual risk come from those women who delivered at term and through cesarean section. Even though no specific data is currently available, we understand sperm, oocytes and embryos do not have receptors for SARS-CoV-2 and that zona pellucida protects the oocytes and embryos which are unlikely to be infected. Concerns on infertility treatment are genuine as there are preliminary guidelines coming from prominent international authorities including ASRM (American society of Reproductive Medicine) (2) and ESHRE (European authority of Human Reproduction and Embryology) (3).

As a national body, the Indian Fertility Society has recommendations on COVID 19 and fertility. These recommendations are primarily to avoid complications of ART and pregnancy, to mitigate the unknown risk of vertical transmission, to conserve healthcare resources and above all respect social distancing in the safety of our patients and staff.

Clinical

- Suspending the initiation of new treatment cycles including IUI, IVF
- Only “Urgent” cycles to be initiated. Urgent includes for purpose of fertility preservation in oncology patients including gamete, embryo and ovarian tissue cryopreservation. ART cycles for diminished ovarian reserves cannot be considered as Urgent.
- Any initiated self or donor cycles to be completed with freezing of embryos or gametes. This would be a rare situation considering a country-wide lockdown for nearly 2 weeks or maybe longer.
- No fresh or frozen embryo transfers due to lack of knowledge on effects of virus on early pregnancy after successful implantation.
- Suspending all elective surgeries; if an emergency to be done under regional, avoid general anaesthesia. Laparoscopic routes not to be preferred so as to avoid aerosol transfer and avoiding thermal cautery use during surgery.
- All elective procedures (HSG, pelvic scans) and consultations to be avoided primarily to maintain social distancing and protect medical staff.
- Resort to Teleconsultations. Telehealth facilities can be improvised as per your patient and clinics resources.
- In case of a patient testing positive for COVID-19, involve respiratory infectious disease physicians, as per multi-disciplinary team management.

Embryology Laboratory



- For any ongoing cycles follow strict screening protocols
- Lab intensive disinfection in case urgent cycles to be done
- Cryopreserved specimen should be in separate tank during this period.
- Intensive washing of gametes and embryos is mandatory at all steps.
- No transfer of embryos/gametes between clinics to be done in this period.
- Written protocols on maintenance of cryo-stored gametes and embryos, including liquid nitrogen levels.

Staff Protection

- Use of masks, head covers, gloves in OPD and during follicular monitoring
- Hand washing before and after touching a patient
- Maintain social distancing of 1 meter.
- Minimal contact with patients
- Work in shifts / groups
- Infected patients to be kept away / quarantine
- Prophylaxis with Hydroxychloroquine after consulting with physicians and per ICMR guidelines.

Psychological Support

Psychological Support to patients is utmost considering the feeling of hopelessness and despair in women with infertility with un-thinkable fears of the uncertain situations in the coming times. Staff should be trained to handle the anxiety and concerns of the patients giving them supportive care preferable online or telephonically. Further they should be thoughtful on assuring them to update as and when clinics restart.

Conclusion

The available evidence is presently not robust and based on small case series. Indian fertility society is watchful of the situation which is very dynamic and changing very moment. We will regularly assess the scientific literature as is available and will update our recommendations on regular basis

References

1. Schwartz DA, An Analysis of 38 Pregnant Women with COVID-19, Their New-born Infants, and Maternal-Fetal Transmission of SARS-CoV-2: Maternal Coronavirus Infections and Pregnancy Outcomes. Arch Pathol Lab Med, 2020.
2. American Society for Reproductive Medicine (ASRM). Patient Management and Clinical Recommendations During the Coronavirus (COVID-19) Pandemic. Update #2 (April 1, 2020 through April 27, 2020)
3. ESHRE News and Statements, 2 April 2020. Assisted reproduction and COVID-19

The COVID-19 working group monitoring scientific evidence relevant to reproductive medicine, early pregnancy comprises of

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