



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE (ASRM)
PATIENT MANAGEMENT AND CLINICAL RECOMMENDATIONS
DURING THE CORONAVIRUS (COVID-19) PANDEMIC

Update #1 (March 30, 2020 through April 13, 2020)

At this time, the ASRM Coronavirus/COVID-19 Task Force affirms all of the stated recommendations of March 17, 2020 as timely and appropriate, including:

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.

During this unprecedented public health emergency, the ASRM Coronavirus/COVID-19 Task Force (“the ASRM Task Force”) is committed to being responsive to our professional membership, their patients, and our broader communities. This update reflects the stated commitment of the Task force to reassess its recommendations at no more than two-week intervals considering the fluid and evolving situation.¹

Since the ‘*ASRM Patient Management and Clinical Recommendations during the Coronavirus (COVID-19) Pandemic*’ was issued, the United States has emerged as the country with the largest number of confirmed cases and is now unfortunately the global epicenter of this pandemic. As of this date, at least 27 states, affecting more than 225 million Americans, have enacted “shelter-in-place” orders stressing the importance of suppressing viral transmission. Those geographic areas currently hardest hit by the pandemic are overwhelmed with insufficient hospital beds, respiratory ventilators, and Personal Protective Equipment (PPE), and a rising incidence of COVID-19 infected health care providers. These events foreshadow what is most likely to happen in those areas in the country currently less affected. The public health community is also concerned that under-reporting, due to the lack of widely available testing, may be partly responsible for the perceived low prevalence of infection reported by some states and municipalities. This concern supports the policy of limiting exposure risk, even in areas with currently low prevalence.

The ASRM Task Force also acknowledges the dire economic realities, and the need to care for patients in an unprecedented situation, while balancing resources and patient needs. ASRM members are making personal sacrifices and requesting sacrifices of a significant proportion of their patients, staff and colleagues. We must stand united in the principles of these recommendations, regardless of our own personal backgrounds and priorities, so that all ASRM members can get back to taking care of our patients as soon as possible.

As we continue to monitor current epidemiologic data, current and emerging scientific literature, governmental regulations, COVID-19 guidelines issued by other national medical organizations (e.g. [American College of Surgeons](#) and [the American Ambulatory Surgery Association](#)), and expert opinion by the public health and medical communities, the Task Force now provides the following clarifications and addendums to its recommendations issued March 17, 2020:

- 1) The ASRM Task Force continues to emphasize that infertility is a disease, and infertility care is not elective.** The treatment of infertility, as well as the treatment of many other critical diseases, including cancer treatment, other gynecologic surgery, and organ transplantation, are being postponed in the face of the COVID-19 pandemic. The use of the words “elective surgery” generally refers to surgery that can be delayed for a period of time without undue risk to the patient.
- 2) The ASRM Task Force continues to be committed to a return to routine patient care as soon as possible.** However, it is unclear how long the COVID-19 pandemic will continue. Epidemiologic evidence suggests that the speed by which it lessens is proportional to the degree of adherence to CDC guidance, including strictly following hygiene recommendations, shelter-at-home, and rigorous social distancing.
- 3) The ASRM Task Force recommends that clinical practices engaged in urgent reproductive care, also adhere to local government rules and regulations for the provision of care.** The ASRM Task Force recognizes that these currently differ by country, state, region and locale.
- 4) The ASRM Task Force strongly recommends that clinical practices maximally leverage telehealth (or telemedicine).** The use of telehealth may be used to begin or continue the evaluation and education of patients to the extent possible, including developing treatment plans. Additionally, telehealth meetings with patients serve to maintain the connection between patients and their care providers leading to improvements in the mental health status and well-being of patients.
- 5) The ASRM Task Force notes that as the pandemic continues, reproductive care professionals, in consultation with their patients, will have to consider reassessing the criteria of what represents urgent and non-urgent care.** For example, this may include reassessing the care of patients with diminished ovarian reserve, as well as for other conditions where extended delays may impact patient outcomes. The ASRM Task Force will also continue evaluating in a timely manner what represents urgent and non-urgent reproductive care.
- 6) The ASRM Task Force continues to emphasize that clinical practices continuing to provide urgent care must optimize the safety of patients and staff.** Appropriate safety measures should be consistent with the guidelines of the CDC, and include, but are not limited to, providing sufficient minimal staffing, spacing urgent in-clinic appointments throughout the workday, enabling staff to work from home, and implementation of mandatory health screenings at entry to the facility of patients who must be seen in person. Such health screening should include temperature checks, provision of face masks, compulsory hand hygiene, and 6-foot social distancing policies in shared spaces. Febrile or symptomatic patients should be isolated as necessary to provide essential care. All staff should comply with rigorous sanitization practices and utilization of PPE. The Task Force recognizes these measures may not fully prevent the spread of disease and that asymptomatic carriers pose a risk of viral transmission (Li et al, 2020).
- 7) The ASRM Task Force supports the safe storage of gametes, embryos and other tissues during this difficult period.** The Society for Assisted Reproductive Technologies (SART) has given further guidance on this and plans to continue to issue more detailed operational recommendations in the near future.
- 8) The ASRM Task Force continues to emphasize the need for all reproductive medicine teams to ensure that they are fully prepared and proactive in providing emotional and psychological support to patients and staff.** In order to do so, it is essential that they recognize and understand the impact of

the threat of the current pandemic, how it manifests in patients, healthcare providers and staff, and how mental health professionals are vitally important in addressing these needs in patients and staff alike.

- 9) **The ASRM Task Force strongly encourages reproductive care professionals and practices to support the fight against the COVID-19 pandemic.** This may include donating PPE, loaning ventilators, and volunteering to serve where most needed.

THE PRINCIPLES UNDERLYING THESE RECOMMENDATIONS

- The over-arching principle underlying the work of the ASRM Task Force is to maximally decrease the risk of coronavirus/COVID-19 transmission to patients, staff, and physicians, and to the population at large.
- The recommendations of the ASRM Task Force are formulated based on the principles of public health and are consistent with the recommendations for suppressing viral transmission as put forth by the U.S. Centers for Disease Control and Prevention (CDC).
- Because the duration of the pandemic is unclear, the ASRM Task Force recognizes that there may be a need to update this guidance to include how to provide patient care safely in the era of COVID-19. Furthermore, guidance will be needed to optimize a return to normal operation.
- The ASRM Task Force will reassess these recommendations within two weeks, on or before April 13th, to provide continuing timely guidance during the COVID-19 pandemic.
- This guidance document was developed under the direction of the Coronavirus/COVID-19 Task Force of the American Society for Reproductive Medicine. These recommendations are being provided as a service to its members, other practicing clinicians, and to the patients they care for, during the coronavirus pandemic.

References

Li R, Pei S, Chen B, Song Y, Zhang T, Yang W, Shaman J. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). *Science*, March 16, 2020, DOI: 10.1126/science.abb3221 (<https://science.sciencemag.org/content/early/2020/03/24/science.abb3221>).

ⁱ This guidance document was developed under the direction of the Coronavirus/COVID-19 Task Force of the American Society for Reproductive Medicine. These recommendations are being provided as a service to its members, other practicing clinicians, and to the patients they care for, during the coronavirus pandemic. While this document reflects the views of members of the Task Force, it is not intended to be the only approved standard of practice or to dictate an exclusive course of treatment. Clinicians should always use their best clinical judgment in determining a course of action and be guided by the needs of the individual patient, available resources, and institutional or clinical practice limitations. The Executive Committee of the American Society for Reproductive Medicine has approved this guidance document.

The ASRM Coronavirus/COVID-19 Task Force members for this update included Ricardo Azziz MD, Natan Bar-Chama MD, Marcelle Cedars, MD, Christos Coutifaris, MD, PhD, Jodie Dionne-Odom MD, Kevin Doody MD, Eve Feinberg MD, Elizabeth Hern MBA, Jennifer Kawwass MD, Paul Lin MD, Anne Malave PhD, Alan Penzias MD, Samantha Pfeifer MD, Catherine Racowsky PhD, Laura Riley MD, James Segars MD, Peter Schlegel MD, Hugh Taylor MD, Shane Zozula BS; in consultation with other experts.