



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

Update #2 (April 13, 2020 through April 27, 2020)

Since the publication of Update No. 1 of the 'American Society for Reproductive Medicine (ASRM) Patient Management and Clinical Recommendations During the Coronavirus (COVID-19) Pandemic' on March 30, 2020, the Task Force has observed that:

- The COVID19 pandemic continues to spread worldwide with 1.9 million cases confirmed since January. In the US, confirmed cases have already exceeded 570,000 with more than 23,000 deaths, albeit with significant regional variability. Current hotspots are in New York, New Orleans, Chicago, and Miami, but other large and smaller metropolitan and rural areas are increasingly impacted, and 95% percent of US counties have at least one case of COVID19. Transmission of infection from pre-symptomatic and asymptomatic persons can occur and is of great concern.
- Forty-two states have shelter-at-home orders. Emerging evidence suggests that social distancing significantly reduces the community transmission of coronavirus and slows the rate of transmission to flatten the curve.
- The U.S. healthcare system has mobilized and expanded its capacity to accommodate the increased need for hospitalization and critical care services. Nonetheless, the current demands of the pandemic continue to stress the health care system.
- Older adults, those with medical comorbidities, and health care workers have the highest rates of COVID-19 infection. In fact, the novel coronavirus has led to hospitalizations and deaths of healthcare workers in many states, including young persons with no apparent risk factors.
- Prediction models vary, but the current wave of COVID-19 infections in many regions in the US is expected to peak in the next 2-4 weeks.
- Effective and specific countermeasures (e.g. antivirals) are not yet available, and a vaccine is not expected for 12-18 months.
- Molecular testing for SARS-CoV-2 has expanded, and serologic testing is emerging, although neither are yet widely available.
- Increasingly, U.S. states and localities are appropriately [recognizing infertility care as essential services](#). These states are leaving the specifics around patient prioritization, resource management, and protocols for safe care to the medical community. The Task Force recognizes that the delivery of any patient services continues to represent a risk of patient and staff exposure to the novel coronavirus. Thus, the benefits of such care must be carefully balanced against these risks and the overarching need to ensure critically needed healthcare resources in the community. Additionally, programs should remain vigilant as states and localities clarify what constitutes essential, urgent, and elective services and cases.

Overall, although there is a suggestion that the measures taken in the U.S. in the past two weeks have blunted the trajectory and magnitude of the disease, the situation remains critical. Current governmental guidelines recommend mitigation, and suppression measures continue at the present time. Thus, considering the prevailing conditions on the ground, the fact that the number of cases and related deaths continues to increase, the recommendations of the CDC and other authoritative bodies, and the lack of available, approved, sensitive and specific testing, **at this time the ASRM Coronavirus/COVID-19 Task Forceⁱ affirms all of the stated recommendations of March 17, 2020 as timely and appropriate**, including:

1. Suspending 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 considering cancellation of all embryo transfers whether fresh or frozen.
3. Continuing to care for patients who are currently “in-cycle” or who require urgent stimulation and cryopreservation.
4. Suspending elective surgeries and non-urgent diagnostic procedures.
5. Minimizing in-person interactions and increasing utilization of telehealth.

Nonetheless, the Task Force recognizes that it is likely the COVID-19 pandemic will be with us for some time, at least until an effective vaccine is available. Consequently, while it is not yet prudent to resume non-emergency infertility procedures, the Task Force recognizes it is also time to begin to consider strategies and best practices for resuming time-sensitive fertility treatments in the face of COVID-19 in the population.

The timing of the restart of infertility care, other than that currently deemed urgent or emergency, has yet, and may be impossible, to be precisely determined. However, it is clear that patient care for the foreseeable future will need to follow strict protocols to decrease the risk of viral transmission. To address this emerging need, the Task Force has assembled a diverse subgroup of physicians, advisors, and external experts to draft recommendations on strategies and best practices for prioritizing and resuming infertility treatment in the weeks ahead.

When making recommendations for re-initiation of care, the Task Force will consider:

- Prioritizing the health and safety of the patients, physicians, and staff.
- The progression of the pandemic in different areas of the country.
- The availability of testing to determine infection and immune status.
- The time-sensitivity of patient diagnoses.
- The utilization of resources that may be critically needed by local health systems and hospitals on the frontlines of caring for COVID-19 patients.
- [Federal, state, and local government regulations](#) that may impact the ability of returning to practice.

These recommendations will be published on or before April 27th.

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.