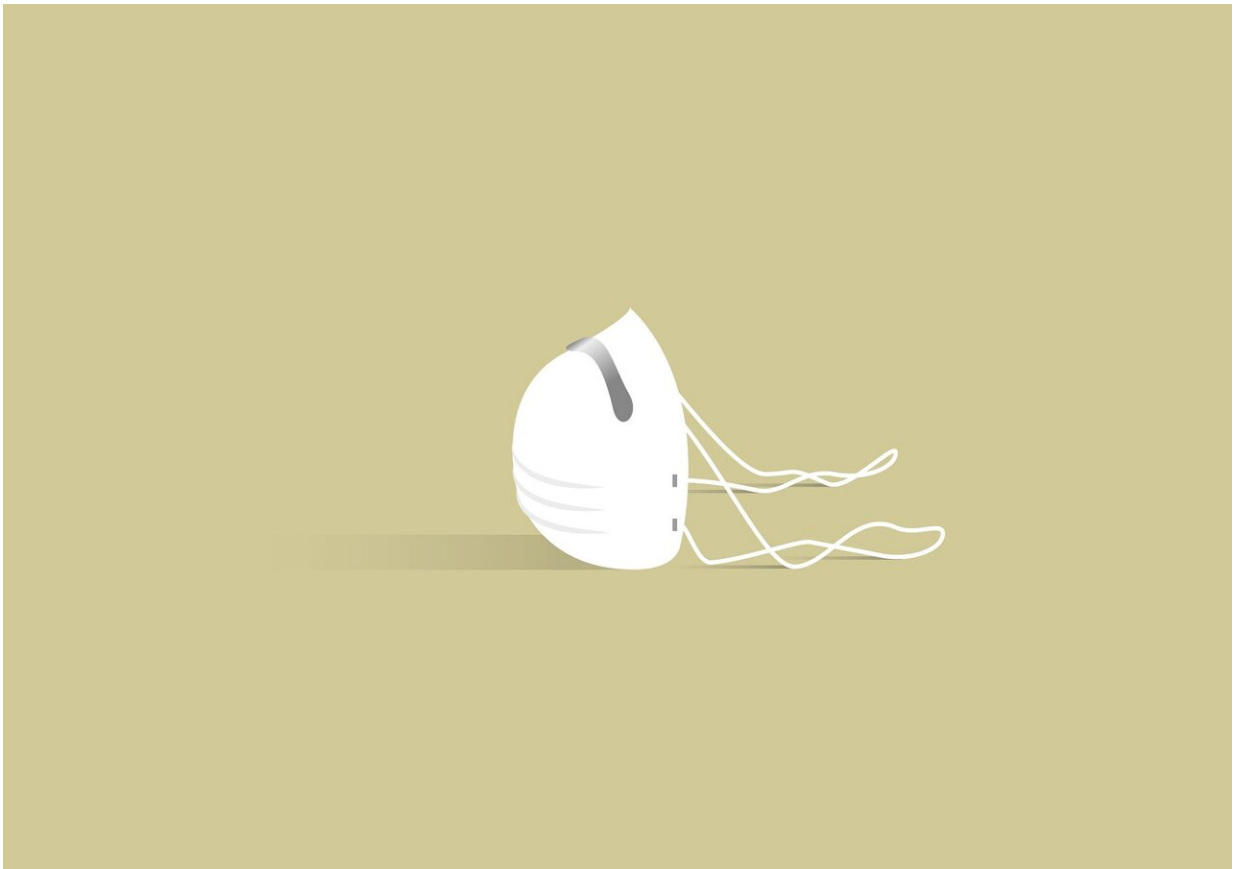


New COVID-19 guidelines disrupt infertility care

April 6 2020, by Carrie MacMillan



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The COVID-19 pandemic has resulted in people putting so many aspects of their lives—from planned vacations to birthday parties to

weddings—on hold.

But for individuals and couples pursuing infertility treatments, this disruption can mean having to delay starting a family—or adding to one. The American Society for Reproductive Medicine (ASRM) recently issued new [guidelines](#) advising its more than 8,000 members to avoid starting new treatment cycles of [in vitro fertilization](#) (IVF), [intrauterine insemination](#) (IUI), ovulation induction, and [egg freezing](#).

Members are also strongly advised to consider canceling embryo transfers and to suspend all surgeries that are not emergencies. Exceptions are made for [cancer patients](#) who need to freeze eggs or sperm before starting chemotherapy and for women who have already started ovulation-stimulating drugs and are mid-treatment. The guidelines were issued on March 17 and reaffirmed on March 31, with plans for a reassessment by April 13.

Hugh Taylor, MD, chair of Yale Medicine Obstetrics, Gynecology & Reproductive Sciences, is the president-elect of ASRM and helped draft the guidelines. While some fertility specialists disagreed with the recommendations, the majority of physicians and patients understand that this is a necessary step right now, Dr. Taylor says.

"We don't want to use up precious resources, as supplies are in very short supply. We are projected to run out of protective equipment when COVID-19 peaks unless we carefully preserve them," Dr. Taylor explains. "We can't be using them on procedures that aren't emergencies when we have health care workers on the front lines fighting COVID-19 who need them."

Plus, researchers still don't understand the effects of the virus on [pregnancy](#), including whether or not [pregnant women](#) with COVID-19 can transmit the virus to their fetus.

"It's clear that women who are pregnant and have a COVID-19 infection don't have a worse course of disease, and from the data we have, it's not causing congenital abnormalities like Zika can," says Dr. Taylor, speaking of the virus that is linked to serious birth defects when passed from mother to fetus.

But, Dr. Taylor cautioned, there may be more subtle effects such as a higher chance of miscarriage, premature labor, or growth restrictions, which are risks associated with any viral infection. "We have stopped short of saying that people shouldn't get pregnant right now. However, social distancing remains the best strategy we currently have that is going to save lives," he says, adding that keeping people from attending fertility clinics for non-urgent treatments is one way to practice social distancing.

Lubna Pal, MBBS (a medical degree awarded outside of the U.S.), a Yale Medicine reproductive endocrinologist and infertility specialist, agrees that the guidelines are prudent.

"The only body of data we currently have are for full-term pregnancies of women exposed to COVID-19 in China and that their babies at birth were OK. But we have no idea if exposure to this virus affects the biology of a baby in the early stages, or what happens to that baby months to years after birth," Dr. Pal says. "There has been a lot of chatter about whether or not the ASRM did the right thing. Many providers say it's a [safety issue](#) right now, and I belong to that school of thought. Right now, it's about the safety of the community."

Still, that doesn't mean this disruption to treatment is easy on patients.

"We cannot minimize what the fertility-seeking patients are going through," Dr. Pal says. "The [telemedicine platform](#) that allows for video visits is a great way we can keep up with our patients, hear their

concerns, address their questions, and thereby help with reducing stress."

How the guidelines affect patients is highly individual, Dr. Taylor points out.

"We don't consider someone to be infertile until they've been trying for a year. A younger woman may look at the guidelines and say, "Well, I've waited this long, what's a little longer?" But others may say, "I can't wait any longer," he says. "There are people who are upset and whose desire to get pregnant is so high, they are willing to take great risks. But we, as a group of practitioners, are taking what we believe is an important stance to save lives and to make pregnancies healthier."

Yale Fertility Center had just moved into its new facility at West Campus when the COVID-19 pandemic began. For the move, they stopped IVF treatments for a few weeks but were ready to restart this month.

The ASRM guidelines allow women in the midst of a treatment cycle to finish ovulation stimulation and freeze resulting embryos. "But because of our temporary shutdown due to the move, we didn't have anyone in the midst of a cycle," Dr. Taylor says.

Provided by Yale University

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