Received: 1 April 2020

DOI: 10.1111/aogs.13851

EDITORIAL

AOGS
Acta Obstetricia et Gynecologica Scandinavica

A global recommendation for restrictive provision of fertility treatments during the COVID-19 pandemic

Probably no country in the world is free from the novel corona virus disease (COVID-19) and the current global pandemic declared by WHO on 11 March 2020 is spreading at an accelerating rate. The disease is particularly deadly in vulnerable populations and the whole world is preparing to contain the outbreak and manage infection. Infection rates and deaths among healthcare professionals in particular are alarming.

On 17 March, the American Society of Reproductive Medicine (ASRM) provided early key recommendations, updated and affirmed on 30 March, including suspending initiation of new treatment cycles aimed at achieving pregnancy.[1] The group also recommended canceling planned embryo transfers, suspending elective surgeries, non-urgent diagnostic procedures and minimizing in-person interaction by increasing telemedicine contact. Only patients undergoing emergency procedures, such as those for fertility preservation, and patients already undergoing cycle stimulation should complete their treatments, but they should be advised to cryopreserve their embryos and not receive a fresh embryo transfer. On 19 March, the European Society of Human Reproduction and Embryology (ESHRE) recommended a precautionary approach and advised all infertility patients considering or planning treatment to avoid becoming pregnant at this time, albeit with no strong evidence of negative effects of COVID-19 on pregnancy, especially at the early stages. They further suggested consideration of deferred pregnancy with oocyte or embryo cryopreservation.[2]

In a previous editorial, the current lack of evidence of a negative effect of COVID-19 on pregnancy has been discussed.[3] According to WHO, research is currently underway to establish the impact of COVID-19 on pregnant women. Current data do not support that pregnant women would be at higher risk of severe illness compared with the general population.[4] However, recommendations to avoid pregnancy have become more stringent over time due to additional factors, such as the uncertainties about adverse outcomes, including the risk of teratogenicity and miscarriage,[5] and worries about the capacity of providing healthcare in a pandemic situation. For example, the Fertility Society of Australia (FSA) stated on 17 March that there was a lack of evidence to recommend contraception or cessation of attempts to conceive, whether unassisted or assisted.[6] However, later, on 24 March, following the escalation of the pandemic in Australia and New Zealand, the group came up with stricter advice to scale back or suspend elective procedures, clearly in order to preserve resources including personnel and equipment for the treatment of COVID-19 patients requiring hospital care. In the UK, the Human Fertilisation and Embryology Authority (HFEA) published their guidance on 18 March, calling for a need to stop fertility treatments over the coming weeks to minimize the spread of the virus and reduce the impact on the healthcare services due to plausible complications of assisted reproduction, such as ovarian hyperstimulation syndrome.[7]

At this moment, the healthcare services of many countries are becoming overloaded, and several countries have also implemented laws to limit people's movements as well as enforcing quarantines. Healthcare personnel are being reallocated to be able to provide healthcare for individuals affected by the pandemic. We are in an emergency situation that is new for us and that is obviously not a safe situation. We hope that the temporarily suspended fertility treatments can be resumed shortly and will be performed under safe conditions in the best interests of our patients who are dealing with infertility.

Kenny A. Rodriguez-Wallberg
Ida Wikander

Division of Gynecology and Reproduction, Department of Reproductive Medicine, Karolinska University Hospital, Stockholm, Sweden

Correspondence
Kenny A. Rodriguez-Wallberg, Division of Gynecology and Reproduction, Department of Reproductive Medicine, Karolinska University Hospital, Novumhuset Plan 4, SE-141 86 Stockholm, Sweden.
Email: kenny.rodriguez-wallberg@ki.se

ORCID

Kenny A. Rodriguez-Wallberg https://orcid.org/0000-0003-4378-6181

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