

Assisted reproduction and COVID-19: a joint statement of ASRM, ESHRE and IFFS^{†,‡}

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Declaration of principle

Reproduction is an essential human right that transcends race, gender, sexual orientation or country of origin. Infertility is the impairment of reproductive capacity; it is a serious disease that affects 8–12% of couples of reproductive age and harms physical and mental well-being. Infertility is time-sensitive, and prognosis worsens with age. While there is no cure for most causes, the disease is most often treatable, and the majority of patients who seek treatment can ultimately become parents.

Defining the problem

The COVID-19 pandemic presents a unique global challenge on a scale not previously seen. The infectivity and mortality rates are higher than previous pandemics and the disease is present in almost every country. The propagation and containment have varied widely by location and, at present, the timeline to complete resolution is unknown. In the earliest stages of the pandemic, the American Society for Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology (ESHRE), independently recommended discontinuation of reproductive care except for the most urgent cases. More recently, with successful mitigation strategies in some areas and emergence of additional data, the societies have sanctioned gradual and judicious resumption of delivery of full reproductive care. In this document, ASRM, ESHRE and the International Federation of Fertility Societies (IFFS) have come together to jointly affirm the importance for continued reproductive care during the COVID-19 pandemic.

Reproductive medicine is essential

Reproductive care is essential for the well-being of society and for sustaining birth rates at a time that many nations are experiencing declines. During the pandemic, reproductive medicine professionals should continue to:

- (1) Advocate for the well-being of patients.
- (2) Monitor local conditions, including prevalence of disease, status of government or state regulations, and availability of resources.
- (3) Implement proactive risk assessment within their practices prior to restarting services.
- (4) Prioritize care and judiciously allocate use of limited resources using medical criteria.
- (5) Counsel patients about all options, including deferring evaluation and treatment.
- (6) Adhere to active risk mitigation strategies to reduce the risk of viral transmission.
- (7) Develop clear and codified plans to ensure the ability to provide care while maximizing the safety of their patients and staff.
- (8) Remain informed and stay current regarding new medical findings.
- (9) Develop or refine robust emergency plans.
- (10) Be prepared to interrupt medical treatment if conditions warrant discontinuation.

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Research needed

In addition to helping patients, reproductive medicine practices are uniquely positioned to gather data and help to further COVID-19 research.

- (1) Reproductive medicine professionals and practices are essential front-line resources for screening, monitoring and assessing the prevalence and impact of the disease on patients and their progeny through Point-of-Care data collection.
- (2) ESHRE, ASRM and IFFS are committed to continuous monitoring of the effects of COVID-19 on gametes and reproductive tissues, collecting data on pregnant patients infected during the pandemic and assessing the outcomes of mothers and neonates.

Examples of these research and registry efforts follow:

- a. In the USA, the ASPIRE (Assessing the Safety of Pregnancy In the Coronavirus Pandemic) Study is a nationwide prospective cohort study of pregnant women and their offspring during the COVID-19 pandemic. All patients under the care of a reproductive medicine specialist who conceived spontaneously or with assisted reproductive technology (ART) between 1 March and 31 December are encouraged to participate.
- b. ESHRE is gathering global case-by-case reporting on the outcome of medically assisted reproduction (MAR) conceived pregnancies

in women with a confirmed infection (<https://nl.surveymonkey.com/r/COVID19ART>).

- c. The affiliate society of ASRM, the Society for Assisted Reproductive Technologies (SART) is including mandatory COVID-19-related questions in their Clinic Outcome Reporting System (CORS) registry of ARTs, which accounts for over 95% of all ART cycles in the USA.
- d. ESHRE is gathering data and mapping MAR/ART activity during the pandemic, country by country whether and/or when they stopped offering treatment and when they have resumed care.
- e. IFFS is conducting COVID-19-related periodic surveys to assess global trends in access to MAR/ART services.

Final thoughts

Reproductive care is essential and reproductive medicine professionals are in a unique position to promote health and well-being. In addition, ASRM, ESHRE and IFFS are collaborating to advocate for patients and to gather data and resources to enhance the understanding of COVID-19 as it pertains to reproduction, pregnancy and the impact on the fetus and neonate. The lessons learned from these experiences will be useful as humanity deals with future pandemics.