



**Frequently Asked Questions:
Fertility Treatment at SGF during the COVID-19 Pandemic**

First and foremost, while the world grapples with an issue of enormous scale, our hearts go out to those who have been affected.

The rapidly evolving situation with the coronavirus (COVID-19) can be unnerving, and new information is coming to light daily, even hourly. Please be assured that SGF is closely monitoring real-time developments and continually looking to experts such as the Centers for Disease Control (CDC) and the World Health Organization (WHO) for guidance.

The safety of our patients and staff is our foremost concern. We have taken numerous actions to address this.

Q: How is SGF responding to the public health emergency of COVID-19?

A: The key elements of the health system response to this challenge include limiting the risk of exposure and maintaining the capacity of the health care system to respond to the needs of those who are sick, from COVID-19 or other ailments. As freestanding, single specialty treatment centers, the resources we utilize to treat our patients do not draw from the same pool as those available to take care of patients suffering from COVID-19 and other serious conditions. This is in dramatic contrast to fertility centers based in hospital settings. Therefore, we have and will take the following steps in response:

1. We will continue to screen all patients for exposure and risk factors for COVID-19. No patients who fail screening will be seen in our facilities. If a patient becomes quarantined or sick from COVID-19, their treatment will be cancelled.
2. Patients are strongly encouraged to come to our offices unaccompanied (exception: spouse or partner may accompany a patient to transfers and retrieval only).
3. SGF will continue to follow CDC guidelines for our staff in managing any possible exposure.
4. SGF will continue to structure monitoring and waiting rooms to provide appropriate physical and time distance according to CDC guidance.
5. Our procedures are performed in dedicated rooms with sterile or disinfected equipment. One case at a time, one room at a time. Procedure and operating rooms are disinfected between cases.

Q: How will SGF manage risks to patients?

A: Risks to patients fall into two categories: 1. that a pregnant patient may become more ill from COVID-19, and that, 2. COVID-19 may affect a developing fetus or change the course of a pregnancy.

Pregnant patients are routinely exposed to viral infection. Some, like Varicella and Influenza can be significantly more severe, and even devastating in pregnancy. Others, including similar SARS-type viruses and the novel coronavirus to date seem to manifest similarly in pregnant women as in other infected patients. While we are



still early in the evolution of this disease, there is no evidence that pregnant women are more susceptible to COVID-19.

In addition, there has been no evidence of teratogenicity (fetal damage) from the novel coronavirus. In fact, no coronavirus has ever been associated with this outcome.

Most importantly, no authority has recommended avoiding, postponing, or terminating a pregnancy due to COVID-19. In fact, the guidance from the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) has been reassuring regarding pregnancy risks.

Q: What guidance does SGF consider when assessing the level of care it will provide?

A: SGF's physician leadership continues to diligently review the American Society for Reproductive Medicine (ASRM), CDC, ACOG, and SMFM recommendations in response to COVID-19. Practice leaders examine the implications of all recommendations with a careful focus on our duty to our patients and to public health.

Infertility is a disease, and for many couples, it is time sensitive. As we see every day, our patients' suffering is acute and real. Having children is fundamental to humanity, and we have dedicated our careers to treating the disease of Infertility.

We will continue to monitor the situation closely and change these plans as indicated, with practicing only evidence-based medicine as our standard.

Q: What fertility care will SGF provide during this situation?

A: As you know, the situation is changing daily, and therefore, we will continue our due diligence of prevention and adherence to public health guidelines. All care will be subject to the efforts to avoid community spread as described above.

1. All care is subject to changing conditions as the pandemic evolves.
2. Consultations are being moved to telemedicine platforms.
3. We will continue to streamline and limit visits for routine bloodwork as well as hCG testing and OB ultrasounds.
4. Before initiating procedures or treatments, patients will be counseled about the known and unknown risks of COVID-19 and will sign informed consent documents, as usual, in advance of any procedures or treatments.
5. Our paradigms include: Healthy people should not be denied access to care if it does not unduly threaten public health or drain resources from the healthcare system. Patients have the autonomy to assess and accept reasonable risk. Access to care and having children are fundamental to our mission.
6. This is not business as usual. We will always offer patients sensible advice. For young patients with a good prognosis, delaying treatment may be the most prudent course of action.
7. We will continue to offer all of our autologous treatments: ovulation induction (OI)/intrauterine insemination (IUI), in vitro fertilization (IVF), and frozen embryo transfers (FET). Patients will have appropriate counseling before initiating these treatments. Importantly, OI/IUI and FET cycles can be accomplished with minimal visits and resources.



8. We will continue to offer egg preservation.
9. We will continue to offer hysterosalpingograms (HSG) within the limits noted above.
10. We will continue to perform D&C procedures for patients with miscarriage.

Q: How will SGF care for patients in need for third-party reproduction?

A: How we will care for our patients in need of third-party reproduction, including egg donation and a gestational carrier, remains to be determined. While we believe these treatments fall broadly under the same paradigms as described above, there are important differences in terms of extending risk to third parties and travel. SGF will issue further guidance as it becomes available. Patients are instructed to consult their clinical team for more information.

Q: Will SGF continue performing minor procedures, such as hysteroscopy?

A: While we believe these treatments fall broadly under the same paradigms as described above, this remains to be determined. We plan to evaluate the impact these may have on resources before offering further guidance. Patients are instructed to consult their clinical team for more information.

Q: How will COVID-19 affect fertility treatment outcomes?

A: According to the American Society for Reproductive Medicine (ASRM), currently, very little is known about the impact of COVID-19 on reproduction and pregnancy. We have no reason to believe COVID-19 will adversely affect the outcome of fertility treatment.

Q: Should patients strive to avoid a pregnancy during this pandemic?

A: If a patient has COVID-19 or have a high likelihood of developing COVID-19 (fever and/or cough, shortness of breath, and either exposure within 6 feet of a confirmed COVID-19 patient and within 14 days of onset of symptoms, or a positive COVID-19 test result), including those planning to use oocyte donors, sperm donors, or gestational carriers, they should strive to avoid a pregnancy.

If a patient is undergoing active infertility treatment, we suggest that they discuss with their SGF physician the option to freeze all oocytes or embryos and avoid an embryo transfer.

Please note this recommendation does not necessarily apply when there solely is a suspicion of COVID-19, because symptoms of COVID-19 are very similar to other more common forms of respiratory illnesses.

Q: What is the risk to pregnant women of getting COVID-19? Is it easier for pregnant women to become ill with the disease? If they become infected, will they be sicker than other people?

A: According to the CDC, we do not currently know if pregnant women have a greater chance than the general public of getting sick from COVID-19 nor whether they are more likely to have serious illness as a result.



Q: Can COVID-19 cause problems for a pregnancy?

A: According to ACOG, at this time, very little is known about COVID-19, particularly related to its effect on pregnant women and infants, and there currently are no recommendations specific to pregnant women regarding the evaluation or management of COVID-19. There is no evidence to suggest that COVID-19 harms fetuses.

Q: Where do I turn for more information?

A: For further questions related to care at SGF, we encourage you to contact your practice development manager or SGF physicians and ask patients to reach out to their care team.

For more information about COVID-19, visit www.cdc.gov or your local health department.