

CANADIAN FERTILITY AND ANDROLOGY SOCIETY SOCIÉTÉ CANADIENNE DE FERTILITÉ ET D'ANDROLOGIE

Fertility Care During the COVID-19 Pandemic: Guiding Principles to Assist Canadian ART Clinics and Care

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PURPOSE

This document is to assist clinics that are providing ongoing services with broad measures that intend to reduce the ongoing transmission of COVID-19. Each ART clinic will make an independent decision about their operational needs based upon the prevailing regulatory environments in their jurisdiction: these regulatory environments include Provincial Colleges of Physicians; Provincial Health Officers; Public Health and Provincial Ministries of Health recommendations. This document was developed with experts in fertility, infectious disease, and Public Health, and represents the best available evidence to date. If local directives exist, they would supersede these guiding principles.

BACKGROUND

The COVID-19 illness was declared a pandemic in March 2020 by the World Health Organization. Ongoing research has since demonstrated the nature and behaviour of the disease and viral transmission. At the initial declaration of the pandemic, fertility centres across Canada closed to ensure that elective medical care was minimized and that the supply chain for PPE would not be disrupted by elective procedures. Through the implementation of these guiding principles, Canadian Fertility centres have managed to re-open with major modifications to their systems, in a concerted effort to ensure that safe care is delivered in a controlled environment. Current guidelines are permissive of achieving pregnancy during COVID-19.

UPDATE ITEMS

PREGNANCY RISK

- A. <u>Comorbidities</u> in pregnancy will increase the risk of COVID-19 related morbidity.
- B. These include:
 - a. Age over 35
 - b. Obesity
 - c. Diabetes mellitus
 - d. Hypertension



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- C. Consideration could be given to delay pregnancy in patients with multiple co-morbidities that impact their COVID-19 risks.
- D. There is a <u>national prospective study</u> currently underway with pending data (2020).
- E. <u>CDC</u> (2020) reports an increased risk for ICU admissions (crude risk ratio 1.6) and mechanical ventilation (crude risk ratio 1.9) versus non-pregnant peers. However, there does not seem to be an increase in mortality.

2020 INFLUENZA VACCINATIONS

- A. <u>Influenza prevention</u> is particularly vital this year. The combined presence of influenza illness and COVID-19 leads to increased morbidity and mortality for each entity.
- B. It is strongly advised that all staff and patients be encouraged to vaccinate for influenza. Since vaccination may lead to fever or other symptoms of COVID-19, clinics may wish to vaccinate their staff in intervals to limit the possibility of presenting with COVID-19-like symptoms post- vaccination

COVID-19 RESURGENCE PREPAREDNESS

On September 22, 2020, Canada's Chief Public Health Officer declared that our country is in the second wave of resurgence of COVID-19. Canadian Fertility centres have implemented broad measures to manage the risk of spreading the virus. We recommend that fertility care should remain accessible throughout the resurgence phase of the pandemic. Fertility centres may wish to consider:

- A. Developing or maintaining a PPE plan which allows for stable supply management, burn rate calculations, and projections to ensure a steady supply of PPE for staff.
- B. Developing a Human Resource plan to address:
 - a. Adequate provision of sick leave so that employees are encouraged to stay away from work when they are not well.
 - b. Shift alterations in an effort to minimize exposures of one individual to many. Examples of shift alterations would include Teams of Physicians, Lab staff, and Nursing staff who work on alternate days or week.
 - c. Supporting employees with mental health resources.
- **C.** Continuing to exercise extreme caution through the implementation of protocols and guidance given in the initial version of this document.



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