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Dear SCCRM Family,

In the one and a half days since they were released, we at **SCCRM** and **Ovation® Fertility** have diligently reviewed the ASRM recommendations in response to SARS-CoV-2 / COVID-19. Yesterday evening, our physician partners and executive leadership met regarding the implications of the recommendations and to what extent we will apply them within our practice. This included review of the ASRM recommendations as well as those from CDC, ACOG, and SMFM.

In doing so, we took into consideration all the lives that could be affected by adopting these recommendations. These include you, our team, the thousands of our patients who are struggling to start their families, and our community at large. We did this 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 believe that the ASRM has offered a simplistic response to the challenge of the SARS-CoV-2 / COVID-19 pandemic. We think their approach abandons their mission to our patients, community, and the thousands of people employed in our specialty. It could fundamentally alter future access to care in ways we do not believe they fully considered. The current ASRM recommendations are just that, recommendations. True guidelines must be evidence-based. While we strive to follow guidelines, Tuesday's recommendations do not meet that standard.

We would like to outline our rationale for this decision and our plans to continue to care and provide treatment for our patients. Please know that we will monitor the situation closely and change these plans as indicated. As you know, the situation is changing daily. We must also consider the possibility that this may not be resolved in the course of one or two months; we think it is unlikely there will be dramatic changes by the planned ASRM revision on 30 March. Further, we took into consideration that: 1. Volume will drop as patients postpone treatment due to SARS-CoV-2 / COVID-19 concerns, both medical and economic, and, 2. Our patient population is at relatively low risk of severe illness. Most serious cases of SARS-CoV-2 / COVID-19 occur in older individuals and those with co-morbidities.

#### **Responding to the public health emergency of SARS-CoV-2 / COVID-19.**

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 SARS-CoV-2 / COVID-19 or other ailments. Testing, another possible tool, is still not widely available.

As a freestanding, single specialty treatment center, 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.

#### **We have and will take the following steps.**

1. We are screening all patients for exposure and risk factors for SARS-CoV-2 / 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.
3. We continue to follow CDC guidelines for our staff in managing any possible exposure.
4. We are structuring 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.

### **Managing Risks to our patients.**

These risks fall into two categories: 1. That a pregnant patient may become more ill from SARS-CoV-2 / COVID-19, and that, 2. SARS-CoV-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 SARS-CoV-2 / 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 SARS-CoV-2 / COVID-19. In fact, the guidance from ACOG and SMFM has been reassuring regarding pregnancy risks.

### **Plans for continued fertility care.**

1. All care will be subject to the efforts to avoid community spread as described above.
2. All care is subject to changing conditions as the pandemic evolves.
3. Consultations are being moved to telemedicine platforms.
4. We will continue to streamline and limit visits for routine bloodwork as well as hCG testing and Ob ultrasounds.
5. Before initiating procedures or treatments, patients will be counseled about the known and unknown risks of SARS-CoV-2 / COVID-19. An acknowledgement will be signed in advance of treatment.
6. 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.
7. This is not business as usual. We need to offer patients sensible advice. For young patients with a good prognosis, delaying treatment may be the most prudent course of action.
8. We will continue to offer all of our autologous treatments: IUI, IVF, FET. Patients will have appropriate counseling before initiating these treatments.
9. Importantly IUI and FET cycles can be accomplished with minimal visits and resources.
10. We will continue to offer egg preservation.
11. We will continue to perform D&C procedures for patients with miscarriage.

### **Care issues remaining to be addressed.**

1. Third party options including egg donation and gestational carrier cycles. While we believe these treatments fall broadly under the same paradigms as described above, there are important differences in terms of extending risk to 3<sup>rd</sup> parties and travel.
2. Minor procedures, especially hysteroscopy. We plan to evaluate the impact these may have on resources before offering further guidance.

We recognize that these decisions may not be universally embraced and acknowledge that there may be differences of opinion among us. Our goal is to serve our patients, staff, and community in the most responsive and responsible way. We do not believe that the ASRM guidance is sufficiently developed to be adopted in all circumstances.

Thank you,

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