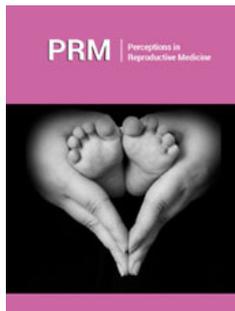


# Jordanian Society for Fertility and Genetics(JSFG)

## A Summary of JSFG Ethical and Professional Guidance for ART and Infertility Treatments During the pandemic of COVID-19

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### Abstract

**Objective:** This JSFG guidance comes in response to the coronavirus (COVID-19) global pandemic crisis and to the need of a clear information for provision of ART and Infertility treatments in Jordan aiming to protect both the patients and the health care workers [1]. By the end of September 2020, the risk of COVID-19 infection is increasing dramatically in Jordan (we are close from 2000 case/day), the normal daily Work should be modified to adapting a new life taking in consideration the following:

1. The risk of COVID-19 infection is the highest in Jordan than any other time.
2. The COVID-19 virus is a new challenge to staff and health care workers
3. Evidence is very limited evidence at many aspects, especially a curative treatment.
4. Adherence to safety measurements like physical distancing and wearing a face mask is very important in decreasing the risk of virus transmission.

**Conclusion:** We hope after the release of the JSFG guidance on Recommencing ART and Infertility Treatments our colleagues in the ART field will have a clear information that makes the work safer for both the staff and the patients during the pandemic of COVID-19.

**Keywords:** COVID-19; ART and Safety

### The Summary of Ethical and professional JSFG Guidance

The society board members and the Advisory committee identified pillars of good medical practice proposed for the restart of activity in the ART clinic and labs.

#### Information and consent to the start of treatment

All our Patients must be fully informed, clearly understand the risks related to COVID-19 disease, this can be achieved by providing a written information.

#### Priority of ART treatment

We should give priority of treatment to certain patients such as:

- a) Cancer patients (Fertility preservation).
- b) Patient with a low ovarian reserve.
- c) Patient presented at late reproductive age (age>40 years).

### Staff and patient triage

- a) We advise all clinics and fertility centers to follow ESHRE ART triage questionnaire (1), for both staff and patients.
- b) We recommend stopping treatment if the patient encounters a high-risk situation.

### Treatment cycle protocol

#### The Ovarian stimulation:

- a) Personal protective equipment (PPE) by staff should be used
- b) We should minimize number and duration of visits
- c) JSFG recommends the use of fixed antagonist protocol for stimulation.
- d) All protective measurements should be taken in patients with high risk for ovarian hyper-stimulation syndrome by adopting agonist trigger and freeze all aiming to avoid hospitalization [2,3].

#### Oocyte retrieval:

- a) Follow adapted procedures by each center unless changes occur between ovulation trigger and oocyte retrieval
- b) If any patient tested positive re-triage, refer to MOH (Ministry of Health hospitals) and freeze all and If the patient tests positive before ovulation trigger, Cancellation and refer to MOH hospitals [4,5].

#### Embryo transfer:

- a) Number of staff members in the transfer room should be limited
- b) Freeze all in any high-risk Patient for COVID-19.

#### Laboratory guidelines:

##### A. Staff safety

- a) All IVF laboratory staff are requested to undergo triage questionnaire two weeks prior to the start of the clinic activities and at onset of the laboratory work.
- b) All IVF laboratory staff are requested to adhere to the principles of using proper PPE during their lab activities (scrubs, head caps, surgical masks and gloves), communication with patients (scrubs, head caps, N95 or equivalent masks, goggles or face shield and
- c) gloves) or when dealing with liquid nitrogen vapor (scrubs, N95 or equivalent masks, goggles or face shield and cryogloves).
- d) All scrubs are encouraged to be changed and washed on daily basis.

- e) Used gloves should be changed after each procedure.
- f) Alternative teams are highly recommended to minimize transmission, if applicable.
- g) All IVF laboratory staff are encouraged to practice social distancing according to the safe distance.
- h) Assignment of a delegate (e.g. a nurse) to communicate with the patients and receive samples is advisable to minimize the contact between lab staff and outside environment.

##### B. Laboratory contingency plan (sudden shutdown):

- a) All patients will be referred to another IVF unit according to pre- arranged plan.
- b) All gametes and embryos at all cleavage stages should be cryopreserved before shutdown.
- c) All unneeded instruments (e.g. incubators) should be disinfected and switched off and plugged off from the power supply.
- d) All liquid nitrogen storage tanks need to be filled on weekly basis by a pre-assigned staff.
- e) All refrigerators and freezers should be connected to a constant power supply.

### Conclusion

The Jordanian Society for Fertility and Genetics(JSFG) hope that all ART health worker in Jordan follow the above guidelines as these guidelines will make it safer for both the staff and patients. JSFG don't recommend routine testing for asymptomatic patients either by PCR or antibodies at the present situation.

### Acknowledgment

1. This guidance is inspired by the ESHRE 2020 Guidelines.
2. We want to thank the advisory board of the society(Mazen Zebdah, Faheem Zayed, Khaldoun Sharif, Suleiman Dabit and Aref Al Khaledi) for their participation in making these guidelines.

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