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To ART or not to ART. The COVID-19 dilemma!

The invisible threat of COVID-19 has suddenly and dramatically changed medical practice in all areas, including assisted reproduction. Reproductive medicine societies recommend suspending new infertility treatment cycles during this period. Couples who had already started their efforts found themselves at an impasse. They had invested time and money in their treatment and were full of hope. However, now they are disappointed and worry about the impact of this forced - and indefinite - delay in the chances to conceive. But, when can they resume their efforts and who can guarantee their success? Doctors who are questioned are in a difficult position and need to balance the patient's needs with tight recommendations.

Regarding infertility treatments during the CO-VID-19 pandemic, the American Society of Reproductive Medicine (ASRM) advises inhibition of new treatment cycles, including induction of ovulation,

cancellation of all embryo transfers, whether fresh or frozen, continuation of care for patients who are currently in a "cycle" or who need urgent stimulation and cryopreservation and suspension of selective surgeries and non-surgical diagnostic procedures.

The European Society of Human Reproduction and Embryology (ESHRE) on preventive measures against Covid-19 infection recommends women who wish to become pregnant with ART to avoid pregnancy during this time, even if they do not meet the requirements of Covid-19 infection criteria. For women who have already had ovulation, it has been suggested that pregnancy be delayed by freezing eggs or embryos and subsequent embryo transfer. These recommendations were made due to the unknown action of the new coronavirus during the first trimester of pregnancy, as well as the serious risk if the woman develop pneumonia at the same time.

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In Greece, the National Authority for Medically Assisted Reproduction at its meeting on 9.4.2020 decided to adopt the suggestion to overcome the age limit of 50 years for an ART woman until the pandemic recommendations be retracted.

Infertility is not a life-threatening disease; however, there are clearly cases where infertility treatment cannot be delayed: for example, maintaining fertility for patients who need immediate gonadotoxic therapy. These patients need to be able to freeze the oocytes / embryos so that they later have the option of having a family.

But beyond that, there is the moral aspect to the issue. Who can forbid the right to reproduce? And if someone can, why only in ART couples and not in all couples? At the moment, the vast majority of patients understand the need for delay. But after a while, the financial consequences of the pandemic will emerge, together with frustration and anger.

At the end of the day, the sad ascertainment that a tiny threat was so capable to influence the most important aspects of human being and deprive us of our "inalienable" rights must awake us to revise our life style and priorities.