

## Heartland Fertility and Gynecology Clinic COVID-19 Treatment Waiver

Heartland Fertility and Gynecology Clinic is actively monitoring the novel coronavirus (“COVID19”) out- break and continues to prioritize the safety and well-being of our patients. This document serves to inform you of what your physicians currently understand about this new form of coronavirus so that you can make an informed decision about current or future treatment cycles. Please note that information and recommendations regarding COVID-19 are constantly evolving and there may be risks that are currently unknown.

### *What we currently know:*

Coronaviruses are a large family of viruses common in humans and several animal species. It is currently understood that COVID-19 is spread from an infected person to others through a variety of means, including airborne droplets from coughing and sneezing, close personal contact (e.g. touching and shaking hands), and touching one’s nose, mouth or eyes before washing one’s hands. It is currently unknown if COVID-19 can be spread through semen, vaginal secretions, or sexual intercourse. Many healthy individuals will experience the most common symptoms of COVID-19, which include, but are not limited to, fever, sore throat, cough, shortness of breath, loss of sense of taste and/or smell, gastrointestinal symptoms, and other variants. In addition, many of the people who contract the virus will have no symptoms or symptoms similar to the flu, will not require hospitalization, and will recover with routine supportive medical care. Some people may be at higher risk for serious illness from COVID-19 because they have chronic or other serious long-term health problems (e.g., heart disease, diabetes and lung disease). These individuals may experience more severe complications, including pneumonia in both lungs, multiorgan failure, and in some cases death. However, serious illness can still occur in individuals who do not have high risk factors.

### *What we are still learning:*

There are no current recommendations or studies to indicate that women should prevent pregnancies, but the science is still evolving and our current understanding of COVID-19 on pregnancies is limited. Delaying pregnancy until the risk of COVID-19 infection is low should be

considered for women living in those areas where there is a high risk of infection. There is limited information from published scientific reports about the susceptibility of pregnant women to COVID-19 and the severity of infection. In general, pregnant women experience immunologic and physiologic changes that make them more susceptible to viral respiratory infections, as is observed with other coronavirus infections and viral respiratory infections, such as influenza, during pregnancy. However, there is currently no evidence that pregnant women who contract COVID-19 may be at greater risk for severe illness, or even death, compared with the general population. Pregnant women who have severe chronic medical conditions may be at higher risk of preterm delivery and other pregnancy complications, which require closer fetal monitoring (per the recommendations of the Society for Maternal-Fetal Medicine). Therefore, certain patients with severe underlying medical conditions may not be able to initiate fertility treatments at this time. This will be determined in consultation with your doctor, based on your specific circumstances.

Data from the recent SARS epidemic suggest there is no increased risk of fetal loss or congenital anomalies associated with infection early in pregnancy, but the data are not conclusive and outcomes may not be the same for COVID-19 infections. Currently, there is inconclusive data on the risk of miscarriage or congenital anomalies (birth defects) following COVID-19 infection given the limited number of cases reported and the quality of the published data available. There are also conflicting data regarding the risks of birth defects in the setting of maternal fever. Miscarriage and stillbirth are more common with influenza infections in pregnancy, and therefore could be a risk of COVID-19, but there is currently no evidence to suggest this. Preliminary data show that there may be an increased risk of caesarean section in women who have COVID-19. Additional increased risks for the fetus could include but are not limited to intrauterine growth restriction, premature delivery, perinatal death, and stillbirth. There are reports of women who have tested positive for COVID-19 and have delivered babies without the virus, while there are also reports of women whose babies have tested positive for the virus. It is unknown if a pregnant woman can transmit COVID-19 to her fetus or newborn by other routes of direct transmission occurring before, during, or after delivery. Available reports are reassuring but are limited to small case series.

*We recommend the following:*

To reduce the risk of infection, all individuals prior to, during, and after treatment should use routine preventive actions such as:

- Frequent handwashing with soap and water for at least 20 seconds
- Avoiding close contact with people who have respiratory symptoms (i.e. cough and fever)
- Avoiding travel to high risk areas as defined by the Government of Canada (see <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirusinfection/latest-travel-health-advice.html>)
- Adhering to physical (social) distancing requirements along with any other relevant guidance issue by national, provincial, or local public health authorities such as 'Stay at Home' or 'Shelter in Place' orders
- Taking precautions to remain isolated during travel to medical appointments in order to minimize the risk of infection to myself or others
- Ensuring all visits are appointment-based (no walk-ins)
- Agreeing to be pre-screened prior to clinic visits, screened before entering the clinic, and performing hand hygiene before entering and upon exiting the clinic
- Wearing a mask (medical or non-medical) at all times in the clinic
- Attending appointments and procedures without a support person/partner/children
  - If a support person is required to provide transportation, they will not enter the clinic unless directed to do so by clinic personnel
  - If a sperm sample is required, it will be produced off site and dropped off only
- Individuals with confirmed or suspected COVID-19 infection, or potential exposure to any individual with COVID-19
- Should avoid pregnancy until the symptoms resolve for at least 3 weeks
- May have their treatment postponed, rescheduled, terminated or the manner in which the service is rendered modified depending on the clinical circumstances and there will be no compensation for costs incurred.

*Individuals Attestation of patient and partner (if applicable):*

I understand that:

- I may become exposed to COVID-19 prior to or while receiving services from Heartland Fertility and Gynecology Clinic, despite their best screening efforts and enhanced practices of minimizing potential exposures to their patient population
- At the present moment, the availability of testing is limited and Heartland Fertility and Gynecology Clinic has limited ability to refer patients without symptoms for COVID-19 testing
- I may have the option to be tested for COVID-19 before starting treatment and that if testing is available, and I choose to be tested, I agree that I must discuss the results of testing with Heartland Fertility and Gynecology Clinic, prior to any treatment
- COVID-19 tests are not 100% accurate as diagnostic tests may sometimes give false negative results and positive antibody tests do not guarantee immunity from COVID-19
- If I demonstrate symptoms, Heartland Fertility and Gynecology Clinic may cancel my treatment, even if I have been tested and had a negative result

The potential for treatment

- I further understand that should I be directly exposed to COVID-19, be diagnosed with COVID-19, or become symptomatic with any illness which could possibly be COVID-19 (even in the absence of a positive COVID-19 test), Heartland Fertility and Gynecology Clinic may decide to postpone, reschedule, terminate or modify the manner in which they render services, depending on the clinical circumstances.
- I understand that it is my obligation to inform the clinic if I am not feeling well, have a fever or any other symptoms (including chills, repeated shaking, new cough or worsening of chronic cough, difficulty breathing or shortness of breath, new runny nose/congestion or worsening of chronic congestion, muscle pain, new loss of sense of taste/smell, or sore throat) that could potentially be associated with COVID-19, or if I have reason to believe that I have been exposed to COVID-19
- I understand that cycle initiation can only occur with the prior approval of Heartland Fertility and Gynecology Clinic

- I understand that this is a voluntary process and there are other options available, including, but not limited to, delaying my treatment until more is known about COVID-19 and the potential long term effects
- I understand that a treatment cycle started could be cancelled due to unforeseen circumstances, such as new government regulations, staff shortages, PPE shortages, personal infection with COVID-19 or a COVID-19 outbreak within the clinic

I/we acknowledge that the current nature, purpose and risks of the treatments, procedures and pregnancy in light of COVID-19 have been fully explained by the clinical staff at Heartland Fertility and Gynecology Clinic and I have had the opportunity to ask questions and have had my questions answered to my satisfaction. I also understand that I have the option to review this with my legal representative before signing.

I/we hereby release and forever discharge Heartland Fertility and Gynecology Clinic, its predecessors, successors, affiliates, agents, physicians and employees from any and all claims, liabilities and responsibilities which may arise should I become infected with the novel coronavirus and/or develop COVID-19.

I/we have read and understand this treatment waiver, accept its terms, and are signing it voluntarily.

Based on this information and any other information we may have requested, by signing below, I (and my partner if applicable) wish to proceed with fertility treatment.

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Print name of Patient

\_\_\_\_\_  
Print Name of Partner (if partnered)

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Signature of Patient

\_\_\_\_\_  
Signature of Partner (if partnered)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness