
COVID-19 CONSIDERATIONS AND WAIVER

****The latest version of this document can always be found on the NCFMC website, <https://ncfmc.com> ****

Our knowledge about the impact of COVID-19 on pregnancy is evolving as time passes and more cases are studied. The Centers for Disease Control (CDC) reports that studies indicate that pregnant people who contract COVID-19 are at increased risk of severe illness (hospitalization and intubation), including death <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html>. This risk is highest in women over 25 years old, in women of color, and in women with underlying health conditions like asthma and diabetes. The CDC also reports that pregnant people who contract COVID-19 are at increased risk for preterm delivery and in some cases, pregnancy loss. Infections, and fever in general, may increase the risk for miscarriage or the risk for late pregnancy loss.

The coronavirus is primarily passed through respiratory droplets formed by coughing or sneezing. Transmission is generally through close contact (within 6 feet) with an infected person, but transmission by touching contaminated surfaces may be possible. Infected but asymptomatic people may still be able to transmit coronavirus.

We are following all current CDC and WHO guidelines for risk reduction strategies and ask for your cooperation, but the best protection from the severe effects of COVID-19 is vaccination. We support the CDC and ACOG (American College of OB/GYNs) in recommending the COVID vaccine for all who are trying to become pregnant or who are pregnant <https://www.acog.org/covid-19/covid-19-vaccines-and-pregnancy-conversation-guide-for-clinicians>.

Patients who wish to move forward with treatment at this time should be aware that:

1. We cannot provide complete information about the effects of COVID-19 on pregnancy, or the effects of pregnancy on COVID-19.
2. Complying with the CDC and NCFMC's sanitization and risk mitigation practices is necessary for the health of everyone. Even with these practices, however, there is a risk of contracting COVID-19 from exposure within our clinic (or other public places, such as grocery stores).
3. Your treatment may need to be canceled if you develop symptoms of COVID-19, test positive for COVID-19, or come into close contact with someone who tests positive for COVID-19.
4. NCFMC staff may be unable to complete the treatment cycle, due to illness or governmental order, or if medical equipment such as medical gases or PPE (masks/gloves) becomes unavailable.
5. Unforeseen circumstances could arise that could cause treatment cancellation.
6. Financial obligations to NCFMC will still be incurred, even if treatment is cancelled due to COVID-19 concerns.

7. The coronavirus pandemic may increase the stress of going through fertility treatment. NCFMC can provide a list of local counselors who can help if you are having difficulty managing. Resolve (<https://resolve.org/>) is a good resource for information and support, both online and in-person. The Mental Health Professionals Group of the American Society for Reproductive Medicine has a finder tool to recommend local mental health professionals: <https://connect.asrm.org/mhpg/sectiondirectory?ssopc=1>.

Information about COVID-19 and pregnancy changes rapidly. Please check these sources frequently for the most up-to-date information:

American Society for Reproductive Medicine: <https://www.reproductivefacts.org/news-and-publications/covid-19-resources-for-patients/>

American College of OB/GYNs: <https://www.acog.org/womens-health/faqs/coronavirus-covid-19-and-womens-health-care>

Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html>

My signature below indicates that I have read the above information and have had opportunity to discuss with my physician and/or nurse this information and any questions I have. It has been recommended that I and my partner (if applicable) receive the COVID-19 vaccine unless I have a medical contraindication. I wish to proceed with fertility treatment during the coronavirus pandemic. I understand I can postpone treatment at any time after signing this document.

Intended Parent A
Printed Name and DOB

Intended Parent B
Printed Name and DOB

Signature
Signature and date

Signature
Signature and date