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health providers to guide clinical practice during this global pandemic. The primary objective of this study was to determine practice preparedness, clinical changes, compliance with ASRM recommendations, and patient/reproductive health provider reactions in response to the COVID-19 pandemic. The secondary objective was to assess whether these changes will alter the practice patterns of reproductive health providers in the future.

**DESIGN:** Survey study distributed nationally to American reproductive health providers and practice staff between April 13th to May 19th, 2020.

**MATERIALS AND METHODS:** The survey was distributed using social media platforms and subspecialty specific list-servs utilized by reproductive health providers. To ensure survey question face validity, expert review and interim analysis of the responses was conducted. Statistical analysis was performed with Chi squared tests using R software.

**RESULTS:** A total of 134 responses were received of 612 surveys distributed. There was a significant difference in the method by which reproductive health practices received the ASRM recommendations, with e-mail being the most common for private practice, and word-of-mouth for academic practice ( $p=0.02$ ). Once distributed, the academic providers were significantly more likely to follow guidelines compared to those in private practice ( $p=0.006$ ). Most practices implemented guidelines, regardless of specialty and location, within one week of publication (March 16-20th), however academic providers implemented them earlier (March 9-13<sup>th</sup>) ( $p=0.002$ ). The majority of practices completed their last embryo transfer within one to two weeks (March 16-27th). Continued unmonitored ovulation induction was more commonly offered to the Midwest population compared to the rest of America ( $p=0.03$ ), regardless of practice type ( $p=0.07$ ). Overall, the patients' responses to practice changes were well received. Nonetheless, specialists at academic practices were significantly more likely to offer their patients mental health resources ( $p=0.001$ ). Provision of telehealth, whether before, during, or planning for after the COVID-19 pandemic, did not yield any statistically significant results.

**CONCLUSIONS:** The guidelines proposed by ASRM have had an obvious impact on reproductive care during the COVID-19 pandemic. Reproductive health practice changes were quickly implemented once received. Although the patient population was undoubtedly affected, patients were understanding regarding the need for delay in care.

**P-177** 4:30 PM Saturday, October 17, 2020

#### **UNIVERSAL SCREENING OF COVID-19 IN ASYMPTOMATIC PATIENTS STARTING FERTILITY TREATMENT IN NEW YORK CITY.**

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**OBJECTIVE:** To evaluate a protocol of universal symptom and viral screening prior to initiation of controlled ovarian hyperstimulation among patients receiving care in New York City.

**DESIGN:** Prospective cohort study.

**MATERIALS AND METHODS:** Prior to initiation of controlled ovarian hyperstimulation for oocyte cryopreservation or in vitro fertilization cycles, patients were screened by phone for symptoms of fever, cough, sore throat, recent travel or contact with confirmed COVID cases. If negative, patients were scheduled for nasopharyngeal swabs at our center the following day, with visits spaced at 15 minute intervals to avoid crowding. Upon presentation for swab testing, patients were again screened for symptoms and fever. Nasopharyngeal swabs were collected in accordance with the Center for Disease Control (CDC) guidelines, and delivered to the university's clinical microbiology laboratory. The swabs were tested using the Roche Cobas 6800 SARS-CoV-2 test, a qualitative assay, using real-time reverse transcriptase polymerase chain reaction (RT-PCR) test (Roche Diagnostics, USA), with results delivered in the same day. A negative test result was required prior to patients' baseline ultrasound and bloodwork the following morning. This study was conducted from April 21- May 21, 2020.

**RESULTS:** The study sample included 151 asymptomatic patients who were tested for SARS-CoV-2 via nasopharyngeal swab. Overall, 149 (98.68%) tested negative for COVID-19, 1 (0.66%) tested indeterminate, 2 (1.32%) tested invalid, and 0 (0%) tested positive for COVID-19. Of the 149 patients who have tested negative, 81 have successfully undergone oocyte retrieval without complications. One patient screened positive for symptoms at the time of swab presentation and was instructed to return for testing in 2 weeks.

**CONCLUSIONS:** The incidence of COVID-19 infection among asymptomatic patients seeking fertility treatment in NYC is low. We have demonstrated that fertility care can safely resume in a way to limit risk to our patients, staff, and our physicians working in the epicenter of infection.

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#### **THE IMPACT OF COVID-19 ON FERTILITY CARE: AN EVALUATION OF SOCIETY FOR ASSISTED REPRODUCTIVE TECHNOLOGY (SART) MEMBER CLINICS' WEBSITES.**

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**OBJECTIVE:** To evaluate the available COVID-19 content in regard to fertility care on the websites of Society for Assisted Reproductive Technology (SART) member clinics.

**DESIGN:** Cross-sectional study.

**MATERIALS AND METHODS:** From March 17 to March 30, 2020, following the release of the first American Society for Reproductive Medicine (ASRM) COVID-19 recommendations, SART member clinics' websites were examined. The presence of information on COVID-19 and pregnancy implications, acknowledgement of and compliance with ASRM recommendations, description of Centers for Disease Control and Prevention (CDC) risk mitigation strategies and local health department guidelines, as well as advertisement of telehealth and available mental health resources were queried. Websites were categorized by practice size (small: <500 vs. large: ≥500 cycles/year), type (academic vs. private) and degree of statewide COVID-19 burden based on CDC data (low: 0-1000; high: ≥1000 diagnosed cases). Group differences were evaluated using  $\chi^2$ .

**RESULTS:** Larger clinics, compared to smaller, were more likely to report COVID-19 information, and comply with ASRM recommendations, mention CDC risk mitigation strategies and local health department guidelines, discuss pregnancy implications and advertise telehealth [88% (130/148) vs. 64% (146/227); 49% (72/148) vs. 32% (72/227); 52% (77/148) vs. 34% (75/227); 76% (112/148) vs. 53% (120/227); 50% (74/148) vs. 31% (71/227); 36% (53/148) vs. 21% (48/227) and 38% (101/148) vs. 29% (119/227), respectively,  $P<0.05$ , all values]. Academic clinics, compared to private, were more likely to report COVID-19 information and report CDC risk mitigation strategies [87% (77/89) vs. 70% (199/286); 76% (68/89) vs. 57% (164/286), respectively,  $P<0.05$ , all values]. Private clinics were more likely to acknowledge and quote ≥3/5 ASRM key recommendations but tended to devise individualized guidelines [44% (126/286) vs. 20% (18/89); 28% (80/286) vs. 12% (11/89) and 34% (97/286) vs. 4% (4/89), respectively,  $P<0.05$ , all values]. Private clinics were also more likely to advertise telehealth and discuss pregnancy implications [63% (179/286) vs. 46% (41/89) and 37% (106/286) vs. 20% (18/89), respectively,  $P<0.05$ , all values]. Only 35/375 websites offered mental health resources. Degree of statewide COVID-19 burden did not appear to impact the information available on clinic websites.

**CONCLUSIONS:** Clinic size and type of practice, rather than COVID-19 burden, influenced websites use for patient education and care during the pandemic. Telehealth advertisement as well as adherence to regulatory agencies' and societal recommendations were more common in larger clinics. Private clinics more frequently devised individualized patient care guidelines, addressed common concerns about the effect of COVID-19 on pregnancy, and made telehealth more readily accessible. The exclusion of such information on clinic websites may be a missed opportunity to support and educate patients about fertility treatment during a uniquely vulnerable time.

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#### **PATIENT PERCEPTIONS AND IMPACT OF FERTILITY TREATMENT CANCELLATION RELATED TO COVID-19.**

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