

# Safety first - assisted human reproduction second

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The world is facing an unprecedented public health emergency caused by the rapidly spreading COVID-19 pandemic.

At the time of writing, there are over 400 000 cases of infection and approaching 20 000 deaths worldwide. The figure will, of course, have risen considerably by the time you read this.

This pandemic will affect everybody and every organization. Not only through the risk of infection and its complications but also because of the extraordinary measures that need to be taken to prevent its rapid spread.

And, of course, the field of reproductive medicine, its patients, its workers and its institutions will not be spared. For most people, fertility is considered an essential part of life. Infertility, the failure to be able to procreate, is seen as a major disability—for many, one of the most negatively experienced health conditions. But it is not life-threatening, whereas infection with the COVID-19 virus is.

Clearly, there should be no discussion on the question of whether or not we should continue fertility treatments, which are for the most part elective. The balance between continuing fertility treatment versus risk of contamination and infection with COVID-19 swings entirely in favor of the latter, as stated by emergency guidelines and statements issued by the various professional organizations (e.g. ESHRE, <https://www.eshre.eu/Press-Room/ESHRE-News>; ASRM, <https://www.asrm.org/news-and-publications/news-and-research/press-releases-and-bulletins/asrm-issues-new-guidance-on-fertility-care-during-covid-19-pandemiccalls-for-suspension-of-most-treatments/>, <https://www.fertstertdialog.com/users/16110-fertility-and-sterility/posts/62274-covid-19-inklings>; and Cochrane collaboration, <https://cgf.cochrane.org/news/covid-19-coronavirus-disease-fertility-and-pregnancy>), all of which provide details on how to handle fertility treatment during the current pandemic. The guidelines are continually updated on the relevant websites and should be consulted along with national guidelines (De Santis et al., 2020).

So how can a specialist journal such as *Human Reproduction* valuably contribute during this war? A war not between people but the people united against a virus.

The current outbreak has raised, and will continue to raise, many basic and clinical scientific issues and practical matters that concern the whole field of reproductive medicine. This will include matters of extreme urgency, such as what immediate actions to take—as publicly outlined by the aforementioned professional organizations. But there will be much more to come. For example, what are the implications for pregnancy, not only regarding the immediate health of the mother and the child, but also over the longer term? So far, Chinese clinicians published on 69 pregnant women of whom most had pneumonia and in whom infection was registered in the third trimester of pregnancy. There was no vertical transmission in any of the 57 children born but there was one stillbirth and one neonatal death (<https://cgf.cochrane.org/news/covid-19-coronavirus-disease-fertility-and-pregnancy>). Clearly, more data is required and hence we call for early sharing of data on pregnancy outcomes.

The current outbreak is going to last beyond the next few weeks and months and is likely going to change our society drastically. Attitudes will change; the organization of global commerce, long-distance traveling will be questioned, the principle of large international conferences also. All this may also include a re-evaluation of attitudes toward family planning in general, reproductive medicine in particular. What will the socioeconomic effect be for reproduction both in terms of natural behavior as in case of the healthcare system around fertility? Previous catastrophic events in the past have contributed to upgrade family ties and the importance of having children. Is the place of assisted reproduction going to be downgraded or upgraded?

What about the psychological impact of postponing reproductive treatment and how will the current period of stress and insecurity affect the health of the fetus in pregnant women? When will couples find their way back to questions, such as family planning and having children? These examples just indicate that we should expect output from many research activities already put in place or soon to be.

As a leading academic journal, our core task is to publish novel, true and interesting scientific research and opinion to the benefit of our patients.

While it is highly important to perform and publish studies relating to COVID-19 with an unparalleled urgency, it is equally important to maintain our highest scientific standards in conducting, reporting and communicating these studies. Full of anticipation, we therefore await the scientific contributions based on solid research and thoughtfulness that will come from our scientists in the field of human reproduction.

Reference

De Santis L, Anastasi A, Cimadomo D, Klinger FG, Licata E, Pisaturo V, Fernandez LS, Scarica C. COVID-19: the perspective of Italian embryologists managing the IVF lab in pandemic emergency. *Hum Repro* 2020;**35**:1004-1005.