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Eve Feinberg, MD, on Fertility Medicine and COVID-19

Attribute to: Eve Feinberg, MD, medical director of Northwestern Medicine Fertility and Reproductive Medicine Highland Park

Dr. Eve Feinberg is a medical director at [Northwestern Medicine Fertility and Reproductive Medicine](#) and president, Society for Reproductive Endocrinology & Infertility. She answered common questions about infertility medicine, which is on hold while health systems across the country treat COVID-19 patients.



Eve Feinberg, MD
Medical director, medical director of Northwestern Medicine Fertility and Reproductive Medicine Highland Park

Question: Why were fertility treatments suspended?

In times of pandemic, medical care shifts to provision of life-saving and emergency care. While fertility care is incredibly important, it can be temporarily paused without decreasing ultimate success of treatment. Fertility treatment requires a number of visits and therefore risks of exposure in order to be properly cared for. The recommendations were based on public health guidelines to stay home and to flatten the curve of viral transmission. In addition, all health care visits require the use of personal protective equipment (PPE) and given the shortages of PPE in the country we are trying to save the use for the physicians and staff in the emergency rooms and intensive care units.

Question: What about people diagnosed with cancer, can they still preserve fertility?

The American Society for Reproductive Medicine (ASRM) recommended continuation of fertility preservation for patients who are about to undergo chemotherapy or surgery that would cause a loss of reproductive function. This falls under emergency care, and Northwestern has continued to provide this care.

Question: I was planning on starting a fertility cycle and now I have to wait. Any advice for dealing with that?

Most fertility practices are offering telemedicine so schedule a consultation with a reproductive endocrinology and infertility specialist to have a conversation about your fertility and a plan for how to move forward once we can resume care. Take this time to optimize pre-conception health. Work to achieve a healthy body mass index. Eat healthy, exercise and lose weight if you are overweight. Take a prenatal vitamin and supplemental vitamin D.

Question: What about patients who have diminished ovarian reserve, isn't that an emergency?

Diminished ovarian reserve worsens with time and while this is an incredibly important consideration, there are really good studies that have shown no difference in IVF success rates between couples who went straight to IVF vs those couples who had a 3 or 6 month delay prior to pursuing IVF. The ASRM is reviewing the recommendations and will re-visit classification of diminished ovarian reserve as an emergency if the pandemic continues for an excessive period of time where outcomes will be impacted.