

COVID-19 (Coronavirus) Patient Information and Consent for Treatment (Part I)

Name
Name HCN Date of Birth:
Date of Birth:

Information

While in Newfoundland, during this ongoing pandemic, we are obligated to limit exposure to our patients and staff. As COVID-19 is a rapidly evolving pandemic, patients who choose to undergo fertility treatment during this time must understand that there may be risks to doing so.

Health Canada recommends self-isolation if an individual has been diagnosed with COVID-19, or if local public health has identified them as a close contact of someone diagnosed with COVID-19. If a patient or their partner tests positive for COVID-19 or is identified as a close contact, their treatment will be cancelled.

Newfoundland and Labrador Fertility Services (NLFS) is a program administered by Eastern Health, clinic decisions regarding ongoing care and treatment will be informed by the Regional Health Authority and Public Health officials.

At this time, very little is known about COVID-19, particularly related to its effect on pregnancy. At the present time, there are no COVID-19 specific recommendations for management of pregnant patients.

According to available data there is no known increased risk related specifically to COVID-19 for pregnant patients. However, pregnant patients are more susceptible to, and at greater risk of morbidity and mortality from other respiratory infections such as influenza and other coronavirus infections. In addition, prior data suggest that some febrile illnesses in pregnancy may be associated with an increased risk of birth defects, miscarriage, stillbirth and preterm birth. Adverse infant outcomes (e.g., preterm birth) have been reported among infants born to patients positive for COVID-19 during pregnancy. However, this information is based on limited data related to COVID- 19 infection during pregnancy.

Currently, there is no data to suggest that COVID-19 can cross the placenta to the fetus, but data regarding outcomes of COVID-19 infection during early pregnancy do not exist. It is currently unknown what medications can be used to combat the virus. It is possible that some of these medications may be contraindicated in pregnancy.

During this time, patients traveling out of province for fertility treatments should also be familiar with the cancellation policies of the clinic they are consulting with for their ongoing care. Individuals undergoing satellite monitoring at our clinic should also be aware that this monitoring may have to be cancelled if direction comes from Public Health to reduce services due to the pandemic. Patients should also be aware of the most current recommendations regarding out of province travel at the time that they will be undergoing their treatments, as well as any recommended self-isolation when travelling between provinces.



COVID-19 (Coronavirus) Patient Information and Consent for Treatment (Part II)

Name HCN Date of Birth:				
	Name			
Date of Birth:	HCN			
	Date o			

By signing below, I/we agree to the following statements:

- and my partner (if applicable) are undergoing treatment at Newfoundland and Labrador Fertility Services (NLFS).
- 2. The risk of COVID-19 on pregnancy, if any, are unknown but could include and are not limited to, birth defects, miscarriage, stillbirth or preterm birth.
- 3. My/our treatment cycle may be cancelled if new data arises that mandates cancellation of treatment for the safety of myself or my future pregnancy.
- 4. My/our treatment cycle may be cancelled if there is change in regulations at the local, provincial or federal level and direction is given to NLFS to stop or limit services or procedures, or if NLFS is required to shutdown.
- 5. I/we understand that treatment can be cancelled with direction from NLFS physician, Eastern Health Administration, and/or Government of NL Public Health Orders.
- 6. I/we will comply with NLFS's requirements for personal protective equipment (PPE) and will wear a mask (surgical or non-surgical).
- 7. I/we understand that no support persons are allowed to enter the clinic at anytime except to provide sperm (ifapplicable). Support persons that are transporting patients must wait outside of the building. We understand the ability to have support persons attend the clinic may change as per Public Health guidelines.
- 8. I/we understand, if I am directly exposed, infected or diagnosed with COVID-19, or have symptoms with any febrile illness or flu like symptoms which could possibly be COVID-19 (even in the absence of a positive COVID-19 test), my/our treatment cycle will be cancelled. I/we are obligated to report symptoms and/or positive COVID-19 test results to NLFS.
- 9. I/we understand there is a risk for becoming exposed to COVID-19 prior to or while receiving treatment at NLFS by other patients or an NLFS provider.
- 10. I/we will follow Public Health directives for COVID-19 screening and testing.
- 11. If the cycle is cancelled for any reason, including but not limited to the statements above, I/we will be financially responsible for any services performed, including any medication expenses incurred. If we are seeking out of province care, we will be familiar with the cancellation policies of that clinic.
- 12. I/we have discussed the implications of COVID-19 with my/our provider, have had an opportunity to ask questions and have them answered to my/our satisfaction I/we understand that information regarding COVID-19 and the medical communities' understanding of this disease is rapidly evolving and that risk may come to light of which I/we are presently not aware.
- 13. I/we consent to proceed with treatment and fully understand the information above.

Patient's Name:	Patient'sSignature:	Date:	DD/MONTH/YYYY
Partner's Name:	Partner's Signature:	Date:	DD/MONTH/YYYY
Physician's Name:	Physician's Signature:	Date:	DD/MONTH/YYYY