Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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MATERIALS AND METHODS: This is a retrospective cohort study, in a university-based fertility clinic. All new patients seen via telemedicine between March 11, 2020, and March 10, 2021, were compared with all new patients seen in person between March 11, 2019, and March 10, 2020. Statistical analysis was performed on the post-cycle post-PANDEMIC. The first IVF cycle (12.8±9.0 vs. 12.7±8.5, P=0.92), and stage of embryo transfer (cleavage stage 66 (41.3%) Vs. 86 (47.3%) and Blastocysts 94 (58.7%) vs. 96 (52.7%) P=0.27). There were more cases of male factor infertility and less cases of unexplained infertility in Covid year compared to the previous year (29% vs. 19%, P=0.001 and 9% vs. 16%, P=0.003 respectively), however, there was no difference in other diagnoses made at new-patient visit. There were no differences between the groups in the following outcomes: type of protocol (P=0.41), FSH dosage (P=0.25), number of days of stimulation (P=0.10), maximal estradiol value (P=0.97) type of trigger medication (HCG 227 (72.8%) vs. 266 (74.9%), P=0.38) and gonadotropins (27.2%) vs. 89 (25.1%), P=0.31, and fresh embryo transfer rate (47.7% vs. 51.2%, P=0.36). There were less cases of “freeze all” to reduce OHSS risk in the Covid year (3.1% vs. 13.4%, P=0.0001).

There was no difference between the groups in the clinical pregnancy rates (35.3% vs. 36.3%, P=0.91) and implantation rates (29.2% vs. 32.7%, P=0.42).

CONCLUSIONS: New patients seen in person and those evaluated via telemedicine are likely to receive similar treatment protocols, medication doses and are likely to have similar duration of stimulation. IVF outcomes are not affected by telemedicine consultation, either.

IMPACT STATEMENT: Telemedicine consultation for new-patient visits is feasible in an academic fertility practice for IVF treatment and may be particularly useful during the pandemic.

P-455 6:30 AM Wednesday, October 20, 2021

READY (OR NOT): CHANGES IN CONCEPTION ATTEMPTS DURING THE COVID-19 PANDEMIC. Shannon M. Malloy, BS,1 Danielle E. Bradley, MS, MPH2 Research & Data Associate, Boston, MA; 3Director of Clinical Services & Evidence, Boston, MA.

OBJECTIVE: Over the course of the first 12 months of the COVID-19 pandemic in the United States and around the globe, reproductive and obstetric research began to reveal the potentially detrimental impacts of COVID-19 on pregnant people and fetuses, and more importantly how society and healthcare facilities can protect these vulnerable individuals. However, for millions of people planning to start or grow their families during 2020, these effects and steps to minimize risk to both parent and child were still largely unknown. This investigation captures changes in attitudes and behavior surrounding conception efforts during the height of the COVID-19 pandemic.

MATERIALS AND METHODS: A survey was administered to users of Ovia Health’s Fertility mobile application in the United States from March 2020 to April 2021 to assess conception effort behavior and geographic location. A Chi-squared test was performed to determine if geographical region impacted conception efforts. A p-value of < 0.05 was considered statistically significant.

RESULTS: A total of 20,046 respondents qualified for inclusion in analyses. Of the 16,527 respondents actively trying to get pregnant or attempted pregnancy in the last six months, one in ten reported altering their conception plans during the last year. Most respondents decided to temporarily pause TTC efforts specifically due to the pandemic (70%), and 6% delayed conception attempts indefinitely until the conclusion of the pandemic. Main contributors to these decisions included the potential impact of COVID-19 on pregnant people or fetuses (39%), lack of support people during pregnancy and labor (25%), and concern about finances or job security (23%). Rates of temporary TTC pause were comparable across the United States, ranging from a high of 31% in the Northeast and a low of 21% in the Southeast (p>0.05). People of any age were equally likely to temporarily pause or abandon conception efforts indefinitely (p>0.05).

CONCLUSIONS: Instability, isolation, and insufficient information fostered by the COVID-19 pandemic contributed to individuals’ decisions to temporarily pause or abandon their conception attempts indefinitely. Changes in TTC behavior were comparable across all U.S. geographic regions and ages, demonstrating the pandemic’s indiscriminate impact on family building behavior in this sample. As individuals revisit or resume their family building journeys, especially those whose fertility opportunities may be narrowing, reproductive medicine specialists should support patients who altered or continue to alter their conception plans during the pandemic.

IMPACT STATEMENT: Reproductive medicine specialists and ancillary clinical team members should be aware of the impact COVID-19 had on family building behavior and prepare to support patients as they revisit their family building plans, particularly those who may struggle with infertility and whose fertility opportunities are becoming increasingly limited.

SUPPORT: None.