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MATERIALS AND METHODS: Respondents were classified according to medical specialty and average number of hours worked per week. Descriptive statistics, including frequency distribution, were used for categorical variables, while mean, median, standard deviation, interquartile range, minimum, and maximum values were used for continuous variables. Chi square or Fisher’s Exact test was performed to determine differences in the distribution of reproductive health practices among specialty and work hour groups.

RESULTS: A total of 229 respondents were included in the study (26% Obstetrics and Gynecology (OB/GYN), 22% Internal Medicine, 10% Pediatrics, 10% Emergency Medicine, 8% General Surgery, 24% Other). The distribution by age and marital status was similar across the specialty groups. Most respondents had an OB/GYN visit within the past year (44.3%), while 22.6% had an OB/GYN visit more than 3 years prior. Most respondents (88%) experienced a barrier in visiting an OB/GYN provider during residency, and lack of time was the most common reason reported. Ninety-two percent of respondents were using contraception (39% long-acting reversible contraception and 32% ring or oral contraceptive pills). Most respondents (87%) were not pregnant at the time of the survey or trying to conceive during residency, and this was not significantly different across the specialty groups (p=0.2663). Forty-five percent of respondents felt that if they got pregnant during residency, it would negatively affect the way their peers viewed them as physicians. Over half (54%) of the respondents felt that their medical profession negatively impacted their plans for fertility, and this was not significantly different across specialty groups (p=0.3716).

CONCLUSIONS: Our data demonstrate that most female residents experienced a barrier in seeing an OB/GYN provider and nearly half of the respondents felt that pregnancy during their training would negatively affect their image as a physician. Additionally, our data shows that over half of the respondents felt that their medical profession negatively impacted their plans for fertility. Based on our analysis, we recommend placing additional emphasis on reproductive health needs when addressing the wellness of medical residents. Identifying opportunities for improvement in this area could help diminish the escalating problem of physician stress and ultimately improve residents’ reproductive health needs.

POSTER SESSION: COVID-19

P-168 4:30 PM Saturday, October 17, 2020

PERCEIVED STRESS, INSOMNIA SEVERITY, AND THE IMPACT OF EVENTS AMONG IN VITRO FERTILIZATION (IVF) PATIENTS DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC. Ariana Kam, BA,¹ Jennifer Gottfried, BS,² Julia E. Mielczoski, BA,² You J. Kim, BS,² Edward I. Nejat, MD, FACOG,² Janelle Luk, MD, FACOG² Generation Next Fertility, New York, NY;² ¹University of Illinois at Chicago, College of Medicine, Chicago, IL.

OBJECTIVE: The objective of this study was to evaluate the Perceived Stress Scale, Insomnia Severity Index, and Impact of Events Scale-Revised scores of patients at a fertility clinic in Manhattan during the coronavirus disease 2019 (COVID-19) pandemic.

DESIGN: Surveys were administered to 220 patients at a fertility clinic in Manhattan during the COVID-19 pandemic. The surveys included a 7-item questionnaire on patient demographics, the Perceived Stress Scale (10-item questionnaire), the Insomnia Severity Index (7-item questionnaire), and the Impact of Events Scale-Revised (IES-R, 21-item questionnaire).

MATERIALS AND METHODS: Online surveys were administered to 220 patients at Generation Next Fertility (GNF), located in Manhattan. Percentages of patients who met different thresholds along the Perceived Stress Scale, Insomnia Severity Index, and the IES-R questionnaires were calculated. We excluded one question from the standard 22-item IES-R questionnaire: “During the past seven days with respect to (insert event) have you felt yourself acting or feeling like you were back at that time?” All patients who did not complete the Perceived Stress Scale, Insomnia Severity Index, and/or IES-R questionnaires were excluded from the respective analyses. Multiple linear regression was run to determine if surpassing a high school education and being unemployed were correlated with higher Perceived Stress Scale scores. A p-value of less than 0.05 was considered as statistically significant.

RESULTS: According to the results of the Perceived Stress Scale, 66.9% of patients at the Manhattan-based fertility clinic self-reported experiencing moderate stress during the COVID-19 pandemic. 21.9% and 11.2% of patients perceived low and high stress, respectively. There was no statistically significant relationship between the demographic variables of not surpassing a high school education and being unemployed and the perceived stress levels of IFV patients during the COVID-19 pandemic. Additionally, the results of the Insomnia Severity Index survey demonstrated that 43.7% of patients self-reported no clinically significant insomnia, 39.5% self-reported subthreshold insomnia, 15.6% self-reported clinical insomnia of moderate severity, and 1.2% self-reported severe clinical insomnia. Furthermore, the results of the IES-R survey showed that 52.1% of patients self-reported scores high enough to indicate that post-traumatic stress disorder (PSTD) is of clinical concern, 27.1% of patients self-reported scores at the cut-off level or higher for a probable diagnosis of PTSD, and 18.8% of patients self-reported scores that are highly likely to suppress immune system functioning (for even 10 years after the COVID-19 pandemic).

CONCLUSIONS: According to surveys administered at an IVF clinic in Manhattan, the majority of the patients self-reported moderate stress, no clinically significant levels of insomnia, and PTSD levels of clinical concern during the COVID-19 pandemic. Not surpassing a high school education and...
being unemployed did not influence patients’ perceived stress levels during the COVID-19 pandemic.

References: Christianson, Steven, and Joan Marren. “The impact of event scale-revised (IES-R).” *A Medsurg Nurs* 21.5 (2012): 321-322. Cohen, Sheldon, T. Kamarck, and R. Mermelstein. “Perceived stress scale.” *A Measuring stress: A guide for health and social scientists* A (1994). Morin, Charles M., et al. “The Insomnia Severity Index: psychometric indicators to detect insomnia cases and evaluate treatment response.” *A Sleep* 34.5 (2011): 601-608.

P-169 4:30 PM Saturday, October 17, 2020

MATURE HUMAN OOCYTES AND PRE-IMPLANTATION EMBRYOS ARE SUSCEPTIBLE TO SARS-COV-2 INFECTION BASED ON THE PRESENCE OF ACE2 AND TMPRSS2 PROTEINS. Sandeep K. Raiput, PhD,1 Deirde Logsdon, MS,1 Shahila A. Khan, PhD,2 Rebecca Kile, BS,1 Christopher Herndon, MD MPH,2 Michelle Vu, MD,3 Victoria Lee, BS,1 Christopher Herndon, MD,3 Jacqueline Ho, MD MS,3 Lusine Aghajanova, MD PhD,5 Molly M. Quinn, MD,1 University of California, Los Angeles, Los Angeles, CA; 2University of Illinois at Chicago, College of Medicine, Chicago, IL; 3University of Washington, Seattle, WA; 4University of Southern California, Los Angeles, CA; 5Stanford University, Stanford, CA.

OBJECTIVE: On March 17th, ASRM published guidance for REI clinics regarding infertility treatment during the COVID-19 pandemic. The recommendations advised against initiation of new fertility treatment cycles outside of emergent fertility preservation. Our objective was to evaluate what SART-member fertility clinics communicated to the public and their patients via clinic websites during this time period.

RESULTS: 381 SART-member clinics maintained active websites. Of those, 249 (65.3%) had REI-CM. The presence of REI-CM was more common in private than academic practices (73% vs 38%, p<0.001) and with increasing practice volume: 38% of clinics with <200 annual cycles vs 91% of clinics with >1000 cycles (p<0.001). There was a trend toward increased REI-CM use in states with a SIP order for ≥30 days (70% of 212, p=0.064). ASRM guidance was cited in 61% (n=152) of REI-CM; however, only 33% (n=82) outlined treatment practices that reflected ASRM guidance published at the time of the data extraction. Adherence to ASRM guidelines was more common in academic than private practices (54% vs 31%, p=0.02) but was not correlated with size of practice or geographic region.

Conversely, 18% (n=44) of practices announced treating patients on a “case-by-case basis” with definitions ranging from specific (“women with AMH <0.7") to vague (“as determined by our providers alongside our patients”). Additionally, 94% (n=389) of REI-CM (n=23) announced continued treatment regardless of a patient’s clinical urgency. This messaging was more common in groups doing >1000 cycles a year (18%, p<0.009), with a trend toward practices in the northeast (16%, p=0.113) and in states with SIP orders lasting <30 days (14%, p=0.09). Clinics treating all-comers were less likely to cite ASRM than other clinics (41% vs 62%, p=0.045). However, 75% (n=14) cited COVID-19 guidance from WHO, CDC and state and local governments.

CONCLUSIONS: While public messaging may not reflect the actual practices of a clinic, this study reveals heterogeneity in how clinics incorporated ASRM recommendations and responded to the early stages of the COVID-19 pandemic. Academic practices were more likely to indicate their adherence to ASRM recommendations. High volume groups were more likely to communicate with their patients about what treatments they offered and to treat patients outside ASRM guidance criteria. Lessons learned may inform optimal response in future waves of COVID-19.

References: American Society for Reproductive Medicine. Patient Management and Clinical Recommendations During The Coronavirus (COVID-19) Pandemic. Available at https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/covid-19/covidtaskforceupdate2.pdf. Accessed on May 26, 2020.

P-171 4:30 PM Saturday, October 17, 2020

THE IMPACT OF CORONAVIRUS DISEASE 2019 (COVID-19) ON THE RELATIONSHIP BETWEEN THE STRESS LEVELS OF IN VITRO FERTILIZATION (IVF) PATIENTS AND THE AMOUNT OF TIME SPENT TRYING TO GET PREGNANT. Ariana Kam, BA,1 Jennifer Gottfried, BS,2 Julia E. Mielezko, BA,2 You J. Kim, BS,2 Mehriniso Khaydarova, BS,3 Edward J. Nejad, MD, FACOG,4 Janelle Luk, MD, FACOG5 Generation Next Fertility, New York, NY.

OBJECTIVE: The objective of this study was to determine the impact of coronavirus disease 2019 (COVID-19) on in vitro fertilization (IVF) patients’ stress levels, insomnia, and risk of post-traumatic stress disorder (PSTD) relative to the amount of time each patient spent trying to get pregnant.

WE ARE HERE FOR YOU: INFERTILITY CLINIC WEBSITE COMMUNICATION DURING THE ESCALATING STAGES OF THE COVID-19 PANDEMIC. Holly Mehr, MD MSED,1 Tia Jackson-Bey, MD MPH,1 Michelle Vu, MD,3 Victoria Lee, BS,3 Christopher Herndon, MD,3 Jacqueline Ho, MD MS,3 Lusine Aghajanova, MD PhD,5 Molly M. Quinn, MD,1 University of California, Los Angeles, Los Angeles, CA; 2University of Illinois at Chicago, College of Medicine, Chicago, IL; 3University of Washington, Seattle, WA; 4University of Southern California, Los Angeles, CA; 5Stanford University, Stanford, CA.