

Questionnaire : SARS-CoV-2 infection during ART pregnancy

For your information only. To submit a case, please visit www.eshre.eu/covid19/survey

Background information

1. In what country do you work?

2. Are you reporting a case from a private or a public centre?

- Public centre
- Private centre

3. Your profession is:

- Gynaecologist
- ART clinician
- Nurse
- Embryologist
- Other, please specify:

4. Please enter a patient reference number from your clinic

The patient reference number can be used for submitting further details of the case at a later stage via email to nathalie@eshre.eu. Please note that this reference number should not contain any patient identifiers.

5. Please add your email address so we can contact you for further updates on this case, or to verify the provided information. We will not consider cases for which we cannot double check the information.

Information on the COVID-19 infection

6. Was the COVID-19 infection in the patient confirmed with laboratory tests?

- Yes, by RT-PCR
- Yes, by antibody test
- No, but there is a strong suspicion of a COVID-19 infection
- No

7. At what stage of the pregnancy did the patient have symptoms and was tested?

- During the MAR treatment (including 15 days after embryo transfer)
- First trimester
- Second trimester
- Third trimester
- At delivery

8. Which symptoms did the patient have (you can tick more than 1 answer)?

- High fever (>37,5°C)

- Cough
- Pneumonia
- Anosmia (no smell)
- Ageusia (Loss of taste)
- Gastrointestinal symptoms
- No symptoms
- Other respiratory symptoms, please specify.....

9. Was the patient hospitalized?

- No
- Yes, in a general ward
- Yes, with respiratory support
- Yes, in the intensive care unit
- Yes, in the intensive care unit with respiratory support

10. Are you aware of antiviral treatments used?

- I do not have this information
- Yes, please specify

11. Did the patient recover?

- No, the patient died
- No, the patient is/was still in recovery
- Yes, if she was hospitalized, please specify the duration of hospitalization: days

Information on the pregnancy

12. How did the patient achieve pregnancy?

- Ovulation induction
- IUI
- IVF
- ICSI
- Donor IUI
- Donor sperm IVF/ICSI
- Oocyte donation
- FER (frozen embryo replacement)
- FOR (frozen oocyte replacement)
- PGT-A
- PGT-M
- PGT-SR
- Surrogacy
- Embryo donation

Information on obstetric and neonatal outcomes

13. Please provide any relevant medical background history for the patient (what diseases did she suffer from?)

14. Where there any pregnancy complications (please tick all answers relevant)

- There were no pregnancy complications
- Miscarriage
- Ectopic pregnancy
- Excessive bleeding
- Pre-eclampsia

- Intrauterine growth restriction
- Stillbirth
- Preterm birth (< 37 weeks)
- Very preterm birth (< 32 weeks)
- Extremely preterm birth (< 28 weeks)
- Maternal death
- Other, please specify

15. What was the mode of delivery?

- Vaginal
- Emergency C-section
- Scheduled C-section

16. What was the gestational age at delivery (in weeks) ?

17. Where there any neonatal complications? (please tick all answers relevant)

- There were no neonatal complications
- Respiratory symptoms
- Fever
- Other, please specify

18. What was the birth weight of the newborn?

- Normal (> 2500g)
- Low (< 2500g)
- Very low (< 1500g)
- Extremely low (< 1000g)

19. What were the APGAR scores?

At 1 minute:

At 5 minutes

20. Was the COVID-19 infection tested in the newborn?

- | | |
|-------------------|---|
| RT-PCR test | <input type="checkbox"/> Positive test result
<input type="checkbox"/> Negative test result
<input type="checkbox"/> Not tested |
| IgM antibody test | <input type="checkbox"/> Positive test result
<input type="checkbox"/> Negative test result
<input type="checkbox"/> Not tested |
| IgG antibody test | <input type="checkbox"/> Positive test result
<input type="checkbox"/> Negative test result
<input type="checkbox"/> Not tested |

Please comment or provide further details:

21. Please make any further comments with regards to this case