

National Infertility Group Note of Extraordinary Meeting  
24 February 2022  
MS Teams Virtual Meeting

**Attendees:**

{REDACTED} NHS National Services Scotland, <b>Chair</b>	{REDACTED} NHS Tayside
{REDACTED} Edinburgh University	{REDACTED} NHS Grampian and {REDACTED} Fertility Scotland
{REDACTED} Fertility Network UK	{REDACTED} Scottish Government
{REDACTED} Public Health Scotland	{REDACTED} NHS Grampian
{REDACTED} NHS Lothian	{REDACTED} University of Glasgow
{REDACTED} Scottish Government	{REDACTED} NHS National Services Scotland
{REDACTED} NHS Greater Glasgow and Clyde and {REDACTED} Fertility Scotland	{REDACTED} Public Health Scotland
{REDACTED} NHS Greater Glasgow and Clyde	{REDACTED} Scottish Government
{REDACTED} Scottish National Blood Transfusion Service	{REDACTED} NHS Lothian
{REDACTED} NHS National Services Scotland	{REDACTED} NHS Greater Glasgow and Clyde

**Apologies:**

{REDACTED} NHS Tayside	{REDACTED} Public Health Scotland
{REDACTED} NHS Lothian and Scottish Government {REDACTED}	{REDACTED} Scottish National Blood Transfusion Service
{REDACTED} Progress Educational Trust	

**1. Welcome, introductions, apologies and note of last meeting**

{REDACTED} opened the meeting, welcoming everyone and asked that members introduce themselves. {REDACTED} noted the apologies as above.

{REDACTED} noted that the agenda was not large but that the main focus of the meeting would result in a recommendation, to go forward to the Chief Medical Officer, in regards to deferral of fertility treatment for unvaccinated patients following the review of evidence. {REDACTED} asked that members ensure that they use their cameras, where possible, and use the raise hand function when they wished to speak.

{REDACTED} asked that if there were any amendments to the note of the last meeting that members contact {REDACTED}.

{REDACTED} also took this opportunity to thank {REDACTED} NHS National Services Scotland who has now left NSS, for her valuable help and contribution not only to this group, but also to the work of the Strategic Fertility Network and multiple other NSS Networks.

## 2. {REDACTED}

{REDACTED}

{REDACTED}

- {REDACTED}
- {REDACTED}
- {REDACTED}
- {REDACTED}
- {REDACTED}
- {REDACTED}
- {REDACTED}

**{REDACTED}**

- **{REDACTED}**

## 3. COVID-19

### **Deferral of treatment for unvaccinated patients**

{REDACTED} provided a brief summary in respect of the CMO letter of 7 January recommending deferral of fertility treatment in COVID-19 unvaccinated patients. The recommendation was based at the time on clinical concerns raised by the lead Clinicians in the NHS Assisted Conception Units (ACUs) in Scotland, consideration of the evidence of increased levels of morbidity and risk of severe illness amongst unvaccinated pregnant women, and ongoing uncertainty around the impact of the Omicron variant on pregnant women.

{REDACTED} went on to explain that the recommendation was a temporary one and that it was advised that this would be kept under review and the evidence would be considered as to whether the deferral should be lifted or stay in place. As planned, the recommendation has been going through a review and an evidence and options paper has been developed, with input from many sources including ACU Leads Group, Public Health Scotland and SG Senior Medical Officers. {REDACTED} hoped that members will have been able to review the paper. {REDACTED} then gave an overview of aspects of the paper before handing over to {REDACTED}.

{REDACTED} then provided a brief run through of the remainder of the paper explaining some of the updated data from the Scottish Intensive Care Society Audit Group (SICSAG) report and Public Health Scotland (PHS).

The main points from the evidence and data were as follows:

- The evidence on morbidity and risk of severe illness among unvaccinated pregnant women has not really altered and data specifically on pregnant women is very limited.
- The available data on unvaccinated individuals suggests that the risk of severe disease requiring hospital or critical care admission has reduced over the last four to six weeks.
- The latest PHS data demonstrates a reduction in both COVID-19 cases and hospitalisations, following an initial steep rise in cases, and a less pronounced increase in hospitalisations, associated with the emergence of Omicron as the dominant variant.

The paper presented two options:

- I. Withdraw the recommendation to temporarily defer fertility treatment for unvaccinated patients.
  - Continue to promote vaccination prior to fertility treatment due to the substantial evidence for the safety of vaccines in those planning pregnancy, undergoing fertility treatment and the pregnant population with respect to maternal and perinatal outcomes, including evidence for continued vaccine effectiveness against symptomatic COVID-19 disease.
  - Patients will continue to be advised at the start of the fertility pathway and at every opportunity (making every contact count) about the risks of non-vaccination and benefits of vaccination.
  - Those who, despite explanation of all risks/benefits, choose not to get vaccinated should be asked by Fertility Centres to sign an informed consent form acknowledging that they are aware of the risks prior to treatment, similar to other aspects of the fertility pathway.
- II. Recommend a further temporary period of deferral of fertility treatment for all patients who are not vaccinated against COVID-19, with a further review starting during March 2022.

{REDACTED} commented that she was keen to fully understand the paper and how the evidence was leaning towards supporting option one. {REDACTED} was aware that the delta variant had a negative impact on pregnant women and the risks to them and understood the reasons for the initial deferral. {REDACTED} asked how it would be possible to keep the situation under review if the recommendation was to consider keeping the deferral in place during March, would any further information become available.

{REDACTED} then invited views from the members of the group.

{REDACTED} advised that Fertility Network UK supported option one. {REDACTED} also advised that some previously unvaccinated patients had now been vaccinated.

However, other patients were unable to get past initial advice that pregnant women should not get vaccinated. These patients still maintained concerns and are not willing to get vaccinated, despite the new Joint Committee on Vaccination and Immunisation (JCVI) advice.

{REDACTED} supported option one and felt that the changes in advice on vaccination for pregnant women during the pandemic may have caused some patients to be cautious about getting vaccinated.

During previous ACU Leads group meetings, the four NHS Assisted Conception Units (ACU's) had been unable to come to a consensus on whether fertility treatment for unvaccinated patients could recommence or whether the temporary deferral of treatment should continue for a further period of time. However, having fully considered the evidence and options paper all four ACU's confirmed their support for option one.

{REDACTED} advised that they had raised concerns in December due to overwhelming evidence and the need to look after the safety of fertility patients and at the time could not anticipate how Omicron would affect the pregnant or indeed the general population.

{REDACTED} asked if Public Health Scotland, who had provided data for the evidence paper, whether they had anything that they would like to add regarding the evidence and data and the support for option one.

{REDACTED} from Public Health Scotland stated that there is nothing emerging to date that would change the current data perspective.

{REDACTED} confirmed there were no objections to option one from members of the group and then concluded that the recommendation therefore of this group was support for option one.

The recommendation will now go forward to the Chief Medical Officer and Ministers. A letter will be drafted for the Chief Medical Officer in support of option one and if he is in support of going forward with this option then the letter will be issued.

Timescales for the lifting of the temporary deferral were discussed and it was confirmed that if the Chief Medical Officer was supportive then this would be implemented as soon as possible and treatment would then recommence when the letter issues.

The four NHS Assisted Conception Units should therefore make their services ready for the change and work with the Strategic Fertility Network, who will lead on this, to develop the patient consent form anticipation of the Chief Medical Officer's support.

**ACTION** – Scottish Government to provide a draft letter for the Chief Medical Officer in support of option one.

**ACTION** – ACU's to work with the Strategic Fertility Network on the development of the patient consent form.



{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}

**6. {REDACTED}**

{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}

{REDACTED}

{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}

7. {REDACTED}

{REDACTED}  
{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}

{REDACTED}  
{REDACTED}

DRAFT