

News From the Centers for Disease Control and Prevention

COVID-19 Precautions Hamper Breastfeeding Support

Nearly 1 in 5 hospitals reduced in-person lactation support and nearly three-quarters discharged new mothers in less than 48 hours to lessen the risk of contracting severe acute respiratory syndrome coronavirus 2, according to a CDC [report](#).

Early in the pandemic, hospitals received mixed guidance on caring for new mothers with coronavirus disease 2019 (COVID-19) and their newborns. The World Health Organization [recommended](#) mothers with COVID-19 practice skin-to-skin care, room with their baby, and breastfeed directly while masked unless they were too ill to do so. The American Academy of Family Physicians offered similar [guidance](#); the American College of Obstetricians and Gynecologists [recommended](#) shared decision-making between mothers and their care team. The CDC and [American Academy of Pediatrics](#) initially recommended temporarily separating mothers with confirmed or suspected COVID-19 from their newborns, but later updated their guidance to support skin-to-skin contact, rooming-in, and breastfeeding with certain precautions.

To assess how COVID-19 precautions affected breastfeeding, the CDC surveyed 1344 hospitals during summer 2020. The investigators found that 14% of hospitals dis-

couraged and 6.5% prohibited skin-to-skin care by mothers with confirmed or suspected COVID-19. Nearly 40% of the hospitals discouraged rooming-in and 5.3% prohibited it.

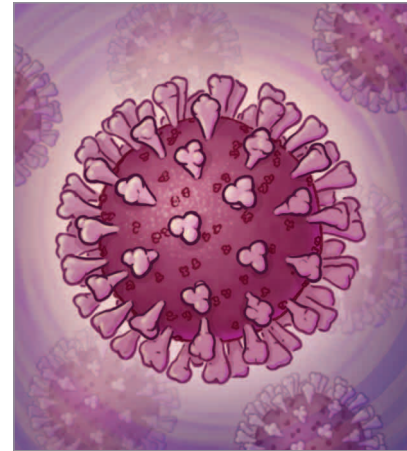
One in 5 hospitals discouraged direct breastfeeding but allowed mothers to choose. Nearly 13% didn't support direct breastfeeding but encouraged mothers to express breastmilk for the baby. These practices run contrary to many evidence-based lactation support practices and may lead to reduced rates of breastfeeding, the authors cautioned.

"Women with suspected or confirmed COVID-19 who are separated from their newborns and whose newborns are not feeding directly at the breast might need timely, professional breastfeeding support," the authors wrote.

Health Workers' Antibody Levels Wane After SARS-CoV-2 Infection

Antibodies to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [decline](#) during the weeks after infection, in some cases falling below the threshold for seropositivity within 2 months, according to a national study of health care workers.

Most people who are infected with SARS-CoV-2 develop antibodies to the virus within 2 to 3 weeks. But how long those antibodies last is unclear. To learn more, the Influenza Vaccine Effectiveness in the Critically Ill Network, a group of academic centers studying both influenza and coronavirus disease 2019 (COVID-19), enrolled 3248 health care workers in a seroprevalence study. All worked directly with patients who had COVID-19 at 13 medical centers throughout the US.



enza Vaccine Effectiveness in the Critically Ill Network, a group of academic centers studying both influenza and coronavirus disease 2019 (COVID-19), enrolled 3248 health care workers in a seroprevalence study. All worked directly with patients who had COVID-19 at 13 medical centers throughout the US.

Six percent, or 194, of participants had detectable antibodies to SARS-CoV-2 based on enzyme-linked immunosorbent assay test results. About 80% of these antibody-positive health care workers returned for a second antibody test 2 months later.

At the second test, SARS-CoV-2 antibodies had declined in about 94% of those who initially were seropositive. About 28% no longer tested positive for antibodies. Roughly 1 in 5 individuals who had COVID-19 symptoms fell below the threshold for seropositivity at the second test, as did nearly half of participants who were asymptomatic. Older adults and those with lower antibody levels on the initial test were more likely to seroconvert by the second test.

The results suggest that studies using seropositivity as a proxy for previous infection are likely to underestimate the true prevalence of infections, the authors cautioned. They also suggested that the window for collecting convalescent plasma to use as a potential treatment for COVID-19 is narrow. – **Bridget M. Kuehn, MSJ**

Note: Source references are available through embedded hyperlinks in the article text online.

