

1. TRIAGE: CHECK FOR SIGNS AND SYMPTOMS FOR REFERRAL TO INPATIENT CARE

ASSESS	CLASSIFY	ACT (MANAGE)
Infant CHECK for General Danger Signs¹	INFANT/MOTHER: NUTRITIONALLY VULNERABLE WITH MEDICAL COMPLICATIONS - HIGH NUTRITIONAL RISK OR VERY SEVERE DISEASE	URGENT referral to Inpatient Care
Ask / Listen / Look / Feel <ul style="list-style-type: none"> • Ask: Is the infant able to drink or breastfeed? • Ask: Does the infant vomit everything? • Ask: Has the infant had convulsions? • Look: Is the infant convulsing now? • Look: Is the infant lethargic or unconscious? 	If any of the following are present for Infant: General Danger Signs <ul style="list-style-type: none"> <input type="checkbox"/> Unable to feed <input type="checkbox"/> Vomits everything <input type="checkbox"/> Had fit (convulsions) <input type="checkbox"/> Movement only when stimulated (lethargic) <input type="checkbox"/> Fitting now (convulsions) <input type="checkbox"/> No movement (unconscious) 	Pre-referral actions: Infant <ul style="list-style-type: none"> <input type="checkbox"/> Provide any appropriate pre-referral treatment <input type="checkbox"/> Show the mother how to keep the infant warm on the way to the hospital or clinic <ul style="list-style-type: none"> • Provide skin-to-skin contact OR <ul style="list-style-type: none"> • Keep the infant clothed or covered as much as possible all of the time. Dress the young infant with extra clothing including hat, gloves, socks and wrap the infant in a soft dry cloth and cover with a blanket <input type="checkbox"/> If child is very hot, ask mother to remove outer clothing and leave infant in underwear <ul style="list-style-type: none"> • For breastfed infant, encourage breastfeeding before transfer and on the way if infant has an appetite • For non-breastfed infant, ensure the mother has appropriate feeding supplies and encourage to feed before transfer and on the way if the infant has appetite
<ul style="list-style-type: none"> • Look and count the breaths in one minute. • Look: Does infant have lower chest wall in-drawing?² 	Difficulty breathing <ul style="list-style-type: none"> <input type="checkbox"/> Fast breathing <ul style="list-style-type: none"> • infant 0-1 months: ≥ 60 breaths/min • infant 2-5 months: ≥ 50 breaths/min <input type="checkbox"/> Lower chest wall in-drawing <input type="checkbox"/> Grunting³ 	
<ul style="list-style-type: none"> • Ask: Does the infant have diarrhoea?⁴ • Look: Does the infant have sunken eyes? • Ask: Are infant's eyes recently sunken or look worse than yesterday? • Pinch the skin of the abdomen. Does it go back: Very slowly (longer than 2 seconds) 	Diarrhoea <ul style="list-style-type: none"> <input type="checkbox"/> Has diarrhoea <input type="checkbox"/> Sunken eyes <input type="checkbox"/> Skin pinch goes back very slowly (>2 sec.) 	
<ul style="list-style-type: none"> • Feel: Does the infant have a fever (hot)?⁵ Does the infant have low body temperature (feels cool)? • Measure temperature under the armpit if you have a thermometer 	Fever <ul style="list-style-type: none"> <input type="checkbox"/> Feels hot: $\geq 37.5^{\circ}\text{C}$ <input type="checkbox"/> Feels cold: $< 35.5^{\circ}\text{C}$ 	
Infant: Check for jaundice <ul style="list-style-type: none"> • Look for jaundice. Does the infant have yellow eyes or skin? • Look at the young infant's palms and soles. Are they yellow 	Jaundice <ul style="list-style-type: none"> <input type="checkbox"/> Age < 24 hours: any jaundice <input type="checkbox"/> Age > 24 hours: jaundice hands & feet 	

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¹ See videos as part of newborn and small baby series (Global Health Media) that include: 'Danger Signs for Health Workers' and 'Fast Breathing as a Single Sign of Illness', www.globalhealthmedia.org/videos/. Also see short videos (Medical Aid Films) at www.medicalaidfilms.org. Note that in acutely malnourished infants, usual clinical signs may be absent or reduced. It is essential to consider the full clinical picture and history in assessment.

² **Lower chest wall in-drawing** is when the lower chest wall goes in when

the child breathes in; if only the soft tissue between the ribs or above the clavicle goes in when a child breathes, this is not lower chest in drawing (it is recession). See 'Danger Signs for Health Workers' for video (footnote 1).

³ **Grunting** is a short, hoarse sound at the end of expiration (when the child breathes out) and is a sign of moderate to severe respiratory distress in young infants and children with lower airway disease, such as pneumonia, lung collapse (atelectasis) or fluid in the lungs (pulmonary

oedema). See 'Danger Signs for Health Workers' for video (footnote 1).

⁴ Diarrhoea: for infants older than 1 month, 3 or more abnormally loose or watery stools per 24 hours [Note: breastfed infants up to 1 month of age can have a stool after every breastfeed].

⁵ IMCI for young infant says: "if you do not have a thermometer, feel the infant's abdomen or armpit and determine if it feels hot or unusually cold".

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Infant CHECK for General Danger Signs	INFANT/MOTHER: NUTRITIONALLY VULNERABLE WITH MEDICAL COMPLICATIONS - HIGH NUTRITIONAL RISK OR VERY SEVERE DISEASE	URGENT referral to Inpatient Care
Infant: Check for severe pallor/anaemia • Look at infant's hands. Are the palms very pale/white?	Severe pallor/anaemia <input type="checkbox"/> Very pale or white palms	
Mother: Check at for pallor/anaemia⁶ • Test for Hb via Hemocue or similar • Look at mother's hands: Are her palms very pale/white? • Look at eyes: Are inside of eyelids pale?	Mother: Anaemia <input type="checkbox"/> Hemocue or similar test indicates anaemia <input type="checkbox"/> Very pale or white palms <input type="checkbox"/> Pale inside of eyelids (conjunctiva)	
Infant: Check for complications that make feeding difficult (see 2nd Column)	If Infant has any of the following that make feeding difficult <input type="checkbox"/> Cleft lip or palate (feel inside mouth to check palate) <input type="checkbox"/> Tongue tie <input type="checkbox"/> Abnormal tone or posture <input type="checkbox"/> Excessively open/clenched jaw <input type="checkbox"/> Unable to support head or poor trunk control <input type="checkbox"/> When held, infant's arms and legs fall to the sides <input type="checkbox"/> Infant's body stiff, hard to move <input type="checkbox"/> Coughing and eye tearing while feeding (signs of unsafe swallowing)	<input type="checkbox"/> Specialist referral for more detailed assessment and treatment of any structural or disability problem that should include special feeding support
Infant: Anthropometric/Nutritional Assessment • Look for pitting oedema of both feet • Measure weight and length and determine weight-for-age (WFA) ⁷ and weight-for-length (WFL) where calculable • Record Mid Upper Arm Circumference (MUAC) for all infants (to help build evidence) ⁸ • Ask & Listen: Have you noticed your infant losing weight? For how long?	Infant <input type="checkbox"/> < -2 WFA OR <input type="checkbox"/> < -2 WFL OR <input type="checkbox"/> Bilateral pitting oedema +, ++ and +++ ⁹ OR <input type="checkbox"/> Failure to respond to previous outpatient-based nutritional care (infant or mother) AND any one of the following <input type="checkbox"/> Recent severe weight loss (within 1 week) ¹⁰ <input type="checkbox"/> Prolonged (weeks) failure to gain weight <input type="checkbox"/> Sharp drop across growth chart centile line MUAC: _____ mm (record to help build evidence)	

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⁶ WHO cut-offs vary when pregnant and not pregnant and pregnancy defined until 6 weeks post-partum.

⁷ Recent evidence has shown that WFA can help identify underweight infants who are also at higher risk to mortality. WFA is therefore used as a criterion for enrolment of nutritionally vulnerable infants under 6 months. A cut-off of WFA <-2 is used to ensure consistency with WFL cut-offs.

⁸ There is recent growing evidence on the use of MUAC to identify acute malnutrition and nutrition vulnerability in infants under 6 months.

However, a nutrition classification cutoff has not yet been established. Countries and programmes are encouraged to collect MUAC data for infants under 6 months to help build the evidence base for cutoffs and case management.

⁹ Nutritional oedema is rare in infants and therefore infants with oedema should always be admitted to in-patient care to investigate possible underlying medical cause. (feet, legs, whole body). **Grade + Mild:** Both feet/ankles; **Grade ++ Moderate:** Both feet, plus lower legs, hands or lower

arms; **Grade +++ Severe:** Generalised bilateral pitting oedema, including both feet, legs, arms and face

¹⁰ In many settings, it can be difficult for a health worker or mother to detect acute weight loss in an infant. Where reported or detected, weight loss in infants should be interpreted alongside the general clinical condition; "lost more than 10% of previous weight".

ASSESS	CLASSIFY	ACT (MANAGE)
Infant CHECK for General Danger Signs	INFANT/MOTHER: NUTRITIONALLY VULNERABLE WITH MEDICAL COMPLICATIONS - HIGH NUTRITIONAL RISK OR VERY SEVERE DISEASE	URGENT referral to Inpatient Care
Mother: Anthropometric/ Nutritional Assessment <ul style="list-style-type: none"> • Look for pitting oedema of both feet (if mother not pregnant) • Measure MUAC (always) 	Mother <input type="checkbox"/> MUAC: <190 mm MUAC: _____ mm (record to help build evidence) OR <input type="checkbox"/> Bilateral pitting oedema (if mother not pregnant)	

MOTHER	MOTHER: SEVERE DEPRESSION	URGENT referral to Inpatient Care
Mother: Maternal Mental Health¹¹ Observe the mother's responses and behaviours <ul style="list-style-type: none"> • Listen & Look: Does it appear that mother is out of touch with reality or what is happening in the assessment (e.g. not responding appropriately during the assessment)? • Listen & Look: Does the infant appear to be at risk from the mother's behaviour? (for example: mother shows no concern for infant, or wilful neglect of infant, such as prolonged period of no eye contact or no physical contact with infant) There are many daily tasks a mother does to care for her infant and family (for example: washing, cooking). <ul style="list-style-type: none"> • Ask & Listen: What are some of the most important things you do for your infant and family? • Ask & Listen: Do you ever find it difficult to do all these tasks? If Yes: Why is that? Sometimes a mother finds it difficult to do daily tasks because she is feels sad or worried. <ul style="list-style-type: none"> • Ask & Listen: In the last few weeks, have you been feeling: Sad? If Yes (listen for): little/some/much/most of the time? Worried? If Yes (listen for): little/some/much/most of the time? • Ask & Listen: Are there times you experience so much pain that it interferes with your ability to carry out daily tasks? • Ask & Listen: If Yes (listen for): Does this happen rarely/some/often/most of the time? If mother answers yes to either of questions above, then ask: <ul style="list-style-type: none"> • Ask & Listen: What are the problems that you are feeling sad or worried about? Sometimes when a person feels sad or worried she may have thoughts of harming herself or her infant. <ul style="list-style-type: none"> • Ask & Listen: Do you have any thoughts like that? Sometimes a person feels very sad or worried because her husband/partner (or someone else in the family) is hitting or beating her. <ul style="list-style-type: none"> • Ask & Listen: Is that happening to you? 	Any of the following: <input type="checkbox"/> Mother appears to be out of touch with reality or with what is happening in the assessment OR <input type="checkbox"/> Infant appears to be at risk from the mother's behaviour. [Mother may have a severe mental, neurological or substance use disorder] OR <input type="checkbox"/> Mother finds it difficult to carry out daily tasks necessary to care for her infant OR <input type="checkbox"/> Mother feels body pain most of time OR <input type="checkbox"/> Mother feels very sad or worried much of time List problems mother is feeling sad or worried about: <hr/> <hr/> [Mother is severely anxious, depressed, traumatised, or otherwise in emotional crisis] <input type="checkbox"/> Mother has thoughts of harming herself or infant OR <input type="checkbox"/> Mother expresses fear of physical harm to herself or infant from her partner or another person OR <input type="checkbox"/> Mother or infant has experienced physical harm from her partner or another person [Mother and/or infant are at risk of harm from mother herself or other individual]	<ul style="list-style-type: none"> • Explain to supervisor that you are concerned about the mother/infant's safety and want to connect mother with the best care available • Assess safety of family situation and link with other potential caregivers for immediate care of mother and infant • Supervisors identify priority actions in partnership with Mental Health and Psychosocial Support (MHPSS) services and Child Protection services as appropriate • Follow up on referral to ensure safety and potential of enrolment in C-MAMI upon improvement of symptoms

¹¹ Questions are sensitive and context specific. Work with staff to decide together what works best in your particular situation.

2. FEEDING ASSESSMENT

ASSESS	CLASSIFY	ACT (MANAGE)	CLASSIFY	ACT (MANAGE)
Breastfed Infant and Mother	Moderate Feeding Problem: C-MAMI criteria	C-MAMI Enrolment (Outpatient): Infant-Mother Pair	No Feeding Problem: C-MAMI criteria	Home Care
<p>Breastfed Infant</p> <ul style="list-style-type: none"> • Look: Is the infant well attached? <ul style="list-style-type: none"> - Mouth wide open - Lower lip turned outwards - Chin touching breast - More areola above than below nipple • Look: Is the infant suckling effectively? <ul style="list-style-type: none"> - Slow deep sucks - Pausing - Audible swallowing • Ask & Listen: Find out how many breastfeeds in 24 hours • Ask & Listen: Does the infant receives plain water, other liquids or foods? • Ask & Listen: Does the infant refuse to breastfeed? • Look for thrush in infant's mouth 	<p>Any of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not well attached to the breast <input type="checkbox"/> Not suckling effectively <input type="checkbox"/> <8 breastfeeds in 24 hours <input type="checkbox"/> Receives plain water, other liquids or foods <input type="checkbox"/> Refuses to breastfeed <input type="checkbox"/> Check for oral thrush (candida) 	<p>Refer to Breastfeeding Counselling and Support Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attachment: Section A: 1 <input type="checkbox"/> Effectively suckling: Section A: 2 <input type="checkbox"/> Frequency of breastfeeds: Section A3 <input type="checkbox"/> Exclusive breastfeeding: Section A: 4 <input type="checkbox"/> Oral thrush (candida): Section A: 11 <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plot and examine growth chart to monitor progress, including birth weight, if available 	<p>Well Attached: all the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mouth wide open <input type="checkbox"/> Lower lip turned outwards <input type="checkbox"/> Chin touching breast <input type="checkbox"/> More areola above than below nipple <p>AND</p> <p>Suckling well: all the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Slow deep sucks <input type="checkbox"/> Pausing <input type="checkbox"/> Audible swallowing <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> ≥8 in 24 hours <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> No plain water/ liquids/foods <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> No thrush in infant's mouth 	<ul style="list-style-type: none"> <input type="checkbox"/> Praise, support, reassure <input type="checkbox"/> General advice/ counselling on: <ul style="list-style-type: none"> - general age appropriate feeding and nutrition recommendations - routine healthcare services e.g. vaccinations, growth monitoring <input type="checkbox"/> Advise to return if new problem develops
<p>Mother</p> <ul style="list-style-type: none"> • Listen: Find out if the mother thinks she hasn't enough breast milk • Listen: Find out if the mother lacks confidence about feeding <p>Breast Condition: identify any of the following</p> <ul style="list-style-type: none"> • Ask & Look: Engorgement • Ask & Look: Sore & cracked nipples • Ask & Look: Plugged ducts • Ask & Look: Mastitis • Ask & Look: Flat, inverted, large or long nipples • Ask & Look: Itching of nipples or breasts (thrush) 	<p>Mother: either of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perception of not having enough breast milk <input type="checkbox"/> Lack of confidence about feeding <p>OR</p> <p>Breast Condition: any of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engorgement <input type="checkbox"/> Sore & cracked nipples <input type="checkbox"/> Plugged ducts <input type="checkbox"/> Mastitis <input type="checkbox"/> Flat, inverted, large or long nipples <input type="checkbox"/> Itching of nipples or breasts (thrush) 	<p>Mother</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perception of not having enough breast milk: Section A: 5 <input type="checkbox"/> Lack of confidence about feeding: Section A: 6 <p>Breast Condition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engorgement: Section A: 7 <input type="checkbox"/> Sore & cracked nipples: Section A: 8 <input type="checkbox"/> Plugged ducts: Section A: 9 <input type="checkbox"/> Mastitis: Section A: 9 <input type="checkbox"/> Flat, inverted, large or long nipples: Section A: 10 <input type="checkbox"/> Thrush: Section A: 12 	<p>Mother</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confident about infant condition, and breastfeeding <input type="checkbox"/> Reports no breastfeeding problem and no concern 	<ul style="list-style-type: none"> <input type="checkbox"/> Praise, support, reassure <input type="checkbox"/> General advice/ counselling on: <ul style="list-style-type: none"> - general age appropriate feeding and nutrition recommendations - routine healthcare services e.g. vaccinations, growth monitoring <input type="checkbox"/> Advise to return if new problem develops

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<p>Other concerns: any of the following</p> <ul style="list-style-type: none"> • Ask & Listen: Do you think your infant was born too early? or too small? • Ask & Listen: How do you feel about your infant's weight gain/growth? • Ask & Listen: Are you working away from infant or separated from him/her? • Ask & Listen: Do you have concerns about your own diet? • Ask & Listen: Other (dealing with different feeding practices of mother-in-law, father, family)? • Ask & Listen: Any other problem or concern? 	<p>OR</p> <p>Other concerns: any of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preterm or low birth weight <input type="checkbox"/> Lack of confidence about infant weight gain/growth <input type="checkbox"/> Working away or separated from infant <input type="checkbox"/> Concerns about own diet <input type="checkbox"/> Other (dealing with different feeding practices of mother-in-law, father, family) <input type="checkbox"/> Note problem/concern: <hr/>	<p>Other concerns</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preterm or low birth weight: Section A: 13 <input type="checkbox"/> Lack of confidence about infant weight gain/growth: Section A: 14 <input type="checkbox"/> Working away from her infant: Section A: 15-16 <input type="checkbox"/> Concerns about her diet: Section A: 18 		
<p>Non-breastfed Infant-Mother/Caregiver</p>	<p>Moderate Feeding Problem: C-MAMI criteria</p>	<p>C-MAMI Enrolment (Outpatient): Infant-Mother Pair</p>	<p>No Feeding Problem: C-MAMI criteria</p>	<p>Home Care</p>
<ul style="list-style-type: none"> • Ask & Listen: Is mother the main caregiver for infant? • Ask & Listen: Did mother ever breastfed? When did she stop and why? • Ask & Listen: Is mother interested in relactating? • Ask & Listen: Is caregiver interested in wet nursing? • Ask & Listen: What is the type/source of breast milk substitute (BMS) used? • Ask & Listen: How do you prepare the BMS used? • Ask & Listen: How much BMS is consumed per 24 hours? • Ask & Listen: Is infant refusing feeds? • Ask & Listen: Does infant receive other drinks or foods in addition to BMS? • Ask & Listen: What feeding utensils does infant use? • Ask & Listen: Any problems or concerns? • Ask & Listen: Do you have the fuel/equipment available to clean and sterilize? 	<p>In non-breastfed infant: any of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> If appropriate note why the mother stopped breastfeeding <input type="checkbox"/> Mother present and interested in relactating <input type="checkbox"/> Mother absent but caregiver interested in relactation or wet nursing <input type="checkbox"/> Inappropriate BMS being used <input type="checkbox"/> Consumes less than 500ml of BMS per 24 hours <input type="checkbox"/> Refusing feeds <input type="checkbox"/> Receives other drinks or foods in addition to BMS <input type="checkbox"/> Feeding bottle used <input type="checkbox"/> Does not practice good hygiene in feed preparation <input type="checkbox"/> Note problem/concern: <hr/>	<p>In non-breastfed infant</p> <ul style="list-style-type: none"> <input type="checkbox"/> Non-breastfeeding counselling and support actions: Section C: 1-4 <input type="checkbox"/> Interest in relactating: Section C: 1-4 <input type="checkbox"/> Supplementary suckling support: Section B <input type="checkbox"/> Preparing infant formula: Section C: 3-4 	<p>In non-breastfed infant:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mother relactating OR <input type="checkbox"/> Infant fed by wet nurse OR: all the following for infant fed with BMS <input type="checkbox"/> Appropriate BMS being used being used AND <input type="checkbox"/> Consumes at least 500ml of BMS per 24 hours AND <input type="checkbox"/> Feeds well AND <input type="checkbox"/> Receives only BMS AND <input type="checkbox"/> Practices good hygiene <p>Mother/Caregiver</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confident about infant condition, feeding and home management <input type="checkbox"/> Reports no feeding problem and no concern 	<ul style="list-style-type: none"> <input type="checkbox"/> Praise, support, reassure <input type="checkbox"/> General advice/counselling on: <ul style="list-style-type: none"> - general age appropriate feeding and nutrition recommendations - routine healthcare services e.g. vaccinations, growth monitoring <input type="checkbox"/> Advise to return if new problem develops

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<p>Underlying clinical problems or issues that may affect feeding</p> <ul style="list-style-type: none"> Is this infant a twin? What is mother's age? Has the mother or prospective wet nurse or infant had an HIV test? If tested HIV positive and breastfeeding: is the mother and infant on anti-retroviral treatment (ART)? 	<p>Infant: any of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Twin birth <input type="checkbox"/> Adolescent mother (<19 years) <input type="checkbox"/> Tested HIV positive <input type="checkbox"/> On ART <p>Mother or prospective wet nurse: any of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tested HIV positive <input type="checkbox"/> On ART <input type="checkbox"/> Note problem/concern: _____ 	<p>Infant</p> <ul style="list-style-type: none"> <input type="checkbox"/> Twin birth: Section A: 19 <input type="checkbox"/> Adolescent mother (<19 years): Section A: 20 <input type="checkbox"/> Tested HIV positive: investigate and treat as per national / local guidelines: Section A: 21 <p>Mother/Wet-nurse</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tested HIV positive: investigate and treat as per national/local guidelines <input type="checkbox"/> Ensure mother/wet-nurse is referred for or receiving appropriate treatment (antiretroviral drugs for HIV) <input type="checkbox"/> Emphasise importance of adherence to ART for mother/wet-nurse's health and to reduce HIV transmission risk to infant 	<ul style="list-style-type: none"> <input type="checkbox"/> Praise, support, reassure <input type="checkbox"/> General advice/counselling on: <ul style="list-style-type: none"> - general age appropriate feeding and nutrition recommendations - routine healthcare services e.g. vaccinations, growth monitoring <input type="checkbox"/> Advise to return if new problem develops
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3. ANTHROPOMETRIC / NUTRITIONAL ASSESSMENT

ASSESS	CLASSIFY	ACT (MANAGE)	CLASSIFY	ACT (MANAGE)
<p>Infant/Mother</p>	<p>INFANT: NUTRITIONALLY VULNERABLE INFANTS WITHOUT MEDICAL COMPLICATIONS (MODERATE NUTRITIONAL RISK) OR MOTHER: MODERATE NUTRITIONAL RISK</p>	<p>C-MAMI outpatient enrolment: Infant-Mother Pair</p>	<p>INFANT AND MOTHER LOW NUTRITIONAL RISK</p>	<p>No C-MAMI enrolment for Infant-Mother Pair</p>
<p>Infant</p> <ul style="list-style-type: none"> Obtain infant age (in completed months). Measure weight and length and determine weight-for-age z-score (WFA)¹² and weight-for-length z-score (WFL) where calculable. NOTE: clinical assessment for visible wasting is not a reliable substitute for anthropometry and will result in cases being missed. It should only be done where length is <45cm and WFL cannot be calculated. Record Mid Upper Arm Circumference (MUAC) for all infants (to help build evidence)¹³ 	<p>Infant:</p> <p>Both</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinically well <input type="checkbox"/> Alert <p>AND</p> <p>One of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> < -2 WFA OR <input type="checkbox"/> < -2 WFL <p>OR: any of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate weight loss (within a few days) <input type="checkbox"/> Recent (days-weeks) failure to gain weight <input type="checkbox"/> Moderate drop across growth chart centile lines <p>MUAC: _____ mm (record to help build evidence)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assess underlying cause(s) of malnutrition and discuss action(s) to address these <input type="checkbox"/> Plot & examine growth chart to monitor progress including <ul style="list-style-type: none"> - Birth weight if available - Gestation age at birth if available - Growth trend if previous data available <input type="checkbox"/> Provide age- and status-appropriate nutrition/feeding advice <input type="checkbox"/> Provide course of broad-spectrum oral antibiotic, such as amoxicillin (for infant) – check local guidelines <p>Follow-up</p> <ul style="list-style-type: none"> Provide follow-up in 1 week to monitor for change in nutritional status 	<p>Infant</p> <p>Both</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinically well <input type="checkbox"/> Alert <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> ≥ -2 WFA OR <input type="checkbox"/> ≥ -2 WFL <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infant gaining weight <p>MUAC: _____ mm (record to help build evidence)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Praise, support, reassure <input type="checkbox"/> General advice/counselling on: <ul style="list-style-type: none"> - general age appropriate feeding and nutrition recommendations - routine healthcare services e.g. vaccinations, growth monitoring <input type="checkbox"/> Advise to return if new problem develops

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¹² Recent evidence has shown that WFA can help identify underweight infants who are also at higher risk to mortality. WFA is therefore used as a criterion for enrolment of nutritionally vulnerable infants under 6 months.

A cut-off of WFA <-2 is used to ensure consistency with WFL cut-offs.
¹³ There is recent growing evidence on the use of MUAC to identify acute malnutrition and nutrition vulnerability in infants under 6 months. However,

a nutrition classification cutoff has not yet been established. Countries and programmes are encouraged to collect MUAC data for infants under 6 months to help build the evidence base for cutoffs and case management.

Mother <ul style="list-style-type: none"> Measure MUAC (always) 	Mother Anthropometry assessment <input type="checkbox"/> MUAC ≥ 190mm and <230 mm <i>MUAC: _____ mm (record to help build evidence)</i>	<input type="checkbox"/> Provide follow-up in 1 week	AND Mother Anthropometry assessment <input type="checkbox"/> MUAC ≥230 mm <i>MUAC: _____ mm (record to help build evidence)</i>	No C-MAMI enrolment for Infant-Mother Pair <input type="checkbox"/> Praise, support, reassure <input type="checkbox"/> General advice / counselling on: <ul style="list-style-type: none"> age- and status-appropriate feeding and nutrition recommendations routine healthcare services <input type="checkbox"/> Advise to return if new problem develops
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4. MATERNAL MENTAL HEALTH ASSESSMENT

ASSESS	CLASSIFY	ACT (MANAGE)	CLASSIFY	ACT (MANAGE)
Mother	MOTHER: MODERATE MATERNAL MENTAL DEPRESSION/ ANXIETY/ DISTRESS	C-MAMI outpatient enrolment: Infant-Mother Pair	MOTHER: NO MATERNAL MENTAL DEPRESSION/ ANXIETY/ DISTRESS	No C-MAMI enrolment for Infant-Mother Pair
On some or most days in the last 2 weeks: <ul style="list-style-type: none"> Ask & Listen: Have you felt unable to stop worrying or thinking too much? Ask & Listen: Have you been sad or worried? 	If mother answers yes to 1-2 of the questions, then enrol in C-MAMI <input type="checkbox"/> Mother felt unable to stop worrying or thinking too much <input type="checkbox"/> Mother has been sad or worried (Mother has symptoms of anxiety, depression, or stress that impacts daily functions)	<input type="checkbox"/> Ask mothers about their concerns <input type="checkbox"/> Listen to mothers and help them feel calm <input type="checkbox"/> Help mothers to find solutions and link to resources to address basic needs <input type="checkbox"/> Help connect mothers to information / help to prevent further harm	<input type="checkbox"/> Mother has limited / no symptoms of anxiety, depression, or stress that impacts daily functions	<input type="checkbox"/> Praise, support, reassure <input type="checkbox"/> General advice / counselling on: <ul style="list-style-type: none"> care and nutrition recommendations during pregnancy, lactation and adolescence routine healthcare services <input type="checkbox"/> Advise to return if new problem develops
Social support <ul style="list-style-type: none"> Ask & Listen: Do you have enough food to feed your family daily?¹⁴ If No: Are you registered in any food-related services: general food distribution (GFD), supplementary feeding programme (SFP), targeted cash/voucher schemes, social protection schemes, etc.? Ask & Listen: Have you attended health services when you felt you needed to or have been referred? Ask & Listen: Do you attend health education sessions, support groups in your community or facility or receive education through community outreach workers? 	Lack of care and social support <input type="checkbox"/> Not enough food to feed family <input type="checkbox"/> Not registered in any food-related services: GFD, SFP, targeted cash/voucher schemes, social protection schemes, etc. OR <input type="checkbox"/> Does not attend the health services when needed or referred OR <input type="checkbox"/> Does not attend health education sessions, support groups in community or facility or receive education through community outreach workers	<input type="checkbox"/> Link and refer with appropriate institutional care / services (e.g. Health facility, Mental Health of Psychosocial support programme, Protection programmes / Gender based violence / GBV response programmes) <input type="checkbox"/> If not attending health services or education sessions refer to Support during breastfeeding or for non-breastfeeding mother: Section C: 1-4 / caregiver: Section D: 1-4 <input type="checkbox"/> Organise meetings at which caregivers can discuss their lives, share problem-solving and support one another in caring effectively for their infants <input type="checkbox"/> Group support: Section D: 1-2 <input type="checkbox"/> Family/partner support: Section D: 3 <input type="checkbox"/> Community support: Section D: 4 <input type="checkbox"/> Identify local human resources (e.g. community leaders, elders, health workers, teachers, women's group) <input type="checkbox"/> In follow up visits, attempt to meet with people who have been named and ask if they can help <input type="checkbox"/> When local support systems are weak, consider establishing support groups linking MAMI mothers ("current" and "graduated")	Adequate care and social support <input type="checkbox"/> Existing social support / cohesion / belonging <input type="checkbox"/> Registered in food-related services: GFD, SFP, targeted cash/voucher schemes, social protection schemes, etc. <input type="checkbox"/> Attends the health services when needed or referred <input type="checkbox"/> Attends health education sessions or support groups in community or facility	<input type="checkbox"/> Advise to return if new problem develops

¹⁴ This is context specific. Local adaptation may be needed depending on food security issues in the community and availability of programmes to refer to.