

## ACTIVITY HANDOUT: ADDRESSING SCENARIOS-ANSWERS

[MODULE 6: Disability-inclusive MAMI Scenario Role Play]

Scenario Letter	What are the risk factors for the mother and infant?	Infant Feeding Difficulties Checklist?	Identify TWO priority issues	Counselling cards, strategies, and adaptations	Any other support needed? (e.g., referrals)
A	<ul style="list-style-type: none"> <li>• Infant with cleft lip</li> <li>• Poor growth</li> <li>• Feeding difficulties</li> <li>• Less than 8 feeds in 24 h</li> </ul>	<p><i>Yes:</i></p> <p><i>Before-</i> Likely quiet, alert and no concerns with tone; non-feeding suck is likely biting/munching</p> <p><i>During-</i> Likely poor lip closure and has frequent loss of latch due to the cleft; sucking may be rhythmic, but likely to have poor endurance.</p> <p><i>After-</i> Poor attachment and</p>	<ol style="list-style-type: none"> <li>1. Address feeding difficulties</li> <li>2. Address poor growth.</li> </ol>	<p>Focus on strategies to address feeding efficiency. Consider the use of <b>upright positioning</b> to limit loss of milk through the nose. Mother can try <b>breast compression/massage</b> to improve flow of milk.</p> <p>Counsel mother to feed frequently, even if for shorter durations. Increase number of feeds per day.</p> <p>If the infant is not able to get adequate nutrition by breastfeeding alone, consider partial breastfeeding and introducing <b>cup feeding</b> to help improve growth. The infant's growth will need to improve to be safe and eligible for the surgery</p>	Referral to hospital for assessment of cleft and plan for repair

		ineffective sucking leads to a more tired than expected state.		needed to repair the cleft. Possible counselling kaarkas: A2: Good positioning A24: Cup feeding	
<b>B</b>	<ul style="list-style-type: none"> <li>• Suspected condition/disability</li> <li>• Poor growth</li> <li>• Recent weight loss</li> <li>• Feeding difficulties</li> <li>• Coughing after feeding</li> </ul>	<p><b>Yes:</b></p> <p><i>Before-</i> High tone, Weak non-feeding suck possible</p> <p><i>During-</i> Frequent loss of latch or shallow latch possible; Long pauses during sucking, and wide-open jaw movement; Signs of aspiration</p> <p><i>After-</i> More tired than expected, vomiting likely</p>	<ol style="list-style-type: none"> <li>1. Address safety to reduce or eliminate signs of aspiration</li> <li>2. Address feeding difficulties</li> <li>3. Address poor growth.</li> </ol>	<p>Use strategies to improve safe and stable positioning. Work with mother to identify positioning that is supportive for an infant with high tone, such as <b>cross cradle</b> position of <b>underarm</b> position.</p> <p>Counsel mother to use the <b>dancer hold</b> to help the infant achieve better attachment.</p> <p>Counsel mother to <b>follow the infant's cues</b> to begin breastfeeding at the earliest hunger signs so the infant is in a good state of alertness to feed. And to end feeds when the infant is becoming fatigued. May consider shorter, more frequent feeds if needed.</p> <p>Possible counselling kaarkas: A2: Good positioning A3: Effective suckling</p>	Refer for further evaluation if continues to have frequent coughing
<b>C</b>	<ul style="list-style-type: none"> <li>• Poor growth</li> <li>• Infant feeding difficulties</li> </ul>	<p><b>Yes:</b></p> <p><i>Before-</i> Likely quiet, alert;</p>	<ol style="list-style-type: none"> <li>1. Address feeding difficulties</li> </ol>	Use strategies to improve safe and stable positioning for breastfeeding. The mother may	

	<ul style="list-style-type: none"> <li>• Mother's MUAC less than 240</li> <li>• Maternal mental health</li> <li>• Adolescent mother</li> <li>• Mother with physical disability</li> </ul>	<p>no concerns with tone; and rhythmic non-feeding suck</p> <p><i>During-</i> Likely shallow latch due to difficulty positioning the infant for breastfeeding; could contribute to poor endurance for sucking, as well.</p> <p><i>After-Poor</i> attachment and ineffective sucking could lead to fussy or more tired than expected state.</p>	<p>2. Address mother's mental health.</p>	<p>have limited experience and may require additional support or problem-solving due to the weakness on her left side. Work with mother to identify positioning that is supportive for the infant.</p> <p>Counsel mother to provide support and reassurance. Mother expressed a number of worries about breastfeeding, care of her infant, and shared about her isolation within her community.</p> <p>Work with mother to problem solve positioning. Try reclined, cross-cradle, or underarm (on good side) with extra pillows for support. Ask mother if someone at home can offer physical support.</p> <p>Possible counselling kaarkas: A2: Good positioning A 9: Mother lacks confidence to breastfeed A 15: Babies with low weight A 20: Caring for adolescent mothers C 2: Community Support</p>	
<b>D</b>	<ul style="list-style-type: none"> <li>• Poor growth</li> <li>• Infant feeding</li> </ul>	Yes: <i>Before-</i>	1. Address safety to	Use strategies to improve safe and stable positioning. <b>Swaddling</b> may	Frequent signs of

	<p>difficulties</p> <ul style="list-style-type: none"> <li>• Congenital condition: Down syndrome</li> <li>• Signs of aspiration</li> </ul>	<p>Likely drowsy; low tone; and weak non-feeding suck</p> <p><i>During-</i> Likely poor lip closure, disorganized or uncoordinated sucking, signs of aspiration include fast breathing, red eyes, gulping.</p> <p><i>After-</i> More tired than expected state, vomiting after feeding possible given the infant's low tone.</p>	<p>reduce or eliminate signs of aspiration</p> <p>2. Address feeding difficulties .</p>	<p>be a good strategy to suggest to the mother to help support stable positioning for breastfeeding.</p> <p>Work with mother to identify positioning that is supportive for an infant with low tone. The <b>cross-cradle</b> position may provide good support to position the baby and the <b>underarm</b> position will give the mother a good view of her latch plus good support for positioning. May consider an <b>upright position</b> for the infant due to the frequent signs of aspiration.</p> <p>Counsel mother to try the <b>dancer hold</b> to help the infant achieve better attachment.</p> <p>If the infant continues to show consistent signs of aspiration, may need to consider alternative methods of feeding such as <b>tube feeding</b>.</p> <p>Possible counselling kaarkas: A2: Good positioning A3: Effective suckling A24: Cup feeding</p>	<p>aspiration may warrant referral for further assessment; due to the high rate of heart issues for children with Down syndrome, referral for further assessment may be necessary if the infant has not yet been assessed.</p>
--	--	--	---	---	--