

# Statement on management of at-risk mothers and infants under six months (MAMI) in the context of COVID-19

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## BOX 1 WHAT IS MAMI?

**The MAMI approach involves an integrated care pathway focused on nutritionally at-risk mothers and infants u6m.** Details of the case definition of “at-risk” are currently being refined but include infants who are: underweight; wasted; low birth weight; mothers who are malnourished or have mental health problems. Both anthropometric and non-anthropometric indicators help identify at-risk cases.

**Our vision for MAMI is that every infant u6m is nutritionally assessed and appropriately supported to survive and thrive at every community and health-service contact.** MAMI is not a standalone programme and will take different shapes and forms depending on the context. A pathway of care should be identified by **leveraging and building on existing services** across relevant sectors, such as the integrated management of childhood illnesses (IMCI), integrated community case management (iCCM), infant and young child feeding (IYCF), mental health, early childhood development and social services.

**The core components of the MAMI package are:** timely support to feeding, child health and maternal wellbeing. Skilled breastfeeding support is essential in that it is central to infant nutrition and early childhood development as well as providing immunity against infection. Breastfeeding is a critical and available mechanism to prevent infant death. MAMI recognises that other caregivers, such as fathers, siblings and family members may be primary or significant caregivers and will also need support.

**Most nutritionally at risk infants u6m can be effectively managed in the community** with low risk interventions, such as those mentioned above. Inpatient care should be reserved for medically complicated cases. Strengthening identification and management of medically uncomplicated cases in the community is critical to mitigate and minimise risks and reduce the need for inpatient care.

This statement is issued in response to concerns related to COVID-19 and its potential impact on the wellbeing of infants under six months (u6m) and their caregivers. An estimated 8.5 million infants u6m are wasted globally<sup>1</sup> and many more - such as infants who are underweight, stunted and/or low birth weight - are also at increased risk of death, illness and poor development. The COVID-19 pandemic is increasing the risks to infant and maternal wellbeing and warrants collective, integrated action. Therefore, **management of at-risk mothers and infants under 6 months (MAMI)** should be integrated in existing health and nutrition services, and in programme adaptations and response plans for the COVID-19 context.

## Risks in the context of Covid-19

The COVID-19 pandemic risks increasing the caseload of infants u6m and their caregivers and risks disrupting existing care. Identified risks to the health of infants u6m in the context of COVID-19 include:

**Disruption of breastfeeding:** Breastfeeding has been undermined during the COVID-19 pandemic response due to misinformation and misunderstandings on separation of mothers and infants. Disruption of breastfeeding both removes the nutrition source and health protection (active immunity) and introduces potential sources of infection (inappropriate foods/drinks, poorly prepared breastmilk substitutes, contact with numerous caregivers).

**Disrupted access to breast milk substitutes (BMS) and hygiene risks:** Infants who are dependent on BMS (typically infant formula) may have disrupted or inadequate or prohibitively expensive supplies due to the impact on supply chains. Preparation of infant formula requires high water, sanitation and hygiene standards that are particularly important in the context of COVID-19. Formula fed infants may have more than one caregiver giving them feeds, increasing the risk of contact with COVID-19.

**Infants U6m not included in routine nutrition screening:** Mid upper arm circumference (MUAC) is used in many contexts to screen for at-risk children over 6 months of age in the community and is recommended in contexts where weight for age (WAZ) or weight for length (WLZ) is routinely used but

<sup>1</sup> Kerac M, Blencowe H, Grijalva-Eternod C, McGrath M, Shoham J, Cole TJ, Seal A. Prevalence of wasting among under 6-month-old infants in developing countries and implications of new case definitions using WHO growth standards: a secondary data analysis. Arch Dis Child. 2011 Nov;96(11):1008-13



## BOX 2 Identifying at-risk infants using anthropometry

Weight for age (WAZ) is a good anthropometric indicator of poor nutritional status and associated morbidity and potential mortality. In the context of COVID-19, both WAZ and WLZ may not be feasible due to reduced facility attendance and risks associated with handling infants for measurement/equipment contamination in the absence of necessary infection prevention and control (IPC) measures.

In the context of COVID-19, the use of MUAC to identify at-risk infants u6m of age is a programming adaptation that may be used. The recommendations provided in this note are based on research in several African countries into the MUAC thresholds associated with mortality risk and programming experience. In accordance with existing guidance, these infants should be managed in the community if they have no other medical complications and it is assessed that the child can be safely and adequately fed by breastmilk or an appropriate breast milk substitute with community support. Avoiding admission for this specific group will reduce their (or their caretaker's) risk of contracting COVID-19 in a health facility. Infants u6m with medical complications must be treated as inpatients.

The following MUAC thresholds may be used to identify nutritionally at-risk infants u6m :

- <110mm for infants 0-6 weeks (i.e. before first vaccination)
- <115mm for infants 7 weeks-6 months

Infants u6m identified as nutritionally at-risk (with no other medical complications) should be enrolled in a low-risk intervention (i.e. infant and young child feeding (IYCF) support, integrated management of neonatal and childhood illness (IMNCI), support for maternal wellbeing). **MUAC should only be expanded to this age group where there is a clear and appropriate pathway of care in the community to manage cases identified.**

Source: WHO and UNICEF (2020). (2020) *Prevention, Early Detection and Treatment of Wasting in Children 0-59 Months through National Health Systems in the Context of COVID-19*.

is not feasible due to COVID-19 service adaptations. Although there is not yet an internationally validated MUAC threshold for infants u6m, research indicates that MUAC is also a good marker of risk in this age group and may be used as a programme adaptation (see Box 2).

**Disrupted access to routine health services:** Reduced health services to minimise population contact means that mothers and infants are likely to have less access to routine health care services including: primary health care, vaccinations, facility-based births, reproductive health care, postnatal visits, and breastfeeding support. Caregivers may also avoid accessing services due to fear of contracting COVID-19.

**Disrupted access to community services including informal networks:** Reduced or suspended face-to-face meetings/inter-household contact will impact on community follow-up, peer-to-peer support, and family support systems that would normally provide breastfeeding support and advice.

**Reduced household income and food security:** Lockdowns will affect food supplies, livelihoods, and a household's ability to access suitable and adequate foods. This creates additional stresses for families that may impact on maternal care capacity and mental health.

**Maternal wellbeing:** Mental wellbeing may be impacted due to the many consequences of the pandemic creating stress and strain. Poor mental health affects a mother's capacity to care for her young infant.

**Increased risk of gender based violence (GBV):** Lockdowns could cause increased interpersonal household stresses and dynamics with a documented increased risk of domestic violence, which can impact on maternal wellbeing and infant care.

## Key recommended actions

We have identified key actions and some examples of how to help protect and support infants u6m and their mothers during the COVID-19 pandemic:

- **Advise caregivers of sick infants to seek urgent medical attention:** Reassure caregivers that the risks of contracting COVID-19 are usually less than the risks of their child becoming severely unwell if they do not seek health care when their child needs it.
- **Do not separate mother and infant:** Enable mothers and infants to remain together from birth, including in cases of suspected or confirmed COVID-19 infection in the mother or infant. This is recommended by WHO.<sup>2</sup> Ensure this is standard practice in all maternity and postnatal care services.
- **Support breastfed infants and their mothers:** Breastfeeding continues to be the safest feeding option for infants u6m in the context of COVID-19. Mothers should be advised and supported to continue to breastfeed whilst practicing respiratory hygiene. Facilitate access to breastfeeding support to newborn infants. Determine what breastfeeding support services are available in the community for home-based births and for community-based support to infants and mothers.
- **Identify and support infants who are not breastfed:** Infants who are dependent on BMS are at increased risk and need sustained access to supplies; adequate water, sanitation and hygiene; and health care. Respiratory hygiene should be practised by all caregivers who look after and feed the infant. Entry points to identify cases include health services where an infant may present as sick and vaccination sites that are still active. Support for non-breastfed infants should be in accordance with the Operational Guidance on IFE. Contact UNICEF country office for technical assistance and support (see below).
- **Screen for at-risk infants in the community:** Where identification of at-risk infants using existing practice (WFA or WLZ) is not feasible, use MUAC to identify risk in infants u6m (see Box 2).

<sup>2</sup> WHO. Breastfeeding and COVID 19. [Scientific Brief](#). 23 June 2020.



## Feedback

This statement is issued by members of the **MAMI Special Interest Group**, an established global collective of programmers, policymakers and researchers, in collaboration with the **Wasting Thematic Working Group** of the **Global Technical Assistance Mechanism for Nutrition (GTAM)**.

Contribute to global learning on MAMI by contacting [mami@enonline.net](mailto:mami@enonline.net) to share your experiences.

**Statement on management of at-risk mothers and infants under six months (MAMI) in the context of COVID-19.**  
**MAMI Special Interest Group and Wasting Thematic Working Group/Global Technical Assistance Mechanism on Nutrition. August 2020.**

- **Target low birthweight infants for support:** Low birthweight infants should be prioritised for identification and support. Establish referral pathways between maternity services, antenatal care, postnatal care and child health services. Explore how community networks can help identify low birthweight infants.
- **Maximise the value of all contact points with mothers and infants:** Explore what opportunities there are in existing services across health and nutrition to identify and support mothers and at-risk infants. As programme adaptations are made, identify opportunities to integrate case identification and support to infants u6m and their mothers. Encourage mothers to maintain the schedule of vaccinations or if suspended, to access them as soon as they restart. Use vaccination points to quickly screen for growth, feeding or health problems. Facilitate access to psychosocial support services and orientate staff on basic psychosocial skills and as necessary, Psychosocial First Aid.
- **Enable access to available social assistance, food security and livelihood support.** Help and prioritise families with infants u6m (and young children) to access social welfare, food and livelihood support when it is available.

## Resources

### Resource materials:

- The **MAMI Tool** is a resource material to support programmers to identify and manage at risk mothers and infants u6m. It is being updated into a MAMI care pathway which will be available in August 2020.
- The **MAMI Compass Module** was developed by Save the Children modelled on the MAMI Tool to support programming.
- WHO **FAQs on breastfeeding** and COVID-19 For health care workers in the context of COVID-19. 12th May 2020.
- WHO. Breastfeeding and COVID 19. **Scientific Brief**. 23 June 2020.
- WHO and UNICEF (2020). **Prevention, Early Detection and Treatment of Wasting in Children 0-59 Months** through National Health Systems in the Context of COVID-19.
- **Counselling cards and recommended practices booklet** for infant and young child feeding recommendations when COVID-19 is suspected or confirmed
- **Global Health Media videos** on feeding and caring for a small baby
- IASC 2020. Basic Psychosocial Skills. **A Guide for COVID-19 Responders**.
- Psychological First Aid (PFA) **Guide for Field Workers** (WHO, WTF and WVI, 2011), in multiple languages,
- Remote PFA during the COVID-19 outbreak **interim guidance** (IFRC Reference Centre for Psychosocial Support, March 2020)
- **MAMI programme adaptations information note**. Wasting Thematic Working Group/GTAM and MAMI Special Interest Group, July 2020

### Technical support:

- The **Global Technical Assistance Mechanism for Nutrition (GTAM)** supports countries, agencies, and nutrition practitioners in humanitarian situations with technical assistance to meet the nutrition rights and needs of people affected by emergencies. Access technical assistance and guidance including programme adaptations in the context of COVID 19.
- Use the **en-net** online moderated forum to ask programming questions and to access support from peers and experts worldwide.

