



MAMI Assessment Guide

Management of small & nutritionally at-risk infants under six months & their mothers

Notes

1. Refer to MAMI Counselling Cards and Support Actions Booklet.
2. Cleft lip/palate and tongue tie may not require hospital referral depending on severity, age of infant, and service availability. Referral to community-based specialist may be sufficient.
3. If a child has a congenital condition/disability but normal anthropometry, then non-urgent hospital referral is appropriate.
4. Failure to gain adequate weight is defined as weight gain less than 5g/kg/day or failure to gain weight as reported by the mother.
5. The decision to enrol infants from multiple births or from adolescent mothers or mothers with MUAC less than 230mm based on these criteria alone will depend on case load and context.
6. The MAMI Maternal Mental Health Screening uses the Patient Health Questionnaire-2 (PHQ-2) which screens for depression. Information on calculating the score is provided in the MAMI Maternal Mental Health Summary

ASSESS

CHECK FOR:

GENERAL DANGER SIGNS:

- Unable to breastfeed / drink
 - Vomits everything
- Refer to IMCI for details on danger signs

MAMI-SPECIFIC DANGER SIGNS:

- Bilateral pitting oedema (+, ++, +++)
- Mother appears out of touch with reality or at risk of harming herself or infant; visible physical neglect (mother or infant)

IMCI MAIN SYMPTOMS:

ASK:

- Diarrhoea?
- Fever?
- Cough?
- Any other problem?

LOOK:

- Severe pallor (anaemia)
- Any other illness (refer to IMCI)

CHECK for congenital condition/disability causing feeding difficulty:

- Breathlessness or excessive sweating when feeding
- Coughing and eye tearing while feeding (signs of unsafe swallowing)
- Abnormal tone or posture
- Cleft lip or palate
- Tongue tie
- Other

MEASURE:

- WAZ or WLZ
- MUAC

ASK:

- Has infant recently lost weight or failed to gain adequate weight, including neonate who has not regained birthweight? (reported or documented)

ASK:

- Is biological mother absent or dead?
- Was infant born too early (preterm) or too small (low birthweight)?
- Is infant from multiple birth?
- Is mother an adolescent (under 19 years of age)?
- If mother HIV+: any concerns?
- Does infant cry excessively or have sleep problems?
- Any other concerns (e.g. maternal TB, other illness, colic)?

MEASURE:

- Mother MUAC

ASK:

- Are you the infant's biological mother? If not: what is the reason?
- Is the infant breastfed?
- If infant is breastfed: What other foods or drinks does the infant receive?
- Any problems feeding your infant?

ASK:

- Over the last two weeks, how often have you been bothered by the following problems:
- Little interest or pleasure in doing things?
 - Feeling down, depressed, or hopeless?

Calculate screening score

CHECK:

- Health worker concerned about mother's mental health

CLASSIFY ALL MOTHERS AND INFANTS

SIGNS

CLASSIFY

ACT

<p>ANY ONE OR MORE OF THE FOLLOWING SIGNS:</p> <ul style="list-style-type: none"> • Not able to feed at all or • Convulsions or • Severe chest indrawing or • Fast breathing or • High or low body temperature or • Movement only when stimulated or no movement at all or • Bilateral oedema (+, ++, or +++) 	<p>VERY SEVERE DISEASE (INFANT)</p>	<p>Provide pre-referral treatment according to IMCI</p> <p>Refer URGENTLY to hospital (treatment of acute problem(s) plus MAMI-specific support)¹</p> <p>OR</p> <p>If referral is REFUSED or NOT FEASIBLE, treat at nearest health facility until referral is feasible</p>
<ul style="list-style-type: none"> • Mother appears out of touch with reality or at risk of harming herself or infant; visible physical neglect (mother or infant) 		<p>SEVERE MENTAL HEALTH CONCERN (MOTHER)</p>
<p>IMCI MAIN SYMPTOM(S) REQUIRING HOSPITAL REFERRAL OR</p> <p>ANY CONGENITAL CONDITION/DISABILITY CAUSING FEEDING DIFFICULTY²</p>	<p>HIGH RISK (INFANT)</p>	<p>IMCI MAIN SYMPTOM(S) → Hospital referral</p> <p>Congenital condition/disability → Hospital referral³</p>
<p>ANY ONE OR MORE OF THE FOLLOWING SIGNS:</p> <ul style="list-style-type: none"> • Infants under 6 weeks: MUAC less than 110 mm • Infants 6 weeks to less than 6 months: MUAC less than 115 mm or • WAZ less than - 2 or • WLZ less than - 2 or • Recent weight loss or failure to gain weight⁴ or • Neonate has not regained birthweight by two weeks of age <p>AND CLINICALLY STABLE, ACTIVE & ALERT</p>	<p>MODERATE RISK (INFANT)</p>	<p>Manage any minor illness according to IMCI</p> <p>Enrol in MAMI Outpatient Care</p>
<p>ANY ONE OR MORE OF THE FOLLOWING SIGNS:</p> <ul style="list-style-type: none"> • Mother absent or dead or • Infant born preterm or • Low birthweight or • Multiple birth⁵ or • Adolescent mother (under 19 years)⁵ or • Mother HIV+ with concerns or • Infant cries excessively / has sleep problems or • Mother MUAC less than 230mm⁵ or • Any other concerns 	<p>MODERATE RISK (INFANT AND/OR MOTHER)</p>	<p>Enrol in MAMI Outpatient Care</p>
<p>INFANT FEEDING SCREENING:</p> <p>ANY ONE OR MORE OF THE FOLLOWING SIGNS:</p> <ul style="list-style-type: none"> • Mother absent or dead or • Infant not breastfed or • Infant receives other foods or drinks or • Problems feeding infant 	<p>–</p>	<p>Conduct FEEDING ASSESSMENT to determine level of risk</p>
<p>MATERNAL MENTAL HEALTH SCREENING:</p> <ul style="list-style-type: none"> • Screening score 3+ or • Health worker concerned about mother's mental health 	<p>–</p>	<p>Conduct MATERNAL MENTAL HEALTH ASSESSMENT to determine level of risk</p>
<ul style="list-style-type: none"> • Infants under 6 weeks: MUAC greater than or equal to 110 mm • Infants 6 weeks to less than 6 months: MUAC greater than or equal to 115 mm and • WAZ greater than or equal to -2 and • Infant gaining adequate weight <p>AND CLINICALLY WELL & ALERT AND NO OTHER RISK FACTORS FOR INFANT AND MOTHER</p>	<p>LOW RISK (INFANT AND MOTHER)</p>	<p>Praise & reassure</p> <p>Refer to routine healthcare & IYCF counselling</p>

1. DANGER SIGNS

2. CLINICAL SIGNS AND SYMPTOMS

3. INFANT GROWTH

4. KEY MAMI RISK FACTORS

5. SCREENING: INFANT FEEDING RISK

6. SCREENING: MATERNAL MENTAL HEALTH