World Breastfeeding Week 2022
Q&A from the Webinar:
'Two More Reasons to Step up for Breastfeeding'
Wednesday 3rd August 2022

Below are responses to questions that were submitted on the WBW webinar specific to the IFE and MAMI presentations. If you have further questions or clarifications, please submit them to the en-net online forum that is available in English and French. There are dedicated areas for both MAMI and IYCF interventions and we have expert and peer moderators available to respond quickly. Posting to the online forum facilitates peer support and learning. If you have difficulties accessing this, please contact mami@ennonline.net.

Question: Can you please elaborate on what algorithm was provided to nurses to assess feeding in the MAMI pathway package?

Answer: Within the MAMI Assessment Form - step 5 is 'Screen for Feeding Risk'. This is composed of four simple screening questions to determine when a more comprehensive feeding assessment needs to be undertaken. If there are any signs of potential feeding risk, there is a more detailed MAMI Feeding Assessment Form where there are a series of assessment steps, with signs to guide an appropriate classification that details appropriate 'action', e.g. enrol in MAMI and provide support to improve attachment. 'User Guides' provide an overview of the assessment process, available from the MAMI Care Pathway Package website.

Question: What kind of breastfeeding support is recommended for at-risk infants under 6 months especially at birth in special circumstances e.g. if the mother is unable to avail breastmilk due to sickness, death etc.?

Answer: The MAMI Counselling Cards and Support Action Booklets include details on how to manage such cases, including wet nursing, re-lactation and where necessary, the use of breast milk substitutes (BMS). Section B1-3 of the MAMI Counselling Cards and Support Action Booklets details what to do if the mother is absent/ breastfeeding is not possible.

Question: In countries where hospital deliveries are less than 10% and severe acute malnutrition (SAM) management focuses on children 6-59 months, how can the MAMI pathway be incorporated (considering funding and other HR needs)?

Answer: The MAMI approach assesses what existing systems and services are already available in the context and what additional support is required to either strengthen referrals to existing services or to provide additional services. It leverages existing child health and nutrition and maternal services, using and strengthening capacity, quality of services and building connections and bridges between services. The MAMI Care Pathway is not a one size fits all approach, so it is important to consider existing resources and additional available resources for your context.

If the majority of deliveries take place in the community, working with traditional birth attendants or similar helps to identify at-risk newborns who fall outside of the formal health system i.e. are not delivered at a health facility. It is also important to link in community health workers, who often conduct outreach and may be best placed to undertake rapid screening and/or identify potential at-risk cases. Referral to an outpatient clinic for a full assessment may be required for closer assessment and for support. Depending on their current workload and

skillset, existing clinic staff may require refresher/ specific training on additional components (e.g. maternal mental health support) to strengthen support within existing public health care systems.

We always look at the context to find the most important contact points and opportunities for that context where we can integrate MAMI screening and support, e.g. maternity clinics, postnatal care clinics, growth monitoring services, and EPI services like vaccination at 6 weeks, to identify at-risk infants and develop robust referral mechanisms to facilitate continuity of care.

Question: Are there any guidelines on cultural competence available for healthcare workers to provide better breastfeeding support to migrant women?

Answer: Understanding the specific cultural and personal context of feeding and sickness and perceptions of malnutrition in a community are critical to providing the most appropriate support. These may differ from the resident population that mothers have migrated from and that health workers working in the existing services have experience with. In the BFHI Training Course for maternity staff, there are two particularly relevant sessions. Session 3: Counselling skills: listening and learning, and Session 4: Counselling skills: building confidence and giving support. Both these may help to support the competence of healthcare workers to provide care to migrant women. This information is also provided in the MAMI Care Pathway Package Counselling cards and support actions booklet (page 4). More broadly, accessing previous data from the migrant population, such as surveys of feeding practices, can inform approaches. Translation of materials and having interpreters may also be necessary. Determining if there are any breastfeeding counsellors amongst those women who have migrated can be a key resource to also tap into.

Question: How will MAMI be helpful for a developing country with an existing weak health system to improve nutritional, clinical and public health outcomes in infants <6m, as the funding availability is mostly interrupted?

Answer: Since most developing countries have a considerable (though often hidden) burden of infants under 6 months of age who may require support, in the context of limited funding it is beneficial to target services to those who are most at-risk and nutritionally vulnerable, to make best use of limited resources. Intervening early can also help prevent more serious consequences that are more expensive to treat, e.g. inpatient care, and can prevent subsequent malnutrition and sickness in later childhood. It may be that services are available but referrals are not functioning optimally or service quality is low. MAMI can also help bring renewed attention and impetus to improve existing health services working towards achieving universal health coverage. Proactive screening for at risk infants and mothers at every contact point can help identify who needs support. Proactively making the case to sustain and develop care for these infants and mothers may help to prevent/ reduce diversion of funding to other 'priority' services. Identifying common ground with other sectoral policies and plans, e.g. mental health, may help strengthen such positions.

Question: What are the next steps to scale up MAMI worldwide? For sure WHO/ UNICEF inclusion of new updates in the nutrition guidelines, but then at the country level?

Answer: Achieving sustainable scale up of MAMI requires planning from the outset and the path to achieving this will take different shapes or forms depending on the context. Optimal scale will vary depending on the setting and should be driven by country priorities and needs.

An update of WHO guidelines is underway on how to address growth faltering in infants under 6 months. This will provide important direction to national authorities to inform national wasting

and other relevant guideline updates that will be supported in-country by WHO, UNICEF and many partners.

MAMI Country Chapters linked to the MAMI Global Network offer an exciting way of working towards optimal scale and learning from that process. A MAMI Country Chapter is a network at national or subnational level to enhance mutual capacity, bridge disciplines, highlight evidence gaps and champion MAMI care according to local need and demand. It may be newly formed or may leverage/ build on a network/ group that already exists in-country. It brings a MAMI lens to existing or prospective in-country initiatives, departments and groups across policy, research and practice. The aim is to both help harmonise country efforts and to facilitate learning between national and international policymakers, researchers and programmers. MAMI champions have been instrumental in initiating context-specific Country Chapters that are at various stages of development in India, Ethiopia, Senegal and Uganda. If you are interested in starting a national chapter, please contact the MAMI Global Network at mami@ennonline.net.

Question: It was difficult to understand what the MAMI acronym stands for?

Answer: It stands for **M**anagement of small and nutritionally **A**t-risk **I**nfants under 6 months and their **M**others.

Question: Can these MAMI and IFE resources and guidance be used in any country or any setting? Are they specific to developing countries or to emergency settings?

Answer: Yes, both resources/ guidance can be applied to any contexts. For example, Canada has applied the Operational Guidance for Infant Feeding in Emergencies in-country in response to bush-fires, and Ireland will use the guidance to develop their national emergency preparedness plan in a non-development setting. The operational guidance has been used in many countries and it is certainly relevant to strengthen support for optimal infant feeding across contexts. The MAMI Care Pathway can also be used in any setting where there are vulnerable infants, e.g. premature infants, infants living with disability, mothers with mental health problems and sick infants. The materials are designed for adaptation and contextualisation.

Question: If I want to get involved in MAMI and support these vulnerable infants and others in my context, what would be the first thing that I need to do?

Answer: Download the MAMI Care Pathway Package and then review those resources and gather relevant stakeholders across both health and nutrition to discuss what the needs are and what the current situation is in your context, where the opportunities and gaps are in service provision and connections, and how the MAMI Care Pathway could work. Continuity of respectful quality care is a core ambition.

If you are working in training or education, including medical staff, consider if you can include components in the existing curriculum.

It may not be possible to provide or access all services outlined in the MAMI Care Pathway immediately depending on what other services are available across different sectors but you can start off with what is available and build up as you go. Also do join the MAMI Global Network, which is free and allows you to connect with other practitioners and researchers around the world to learn from each other.

Question: What is the evidence showing that the MAMI care pathway actually works?

Answer: The MAMI Care Pathway is a plausible safe intervention that mainly applies existing guidance, such as integrated management of childhood illnesses (IMCI) and breastfeeding counselling to the situation of at-risk infants and mothers. However, evidence to date is based on small scale operational research and programming experiences. More evidence is needed on if the MAMI Care Pathway works or not, and how, why, for whom and under what circumstances in different settings. There is a randomised controlled trial and process evaluation of the MAMI Care Pathway underway in Ethiopia, state-level research in India and an intervention trial underway in South Sudan, plus various pieces of operational research in conjunction with program monitoring data. For example, many NGOs (e.g. Save the Children, GOAL, ACF) are piloting/ testing/ collecting evidence in programmes. All these will contribute to the evidence base required to support scale-up of MAMI nationally and globally.

Question: Can IYCF counsellors deliver MAMI services?

Answer: Yes, skilled IYCF counsellors are well placed to provide the breastfeeding support component of MAMI. Skilled breastfeeding counselling is central to the MAMI Care Pathway. Depending on the experience and skillset of individual counsellors, additional training may be required to deal with what may be more involved and challenging feeding support in some cases e.g. premature infants, wasted infants or sick infants. In practice, it may be that health workers managing care of these infants provide basic breastfeeding counselling support to infants, with referral to or engagement of more specialist staff in more challenging cases.

Question: At my hospital we have pacifiers available on request. We don't give these out routinely, parents have to ask for them. But I did have a baby that the mother refused to keep in the room overnight, she insisted on sending her baby to the nursery despite the obvious fact that she wanted to remain at the breast and with the mother. So I did give her a pacifier because I could not get her to stop crying despite holding her and putting her in a swing. Once she calmed down I took the pacifier away. Every time I took her back to her mother I encouraged her to keep her but she insisted on her coming to the nursery.

Answer: This is an example of individual case management that requires professional judgement of what is in the best interest of the infant and the mother. Importantly, both you as a practitioner and the mother should not feel judged or defensive or guilty about using a pacifier. There are many factors that may be influencing the mothers' situation which is beyond what we can explore here. However, your actions are sensitive and appropriate. A settled baby will be more conducive to feeding and for the mother to manage. Not having the mother and infant together is more a consideration and possible concern than pacifier use. This may be just an acute situation (e.g. mother is exhausted and really needs a good night's sleep) or a more significant issue that can be explored with her and support provided.

Question: Ireland is a big BMS producer. Does the commitment include strengthened enforcement of the WHO Code?

Answer: The N4G commitment by Ireland does not specifically refer to the WHO Code. However, this online article and an article published in the Irish Times during World Breastfeeding Week by Grainne Moloney, UNICEF, and Dr Nigel Rollins, WHO, speak to innovative legislation currently before the Irish legislature that directly relates to strengthened Code enforcement. Also, Ireland's intention to develop emergency preparedness plans based on the Operational Guidance for Infant Feeding in Emergencies speak to strengthening Code enforcement.

Question: Will this presentation also be available after the live presentation?

Answer: Yes, the presentation is available here:
https://www.ennonline.net/mediahub/blog/worldbreastfeedingweekatenn

Question: Where to find/ do a training on lactation management and support?

Answer: Depending on where you are based, training availability will vary. Here is a list of accredited training programs: https://www.leaarc.org/docs/NewApproved_Courses.pdf.
You can also reach out to your local or national Baby Friendly Hospital Initiative coordinator for information on training courses available for maternity staff. While not specific to training, some of the resources here may be useful:
https://www.ennonline.net/ifecoregroupinfographicseries.

More information can be found about the MAMI Care Pathway here: or contact Eleanor Rogers, MAMI Global Network Coordinator at mami@ennonline.net

More information about the IFE Core Group can be found here, or contact Jodine Chase, IFE Core Group Facilitator at ife@ennonline.net