



MAMI ASSESSMENT FORM

Basic Information

Infant name (first & last name)					ID no.	
					Date of assessment	____ / ____ / ____
Sex	male	female	Infant age	____ months ____ weeks	Date of birth	____ / ____ / ____
Primary caregiver name					Relationship to infant	mother
						grandmother
						other:
Source of referral	community screening	outpatient clinic	inpatient care	self-referral	other:	

STEP 1 CHECK FOR DANGER SIGNS (infant)

DANGER SIGNS	Unable to breastfeed / drink?		no	yes
	Vomits everything?		no	yes
	Bilateral pitting oedema (+, ++ or +++)?		no	yes
	Mother appears out of touch with reality or at risk of harming herself or infant; visible physical neglect (mother or infant)		no	yes
	Other IMCI danger sign(s)? Specify:			
ACT	IF ANY DANGER SIGN → refer URGENTLY to hospital			

STEP 2 ASSESS CLINICAL SIGNS AND SYMPTOMS (infant)

CLINICAL SIGNS & SYMPTOMS	Classify according to IMCI	green	Yellow	Pink
	Diarrhoea	none	mild/moderate	severe
Fever	none	mild/moderate	severe	
Cough	none	mild/moderate	severe	
Severe pallor (anaemia)	none	-	severe	

CLINICAL SIGNS & SYMPTOMS	Classify according to IMCI	green	Yellow	Pink
	Any other illness (refer to IMCI)	none	mild/moderate	severe
Specify other illness:				
Congenital condition/disability causing feeding difficulty (e.g. cleft lip, tongue tie)	none	yes:		

STEP 3 ASSESS GROWTH (infant)

MUAC:	_____ mm	Weight:	___ . ____ kg	Birthweight:	___ . ____ kg
Length:	_____ cm	WAZ:		WLZ:	
Classify weight-for-age z-score (WAZ) or weight-for-length z-score (WLZ) using infant growth charts.					
WAZ < -2.0		no	yes		
WLZ < -2.0		no	yes		
MUAC less than 110mm (infants < 6 weeks)		no	yes (age < 6 weeks)		
MUAC less than 115mm (infants 6 weeks to < 6 months)		no	yes (age 6 weeks – 6 months)		
Recent weight loss or failure to gain adequate weight		no	yes		
Other - specify:					

STEP 4 ASSESS KEY MAMI RISK FACTORS (infant & mother)

Mother absent or dead	no	absent or dead
Low birthweight (2500g or less)	no	yes
Born preterm	no	yes
Multiple birth	no	yes
Adolescent mother (under 19 years)	no	yes
Mother HIV+ with concerns	no	yes
Mother's MUAC	_____ mm	

Mother's MUAC less than 230mm	no	yes
Infant cries excessively / has sleep problems (reported)	no	yes
Any other concerns (e.g., maternal TB, other illness, colic)?	no	yes
Specify other concern:		

STEP 5 SCREEN FOR FEEDING RISK (infant & mother)

	LOW FEEDING RISK	POTENTIAL FEEDING RISK
Are you the infant's biological mother? <i>If not, ask: What is the reason?</i>	biological mother	mother dead or absent
Is the infant breastfed?	breastfed	not breastfed
<i>If infant is breastfed: What other foods or drinks does the infant receive?</i>	none (only breastmilk)	any other foods or drinks
Any problems feeding your infant?	no	yes
ACT	ANY SIGN OF POTENTIAL FEEDING RISK → conduct feeding assessment	
Infant feeding practices:	exclusively breastfed	mixed feeding
		not breastfed
Feeding risk based on assessment:	low feeding risk	moderate feeding risk
Details of any feeding difficulties:		

STEP 6 SCREEN FOR MATERNAL MENTAL HEALTH CONCERN

Over the last two weeks, how often have you been bothered by the following problems?	not at all	several days	more than half the days	nearly every day
Little interest or pleasure in doing things?	0	1	2	3
Feeling down, depressed, or hopeless?	0	1	2	3
Add column scores:	_____	_____	_____	_____
SCREENING SCORE:				
<i>Screening score 2 or less, but health worker concerned about mother's mental health</i>	no	yes, specify:		
ACT	SCREENING SCORE 3+ OR CONCERN ABOUT MOTHER'S MENTAL HEALTH → Conduct mental health assessment			ASSESSMENT SCORE: _____

MAMI ASSESSMENT SUMMARY

Step 1: Any clinical sign requiring referral to hospital or specialised services?	no	-	yes
Step 2: Any sign of infant growth failure?	no	yes	-
Step 3: Any other risk factors?	no	yes	-
Step 4: Any sign of moderate feeding risk?	no	yes	-
Step 5: Maternal mental health assessment score (if applicable)	0 – 9 <i>and</i> 'no' to Question 9 (thoughts of self-harm)	10 – 14 <i>and</i> 'no' to Question 9 (thoughts of self-harm)	15+ <i>and/or</i> 'yes' to Question 9 (thoughts of self-harm)
Classify & refer	LOW RISK: If all signs circled, refer to routine healthcare & IYCF counselling	MODERATE RISK: If any sign circled, enrol in MAMI Outpatient Care	HIGH RISK: If any sign circled, refer to hospital or specialised services
Other – specify:			
Main problems identified:	<ol style="list-style-type: none"> 		
If not following advice above on referral options, document why:			



MAMI FEEDING ASSESSMENT FORM

Basic Information

Infant name (first & last name)		ID no.	
		Date of assessment	____ / ____ / ____

STEP 1 Establish mode of infant feeding

1. What and how do you feed the infant?	<input type="checkbox"/> Mother's breastmilk (directly at breast)	<input type="checkbox"/> Informally shared expressed breastmilk (by cup/spoon/bottle)
	<input type="checkbox"/> Mother's expressed breastmilk (by cup/spoon/bottle)	<input type="checkbox"/> Breastfed by a woman who is not the infant's mother
	<input type="checkbox"/> Donor human milk (by cup/spoon/bottle)	<input type="checkbox"/> Breastmilk substitute (by cup/spoon/bottle)
		<input type="checkbox"/> Breastmilk substitute (by cup/spoon/bottle)
		<input type="checkbox"/> Other: _____
If infant not breastfed / not given breastmilk, skip to STEP 4		

STEP 2 If infant is breastfed or given breastmilk, ask Questions 2 & 3

	SIGNS OF LOW FEEDING RISK	SIGNS OF MODERATE FEEDING RISK
2. Please tell me about any difficulties with breastfeeding:	none	notes:
3. How many times is the infant breastfed or given breastmilk in 24 hours?	8+ feeds in 24h	less than 8 feeds in 24h

STEP 3 If directly breastfeeding, request permission to observe breastfeeding and examine the breasts:

Infant well-attached to breast?	well-attached	not well-attached
Infant suckling effectively?	suckling effectively	not suckling effectively
Any breast conditions (e.g., mastitis, thrush, pain)?	no	yes
Specify breast condition:		

STEP 4 Check if the infant receives anything other than breastmilk, ask Question 4:

4. What other foods or drinks does the infant receive?	none	<input type="checkbox"/> Water or other liquids (e.g., tea, juice) <input type="checkbox"/> Other milk (e.g., powdered or condensed milk) <input type="checkbox"/> Food <input type="checkbox"/> Other: _____ <input type="checkbox"/> Potential feeding risk: infant formula
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STEP 5 If the infant receives infant formula, ask Questions 5 – 10:

5. What type of formula does the infant receive?	Specify formula:	
	Appropriate formula	Inappropriate formula
6. If using powdered formula: What source of water is used?	safe water (e.g., boiled)	unsafe water
7. How is infant formula prepared? (e.g., number of scoops of powder per volume of water)	correctly	incorrectly
8. Is formula fed with a feeding bottle?	no	yes
9. How much formula does the infant consume at each feed (liquid)? Refer to guide below.	sufficient infant formula for age	insufficient infant formula for age
10. Please tell me about any difficulties with feeding:	none	notes:

Feeding risk based on assessment	LOW FEEDING RISK if all signs circled in this column	MODERATE FEEDING RISK if any sign circled in this column
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ACT RETURN TO MAMI ASSESSMENT FORM AND COMPLETE ASSESSMENT

Guide to infant formula intake per day by age

Age of infant in months	0 – 1	1 – 2	2 – 3	3 – 4	4 – 5	5 – 6
Weight in kilograms	3	4	5	5	6	6
Amount of infant formula per day	450ml	600ml	750ml	750ml	900ml	900ml
Number of feeds per day	8	7	6	6	6	6
Size of each feed	60ml	90ml	120ml	120ml	150ml	150ml

