



MAMI ENROLMENT AND FOLLOW-UP FORM

Basic Information

Infant name			Date of enrolment	___ / ___ / ___	
			ID no.		
Primary caregiver name			Date of birth	___ / ___ / ___	
			Sex	male	female
Contact phone 1			Contact phone 2		
Address	Province:	District:		Village:	
House details/ landmarks					

Visit number	Adm (0)	1	2	3	4	5	6	7	8	9
Date										
Age in months										

Monitoring: Infant clinical progress

Danger sign (Y/N)										
Oedema (Y/N)										
Episode of illness (Y – describe/N)										
Clinically well & alert (Y/N)										

Monitoring: Growth / nutritional status

Weight (kg)										
Weight change (g/kg/day)										
WFA (z-score)										
Length (cm)										
WFL (z-score)										
MUAC (mm) – infant										
MUAC (mm) – mother										

*WEIGHT CHANGE: If not gaining adequate weight, consider repeat assessment and/or refer to inpatient care.
(poor = <5g/kg/day; adequate = 5 – 10g/kg/day; good = >10g/kg/day)

Monitoring: Feeding

Breastfeeding status (EBF / mixed / NBF)										
At least 8 – 12 feeds in 24h? (Y/N)										
At least 5 – 6 wet diapers in 24h (urine)? (Y/N)										
At least 2 soiled diapers in 24h (stools)? (Y/N)										
Are breasts & nipples comfortable? (Y/N)										
Non-breastfed or mixed fed: consuming safe & appropriate infant formula (Y/N)										
Any feeding concerns? (Y/N)										

Monitoring: Maternal mental health

1. How are you feeling compared to last visit? (-, 0, +)										
2. Little interest or pleasure in doing things? (0, 1, 2, 3)										
3. Feeling down, depressed, or hopeless? (0, 1, 2, 3)										
Total score on questions 2 & 3:										

If total score on questions 2 & 3 is 3 or more, then repeat MAMI Maternal Mental Health Assessment and refer based on outcome.

NEXT VISIT & MAIN OUTCOMES

Name of examiner										
Visit outcome										
Date of next visit										

Outcome codes: A=absent; D=defaulted (absent for 3 consecutive visits); INP=referral to inpatient; AO=aged out at 6 months; X=died

Visit summary & advice given

(refer to original MAMI Assessment to ensure main problems addressed; also discuss any new concerns)

Date	Actions & advice given	Date	Actions & advice given
___ / ___ / ___		___ / ___ / ___	
___ / ___ / ___		___ / ___ / ___	
___ / ___ / ___		___ / ___ / ___	
___ / ___ / ___		___ / ___ / ___	
___ / ___ / ___		___ / ___ / ___	

TOPICS to discuss with ALL carers (date covered & notes)

1. Relaxation	(EVERY VISIT)
2. Crying, sleep	
3. Nurturing care	
4. Family/father support	
5. Family planning	
6. Complementary feeding	

ACT	DECIDE ON FREQUENCY OF SUBSEQUENT FOLLOW UP VISITS (ASSESS AT EACH VISIT):	
Reduce frequency when ALL of the following:	<input type="checkbox"/> Adequate weight gain for at least 2 consecutive weeks (more than 5g/kg/day) <input type="checkbox"/> Clinical issues resolved (or resolving) <input type="checkbox"/> Feeding issues resolved (or resolving) <input type="checkbox"/> Maternal health / mental health issues resolved (or resolving) <input type="checkbox"/> Mother/carer satisfied with progress	weekly → fortnightly fortnightly → monthly monthly → monthly
Continue with current frequency when ANY of following:	<input type="checkbox"/> Inadequate weight gain (less than 5g/kg/day) <input type="checkbox"/> Ongoing clinical sign or symptom <input type="checkbox"/> Ongoing feeding issues <input type="checkbox"/> Ongoing maternal mental health issue <input type="checkbox"/> Mother/carer has continued concerns needing regular visits/support	weekly → weekly fortnight → fortnightly
Increase frequency when ANY of following:	<input type="checkbox"/> Some weight loss (outside of immediate postnatal period) <input type="checkbox"/> Inadequate weight gain after 3 weeks (less than 5g/kg/day)	fortnightly → weekly monthly → weekly
Refer to hospital or specialised services when ANY of following:	<input type="checkbox"/> Any new IMCI danger sign → URGENT hospital referral <input type="checkbox"/> Significant weight loss <input type="checkbox"/> Worsening mental health concern	

FINAL VISIT: 6-MONTH OF AGE OUTCOME

STEP 1: Infant clinical progress	infant clinically well	any new/ongoing clinical problem	any danger sign
STEP 2: Infant & mother nutritional status	no signs of nutritional risk	eligible for nutrition services e.g.: low WLZ or WAZ: <-2 or <-3 low MUAC: <125mm or <115mm or oedema	-
STEP 3: Infant feeding progress	no sign of feeding problem	ongoing feeding problem	-
STEP 4: Maternal mental health	no maternal mental health concern	new or ongoing maternal mental health concern (score 10-14)	new or ongoing maternal mental health concern (score 15+)
Classify & refer (if referred please state where)	If all signs circled, refer to routine healthcare & IYCF counselling	If any sign circled, refer to appropriate clinical / nutrition / MHPSS services:	If any sign circled, refer urgently to hospital or specialised MHPSS services
	Other – specify:		