



MAMI Rapid Screening 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. If there is documented weight loss or failure to gain adequate weight (less than 5g/kg/day) or if mother reports that infant has lost weight or failed to gain weight, then refer for MAMI Assessment.
3. This refers to any mode of feeding: breastfed, non-breastfed, or mixed feeding.
4. In contexts with high case loads and/or limited capacity, it may be necessary to limit screening to the core criteria (Step 1: IMCI danger signs + Step 2: infant anthropometry). This will limit MAMI enrolment to infants with an existing anthropometric deficit who require immediate support. If capacity allows, screen for expanded criteria (Step 3: infant feeding issues + Step 4: maternal health and wellbeing) in addition to the core criteria. The expanded screening criteria aim to identify infants and mothers with risk but no current anthropometric deficit and prevent them from developing growth failure.

		ASSESS	SIGNS	CLASSIFY	ACT		
CORE SCREENING CRITERIA ⁴	1. IMCI DANGER SIGNS	<p>CHECK FOR:</p> <p>GENERAL DANGER SIGNS</p> <ul style="list-style-type: none"> • Unable to drink or breastfeed or vomits everything • Convulsions • Difficulty breathing • Temperature (high or low) • Lethargic or unconscious • Refer to IMCI for details on danger signs <p>MAMI-SPECIFIC DANGER SIGNS</p> <p>Bilateral oedema (+, ++, or +++)</p>	<p>ANY ONE OR MORE OF THE FOLLOWING SIGNS:</p> <ul style="list-style-type: none"> • Not able to feed at all • Convulsions • Severe chest indrawing • Fast breathing • High or low body temperature • Movement only when stimulated or no movement at all • Bilateral oedema (+, ++, or +++) 	VERY SEVERE DISEASE	<p>Provide pre-referral treatment according to IMCI</p> <p>Refer URGENTLY to hospital (treatment of acute problem(s) plus MAMI-specific support)¹ or</p> <p>If referral is REFUSED or NOT FEASIBLE: treat at nearest health facility until referral is feasible</p>		
	2. INFANT GROWTH	<p>ASK:</p> <ul style="list-style-type: none"> • Was infant born too early (preterm) or too small (low birthweight)? (reported or documented) • Has infant recently lost weight or failed to gain weight, including neonate who has not regained birthweight? (reported or documented) <p>MEASURE:</p> <p>WAZ and/or MUAC</p>	<p>ANY ONE OR MORE OF THE FOLLOWING SIGNS:</p> <ul style="list-style-type: none"> • Infant born preterm • Low birthweight • Recent weight loss or failure to gain weight² • Neonate has not regained birthweight by two weeks of age • MUAC less than 115 mm • WAZ less than -2 		POTENTIAL RISK	<p>Refer mother and infant to nearest MAMI service point for further assessment</p>	
EXPANDED SCREENING CRITERIA	3. INFANT FEEDING	<p>ASK:</p> <ul style="list-style-type: none"> • Does infant have difficulties feeding?³ • Does infant usually receive any foods or drinks other than breastmilk? • Does mother have feeding concern(s) or breast problem(s)? (reported or observed) 	<p>ANY ONE OR MORE OF THE FOLLOWING SIGNS:</p> <ul style="list-style-type: none"> • Infant has difficulties feeding • Infant usually receives foods or drinks other than breastmilk • Mother has feeding concern or breast problem 	LOW RISK			<p>Praise & reassure</p> <p>Provide or refer for routine health care & maternal and IYCF counselling</p>
	4. MATERNAL HEALTH AND WELLBEING	<p>ASK AND LOOK:</p> <ul style="list-style-type: none"> • Does mother have illness that requires further assessment? (reported or observed) • Has mother had any difficulties taking care of her infant or herself recently? <p>MEASURE:</p> <p>MUAC</p>	<p>ANY ONE OR MORE OF THE FOLLOWING SIGNS:</p> <ul style="list-style-type: none"> • Mother has illness requiring further assessment • Mother indicates she has had difficulties taking care of her infant or herself recently • Mother has MUAC less than 230mm 				

CLASSIFY ALL MOTHERS AND INFANTS