



MAMI
Management of small
& nutritionally At-risk
Infants under six months
& their Mothers

MAMI Care Pathway Package

Health worker support materials user booklet



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The Health Worker Support Materials User Booklet is supplementary material that forms part of the MAMI Care Pathway Package V3 (2021) to support the management of small and nutritionally at risk infants under six months (u6m) and their mothers (MAMI).

This guidance may be used as a reference during trainings and/or to facilitate integration into existing health worker materials. The guidance may be used to inform adaptation and integration of materials into what exists and training needs. It provides guidance on:

- [1. MAMI Assessment Form](#)
- [2. MAMI Feeding Assessment Form](#)
- [3. MAMI Maternal Mental Health Assessment Form](#)
- [4. MAMI Enrolment and Follow-Up Form](#)
- [5. MAMI Counselling Cards and Support Actions Booklet](#)

1. MAMI ASSESSMENT FORM

Intended user of form: Health workers delivering MAMI care.

Purpose of form: To assess, classify, and refer small and nutritionally at risk infants u6m and their mothers (or primary caregiver if this is not the mother).

General instructions to complete form:

- At each step, circle the option relevant to that mother-infant pair for every question and make notes in the spaces provided. Circling 'yes' or a risk factor identifies the infant is at risk, with yellow identifying moderate risk and red identifying high risk.
- Only conduct the MAMI Feeding Assessment and/or MAMI Maternal Mental Health Assessment if any sign of potential feeding or mental health risk is identified in screenings (Steps 4 and 5).
- Classify risk and identify appropriate referral pathways based on the "MAMI ASSESSMENT SUMMARY" at the end of the MAMI ASSESSMENT FORM.

See Table 1 for guidance on specific sections.

TABLE 1: USER GUIDANCE FOR MAMI ASSESSMENT FORM

Item	User guidance notes																																																	
BASIC INFORMATION																																																		
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STEP 3: ASSESS GROWTH (infant)																																																		
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<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Mother HIV+ with concerns</td> <td></td> </tr> </table>	Mother HIV+ with concerns		<p>If mother is HIV positive and presents with concerns or complications (e.g., not enrolled in an anti-retroviral treatment (ART) programme, poor adherence to ART) then they should be considered for MAMI Outpatient Care enrolment. If mother is HIV positive but is well-controlled with ART, then enrolment may not be necessary.</p>																																															
Mother HIV+ with concerns																																																		
STEP 5: SCREEN FOR FEEDING RISK (infant & mother))																																																		
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">ANY SIGN OF POTENTIAL FEEDING RISK → conduct feeding assessment</td> <td></td> </tr> </table>	ANY SIGN OF POTENTIAL FEEDING RISK → conduct feeding assessment		<p>If mother and infant are classified as having low feeding risk during screening, then continue the MAMI Assessment and do not conduct a full feeding assessment.</p>																																															
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STEP 6: SCREEN FOR MATERNAL MENTAL HEALTH CONCERN																																																		
<p>STEP 6 SCREEN FOR MATERNAL MENTAL HEALTH CONCERN</p>	<p>Screening for mental health concerns are also applicable to primary caregivers that are not the infant's biological mother (mother dead/absent).</p>																																																	
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Step 5: Maternal mental health assessment score (if applicable)																																																		

2. MAMI FEEDING ASSESSMENT FORM



Intended user of form: Health workers delivering MAMI care.

Purpose of form: To assess feeding issues after potential feeding risk has been identified in Step 4 of the MAMI ASSESSMENT FORM.

General instructions to complete form:

- Circle the option relevant to that mother-infant pair for every question and make notes in the spaces provided (or primary caregiver if mother does not care for infant).
- Classify feeding risk based on assessment and return to the MAMI ASSESSMENT FORM for next steps.

See Table 2 for further guidance on specific sections.

TABLE 2: USER GUIDANCE FOR MAMI FEEDING ASSESSMENT FORM	
Item	User guidance notes
STEP 1: ESTABLISH MODE FOR BREASTFEEDING	
STEP 1 Establish mode of infant feeding	If infant receives any amount of breastmilk, then they should be considered a breastfed infant.
STEP 3: If directly breastfeeding, request permission to observe breastfeeding and examine the breasts:	
STEP 3 If directly breastfeeding, request permission to observe breastfeeding and examine the breasts:	Observe breastfeeding for at least 4 minutes from when the infant is properly attached. If the infant has fed within the past hour, then you may need to return to the breastfeeding observation after completing other steps in the MAMI Assessment to check if the infant is willing to feed again.
STEP 5: If the infant receives infant formula, ask Questions 5-10:	
5. What type of formula does the infant receive?	It is important to understand what type of infant formula is used and whether it is appropriate for the infant's needs. For example, some formulas are designed for older infants or infants with special dietary needs. These specialised formulas can be expensive and/or inappropriate for the infant's age and if being used, the mother should receive counselling on appropriate formula use.
9. How much formula does the infant consume at each feed (liquid)? Refer to guide below.?	For guidance on quantities of infant formula for age, indicative amounts are included on the MAMI Feeding Assessment Form. For amounts of powdered infant formula, determine whether mother adds the exact amount of formula to water as instructed on the label (usually one scoop of powdered infant formula should be added to every 30ml of water to achieve adequate nutrient density).

3. MAMI MATERNAL MENTAL HEALTH ASSESSMENT FORM



Intended user of form: Health workers delivering MAMI care.

Purpose of form: To assess risk of maternal depression after potential risk is identified in Step 5 of the MAMI ASSESSMENT FORM.

General instructions to complete form:

- Circle the option relevant to the mother (or primary caregiver if mother does not care for infant) for every question and makes notes in the spaces provided.
- Classify and refer based on “Total Assessment Score”. For next steps refer to the MAMI ASSESSMENT FORM.

See Table 3 for further guidance on specific sections.

TABLE 3: USER GUIDANCE FOR MAMI MATERNAL MENTAL HEALTH ASSESSMENT FORM	
Item	User guidance notes
<div style="border: 1px solid black; padding: 2px;">1. Little interest or pleasure in doing things?</div> <div style="border: 1px solid black; padding: 2px;">2. Feeling down, depressed, or hopeless?</div>	Questions 1 and 2 are asked in the screening section of the MAMI Assessment Form. Confirm the caregiver’s original answers as part of this more detailed assessment.
<div style="border: 1px solid black; padding: 2px;">9. Thought that you would be better off dead or of hurting yourself in some way?</div>	If the mother answers ‘yes’ to Question 9 (thoughts of self-harm) at any frequency, then they should be referred to specialist Mental Health and Psychosocial Support (MHPSS) and enrolled in MAMI Outpatient Care, and closely monitored.
Add column scores:	Calculate the scores for each of the three columns and then add the three column scores to get a total score for the assessment.
TOTAL ASSESSMENT SCORE:	Transfer the total assessment score to the MAMI Assessment Form.

4. MAMI ENROLMENT AND FOLLOW-UP FORM

Intended user of form: Health workers delivering MAMI care.

Purpose of form: To facilitate actions and to record information related to enrolment, follow up, outcome, and referrals of mother-infant pairs in MAMI Outpatient Care.

General instructions to complete form:

- Circle the option relevant to that mother-infant pair for every question and make notes in the spaces provided as you complete each follow-up visit.
- When the infant reaches 6 months of age, classify risk and determine appropriate referral pathway based on the ‘6 Months of Age Outcome Review’.

See Table 4 for further guidance on specific sections.

TABLE 4: MAMI ENROLMENT AND FOLLOW-UP FORM	
Item	User guidance notes
MAMI ENROLMENT AND FOLLOW-UP FORM	The MAMI Enrolment and Follow-up Form and the MAMI Assessment Form should be attached together so that reasons for enrolment can be easily referenced during follow up visits.
Visit number	If more than 9 visits are conducted over the duration of the mother-infant pair’s enrolment in MAMI Outpatient Care, multiple forms will be needed. Note the form number at the top of the page and attach multiple forms together.
MONITORING: INFANT CLINICAL PROGRESS	
Episode of illness (Y – describe /N)	Episodes of illness should be briefly described in the ‘Visit summary & advice given’ box at the top of page 2.

MONITORING: GROWTH / NUTRITIONAL STATUS					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Length (cm)</div>	<p>It is recommended that length is only measured:</p> <ul style="list-style-type: none"> • At entry • Monthly • At exit 				
<p>*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)</p>	<p>Infant progress should not solely rely on weight as an indicator of wellness. Clinical wellbeing and good infant feeding are equally important indicators of infant progress. Infant size and rates of weight gain are not the only outcomes of interest. For example, a small infant who is clinically well, feeding well, and growing on an upward trajectory (even if below WHO thresholds) likely does not require referral to inpatient care.</p>				
MONITORING: MATERNAL MENTAL HEALTH					
<table border="1" style="width: 100%;"> <tr> <td>1. How are you feeling compared to last visit? (-, 0, +)</td> </tr> <tr> <td>2. Little interest or pleasure in doing things? (0, 1, 2, 3)</td> </tr> <tr> <td>3. Feeling down, depressed, or hopeless? (0, 1, 2, 3)</td> </tr> <tr> <td style="text-align: center;">Total score on questions 2 & 3:</td> </tr> </table>	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:	<p>The monitoring questions related to maternal mental health should be asked of all mothers at each follow up visit for the following reasons:</p> <ol style="list-style-type: none"> 1. To monitor change in mental health status of those receiving mental health support. 2. To identify any new mental health concerns among those not receiving specific mental health support.
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:					
<table border="1" style="width: 100%;"> <tr> <td>1. How are you feeling compared to last visit? (-, 0, +)</td> </tr> </table>	1. How are you feeling compared to last visit? (-, 0, +)	<p>This question aims to open the discussion around the mother's mental health and wellbeing and to understand how she feels compared to her previous visit:</p> <p>+ indicates improvement in maternal mental health/wellbeing since last visit. 0 indicates no change in maternal mental health/wellbeing since last visit. - indicates deterioration in maternal mental health/wellbeing since last visit.</p>			
1. How are you feeling compared to last visit? (-, 0, +)					
<table border="1" style="width: 100%;"> <tr> <td>2. Little interest or pleasure in doing things? (0, 1, 2, 3)</td> </tr> <tr> <td>3. Feeling down, depressed, or hopeless? (0, 1, 2, 3)</td> </tr> </table>	2. Little interest or pleasure in doing things? (0, 1, 2, 3)	3. Feeling down, depressed, or hopeless? (0, 1, 2, 3)	<p>The scoring system used for these two questions is the same as in the MAMI Maternal Mental Health Assessment:</p> <p>0 = none at all 1 = several days 2 = more than half the days 3 = nearly every day</p>		
2. Little interest or pleasure in doing things? (0, 1, 2, 3)					
3. Feeling down, depressed, or hopeless? (0, 1, 2, 3)					
<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Total score on questions 2 & 3:</td> </tr> </table>	Total score on questions 2 & 3:	<p>If the mother's total score for these two questions is equal to or higher than 3, then repeat the more detailed assessment found in the MAMI Maternal Mental Health Assessment Form. Make referrals to available mental health services according to the mother's score on the assessment.</p>			
Total score on questions 2 & 3:					
VISIT SUMMARY & ADVICE GIVEN					
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 15%;">Date</th> <th>Actions & advice given</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">___ / ___ / ___</td> <td></td> </tr> </tbody> </table>	Date	Actions & advice given	___ / ___ / ___		<p>Examples of what might be recorded in this space include:</p> <ul style="list-style-type: none"> • e.g., <i>Advised on positioning and told to practice relaxation techniques.</i> • e.g., <i>BF now improved and weight up. Reassured position now OK. Raised issue about contrary advice from grandmother re tea.</i> • e.g., <i>had diarrhoea this week but now settled. No significant dehydration, give ORS if needed. Discussed continued need for relaxation exercises.</i>
Date	Actions & advice given				
___ / ___ / ___					
DECIDE ON FREQUENCY OF SUBSEQUENT FOLLOW UP VISITS (ASSESS AT EACH VISIT):					
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #d9ead3;"> <p>Reduce frequency when ALL of the following:</p> </div> <div style="border: 1px solid black; padding: 5px; background-color: #fcf8e3;"> <p>Continue with current frequency when ANY of following:</p> </div>	<p>The recommended frequency of follow up visits is weekly, but if this is not feasible, then visits could be conducted fortnightly. This should be decided based on context.</p> <p>Even if infant-mother pair have no ongoing issues, continue with monthly visits to enable monitoring and to ensure no deterioration. The minimum frequency of visits is monthly.</p>				
FINAL VISIT: 6-MONTH OF AGE OUTCOME					
<div style="border: 1px solid black; padding: 5px; background-color: #d9ead3;"> <p>If all signs circled, refer to routine healthcare & IYCF counselling</p> <p>_____</p> </div>	<div style="border: 1px solid black; padding: 5px; background-color: #fcf8e3;"> <p>If any sign circled, refer to appropriate clinical / nutrition / MHPSS services:</p> <p>_____</p> </div>	<div style="border: 1px solid black; padding: 5px; background-color: #f4cccc;"> <p>If any sign circled, refer urgently to hospital or specialised MHPSS services</p> <p>_____</p> </div>	<p>At the mother-infant pair's final visit as part of MAMI Outpatient Care, the health worker should make appropriate referrals for continued care based on the pair's status (e.g., to nutrition or MHPSS services).</p>		

5. MAMI COUNSELLING CARDS AND SUPPORT ACTIONS BOOKLET



Those responsible for counselling mother-infant pairs should tailor support according to the issues identified in each pair's assessment. To do this, the health worker/counsellor should follow these steps at each visit:

1. Consider specific issues for that infant-mother pair based on the MAMI Assessment.
2. Identify counselling topics based on specific issues identified.
3. Locate relevant Counselling Cards and Support Actions to facilitate counselling (see Table 5). For example, for low birthweight infants, prepare Counselling Cards A13 and A14 and any others that may be relevant. Where available, counselling support can be provided using local materials with similar content.
4. Conduct counselling session.
5. At each visit, cover at least one topic from TOPICS TO DISCUSS WITH ALL CAREGIVERS. Relaxation should be discussed at every visit.

See Table 5 for further guidance on identifying relevant MAMI Counselling Cards.

TABLE 5: IDENTIFYING RELEVANT MAMI COUNSELLING CARDS FOR COUNSELLING TOPICS

COUNSELLING TOPICS	CARDS
KEY MAMI RISK FACTORS	
Low birthweight	A13, A14
Born preterm	A13, A14
Multiple birth	A17
Adolescent mother (under 19 years)	A18
Mother HIV+ with concerns/complications	A19
Mother's MUAC less than 230mm	A16
Mother reports infant cries excessively / has sleep problems	A6
FEEDING ISSUES	
BREASTFED INFANTS	
Infant receives other foods or drinks	A4
Frequency of feeds (too many or too few)	A3
Infant not well attached to breast	A1
Infant not suckling effectively	A2
Mother has breast condition:	-
<i>Breast engorgement</i>	A8
<i>Sore or cracked nipples</i>	A9
<i>Plugged ducts and mastitis</i>	A10
<i>Flat, inverted, large or long nipples</i>	A11
<i>Thrush</i>	A12
Mother lacks confidence to breastfeed	A7
Mother reports 'not enough' breastmilk	A5
Feeding multiple birth infants	A17
Re-lactation to increase milk supply	A23
Supplementary suckling to help mother re-lactate	A24
Breast milk expression and storage	A21
Mother away from infant	A15

COUNSELLING TOPICS	CARDS
NON-BREASTFED INFANTS	
Mother absent	B1, A21, A22
Re-lactation	A23
Supplementary suckling to help mother re-lactate	A24
Infant receives infant formula	B2, B3
OTHER SPECIFIC TOPICS	
Relaxation (<i>review at every visit</i>)	
Crying & sleep	
Family/father/community support	
Family planning	
Complementary feeding at 6 months (<i>discuss at 6 month of age outcome review</i>)	
Nurturing care for early childhood development	

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The MAMI Care Pathway Package development is managed and produced by the ENN as co-lead of the MAMI Global Network.

www.ennonline.net/ourwork/research/mami

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