

# IV C-MAMI PROGRAMME MANAGEMENT CARDS

## C-MAMI Enrolment and Management Card

ADMISSION/ENROLMENT DETAILS: Community based Management of At-risk Mothers and Infants under 6 Months (C-MAMI)															
Name (first, last/family)					Reg. No										
Age (completed months)		Sex	M	F	Date of Birth (DOB)		Date of Admission								
Administrative Unit					Time to Travel to Site										
Community					Father Alive			Yes	No	Mother Alive		Yes	No		
House Details/Landmarks								Mother's Age							
Caregiver (first, last/family)					Total Number in household										
Contact phone #1					Contact phone #2										
Admission (Circle)		Self-Referral	Outreach Referral	Inpatient Care Referral	Inpatient Care Refusal	Health Facility Referral		Readmission/Relapse		Yes	No	If Yes, when?			
Twin/multiple birth		Yes	No	Infant's Birth Weight (kg)	_____ kg	Premature	Yes	No	Orphan/Mother absent		Yes	No	Mother sick	Yes	No
Additional information															
Enrolment Anthropometry (Infant)															
Weight	_____ kg		Length	_____ cm		Weight-for-Length: WFL z-score	_____		Weight-for-Age: WFA z-score	_____		MUAC (mm) data	_____		
Bilateral pitting oedema		0	+	++	+++										
Admission Anthropometry (Mother)															
Bilateral pitting oedema		0	+	++	+++	MUAC data	_____ mm		Height data	_____ cm					
History (Infant)															
Unable to drink/breastfeed	Yes	No	Symptoms	Respiration Rate (#/min)		<30	30 - 39	40 - 49	50+						
Vomits everything	Yes	No		Chest In-drawing		Yes		No							
Any Convulsions	Yes	No		Cough		Yes		No							
Lethargic/Unconscious	Yes	No		Abnormally loose/ watery stools in infant > 1 mo. (Diarrhoea)		Yes		No							
				Stools / Day		<3	3-5	>5							
				Temperature (°C)		_____ °C									
Physical Examination (Infant)															
Eyes	Normal	Sunken	Discharge	Dehydration	Conjunctiva		Normal	Pale							
Ears	Normal	Discharge			None		Moderate		Severe						
Lymph Nodes	None	Neck	Axilla		Groin	Normal		Sores		Candida					
Skin Problems	None	Scabies	Peeling		Ulcers/Abscesses	Disability		Yes		No					
Feeding Assessment															
Breastfeeding	Yes	No	Non-Breastfeeding	Yes	No	Receiving appropriate Breast Milk Substitute (BMS)		Yes	No						
Any plain water, other liquids or foods	Yes	No	If Yes, describe:			Passing urine									
Breastfeeding Frequency (Total times/24 hours)				If not breastfeeding, how long since you stopped?											
				If not breastfeeding, why did you stop?											

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**Recommendations for Management (Circle)**

<b>Infant/ Mother</b>	<b>Yellow</b>	<b>Breastfeeding counselling</b>	<p><b>Refer to C-MAMI counselling and support actions:</b> Good attachment; effective suckling; frequency of breastfeeds; receives other liquids/foods; "not enough" breastmilk; mother lacks confidence; breast conditions; thrush: infant, maternal nipple thrush; low weight infant, keeping low weight infant warm &amp; Kangaroo Mother Care (KMC); satisfactory slow weight gain; concerns about being away from infant; breastmilk expression; cup feeding, and storage of breastmilk; re-lactation; other breastfeeding related concerns: maternal diet concerns, twin delivery, adolescent mother, HIV-infected or exposed.</p> <p><b>Mother, family and community counselling:</b> Informal support; group support; family support; partner support; community support</p> <p><b>Refer to C-MAMI counselling and support actions:</b> Good attachment; effective suckling; frequency of breastfeeds; receives other liquids/foods; "not enough" breastmilk; mother lacks confidence; breast conditions; thrush: infant, maternal nipple thrush; low weight infant, keeping low weight infant warm &amp; Kangaroo Mother Care (KMC); satisfactory slow weight gain; concerns about being away from infant; breastmilk expression; cup feeding, and storage of breastmilk; re-lactation; other breastfeeding related concerns: maternal diet concerns, twin delivery, adolescent mother, HIV-infected or exposed.</p> <p><b>Mother, family and community counselling:</b> Informal support; group support; family support; partner support; community support</p>
		<b>Non-breastfeeding support</b>	<p><b>Non-breastfeeding support:</b> Mother absent; use of appropriate BMS (e.g. infant formula); preparing infant formula; cup feeding</p> <p><b>Mother, Family and Community Counselling:</b> Informal support; group support; family support; partner support; community support</p>

**INFANT in YELLOW: NUTRITIONALLY VULNERABLE WITHOUT MEDICAL COMPLICATIONS**

**WFA** <-2 z score **OR** **WFL** < -2 z-score [MUAC: record measure to help build evidence] **OR** any of the following: Moderate weight loss (within a few days), Recent (days-weeks) failure to gain weight, Moderate drop across growth chart centile lines, Moderate feeding problem with possible underlying causes (see below) **AND:** Clinically well and alert **OR** Referred from inpatient care.

**BREASTFED INFANT:** Not well attached to the breast **OR** Not suckling effectively **OR** Less than 8 breastfeeds in 24 hours **OR** Receives other foods or drinks

**NON-BREASTFED INFANT:** Inappropriate BMS being used **OR** Consuming less than 500 ml of BMS per 24 hrs **OR** Refusing feedings **OR** Receives other foods or drinks in addition to BMS **OR** Mother absent

**MOTHER in ORANGE: MODERATE RISK**

MUAC 190 to <230 mm (record actual measure to help build evidence) **AND** Lack of social support

**INFANT in RED: NUTRITIONALLY VULNERABLE WITH MEDICAL COMPLICATIONS**

**MOTHER in RED: HIGH RISK**

# C-MAMI Follow-Up Card

## Follow-up: C-MAMI

<b>Name</b>								<b>Date of Birth</b>				<b>Reg. N°</b>			
<b>Visit (weeks)</b>	Adm (0)	1	2	3	4	5	6	7	8	9	10	11	12		
<b>Date</b>															

### Anthropometry: Infant

<b>Bilateral pitting Oedema</b>													
<b>MUAC (mm)</b>													
<b>Weight (kg)</b>													
<b>Weight gain? (Y/N)</b>													
<b>WFA (z-score)</b>													
<b>Length (cm)</b>													
<b>WFL (z-score)</b>													

\*WEIGHT CHANGES: If below admission weight on week 3, refer for home visit; if no weight gain by week 6 refer to inpatient care

<b>Bilateral pitting oedema</b>													
<b>MUAC (mm)</b>													

### Physical Examination Infant

<b>Temperature (C°)</b>													
<b>Respiratory rate (#/min)</b>													
<b>Dehydrated (Y/N)</b>													
<b>Anaemia (Y/N)</b>													
<b>Episode of sickness (Y/N)</b>													

### Monitoring Feeding

<b>Breastfeeding (Y/N)</b>													
<b>Well attached? (Y/N)</b>													
<b>Suckling effectively (Y/N)</b>													
<b>At least 8 breastfeeds in 24 hrs. (Y/N)</b>													
<b>Consume any of the following: water, other liquids or foods (Y/N)</b>													
<b>Clinically well and alert (Y/N)</b>													
<b>Mother is confident with infant condition &amp; breastfeeding (Y/N)</b>													
<b>If non-breastfed: receives appropriate breast milk substitutes (Y/N)</b>													

### Counselling and Support

<b>Breastfeeding Counselling</b>													
<b>Non-Breastfeeding Support</b>													
<b>Mother, Family and Community Counselling</b>													
<b>Name of Examiner</b>													
<b>Visit Outcome</b>													

**Before discharged Cured, check to make sure the Breastfed or Non-Breastfed Infant meets the following criteria:**

#### Breastfed Infant:

- Breastfeeding=Yes
- Consumes any water, other liquids or foods =No
- Clinically well and alert =Yes
- Mother confident with infant condition and breastfeeding=Yes

#### Non-Breastfed Infant:

- Breastfeeding =No
- Receives appropriate quantity of breast milk substitutes=Yes
- Consumes any water, other liquids or foods =No
- Clinically well and alert=Yes
- Mother confident with infant condition and feeding=Yes

### Follow-up Actions

Date	Actions agreed upon during follow-up visits	Date	Actions agreed upon during follow-up visits

**Name of Outreach Worker**