

MAMI Outpatient Care: Management Guide

Infant and mother pairs identified as requiring MAMI outpatient care will have been admitted based on one or more risk factors/problems identified during the assessment process. As well as providing general support which will benefit all, the MAMI Care Pathway also involves tailored support focusing on the particular risk factor(s)/problem identified.

MAMI care therefore includes:

1. Counselling on **core topics** for all enrolled pairs.
2. Tailored counselling and actions to address **specific risk factors and problems** as required.
3. **Referral** of mother-infant pairs to other relevant services as required.

4. **Continuous monitoring** of the mother-infant pair's progress and wellbeing at each visit with visit frequency reduced or increased as considered appropriate by the health worker and mother. New problems may arise or be identified during follow-up and may also require tailored support or referral.

Counselling content and suggested actions for common risk-factors/ problems is provided in the **MAMI Counselling Cards and Support Actions Booklet**. If appropriate national guidelines and packages are available, they can be used in place of, or to complement the generic MAMI materials.

	SIGNS IDENTIFIED IN ASSESSMENT	INTERVENTION	REFERRALS	MONITORING
FOR ALL ENROLLED MOTHER-INFANT PAIRS IN OUTPATIENT CARE	For all pairs enrolled in MAMI Outpatient care.	<p>All mothers receive counselling on the following core topics:</p> <ul style="list-style-type: none"> • Relaxation • Infant crying and sleep • Nurturing care for early childhood (infant) development • Family/father/community support • Family planning • Timely introduction of complementary foods <p>For those admitted based on anthropometric measures alone (and no other risk factors or specific problems), counselling on these core topics combined with close monitoring is the main intervention they will receive.</p> <p>Since these infants are at increased risk of disease (e.g. infection), death and poor development, mothers and healthcare workers must be alert to any deterioration or new problems that may arise, even if initial progress is good. Ensuring continued exclusive breastfeeding is especially important for all infants enrolled in MAMI care.</p>	<p>While mother-infant pairs are in MAMI Outpatient Care, link them with any additional support they may need.</p> <p>For example:</p> <ul style="list-style-type: none"> • Health and nutrition services • Early childhood development services • Social welfare 	<p>All mother and infant pairs should be monitored at each visit to assess their progress (see MAMI Enrolment and Follow-up form).</p> <p>Actively look for specific issues on each visit. Those admitted without obvious specific problems may develop new problems that require action.</p> <p>If the pair are progressing well, visits may take place less often (e.g. fortnightly or monthly). All infant-mother pairs should be seen at least monthly.</p> <p>Visits continue until the infant reaches 6 months of age, when the 6-month of age outcome review is conducted (see MAMI Enrolment and Follow-up form).</p>
MAMI-SPECIFIC RISK	For any infant and mother with one or more of the following: <ul style="list-style-type: none"> • Infant born preterm or • Low birthweight or • Multiple birth or • Adolescent mother (under 19 years) or • Mother/infant HIV+ with concerns/complications or • Mother MUAC less than 230 mm 	<p>Provide tailored counselling and support to the mother to address the specific risk factor presented.</p> <p>For Mother MUAC less than 230 mm, provide counselling and refer to appropriate nutrition services.</p>		
FEEDING RISK	Breastfed and non-breastfed infants and mother pairs identified to have signs of a moderate risk during the MAMI Feeding Assessment.	<p>Provide tailored counselling and support to the mother-infant pair to improve feeding. The ideal target diet is effective exclusive breastfeeding for the first six months of life.</p>		
MATERNAL MENTAL HEALTH RISK	<p>For any mother identified with moderate mental health risk identified using MAMI Maternal Mental Health Assessment where she scores:</p> <ul style="list-style-type: none"> • 10-14 AND • responded 'no' to question 9 (thoughts of self-harm) <p>For the following group, outpatient support is in addition to specialised care, if considered locally appropriate.</p> <p>For any mother identified with severe mental health risk identified using MAMI Maternal Mental Health Assessment where she scores:</p> <ul style="list-style-type: none"> • 15+ AND/OR • responded 'yes' to question 9 (thoughts of self-harm) 	<p>For moderate mental health risk, provide counselling and support based on the support package available. See the Maternal Mental Health Support Summary to view options for possible support packages to implement if services are not currently available.</p> <p>For severe mental health risk, urgently refer to specialised mental health and psychosocial support services. Also enrol the mother-infant pair in MAMI outpatient care if considered locally appropriate. Where specialised services are not available, refer pair to outpatient counselling and support for moderate mental health risk as outlined above.</p>		