

MAMI and the 2023 WHO recommendations: We're talking the same talk!



Marie McGrath
Technical Director at
Emergency Nutrition Network
(ENN) and Co-Chair of the
MAMI Global Network

What we know:

The World Health Organization (WHO) severe wasting guideline update in 2013 recommended outpatient treatment for infants under six months. The MAMI Care Pathway approach was developed to help operationalise this recommendation.

What this adds:

This article reiterates a blog Marie McGrath posted on 18 September 2023¹ commenting on the much-anticipated 2023 WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under five years – which has finally landed². Key principles and practices for continuity of quality care for small and nutritionally at-risk infants under six months and their mothers, described in the MAMI Care Pathway approach, are embedded in the 2023 guideline.

Many of you have asked whether the MAMI approach is reflected in the recently launched 2023 WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under five years³. To answer, it may help to first clarify exactly what 'MAMI' is (and is not). MAMI refers to continuity of respectful quality care for at-risk infants under six months and their mothers across systems of health and nutrition. You don't need to call it MAMI but we've found it a useful shorthand for a big (but important) mouthful. 'At-risk' infants come in different shapes and forms, or at least are described in different ways. They may present as small vulnerable newborns⁴, including those of low birth weight, who are premature, or small for gestational age, or wasted/stunted/underweight infants or infants otherwise at risk of poor growth and development. Risks may also arise due to maternal health, nutrition, or social factors that warrant attention and action. The 'MAMI Care Pathway' applies an integrated care pathway approach to the context of at-risk mother–infant pairs.

The 'MAMI Care Pathway Package' is a resource that was collaboratively developed under the MAMI Global Network⁵ to help put this approach into practice to guide context-specific implementation (MAMI Global Network et al, 2021). It applies and expands on material that already exists – such as the Integrated Management of Childhood Illness (IMCI)⁶ and

breastfeeding counselling materials – that could plausibly be applied to improve the care of these vulnerable pairs.

Rest assured, the MAMI Care Pathway and WHO 2023 recommendations are aligned. Just like the MAMI approach, WHO has expanded the scope to way beyond the severely wasted infant under six months (the target group of the WHO 2013 guidelines⁷) to infants under six months 'at risk of poor growth and development'.

Expanded criteria to identify those at risk include weight-for-age, mid-upper arm circumference (MUAC) and growth faltering, and maternal factors. This welcome clarification on how to define those at-risk infants under six months of age helps address a critical longstanding gap highlighted in earlier published summaries of research priorities (Angood et al, 2015).

WHO 2023 emphasises and addresses mothers and infants' health and nutrition needs, as an interdependent pair, as does MAMI. The MAMI Care Pathway embeds and builds on IMCI, just as WHO 2023 does; in fact, WHO 2023 expands considerably on details of clinical care that hopefully can (and really should) feed directly into the WHO-led update of IMCI now well underway. WHO 2023 also provides guidance to support decision-making on referral pathways (continuity of care in action) informed by the individual mother–infant circumstances (person-centred care in action) and prevailing inpatient and outpatient service capacities.

In both MAMI and WHO 2023, prevention and treatment are intertwined through early identification and action, responsive growth monitoring, and attending to both maternal mental health and early child development.

“Does it matter that MAMI is not explicitly mentioned in the WHO 2023 guideline? NO”

What is important is what you do, not what you call it. Indeed, a drawback of our framing MAMI as a 'package' is that it can be seen as a standalone, rigid, or non-negotiable way to do care – which it's not. Implementation modalities for MAMI are not limited to those that explicitly use the MAMI Care Pathway Package and approaches. To achieve continuity of respectful quality care this may come in many different guises, and we should and must welcome, be open to, and embrace such diversity.

When it comes to the nitty-gritty details, there are some differences between WHO 2023 and MAMI. Take MUAC for example. The WHO guidelines include, for the first time, a welcome recommendation for MUAC (<110mm) in infants from six weeks to six months based on the latest evidence presented. The MAMI Care Pathway Package suggests a less conservative cut-off: <115mm for infants aged six weeks and above and <110mm for infants aged under six weeks.

Differences are only to be expected when you consider the different timelines, processes, remits, and authorities involved in normative guideline and implementation/operational guidance development. For the WHO guideline update, the independent WHO Guideline Development Group considered the latest evidence identified through systematic reviews and were informed by an appraisal of the balance of good practices (in case evidence was absent or very weak), benefits and harms, values and preferences, certainty, resources, equity, acceptability, and feasibility.

In the MAMI Care Pathway Package, MUAC cut-offs were proposed in the context of a lack of global guidance and an urgent demand from practitioners for direction. An expert/peer consultation, facilitated by ENN, considered evidence available up to 2021 (the last update), implementation experiences, and pragmatic operational considerations. Implementation guidance often can and needs to go further than normative guidelines, such as when there is a need to 'stop gap' an immediate void in global guidance that is hampering practice. Indeed, by going further to address urgent needs in real time, and documenting process and outcomes along the way, such guidance can support 'learning by doing' and generate evidence that can in turn inform normative guideline development.

¹ <https://www.enonline.net/mediahub/blog/mami-and-the-new-2023-who-recommendations-on-at-risk-infants-under-6-months>

² <https://www.childwasting.org/normative-guidance>

³ <https://www.childwasting.org/normative-guidance>

⁴ <https://www.enonline.net/mediahub/blog/mamireflections-on-the-lancets-small-and-vulnerable-newborn-series>

⁵ <https://www.enonline.net/ourwork/research/mami>

⁶ <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/child-health/integrated-management-of-childhood-illness>

⁷ <https://www.who.int/publications/i/item/9789241506328>