Management of acute malnutrition in infants < 6 months (MAMI)

Background and Future

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Outline & key messages

• Background
  ➔ Infants do get acutely malnourished
  …this matters

• Building evidence
  – Getting Research into Policy
  ➔ 2013 WHO SAM guidelines
  … Also apply to infant MAM

• Future plans
  ➔ Lesson-learning networks
  …. Need YOU!

‘Right relationships’ are vital

Infant SAM: a symptom not the problem?

practice ↔ research ↔ advocacy
mother ↔ infant ↔ wider family ↔ healthcare system
Governments ↔ UN ↔ NGO ↔
civil society ↔ FBO ↔ private sector
Clinical (medical services) ↔ social
nutrition ↔ disability ↔ other

“DEEPER LISTENING”

MAMI-1 Background
(making the case...)

A background reflection:

‘DEEPER LISTENING’

Burden of disease

Kerac, Blencowe, Grijalva-Eternod,
McGrath, Shoham, Cole, Seal
Archives of Disease in Childhood 2011
http://adc.bmj.com/content/96/11/1008.full.pdf
Prior assumptions

"Children under 6 months of age...are often still breast-fed and therefore satisfactorily nourished”

⇒ DON'T LOOK (for infant malnutrition) ⇒ DON'T SEE

MAMI (1) – Results, disease burden

Extrapolating 21 country DHS data to 55.8 million infants in all developing countries:

- **WHZ (WHO)**
  - Severe wasting (WHZ < -3):
    - 3.8 million infants
  - Moderate wasting (WHZ -2 to -3):
    - 4.7 million infants

⇒ NEED TO CONSIDER / LOOK for it...

Current Management protocols

Management of infants <6m

- 37 guidelines -14 international, 23 national (AGREE criteria)
- All ‘complicated’ inpatient SAM care (WHO, 1999)
- No ‘official’ CMAM option, no ‘MAM’ option
- Inconsistency in admission criteria
  - Age, anthropometry (cut-offs), clinical, feeding
- Supplementary suckling central
  - aims to restore ‘effective EBF’ (where possible)
- Other treatments: antibiotics, micronutrients, supporting mother, IYCF, Kangaroo care (hypothermia)
- Good guidance: MSF guidelines 2006 - ACF Assessment and treatment of malnutrition 2002 – IFE Group Module 2 on IFE

Clinical quiz – infant “A”

- 4 months old
- Mother says "exclusively breastfeeding well"
- Clinically well

a) HOW WORRIED ARE YOU?
1 (not at all) → 5 (very)

b) DO YOU RECOMMEND TOP-UP FEEDING?
1 (definitely no) → 5 (definitely yes)

Why infants <6m?

- Nutritional differences
  (exclusive breastfeeding ⇒ RUTF not recommended)
- Physiological differences
- Pathological differences
  but...
  ⇒ Age matters (5 weeks vs 5 months…)
  ⇒ Poor evidence base for current guidance
  ⇒ Many questions & challenges arising from the field…
Clinical quiz – infant “B”

• 4 months old
• Mother says “exclusively breastfeeding well”
• Clinically well

a) HOW WORRIED ARE YOU?
1 (not at all) → 5 (very)

b) DO YOU RECOMMEND TOP-UP FEEDING?
1 (definitely no) → 5 (definitely yes)

Clinical quiz – infant “A”

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• Mother says “exclusively breastfeeding well”
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By anthropometry alone?

It’s not just about anthropometry...

Complicated / uncomplicated
Age of the infant
AM not a diagnosis but a symptom of...

Building evidence

New WHO SAM guidelines, Dec 2013
Division of infant <6m SAM into:
- “Complicated” → inpatient treatment
- “Uncomplicated” → outpatient care

For infant who do not require inpatient care or whose caretakers decline admission for assessment:
- Counselling and support for optimal infant and young child feeding
- Weekly weight monitoring
- If not gaining or losing weight while the mother or caregiver is receiving support for breastfeeding, then refer to inpatient care
- Assessment of physical and mental health status of mothers or caretakers

Case definition & assessment
(Academy of Medical Sciences ‘Starter Grant’ Study)
AIM: Develop (refine) assessment criteria/tools for <6m SAM
- (A)thropometric – including MUAC
- (B)reastfeeding assessment tools
- (C)linical – e.g. TB, HIV, other (infant AND mother)
- (D)epression and (D)isability
- (E)xtra – family and community support, partner violence

2 populations: Infants @ Health Centres
Infants @ Hospital / community clinic

Long-list of questions
- which questions / tools best predict good/poor outcomes

Follow-up at 6 months: Global Network
- Strategic and technical direction
- Country-based initiatives of research & practice
- Organised to inform international policy & practice
  e.g. Vermont Oxford Network http://www.vtoxford.org/
  - Strong research programme (evidence base)
  - Guidance on research design (influence policy)
  - “Potentially better practices” tied in with operational research
    - (advice ‘here and now’)
  - Harmonised standardised data collection
    e.g. Commcare https://www.commcarehq.org/exchange/

- Link clinical practice and research and policy
- Bridge sectors, build on existing, emergency/development

CHNRI: Research prioritisation

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<thead>
<tr>
<th>Rank</th>
<th>Research question</th>
<th>RPS</th>
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<tbody>
<tr>
<td>1</td>
<td>How should infant &lt;6month SAM be defined?</td>
<td>92.6</td>
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<tr>
<td>2</td>
<td>What are the key opportunities/timings where infant SAM management can be incorporated with other healthcare programmes?</td>
<td>90.8</td>
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<td>3</td>
<td>What are the priority components of a package of care for outpatient treatment of infant&lt;6 month SAM?</td>
<td>90.7</td>
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<td>4</td>
<td>Having detected SAM in the community, what is the efficacy of providing targeted skilled breastfeeding support to caregivers of stable infants?</td>
<td>90.4</td>
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<td>5</td>
<td>How can existing tools be adapted and/or linked together to better identify and manage infant&lt;6month SAM?</td>
<td>90.2</td>
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Shared experiences and informed advice

www.en-net.org.uk

Your vote

- Management of acute malnutrition in infants < 6 months (MAMI)
- Survival, Nutrition & Growth in Early Life (SUNGEL)
- Survival, Growth and Nutrition in Early Life (SUGNEL)
- Survival and Growth in Early Life (SAGEL)
- Survival and Nutrition in Early Life (SANEL)
- Others?......

https://doodle.com/s83rp26bwyk9uu4d

Suggestions: Add comment on poll or email: marie@ennonline.net

Thanks

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