

Standard Operating Procedure (SOP) for the Management of Infants less than 6 months

This SOP provides a structured approach for the admission, management, and discharge of infants under 6 months of age in line with the latest WHO guideline and evidence. It covers inpatient and outpatient management, referrals, and follow-up care.

Table 1: Key definitions for infants and children at risk of poor growth and development, or classified as having acute malnutrition

Infant < 6 months at risk of poor growth and development
<p><i>Infants with poor growth based on sequential measures</i></p> <ul style="list-style-type: none"> ● No weight gain or weight loss from one measurement to the next; or ● Insufficient weight gain¹ <p><i>Infants with poor anthropometry based on a single measure</i> (if sequential measures not available)</p> <ul style="list-style-type: none"> ● Nutritional oedema; or ● MUAC < 11.0 cm for infants between 6 weeks to less than 6 months of age. <p><i>Infants with known risk factors for poor growth and development</i></p> <ul style="list-style-type: none"> ● Poor cognitive development (Neurodevelopmental concerns); or ● Infant feeding concerns; or ● Maternal risk (physical or mental health problem(s) affecting caring practices); or ● History of hospitalization (and/ or any disease). <p><i>Infants at risk due to poor birth outcomes</i></p> <ul style="list-style-type: none"> ● Preterm birth²; or ● Low birth weight³; or
<p>¹ Approximately less than 500 g/month, or in case of weekly measurements, birth to <3 months, approximately less than 150–200 g/week and 3 to 6 months approximately less than 100-150 g/week.</p> <p>² Defined as babies born alive before 37 weeks of pregnancy are completed.</p> <p>³ Defined as weight at birth of < 2500 grams (5.5 pounds).</p>

****Note:** an infant can have any of these (one or multiple) and be categorized as being at risk of poor growth and development or acutely malnourished.

Table 2: Integrated Management of Childhood Illnesses (IMCI) classification of danger signs and medical problems. Note: definitions are adapted from WHO guidelines

<p>Danger signs</p>	<ul style="list-style-type: none"> ● not able to drink or breastfeed. ● vomits everything. ● had convulsions recently. ● lethargic or unconscious. ● convulsing now.
<p>Acute medical problems (severe)</p> <p>[Note, it is not always possible for acute medical problems to be identified at the INF level, and therefore it is important that there are good referral pathways to HF for any infant/child of concern.]</p>	<ul style="list-style-type: none"> ● Signs of possible serious bacterial infection in infants less than 2 months of age ● Shock ● Oxygen saturation < 90% ● Pneumonia (with chest indrawing; and/or fast breathing; and if possible, to measure, oxygen saturation < 94%) adding the age wise category: ● Dehydration (including some or severe dehydration) ● Severe persistent diarrhoea (diarrhoea for 14 days or more plus dehydration) or bloody diarrhoea ● Hypoglycaemia ● Severe complicated measles ● Mastoiditis ● Severe anaemia (severe palmar pallor or as per age-associated haemoglobin levels) ● Severe side effects from antiretroviral therapy (for HIV) – skin rash, difficulty breathing and severe abdominal pain, yellow eyes, fever, vomiting ● Open or infected skin lesions associated with nutritional oedema ● Other stand-alone ‘priority clinical signs’ not classified as danger signs: hypothermia (< 35°C axillary or 35.5°C rectal) or high fever (≥ 38.5°C axillary or 39°C rectal)

1. Service Flow

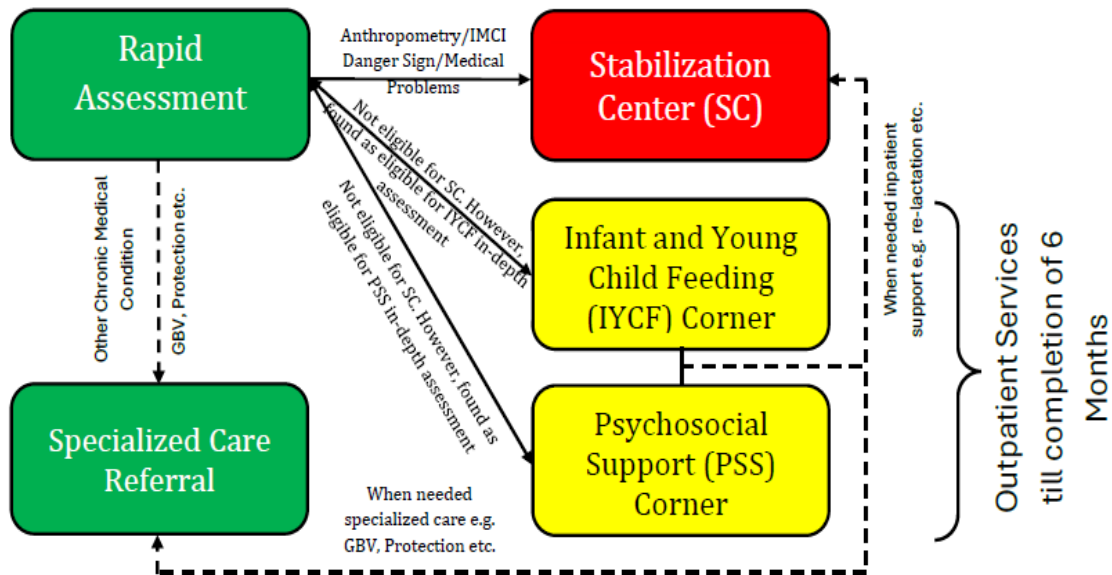


Figure: Referral Pathway for U6 Months Infants' Management

2. Implementation Modality

2.1 Screening and Identification

Process for managing infants aged <6 months in the Integrated Nutrition Facility (INF):

1. Infants aged <6 months will visit the Pregnant and Breastfeeding Women (PBW) Corner of the INF along with their caregivers.
2. The designated Nurse responsible for managing infants <6 months and PBW will:
 - Conduct a rapid assessment of the infant and mother following the prescribed checklist.
 - Address/refer identified issues based on the rapid assessment findings.
 - All the infants and caregivers **must be assessed monthly**. Even if the infants/caregivers are enrolled in the outpatient, they will be assessed through rapid assessment tool as the medical issues can occur or the WAZ and/or WLZ can deteriorate anytime etc.

2.2 Referral Pathway based on Identification from Rapid Assessment

1. Severe Risk (Pink)
 - a. Danger Signs and Severe Medical Problems based on IMCI
 - b. Poor growth based on sequential measures e.g. weight loss (any visit), static weight (2 consecutive visits) etc.
 - c. Poor anthropometry based on single measure e.g. MUAC <11.0 cm, WAZ <-3SD, WLZ <-3SD
 - d. Poor birth outcome (low birth weight <2 kg)

If any of the above risk factors are assessed through the rapid assessment tool, the infant will be referred to the inpatient unit/stabilization center (SC).

- e. Referral to inpatient care can also be done from outpatient in case of special conditions (e.g. re-lactation etc.)
 - f. Some pre-referral supports (e.g., kangaroo care for hypothermia, breastfeeding support if the child is lethargic or shows signs of hypoglycemia, support for caregivers to prepare them for the referral process) may be provided from the outpatient unit before the beneficiaries are carried to the inpatient unit.
2. Moderate Risk (Yellow)
 - a. Poor birth outcomes (preterm and low birth weight 2 kg to <2.5 kg), poor growth (WAZ and/or WLZ <-2SD, failure to weight gain/static weight, insufficient weight gain as per standard mentioned above, birth weight not regained by 2 weeks after birth), MUAC 11.0 cm to <11.5 cm and without any IMCI danger sign and acute medical problem. These cases will be referred to the Infant and Young Child Feeding (IYCF) Corner and/or the Psychosocial Support (PSS) Corner where in-depth assessments will be conducted using the prescribed checklists.
 - b. Feeding-Related Issues: If feeding-related issues are identified, the infant-mother pair will be referred to the IYCF Corner for in-depth assessment using the recommended checklist.
 3. Maternal Mental Health Concerns: If mental health-related issues of the caregiver are observed, the pair will be referred to the PSS Corner. The regular prescribed in-depth assessment tool will be used to further assess their psychosocial condition.
 4. No Concern (Green): Praise and reassure and refer to IYCF for messaging.
 5. Refer to specialized care (e.g. health facility, protection, GBV) for special condition (e.g. chronic medical conditions, GBV, Protection) affecting the infant or caregiver. This referral can also be done while admitted in the outpatient services (IYCF and/or PSS) if any issue arises suddenly.

3. Admission/Enrolment Criteria

3.1 Inpatient Admission Criteria

Criteria for inpatient admission include any of the following:

- One or more IMCI danger signs
- Acute medical problems or conditions under severe classification as per IMCI
- Nutritional oedema
- Recent weight loss (any visit)
- Failure to gain (static weight) based on two consecutive measurements
- WAZ <-3SD
- WLZ <-3SD
- MUAC <11.0 cm for infants between 6 weeks and less than 6 months of age
- Low birth weight (below 2 kg)

3.2 Outpatient Enrolment Criteria

Criteria for outpatient care include:

- No danger signs or acute medical problems requiring inpatient admission.
- Preterm birth
- Low birth weight (2 to below 2.5 kg)
- Failure to gain (static weight); any visit
- Insufficient weight gain (as mentioned above)
- Neonate has not regained birthweight by two weeks of age
- MUAC 11.0 to <11.5 cm for infants between 6 weeks and less than 6 months of age
- WHZ and WLZ -3SD to < -2SD
- Feeding problems identified as per rapid assessment.
- Identified as vulnerable based on PSS via the rapid assessment.

4. Management

4.1 Inpatient Management

Key steps in inpatient management include:

1. Provide medical stabilization and address immediate life-threatening conditions.
2. Support breastfeeding through skilled lactation counseling or supplementary suckling methods.
3. Monitor anthropometric measurements (weight, WAZ, and MUAC) daily.
4. Treat underlying medical issues (e.g., infections or dehydration).

4.2 Outpatient Management

Key steps in outpatient management include:

1. Regular follow-ups to monitor growth and health status through rapid assessment.
2. Support exclusive breastfeeding or safe alternative feeding methods.
3. Provide psychosocial support to caregivers.
4. Ensure immunization and preventive healthcare are up to date.
5. The follow up visit will be bi-weekly till the issues identified are improving. After being resolved, the follow up visit can be reduced.

5. Discharge/Exit Criteria

5.1 Discharge from Inpatient Care

Criteria for discharge from inpatient include:

1. Resolution of danger signs and acute medical problems.
2. Stable weight gain for at least 2-3 consecutive days.
3. MUAC ≥ 11.0 cm and/or WAZ $\geq -3SD$ and/or WLZ $\geq -3SD$ for 2 consecutive days.
4. Adequate breastfeeding (re-lactation) or other provision (as a last resort) is established.
5. Linkage to follow-up outpatient care or community support.

5.2 Exit from Outpatient Care

There will be no exit criteria for the <6 months infants from the outpatient. Each enrolled infant will continue to be followed up till the completion of six months. However, the bi-weekly follow up can be reduced to monthly based on the following:

- MUAC ≥ 11.5 cm and/or WAZ $\geq -2SD$ and/or WLZ $\geq -2SD$ for 2 consecutive visits (over a month).
- Have sustained and sufficient weight gain for at least 2 consecutive visits (over a month).
- Breastfeeding effectively.
- PSS issues found are resolved.

Infants less than 6 months of age at risk of poor growth and development should be assessed (including assessment of their anthropometry) once they reach 6 months of age to determine if they need ongoing follow-up or referral to services for infants 6 months of age and older (including nutritional treatment/supplementation) as appropriate according to their clinical and nutritional status.

6. Annexes

- Rapid Assessment for Infant less than 6 months
- IYCF Full Assessment Form
- PSS In depth screening form (GHQ-12)
- Reporting Template

Rapid Assessment for Infants less than 6 months

Name of the Infant:	Sex:	Age: _____ week/ month	Date:
Name of the Mother/ caregiver:	Full Address:	PBW ID:	

Sign	Classify	Act/Action
ANY ONE OR MORE OF THE FOLLOWING SIGNS <ul style="list-style-type: none"> Any IMCI danger sign(annex) Any Acute/chronic Medical problem (Severe) (annex) Bilateral oedema (+, ++, or +++) MUAC<11.0 cm (age 6 weeks to less than 6 Months) WAZ<-3SD or WLZ<-3SD Weight loss (any visit) Failure to weight Gain/Static weight 2 consecutive measurement Low birthweight (wt.<2.0 kg) 	Very Severe Risk	Provide pre-referral support according to IMCI Refer URGENTLY to Stabilization Center or PHC as required or If referral is REFUSED or NOT FEASIBLE: Outpatient treatment at nearest health facility until referral is feasible
ANY ONE OR MORE OF THE FOLLOWING SIGNS: <ul style="list-style-type: none"> Infant born preterm Low birthweight (2 Kg - <2.5 Kg) Failure to weight gain/Static weight (any visit) Insufficient weight gain (App. <500 g/month, or in case of weekly measurements, 0-<3 months, app. <150-200 g/week and 3-6 months app. <100-150 g/week) Neonate has not regained birthweight by two weeks of age MUAC; 11.0 to <11.5 cm 6 weeks to less than 6 months WAZ and WLZ; -3SD to < -2SD No IMCI Danger Sign No Acute Medical Problems 	Moderate Risk	Refer to IYCF Counsellor for in-depth Assessment
ANY ONE OR MORE OF THE FOLLOWING SIGNS: <ul style="list-style-type: none"> Infant has difficulties feeding Infant usually receives foods or drinks other than breast milk Mother has a feeding concern or breast problem 	Moderate Risk	Refer to IYCF Counsellor for in-depth Assessment
No signs of severe disease or potential MAMI-related risk	Low Risk	Praise & reassure Provide or refer for routine health care & maternal and IYCF counselling

Maternal Mental Health Assessment (WHO-5 Well-being Scale)

Over the last two weeks (14 days)	5 - All the time (I was able to experience all the 12 to 14 days)	4 - Most of the time (I experienced it between 7 to 11 days)	3 - Less than half of the time (I experienced it between 4 to 6 days only)	2 - Some of the time (I experienced it between 1 to 3 days only)	1 - At no time (I never - 0 day- experienced it)	Categories	
I have felt cheerful and in good spirits (I have been able to laugh and see funny side of things.)						Moderate Risk (Score<13) Refer to ECCD & PSS for in-depth Assessment	Low Risk (Score ≥13) Praise & reassure
I felt calm and relaxed. (No worries, anxiety, scared or panicky feeling).							
I felt active and vigorous. (I feel energetic and I look forward to do things.)							
I woke up feeling fresh and rested.							
My daily life has been filled with things that interest me.							