

Infants under six months

Group 6

Research / evidence base

- Not just CTC dilemma
- Lack of evidence
- 6-12m?

Proposition 1a

- Only severely malnourished infants should be admitted for inpatient care.
 - $>49\text{cm}$ and $< 6\text{mths}$: $\text{W}/\text{H} < 70\%$ or oedema
 - $<49\text{cm}$: visible severe thinness

Proposition 1b

- Non severe cases with feeding difficulties (not suckling well and/or losing weight) should receive specialised breastfeeding support and mothers enrolled in SFP. If no SFP, then mother receives a family ration from the SC.

Proposition 2

- In the initial stabilisation phase, all infants apart from the severe cases should commence on F100 diluted using supplementary suckling. Medically complicated (?) and severely oedematous infants commence on F75.

Proposition 3a

- Following stabilisation, discharge is based on daily weight gains of min 5-10g/kg/d (min 20g/d) for 5 days on exclusive breastfeeding, free from medical complications.

Proposition 4

- Supplemental suckling is an integral part of stabilisation centre activities in managing infants under six months.

Questions

1) Suitable practical proxy indicators for age?

Infants less than six months, use age

2) Criteria for RUTF in $<6m$?

There are none.

3) Monitoring and discharge?

Serial weight gains, exclusive breastfeeding

Issue

Infants not breastfeeding, then check all options:

- Wet nursing
- BM bank
- Infant formula
- Other milk recipe