

Recommended minimum procedures for assessing nutritional outcomes during COVID-19

Zipporah Gathuya

1. Timelines for Nutritional assessments:
 - a. General timeline for Nutritional assessments:
 - i. An actual birth weight for all children with clefts should be obtained.
 - ii. At this time, the parent/caregiver should be instructed on how to feed the child and the challenges expected and how to overcome them.
 - iii. Emphasis of exclusive breast milk even by bottle or cup and spoon
 - b. Regular weight measurements even in nearest facility up to 14 weeks as they also get the required childhood immunization.
 - c. At this time as they are ready for cleft lip surgery, weight should be taken, growth chart examined and a baseline Hb as outcome measures for nutrition status.
 - i. The parents' knowledge and competence at this time should be interrogated using a questionnaire.
 - ii. For those without cleft lip, it is recommended that they come for an assessment in the facility if possible at this time or continue virtual weight monitoring and parent/caregiver nutrition education
 - d. Outcome assessment(s) after initial surgery:
 - i. Since there is a gap between the cleft lip and palate repairs, it is recommended that the parents/ care givers get more instruction on feeding especially for those who may not have attained the correct weight.
 - ii. Middle Upper Arm Circumference measurements (MUAC) should be instituted here and the MUAC tape given to every parent/ caregiver with instruction on what to do if measurement is on yellow or red.
 - iii. Continuous virtual/ online sessions with parents/caregivers on how to feed the children with possibility of support groups like through WhatsApp with fellow parents/caregivers.
2. Assessment at the time of cleft palate repair
 - a. A nutritional consult when they come in for this surgery is recommended.
 - b. A weight and height are taken and compared to normal charts of children their age and gender and should be within 50th percentile.
 - c. An Hb and peripheral blood film should be taken now to identify any cases of iron deficiency which may be an indicator of poor nutrition.
3. Psychosocial well-being
 - a. Use the conversation to check in with your patient.
 - b. Do not record this part.
 - c. Ask 1-2 non-invasive questions about daily life, e.g., "Are things going well?"
 - d. Ask if there is anything else they would like to talk about.
 - e. Follow up and refer as appropriate.
 - i. Stay within your professional boundaries
4. Data management and retention:
 - a. Keep safe records and ensure patient privacy.