

NEUROMOTOR DEVELOPMENTAL DELAY AMONG HOSPITALISED YEMENI CHILDREN IN THE CONTEXT OF MALNUTRITION: PILOT PROJECT IMPLEMENTATING SPECIALISED PHYSIOTHERAPY SERVICES

Saint-louis L.¹, Al Noari Z.², Al Yosfi T.², Moreau P.¹

¹ La Fondation Médecins Sans Frontières, Paris, France/ ² Médecins Sans Frontières, Haydan, Yemen

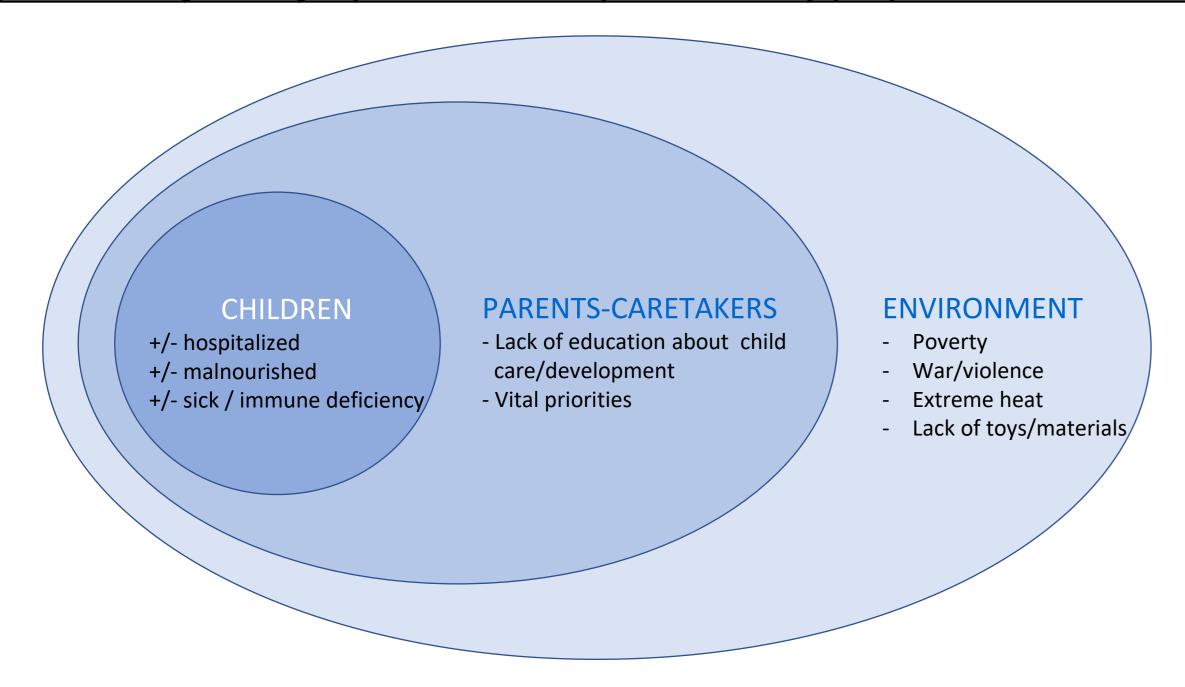
BACKGROUND AND OBJECTIVES

Malnutrition among young children can lead to developmental delays (DD) (Figure 1) manageable by comprehensive care.

The MSF Foundation and MSF physiotherapy team aimed to:

- (i) determine the prevalence of motor DD among Haydan inpatient pediatric population (encompassing ITFC and pediatric IPD)
- (ii) implement early neuromotor rehabilitation (NMR) activity [1] in a challenging humanitarian setting

Figure 1: Risk factors for pediatric developmental delay (DD) in humanitarian contexts



METHODS

Screening

• 4 week screening period in November 2023

Alberta Infant Motor Scale

Prone Lying (1)

urns head to clear

nose from surface

- Every new non-walking patient <3 years of age was screened by physiotherapists
- Surveyed parents or caretakers about neuromotor status before hospitalization using developmental red flag table (Table 1)

Assessment

STUDY #

PRONE

• Alberta Infant Motor Scale (AIMS) (Figure 2) was performed for those who did not successfully pass screening.

Prone Prop

Unsustained head raising

Figure 2: Extract of AIMS booklet record

Prone Lying (2)

DEVELOPMENTAL RED FLAGS 3 months Head control Contact hand-mouth Procline pushing on elbows 6 months rolling supine to procline grab foot seated with hands support 8 months Pivots or crawling 10 months sit by him/herself 12 months stand with hands support 15 months walk lateraly with support 18 months walk by him/herself

Table 1 - Developmental Red Flags

Implementation

- The project physiotherapy team was trained to assess and perform early rehabilitation for DD cases (Pictures A and B)
- Nurses, doctors and health promoters were sensitized about motor steps and involved in the global approach supporting child development

PRELIMINARY RESULTS

Screening of new IPD/ITFC patients

- 196 admissions
- 73 (37%) failed initial gross assessment excluding existing neurological/congenital condition

Assessments

- 26 Alberta Infant Motor Score (AIMS) assessments completed
- 23/26 (88%) scored below the 5th percentile of infant motor function (Figure 3)
- 14/16 (88%) patients with nutritional records suffered from Severe Acute Malnutrition

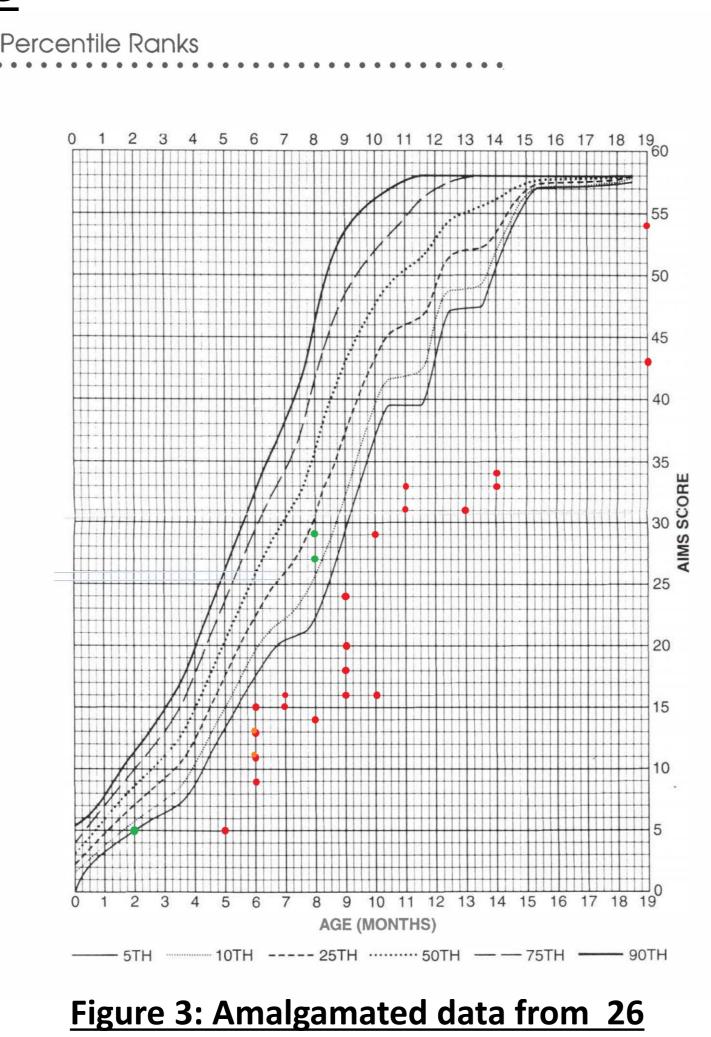


Figure 3: Amalgamated data from 26 infants who completed AIMS

In red: 23 patients below 5th percentile rank In green: 3 patients above 5th percentile rank

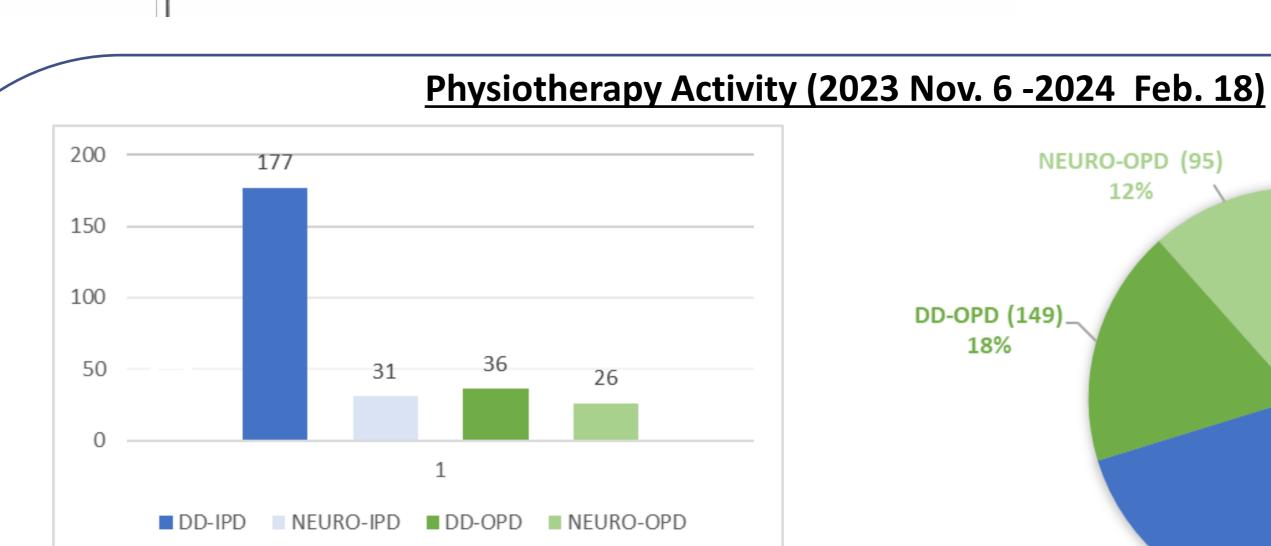


Figure 4 : New pediatric patients referred to physiotherapy

(excluding orthopedics and chest therapy)

Referral reasons :
DD = Developmental delay
NEURO = neurological/congenital disease

<u>Implementation</u>

Ongoing activities:

- → Strengthening physio team skills with experience
- → Training doctors and nurses to detect early neuromotor disorders
- → Create a child-adapted space for physiotherapy sessions
- → Follow-up of activity volume (Figure 4, 5)

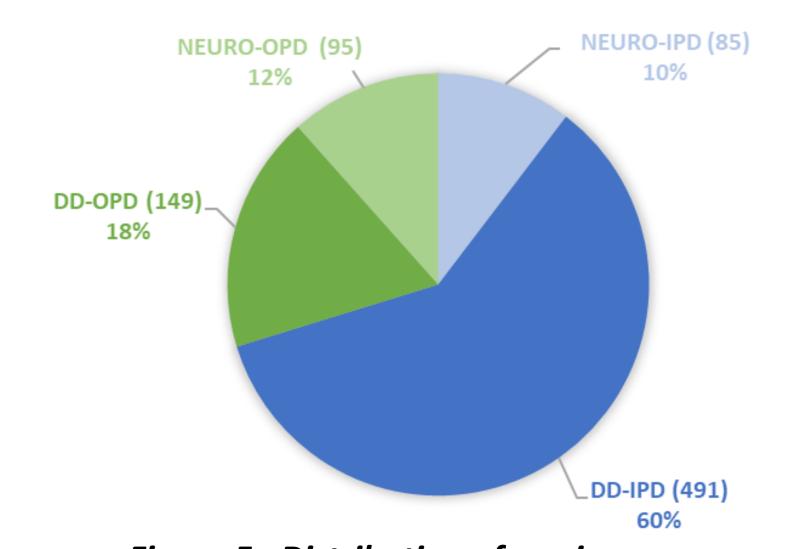


Figure 5 : Distribution of sessions among departments and NEURO/DD diagnoses





Pictures A and B: Physiotherapist doing a neuromotor session

A- Working on lateral weight-transfer on a sitting position B- Working on rolling from supine to prone

DISCUSSION

- Screening indicates considerable risk of DD among hospitalized children in Haydan
- Implementing NMR shows encouraging results with patients completing motor skills that were unreachable during the initial assessment
- Malnourished children may benefit from including pediatric physiotherapy as part of their comprehensive care program (Figure 6)
- Systematic AIMS re-assessments needed to monitor any progress after physiotherapy treatment and medical staff training

Systematic standard assessment is still under implementation and

limited by difficult access to patients during/after hospitalization
The staff experience and knowledge gained from this pilot project will help improve data collection

ETHICS STATEMENT

This research fulfilled the exemption criteria set by the Médecins Sans Frontières Ethics Review Board for a posteriori analyses of routinely-collected clinical data and thus did not require MSF ERB review. It was conducted with permission from the OCP Medical Director.

Figure 6 : Child Development Care : Focus On Physiotherapy Intervention

