

**MATERNAL INFANT HEALTH PROGRAM (MIHP)  
MATERNAL DISCHARGE SUMMARY**

Beneficiary's Name: _____	Date of Birth: _____
Current Address: _____	
Referral Source (Agency/Program/Medical Care Provider): _____	
Reason for Referral (High Risk Criteria): _____	
Date of Initial Assessment: _____	
Sent to Medical Care Provider <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Number of Visits By:    ___RN    ___SW    ___RD	

**Summary of MIHP Plan of Care Problems/Issues Addressed:**

**HEALTH INFORMATION**

MATERNAL HEALTH

- Lack of prenatal care
- Difficulties with access to prenatal care provider
- Unsatisfied with health care
- Current health problem(s) \_\_\_\_\_
- Problems with previous pregnancies
- Lack of family planning
- Lack of dental care
- Unmet needs \_\_\_\_\_

SMOKING

- Smoked during pregnancy
- Continues to smoke
- Unmet needs \_\_\_\_\_

IMMUNIZATION

- Mom: Not up to date
- Preschooler(s): Not up to date
- Exposure to \_\_\_\_\_
- Unmet needs \_\_\_\_\_

NUTRITION

- Pre-pregnancy overweight/obesity
- Inappropriate weight gain
- Gastrointestinal problems
- Inappropriate eating patterns
- Inadequate food supply
- Lack of prenatal vitamins
- Difficulty with breast-feeding
- Unmet needs \_\_\_\_\_

SEXUALLY TRANSMITTED INFECTIONS

- At risk for sexually transmitted infection(s)
- Positive test for sexually transmitted infection(s) during this pregnancy
- Unmet needs \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

## MATERNAL INFANT HEALTH PROGRAM (MIHP) MATERNAL DISCHARGE SUMMARY

### EMOTIONAL/MENTAL HEALTH INFORMATION EMOTIONAL/MENTAL STRESSOR

- Lack of knowledge about pregnancy
- Lack of acceptance
- Lack of father involvement
- Lack of social support
- Unusual stressors
- Inadequate coping skills

- Symptoms of depression
- Diagnosis of mental illness
- Children's Protective Services involvement
- Indicator(s) of domestic violence
- Unmet needs \_\_\_\_\_  
\_\_\_\_\_

### ALCOHOL/DRUG USE

- Alcohol use during pregnancy
- Prescription drug use
- Street drug use
- Arrested during pregnancy

- Unmet needs \_\_\_\_\_  
\_\_\_\_\_

### ENVIRONMENTAL INFORMATION

- Unsafe or inadequate housing
- Exposure to toxic substance such as:
  - lead    asbestos    pesticides    cleaners    other \_\_\_\_\_
- Exposure to allergens
- No smoke detectors
- Second-hand smoke
- Presence of weapons
- Frequent moves
- Problems with money management
- Lack of proper car seat
- Unsafe sleeping arrangements
- Inadequate baby supplies
- Unmet needs \_\_\_\_\_  
\_\_\_\_\_

### CHILDBIRTH EDUCATION

- Lack of childbirth education
- Unmet needs \_\_\_\_\_  
\_\_\_\_\_

### TRANSPORTATION

- Lack of transportation
- Unmet needs \_\_\_\_\_  
\_\_\_\_\_

**OTHER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERRALS MADE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of MIHP Care Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_