

**MATERNAL INFANT HEALTH PROGRAM (MIHP)  
 INFANT PLAN OF CARE  
 Part 2  
 Interventions By Risk Level**

**Beneficiary:** \_\_\_\_\_

***Infant Health***

<b>INTERVENTION LEVEL BASED ON RISK IDENTIFIER</b>	<b>RISK INFORMATION</b>	<b>INTERVENTION</b>	<b>EXPECTED OUTCOME (check all that apply)</b>
<input type="checkbox"/> <b>MODERATE</b>	No infant medical care provider relationship established  or  <input type="checkbox"/> * Infant medical care provider relationship established and infant health concern identified	In addition to providing educational material as outlined in Part 1 of the Plan of Care:  <b>MODERATE:</b> 1. Discuss: <ul style="list-style-type: none"> <li>✓ Well baby care</li> <li>✓ Immunizations and illness prevention</li> <li>✓ Oral health care</li> <li>✓ Newborn health risks</li> <li>✓ Daily routine (including sleep/wake schedule, feeding strategies, hunger cues, hydration, physical activity, bathing, calming, etc.)</li> <li>✓ Importance of attachment and ways to promote</li> <li>✓ Comfort and confidence with caring for infant</li> <li>✓ Establishing and maintaining infant medical provider relationship</li> </ul> 2. Discuss access to care concerns and assist beneficiary with plan to address 3. Discuss family and household attitudes, beliefs and practices and how they may affect infant health practices 4. Support efforts to establish relationship with infant medical care provider and to	<input type="checkbox"/> Has infant medical care provider <b>Date Outcome Achieved:</b> _____  <input type="checkbox"/> Well child visits kept <b>Date Outcome Achieved:</b> _____  <input type="checkbox"/> Immunizations up to date <b>Date Outcome Achieved:</b> _____

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**INFANT PLAN OF CARE**

**Part 2**

**Interventions By Risk Level**

<input type="checkbox"/> <b>HIGH</b>	<input type="checkbox"/> * Significant infant health concern identified	address identified health concern with infant medical care provider(s)  <b>HIGH:</b> 1. Discuss importance of establishing and maintaining infant medical care provider relationship 2. Discuss access to care concerns and develop plan to address 3. Discuss family and household attitudes, beliefs and practices and how they may affect infant health care 4. Ask about progress of care for health condition 5. Develop action plan in case health condition worsens 6. Arrange referral to additional supports (e.g. Early On, Children’s Special Health Care Services, Infant Mental Health Specialist, etc) 7. Provide support regarding the importance of making all medical care appointments and following infant medical care provider recommendations 8. Follow up to see that appointments are scheduled and kept and if beneficiary understands medical care provider recommendations	
<input type="checkbox"/> <b>EMERGENCY</b>	Imminent Health Risk	<b>EMERGENCY:</b> 1. Call 911 2. Inform MHP and medical care provider	

*\* Based on observation or additional beneficiary interview*