

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

Beneficiary: _____

Infant Safety

INTERVENTION LEVEL BASED ON RISK IDENTIFIER	RISK INFORMATION	INTERVENTION	EXPECTED OUTCOME (check all that apply)
<input type="checkbox"/> MODERATE	<input type="checkbox"/> *Safety risk identified	<p>In addition to providing educational material as outlined in Part 1 of the Plan of Care:</p> <p>MODERATE:</p> <ol style="list-style-type: none"> 1. Discuss the identified safety risk(s): <ul style="list-style-type: none"> ✓ Safe sleep ✓ Car seat safety ✓ Shaken baby ✓ Environmental risks including: <ol style="list-style-type: none"> a. Tobacco smoke b. Hot liquids c. Pests and pets d. At 6 months include: <ul style="list-style-type: none"> ✓ Choking ✓ Falls ✓ Poisons ✓ Firearms ✓ Lead poisoning ✓ Drowning ✓ Childproofing 2. Assist with development of plan to address identified safety risk(s) 3. Advise how to access safety assistance programs in the community (e.g. Safe Kids, infant CPR, local poison control) 4. Discuss family and household attitudes, beliefs and practices and how they may affect infant safety and identify behaviors that do not contribute to assuring infant 	<input type="checkbox"/> Information received and discussed regarding how to keep baby safe Date Outcome Achieved: _____ <input type="checkbox"/> Referral received for infant safety resources for identified risk(s) Date Outcome Achieved: _____

MATERNAL INFANT HEALTH PROGRAM (MIHP)

INFANT PLAN OF CARE

Part 2

Interventions By Risk Level

<input type="checkbox"/> HIGH	<input type="checkbox"/> *Significant safety risk identified	safety. HIGH: 1. Discuss home and environment safety including any increase in identified risk(s): <ul style="list-style-type: none"> ✓ Safe sleep ✓ Car seat safety ✓ Shaken baby ✓ Environmental risks including: <ul style="list-style-type: none"> a. Tobacco smoke b. Hot liquids c. Pests and pets d. At 6 months include: <ul style="list-style-type: none"> ✓ Choking ✓ Falls ✓ Poisons ✓ Firearms ✓ Lead poisoning ✓ Drowning ✓ Childproofing 2. Assist with development of plan to address identified safety risk(s) 3. Advise how to access safety assistance programs in the community (e.g. Safe Kids infant CPR, local poison control) 4. Discuss family and household attitudes, beliefs and practices and how they may affect infant safety and identify behaviors that do not contribute to assuring infant safety.	
<input type="checkbox"/> EMERGENCY	Imminent safety risk	EMERGENCY: 1. Call 911 2. Inform MHP and medical care provider	

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

** Based on observation or additional beneficiary interview*