

**MATERNAL INFANT HEALTH PROGRAM (MIHP)
MATERNAL PLAN OF CARE
Part 1
Maternal Packet**

Beneficiary: _____ Care Coordinator: _____

	Provide written information regarding:
<i>Health History/Risks</i> Family Planning	<ol style="list-style-type: none"> 1. All family planning methods available 2. How to apply for Plan First! post delivery 3. How to access reproductive health services
<i>Health History/Risks/Pregnancy History</i> Prenatal Care	<ol style="list-style-type: none"> 1. Benefits of OB care to mother and fetus 2. Recommended frequency of prenatal visits: <ul style="list-style-type: none"> ✓ monthly for 1st 28 weeks ✓ every 2 weeks between weeks 29 and 35 ✓ every week from week 36 to delivery 3. What to expect during pregnancy 4. Danger signs of pregnancy complications and how to access emergency medical assistance
<i>Basic Needs</i> Food	<ol style="list-style-type: none"> 1. Food purchasing, preparation skills and storage capacity 2. Importance of prenatal vitamins, appropriate weight gain and nutritious intake during pregnancy 3. Breastfeeding 4. WIC
<i>Basic Needs</i> Housing	<ol style="list-style-type: none"> 1. Creating a safe home environment in preparation for infant: <ul style="list-style-type: none"> ✓ lead poisoning prevention ✓ general safety
<i>Basic Needs</i> Transportation	<ol style="list-style-type: none"> 1. Importance of affordable, reliable transportation in pregnancy 2. How to access pregnancy related transportation services available through MIHP provider and Medicaid Health Plan (MHP)
Social Support	<ol style="list-style-type: none"> 1. Importance of maintaining social support including: <ul style="list-style-type: none"> ✓ Emotional (expression of empathy, reassurance and positive regard) ✓ Informational (provision of guidance and direction) ✓ Instrumental (provision of tangible assistance, money, food, etc.)
<i>Tobacco</i> 2nd Hand Exposure	<ol style="list-style-type: none"> 1. Health risks associated with 2nd hand smoke exposure to mother and fetus
<i>Tobacco</i> Smoking	<ol style="list-style-type: none"> 1. Effect of tobacco use on mom and fetus
<i>Substance Use</i> Alcohol	<ol style="list-style-type: none"> 1. Alcohol use in pregnancy and potential effect on fetal development
<i>Substance Use</i> Drugs	<ol style="list-style-type: none"> 1. Drug use in pregnancy and potential effect on fetal development
Stress/Depression/Mental	<ol style="list-style-type: none"> 1. Perinatal depression and the number of women affected, symptoms, a method for monitoring symptoms

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<i>Health</i>	
<i>Abuse/Violence</i>	1. Domestic violence
<i>Health History/Risks/Chronic Disease</i> <i>Asthma</i>	1. Asthma in pregnancy including possible complications (i.e . a decrease in oxygen to mom and fetus; decreased growth and development of fetus)
<i>Health History/Risks/Chronic Disease</i> <i>Diabetes</i>	1. The three types of diabetes <ul style="list-style-type: none"> ✓ Type I: Body does not produce enough insulin ✓ Type II: Insulin resistance combined with insulin deficiency ✓ Gestational: Diabetes that occurs during pregnancy where placenta produces hormones that block the action of insulin as it grows so that there is not enough insulin in the body
<i>Health History/Risks/Chronic Disease</i> <i>Hypertension</i>	1. What to expect regarding blood pressure during pregnancy
<i>Interconception Health</i>	1. Key components of interconception care including: <ul style="list-style-type: none"> ✓ Reproductive awareness ✓ Pregnancy spacing and preparing for future pregnancies ✓ Environmental toxins and teratogens ✓ Nutrition and folic acid ✓ Genetics ✓ Substance use, including tobacco and alcohol ✓ Medical conditions and medications ✓ Infectious disease and vaccinations ✓ Psychosocial concerns
<i>In addition:</i>	
	1. Prepare woman for visits later in pregnancy and post partum 2. Advise how to access community-based no and low cost food programs 3. Assist with identifying emergency transportation plan 4. Assist with identifying at least one individual to call when needed

Expected Outcomes:

1. Beneficiary receives maternal packet and has the opportunity to ask questions
2. Beneficiary is referred to WIC
3. Beneficiary receives MIHP Care Coordinator's contact information and verbalizes knowledge of how to contact if in need of assistance between scheduled appointments
4. Follow up MIHP appointment is scheduled

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RN Signature **Date**

SW Signature **Date**