

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

Beneficiary: _____

Tobacco
2nd Hand Exposure

INTERVENTION LEVEL BASED ON RISK IDENTIFIER	RISK INFORMATION	INTERVENTION	EXPECTED OUTCOME (check all that apply)
<input type="checkbox"/> MODERATE	<input type="checkbox"/> * Regular exposure to 2nd hand smoke	<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 2nd hand smoke and health effects related to exposure 2. Assist beneficiary with developing a plan to reduce 2nd hand smoke exposure in her home including asking family members and visitors to smoke outdoors 3. Provide support to beneficiary as she addresses 2nd hand smoke exposure reduction in her home and within her social support system 	<input type="checkbox"/> Beneficiary reports knowledge of the health effects of 2 nd hand smoke Date Outcome Achieved: _____ <input type="checkbox"/> Beneficiary reports she asks smokers not to smoke near self and infant Date Outcome Achieved: _____ <input type="checkbox"/> Beneficiary reports reduction in exposure to 2 nd hand smoke Date Outcome Achieved: _____

* *Based on observation or additional beneficiary interview*