**MATERNAL INFANT HEALTH PROGRAM (MIHP)**

# MATERNAL PLAN OF CARE

## Part 2

## Interventions By Risk Level

**Beneficiary:** _____

***Health History/Risks***

## *Family Planning*

| INTERVENTION LEVEL BASED ON RISK IDENTIFIER | RISK INFORMATION | INTERVENTION | EXPECTED OUTCOME (check all that apply) |
|---|---|---|---|
| ☐ **LOW**<br><br>☐ **MODERATE** | ☐* History of intermittent contraception use<br><br>☐* No post pregnancy family planning plan<br><br>☐* No history of contraceptive use or<br><br>☐* No intent to use any method of family planning post pregnancy | In addition to providing educational material as outlined in Part 1 of the Plan of Care:<br><br>**LOW:**<br>1. At each visit, assess for willingness to utilize post delivery family planning method<br>2. Review family planning methods available<br>3. Review how to apply for Plan First! post delivery<br>4. Review how to access reproductive health services<br><br>**MODERATE:**<br>1. At each visit assess for willingness to discuss possible post delivery family planning method<br>2. Discuss family planning services available and review brochure of methods<br>3. Assist with application for Plan First! for submission for processing post delivery<br>4. Encourage beneficiary to arrange for orientation or introductory appointment with local Title X family planning provider or medical care provider | Reproductive health/post pregnancy contraception plan in place including:<br><br>☐ Contraceptive choice<br>**Date Outcome Achieved:**_____<br><br>☐ Reproductive health care provider<br>**Date Outcome Achieved:**_____<br><br>☐ Spacing of children<br>**Date Outcome Achieved:**_____<br><br>☐ Method of payment<br>**Date Outcome Achieved:**_____<br><br>☐ Plan First! application completed<br>**Date Outcome Achieved:**_____ |

**** Based on observation or additional beneficiary interview***