

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

Beneficiary: _____

Tobacco
Smoking

INTERVENTION LEVEL BASED ON RISK IDENTIFIER	RISK INFORMATION	INTERVENTION	EXPECTED OUTCOME (check all that apply)
<input type="checkbox"/> MODERATE	Currently using tobacco	<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. Utilize Smoke Free Baby and Me curriculum—5 A’s 2. Support beneficiary in decision making process 3. If beneficiary enters cessation/reduction program, encourage follow through with treatment recommendations 	<input type="checkbox"/> Received information and discussed effect of tobacco on fetus Date Outcome Achieved: _____ <input type="checkbox"/> Received information on tobacco reduction and cessation programs Date Outcome Achieved: _____ During pregnancy: <input type="checkbox"/> Quit <input type="checkbox"/> Decreased <input type="checkbox"/> Same level Date Outcome Achieved: _____ Post pregnancy: <input type="checkbox"/> Quit <input type="checkbox"/> Decreased <input type="checkbox"/> Same level Date Outcome Achieved: _____