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| infant plan of Care – part 2 – Breastfeeding | | | |
| Michigan Department of Health and Human Services | | | |
| Beneficiary | | | |
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| **INTERVENTION LEVEL** | | **INTERVENTIONS**  Using Motivational Interviewing, complete the following brief interventions. | |
|  | **MODERATE** |  | Refused all interventions |
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| Date of Intervention Level Change: | | 1. Refer to a certified lactation consultant to assess and respond to needs and concerns. 2. Affirm the desire to breastfeed and discuss reasons for deciding to breastfeed, positive experiences and/or successes. 3. Discuss previous breastfeeding experience. 4. Discuss any difficulties with breastfeeding. 5. Identify and discuss sources of support for meeting breastfeeding goals:  * Emotional: where will she get emotional support as difficulties arise? * Informational: where will she go for information about breastfeeding? * Instrumental: where will she get professional support? A breast pump or supplies? Who will help with other children or around the house as she adjusts to breastfeeding?  1. Discuss attitudes toward breastfeeding among people in beneficiary’s life (e.g. partner, infant’s father, family members, friends, other household members). 2. Discuss infant safe sleep practices in relation to feeding while exhausted and nighttime feeding. 3. Discuss Neonatal Intensive Care unit experience and identify additional supports. 4. Discuss importance of skin-to-skin contact (especially when pumping). 5. Discuss experience with pumping and/or hand expression. 6. Discuss breastmilk storage. 7. Discuss mother-infant breastfeeding relationship in relation to other children in the home (e.g. twins, children of multiple ages). 8. Encourage discussing medications and breastfeeding with medical care provider. | |
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| Infant is receiving breastmilk but:   * Mother has difficulty identifying sources of social support for breastfeeding * Mother is experiencing challenges or frustration with breastfeeding * Mother is expressing milk for baby who is currently or has been in Neonatal Intensive Care Unit care | |
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|  | **HIGH** |
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| Date of Intervention Level Change: | |
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| Infant is receiving breastmilk but:   * Suspected or known contraindication to breastfeeding (i.e. alcohol or substance use, prescription medications, HIV status) | |

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| Beneficiary | |
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| **INTERVENTION LEVEL** | **INTERVENTIONS**  Using Motivational Interviewing, complete the following brief interventions. |
| * Mother is experiencing nipple pain, injury to nipples or pain in her breasts * Mother is concerned that infant is not getting enough milk (i.e. infant weight loss or slow weight gain or fewer than 5 wet or soiled diapers in 24 hours) * Mother is experiencing emotional distress, disturbing or depressing thoughts when or associated with breastfeeding | 1. Refer to available community breastfeeding resources (e.g. WIC per counselor, support group, La Leche League). 2. As a mandated reporter, contact Children’s Protective Services if abuse or neglect is suspected (e.g. exposing an infant to HIV or harmful substances through breastfeeding would be considered a form or abuse or neglect). |
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| **MATERNAL PLAN OF CARE – PART 2 INSTRUCTIONS** |
| These instructions are intended to clarify data fields on the Plan of Care, Part Two (POC 2). If you have additional questions, please contact the MDHHS MIHP Team. |
| **Beneficiary:** At the top of the page, write the first and last name of the maternal or infant beneficiary. If the beneficiary is an infant, use the infant’s full name even if the POC 2 domain falls under the “Maternal Considerations.” |
| **COLUMN 1**  **Intervention Level**  Check the box that matches the risk level on the Risk Identifier Score Sheet or professional judgement determination of the risk criteria. Beneath each Intervention Level are brief descriptions of the risk criteria that correspond to each Intervention Level within a domain. |
| **Date of Intervention Level Change**  A date is entered in this space for one of two reasons:   * The Intervention Level was changed based on professional judgement.   The Intervention Level is changed only when observation and professional judgement determine the beneficiary/caregiver meets the criteria for a higher or lower Intervention Level.  •• If an increase or decrease of Intervention Level occurs, check the appropriate Intervention Level box and document the reason for the change on the Professional Visit Progress Note or Contact Log. The POC 3 does not need to be updated when changing an Intervention Level. |
| * New risk domain is added to the beneficiary’s care.   •• A new risk domain may be added when observation or new information demonstrates a beneficiary/caregiver meets the criteria for a domain that did not score on the Risk Identifier or can only be added based on professional judgement (e.g. Breastfeeding).  •• Documentation must support the addition of the new risk domain.  - If adding a POC 2 prior to signing the POC 3 for the first time, write the addition in the comments section of the Risk Identifier or document the addition on the Contact Log.  - If adding a POC 2 after the POC 3 has been signed, documentation on the Professional Visit Progress Note or Contact Log must demonstrate the reason the POC 2 was added to the beneficiary’s plan of care. The POC 3 must be signed by both required disciplines in this situation. |
| **COLUMN 2**  **Interventions**  Interventions reflect evidence-based best practices to be utilized by home visitors with beneficiaries and caregivers to address the identified risk domain. Using Motivational Interviewing skills and professional judgement MIHP providers are expected to implement interventions most appropriate for the beneficiary/caregiver. It is not required to implement all interventions. It is not required to implement interventions in number order. |
| **ADDITIONAL CONSIDERATIONS – Multiple Domain POC 2**   * Multiple Domain POC 2   There are two POC 2s that combine multiple domains from the Risk Identifier Score Sheet. For the multiple domain POC 2s, MIHP providers must pull the POC 2 if one or more domains score on the Risk Identifier Score Sheet.  •• Food/Nutrition POC 2  - Basic Needs Food and Basic Needs Nutrition domains.  If Basic Needs Food or Nutrition (or both) have a score on the Risk Identifier, the Food/Nutrition POC 2 must be pulled for the beneficiary’s plan of care.  •• Medical Considerations POC 2  - Health History Asthma, Health History Diabetes and Health History Hypertension domains.  If Health History Asthma, Health History Diabetes and Health History Hypertension (or multiple) have a score on the Risk Identifier, the Medical Considerations POC 2 must be pulled for the beneficiary’s plan of care.  The multiple domain POC 2s may be added to the beneficiary’s plan of care based on professional judgement. Documentation must support the addition of the multiple domain POC 2 following the “New risk domain is added to the beneficiary’s care” instructions. |