

# MATERNAL SUMMARY

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## Maternal Basic Demographics

Beneficiary Name:

Medicaid Id:

Date of Birth:

Maternal Risk Identifier Completed Date:

EDC (Due Date):

Birth Outcome:

Infant Followed in MIHP:

Yes  No

Maternal Services Completed:

Maternal Service Complete Date:

Prenatal Visits:

IBCLC Visits:

Enrolled in WIC:

Yes  No

Family Planning Method Identified:

Yes  No

Family Planning Method in Place:

Yes  No

Entered Prenatal Care:

Identify at Least 1 Support Person:

Yes  No

Breastfeeding Initiated:

Breastfeeding Duration:

Currently Breastfeeding:

Infant Birth Weight:

 lbs.  oz.

Infant Gestation Age:

Tobacco Risk Identified:

Yes  No

Reduced Tobacco Use:

Yes  No

Quit Tobacco Use:

Yes  No

Depression Risk Identified:

Yes  No

Referral for Mental Health Services:

Yes  No

Followed Through with Referral:

Yes  No

For families impacted by substance use, did you co-develop a Plan of Safe Care (POSC)?

- Yes, they completed it with my MIHP agency  
 Yes, they completed it with another entity  
 No, they declined completing it with my MIHP agency  
 Other:   
 N/A - no substance use identified

For families impacted by substance use, how was substance use identified? Select all that apply.

- Upon referral  
 Infant tested positive at birth  
 Family disclosure at enrollment  
 Family disclosure during the course of care (following enrollment)  
 Other:   
 N/A - no substance use identified

Save

Save/Next

Clear

Cancel