

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

**Beneficiary:** \_\_\_\_\_

***Feeding and Nutrition***

<b>INTERVENTION LEVEL BASED ON RISK IDENTIFIER</b>	<b>RISK INFORMATION</b>	<b>INTERVENTION</b>	<b>EXPECTED OUTCOME (check all that apply)</b>
<input type="checkbox"/> <b>MODERATE</b>	<input type="checkbox"/> *Uncertainty about feeding baby and/or feeding concerns identified	<p>In addition to providing educational material as outlined in Part 1 of the Plan of Care:</p> <p><b>MODERATE:</b></p> <ol style="list-style-type: none"> <li>1. Discuss:             <ul style="list-style-type: none"> <li>✓ WIC</li> <li>✓ Breastfeeding or formula preparation (including importance of holding baby for attachment)</li> </ul> </li> <li>2. Discuss plan for feeding baby:             <ul style="list-style-type: none"> <li>✓ Feeding routine</li> <li>✓ Comfort with breastfeeding</li> <li>✓ Feeding choices (i.e. introduction of complementary/solid food, vitamins, supplements)</li> <li>✓ Hunger/satiation cues</li> <li>✓ Feeding strategies (e.g. holding, burping, etc.)</li> <li>✓ Identification of food sensitivities</li> <li>✓ Anticipated weight gain</li> </ul> </li> <li>3. Discuss family and household attitudes, beliefs and practices and how they may affect infant feeding (e.g. bottle propping, early introduction of solids, etc.)</li> <li>4. Provide additional information as indicated and address concerns (e.g. fear of embarrassment with breastfeeding, etc.)</li> </ol>	<p>Information received and discussed :</p> <input type="checkbox"/> WIC <b>Date Outcome Achieved:</b> _____
			<p>Referral received for:</p> <input type="checkbox"/> WIC <b>Date Outcome Achieved:</b> _____
			<input type="checkbox"/> Benefits of breastfeeding <b>Date Outcome Achieved:</b> _____
			<input type="checkbox"/> Breastfeeding Support <b>Date Outcome Achieved:</b> _____

MATERNAL INFANT HEALTH PROGRAM (MIHP)

INFANT PLAN OF CARE

Part 2

Interventions By Risk Level

<p><input type="checkbox"/> <b>HIGH</b></p>	<p><input type="checkbox"/> *Significant infant nutrition concern identified</p>	<p>5. Referral to infant feeding resources (e.g. Registered Dietitian, lactation consultant, Michigan State University Extension Expanded Food and Nutrition Program (MSUE/EFNP))</p> <p><b>HIGH:</b></p> <ol style="list-style-type: none"> <li>1. Discuss:             <ul style="list-style-type: none"> <li>✓ WIC</li> <li>✓ Breastfeeding or formula preparation (including importance of holding baby for attachment)</li> </ul> </li> <li>2. Discuss plan for feeding baby:             <ul style="list-style-type: none"> <li>✓ Feeding routine</li> <li>✓ Comfort with breastfeeding</li> <li>✓ Feeding choices (i.e. introduction of complementary/solid food, vitamins, supplements)</li> <li>✓ Hunger/satiation cues</li> <li>✓ Feeding strategies (e.g. holding, burping, etc.)</li> <li>✓ Identification of food sensitivities</li> <li>✓ Anticipated weight gain</li> </ul> </li> <li>3. Discuss family and household attitudes, beliefs and practices and how they may affect infant feeding (e.g. bottle propping, early introduction of solids, etc.)</li> <li>4. Provide additional information as indicated and address concerns (e.g. fear of embarrassment with breastfeeding, etc.)</li> <li>5. Refer to Registered Dietitian after obtaining physician order</li> </ol>	
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\* Based on observation or additional beneficiary interview