MATERNAL INFANT HEALTH PROGRAM (MIHP)
INFANT DISCHARGE SUMMARY

Infant's Name: _____ **Date of Birth:** _____
Mother's Name: _____
Caregiver's Name: _____
Referral Source (Agency/Program/Medical Care Provider): _____
Reason for Referral (High Risk Criteria): _____
Date of Initial Assessment: _____
Sent to Medical Care Provider ☐**Yes** ☐**No**
Total Number of Visits By: ___**RN** ___**SW** ___**RD**

Summary of MIHP Plan of Care Problems/Issues Addressed:

HEALTH INFORMATION

INFANT

- ☐ Premature birth
- ☐ Low birth weight
- ☐ Difficulties with access to medical care provider
- ☐ Well child visits
- ☐ Hospital admissions
- ☐ Special needs
- ☐ Unsatisfied with health care
- ☐ Unmet needs _____ _____

MOTHER

- ☐ Lack of prenatal care
- ☐ No postpartum visits
- ☐ Problems with previous pregnancies
- ☐ Lack of family planning
- ☐ Lack of dental care
- ☐ Unmet needs _____ _____

SMOKING

- ☐ Smoked during pregnancy
- ☐ Continues to smoke
- ☐ Unmet needs _____ _____

IMMUNIZATION

- ☐ Infant: Up to date
- ☐ Preschooler(s): Up to date
- ☐ Exposure to _____
- ☐ Unmet needs _____ _____

INFANT'S NUTRITION

- ☐ Insufficient weight gain
- ☐ Difficulties with breast-feeding
- ☐ Difficulties with bottle feeding
- ☐ Inappropriate eating patterns
- ☐ Digestive problems
- ☐ Inadequate baby formula/food
- ☐ Unmet needs _____ _____

. MOTHER'S/CAREGIVER'S NUTRITION

- ☐ Inappropriate eating patterns
- ☐ Inadequate food supply
- ☐ Unmet needs _____ _____

Infant's Name: _____

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EMOTIONAL/MENTAL HEALTH INFORMATION

- ☐ Lack of knowledge about infant care
- ☐ Lack of acceptance of this pregnancy
- ☐ Lack of father involvement
- ☐ Lack of social supports
- ☐ Lack of child care
- ☐ Children's Protective Services involved
- ☐ Unusual stressors
- ☐ Unmet needs _____
  _____
- ☐ Lack of coping skills
- ☐ Symptoms of depression
- ☐ Diagnosis of mental illness
- ☐ Indicators of domestic violence
- ☐ Ineffective parent-child interaction
- ☐ Lag in developmental milestones

ENVIRONMENTAL INFORMATION

- ☐ Unsafe or inadequate housing
- ☐ Exposure to toxic substance such as:
  ☐ lead ☐ asbestos ☐ pesticides ☐ cleaners ☐ other _____
- ☐ Exposure to allergens
- ☐ No smoke detector
- ☐ Second-hand smoke
- ☐ Presence of weapon(s)
- ☐ Frequent moves
- ☐ Problems with money management
- ☐ Lack of proper car seat
- ☐ Unsafe sleeping arrangements
- ☐ Inadequate baby supplies
- ☐ Unmet needs _____
  _____

PARENTING EDUCATION

- ☐ Lack of parenting education
- ☐ Unmet needs _____

TRANSPORTATION

- ☐ Lack of transportation
- ☐ Unmet needs _____
  _____

OTHER:

_____
_____
_____

REFERRALS MADE:

_____
_____
_____

Signature of MIHP Care Coordinator: _____ **Date:** _____