

### Mid Certification - Infants (IBE, IBP, IFF)

CPA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Present for Cert: ☐

Reason Not Present: ☐ Medical Equipment Not Transportable ☐ Confined to Bed Rest ☐ Serious Illness ☐ Transfer Out of State

#### Breastfeeding Status (Document if the infant BF status has changed)

Are you currently BF or pumping? ☐ No ☐ Yes Are you currently giving any supplemental formula? ☐ No ☐ Yes

Amount of BF: ☐ Mostly ☐ Some Was your baby ever BF or fed breast milk? ☐ No ☐ Yes ☐ Unknown

Date Supplemental feeding began: \_\_\_\_\_ Date BF ended: \_\_\_\_\_ Reason: \_\_\_\_\_

Did you BF as long as you desired? ☐ No ☐ Yes Category: ☐ IBE ☐ IBP ☐ IFF

#### BF Information

How is BF going? \_\_\_\_\_

How many times is the baby BF or given breast milk in a day (24 hours)? \_\_\_\_\_

Are there any concerns about BF? \_\_\_\_\_

#### BF Referral to:

- ☐ WIC
- ☐ Community Support
- ☐ No Referral Made

#### Reason Referred:

- ☐ Nipple Issues
- ☐ Breast Surgery
- ☐ 1st Time Pregnant
- ☐ General Support
- ☐ Expecting Multiples
- ☐ Needs Support/Unsure
- ☐ Medical Condition

#### Reason Not Referred:

- ☐ Baby Being Placed for Adoption
- ☐ CPA Professional Judgement
- ☐ Client Declined
- ☐ No Local Referral Resource Available

#### Lab Data

Immunization Status: ☐ Reviewed ☐ Referred ☐ Declined

Current Ht: \_\_\_\_\_ in \_\_\_\_\_ 1/8 Current Wt: \_\_\_\_\_ lbs \_\_\_\_\_ oz HGB \_\_\_\_\_

No Blood ☐ Exemption Reason: ☐ CPA Determined Blood work skip ☐ Delayed Blood Work  
☐ Medical Condition Prevents Safe Collection ☐ Religious Belief

#### Mid Certification

How has the baby's health changed in the last few months? \_\_\_\_\_

How do you feel the baby is growing? \_\_\_\_\_

How do you feel the baby is eating? \_\_\_\_\_

\*FOR IBE ONLY - What does the baby drink besides breastmilk? \_\_\_\_\_

\*FOR IBP ONLY - Current formula: \_\_\_\_\_

\*FOR IBP ONLY - What does the baby drink besides breastmilk or formula? \_\_\_\_\_

How does the baby feed himself/herself? \_\_\_\_\_

What solid food is the baby eating now? \_\_\_\_\_

#### Nutrition Risk (\* = High Risk)

#### Medical Conditions

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> *134 Failure to Thrive           | <input type="checkbox"/> 346 Renal Disease                    | <input type="checkbox"/> 354 Celiac Disease                      | <input type="checkbox"/> 360 Other Medical Conditions       |
| <input type="checkbox"/> 151 Small for Gest. Age          | <input type="checkbox"/> *347 Cancer                          | <input type="checkbox"/> 355 Lactose Intol.                      | <input type="checkbox"/> 362 Dvlpmntl, Sens.or Motor Delays |
| <input type="checkbox"/> 341 Nutrient Deficiency Diseases | <input type="checkbox"/> 348 Central Nervous System Disorders | <input type="checkbox"/> 356 Hypoglycemia                        | <input type="checkbox"/> 381 Oral Health Conditions         |
| <input type="checkbox"/> 342 Gastro-Intestinal Disorders  | <input type="checkbox"/> 349 Genetic and Congenital Disorders | <input type="checkbox"/> 357 Drug Nutrient Interactions          |   |
| <input type="checkbox"/> 343 Diabetes Mellitus            | <input type="checkbox"/> 351 Inborn Errors of Metabolism      | <input type="checkbox"/> 358 Eating Disorders                    | <input type="checkbox"/> 382 Fetal Alcohol Syndrome         |
| <input type="checkbox"/> 344 Thyroid Disorders            | <input type="checkbox"/> 352 Infectious Diseases              | <input type="checkbox"/> 359 Recent Major Surgery, Trauma, Burns |   |
| <input type="checkbox"/> 345 HTN or PreHTN                | <input type="checkbox"/> 353 Food Allergies                   |  |   |

**Nutrition and Other Risk Factors**

- |  |  |
|--|--|
| <input type="checkbox"/> 411.01 Routinely using a sub for human milk or formula  | <input type="checkbox"/> 702 BF Infant of Woman at Nutritional Risk                |
| <input type="checkbox"/> 411.02 Routinely using nursing bottles or cups improperly   | <input type="checkbox"/> *703 Infant born of Woman w/ Mental Retardation           |
| <input type="checkbox"/> 411.03 Routinely offering complimentary foods or sub. that are inappropriate in type or timing                    |  |
| <input type="checkbox"/> 411.04 Routinely using feeding practices that disregard the developmental needs or stage of the infant            |  |
| <input type="checkbox"/> 411.05 Feeding foods that could be contaminated   |  |
| <input type="checkbox"/> 411.06 Routinely feeding inappropriately diluted formula  | <input type="checkbox"/> 901 Recipient of Abuse                                    |
| <input type="checkbox"/> 411.07 Routinely limiting frequency of nursing of the EBF infant when human milk is the sole source of nutrients  |  |
| <input type="checkbox"/> 411.08 Routinely feeding a diet very low in calories and/or essential nutrients                                   |  |
| <input type="checkbox"/> 411.09 Routinely using inappropriate sanitation in prep, handling, and storage of expressed human milk or formula |  |
| <input type="checkbox"/> 411.10 Feeding dietary supplements w/ potentially harmful   | <input type="checkbox"/> *902 Woman or Infant/Child of Primary Caregive w/ Limited |
| <input type="checkbox"/> 411.11 Routinely not providing dietary supplements recognized as essential  |  |
| <input type="checkbox"/> 428 Dietary Risk Associated with Complementary Feeding Practices (4-12mo)   | <input type="checkbox"/> 903 Foster Care   |
| <input type="checkbox"/> 603 BF complications or Potential Complications   | <input type="checkbox"/> 904 Env. Tob. Smoke Exposure                              |
| <input type="checkbox"/> 701 Infants up to 6 mos old of WIC Mother or of a Woman Who Would have been Elig. During Preg                     |  |

**Nutrition Education****Method:** ☐ Ind - F/U ☐ HH - F/U**Topic****Referrals****Breastfeeding Amount Guide**

**Mostly Breastfeeding:** 0-1 month: 0-1 can powder OR 1-5 cans concentrate OR 1-4 packs RTU  
 1-3 months: up to 4 cans powder OR up to 16 cans concentrate OR up to 12 packs RTU  
 4-5 months: up to 5 cans powder OR up to 19 cans concentrate OR up to 14 packs RTU  
 6-11 months: up to 4 cans powder OR up to 13 cans concentrate OR up to 10 packs RTU

**Some Breastfeeding:** 0-1 month: 2-9 cans powder OR 6-34 cans concentrate OR 5-25 packs RTU  
 1-3 months: 5-9 cans powder OR 17-34 cans concentrate OR 13-25 packs RTU  
 4-5 months: 6-10 cans powder OR 20-37 cans concentrate OR 15-27 packs RTU  
 6-11 months: 5-7 cans powder OR 14-26 cans concentrate OR 11-19 packs RTU

**Food Package**

- ☐
- Infant Cereal
- ☐
- CVB (9-11 mos)
- 
- ☐
- Baby Fruit/Veg
- 
- ☐
- Baby Meats

**Type of Formula/Medical Food:****Amount per day:****Notes**

- ☐
- NE Counseling Note
- ☐
- Ind Care Plan/Follow Up
- ☐
- BF Note

**General Note:****Benefit Issuance:** ☐ Monthly ☐ Bi-Monthly ☐ Tri-Monthly**Schedule Appointment:**