

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)

- | | | | |
|---|---|--|---|
| <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

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

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: