

Manual Certification Form for 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

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

Birth Length: _____ in _____ 1/8 unknown **Birth Weight:** _____ lbs _____ oz unknown

Completed Wks of Gestation: _____ lbs unknown **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

Health Information

How do you feel the baby is growing? _____

Does the baby take any medicine? No Yes **What kind?** _____

Do you give the baby vitamins/minerals? No Yes **What kind?** _____

If yes, excessive? No Yes

Do you give the baby herbal products? No Yes **What kind?** _____

In the last 24 hours, # wet diapers: _____ Not applicable - Hospital Cert only

In the last 24 hours, # dirty diapers: _____ Not applicable - Hospital Cert only

Has the baby been experiencing: Constipation / Diarrhea / Vomiting or Upset Stomach / Nausea
Difficulty Chewing or Swallowing

Does anyone smoke inside the home? No Yes

Nutrition Information

How do you feel your baby is eating? _____

Has your doctor given you special feeding instructions? _____

Current formula: _____

Tell me how you are preparing the formula. How much - how often? _____

Document Inappropriate Feeding Practices: _____

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"/> 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"/> *703 Infant born of Woman w/ Mental Retardation |
| <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 Caregiver w/ Limited |
| <input type="checkbox"/> 411.11 Routinely not providing dietary supplements recognized as essential | <input type="checkbox"/> 903 Foster Care |
| <input type="checkbox"/> 428 Dietary Risk Associated with Complementary Feeding Practices (4-12mo) | <input type="checkbox"/> 904 Env. Tob. Smoke Exposure |
| <input type="checkbox"/> 603 BF complications or Potential Complications | |
| <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 - Cert HH - Cert Ind - F/U HH - F/U Internet - F/U Group - 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: