

Mid Certification - Exclusively/Mostly BF Woman

CPA Signature: _____ **Date:** _____

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

Breastfeeding Status (Document if 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 **Did you ever BF or feed your baby breast milk?** No Yes Unknown

Date Supplemental feeding began: _____ **Date BF ended:** _____ **Reason:** _____

Did you BF as long as you desired? No Yes **Category:** BE BP NPP

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

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

Has your health changed in the last few months? _____

What questions do you have about weight gain or weight loss? _____

Tell me about the types of physical activity you do: _____

What are some healthy nutrition habits you practice? _____

How is your appetite? _____

Nutrition Risk (* = High Risk)

Medical Conditions

- | | | |
|---|---|--|
| <input type="checkbox"/> 303 Hx of Gest. Diabetes | <input type="checkbox"/> 341 Nutrient Deficiency Diseases | <input type="checkbox"/> 349 Genetic and Congenital Disorders |
| <input type="checkbox"/> 304 Hx of Preeclampsia | <input type="checkbox"/> 342 Gastro-Intestinal Disorders | <input type="checkbox"/> 351 Inborn Errors of Metabolism <input type="checkbox"/> 361 Depression |
| <input type="checkbox"/> 311 Hx of Preterm | <input type="checkbox"/> *343 Diabetes Mellitus | <input type="checkbox"/> 352 Infectious Diseases <input type="checkbox"/> 362 Dvlpmntl, Sens.or Motor Delays |
| <input type="checkbox"/> 312 Hx of Low Birth Wt. | <input type="checkbox"/> 344 Thyroid Disorders | <input type="checkbox"/> 353 Food Allergies <input type="checkbox"/> 371 Maternal Smoking |
| <input type="checkbox"/> 321 Hx of Spon. Abortion, Fetal or Neonatal Loss | | <input type="checkbox"/> 354 Celiac Disease <input type="checkbox"/> 372 Alc. & Illegal Drug Use |
| <input type="checkbox"/> *331 Pregnancy at a Young Age | <input type="checkbox"/> 345 HTN or PreHTN | <input type="checkbox"/> 355 Lactose Intolerance <input type="checkbox"/> 381 Oral Health Conditions |
| <input type="checkbox"/> 332 Closely Spaced Pregnancies | <input type="checkbox"/> 346 Renal Disease | <input type="checkbox"/> 356 Hypoglycemia |
| <input type="checkbox"/> 333 High Parity and Young Age | <input type="checkbox"/> *347 Cancer | <input type="checkbox"/> 357 Drug Nutrient Interactions |
| <input type="checkbox"/> 335 Multifetal Gestation | <input type="checkbox"/> 348 Central Nervous System Disorders | <input type="checkbox"/> 358 Eating Disorders |
| <input type="checkbox"/> 337 Hx of Birth w/ Lg for Gestational Age Infant | | <input type="checkbox"/> 359 Recent Major Surgery, Trauma, Burns |
| <input type="checkbox"/> *339 Hx of Birth w/ Nutr. Related Congenital or Birth Defect | | <input type="checkbox"/> 360 Other Medical Conditions |

Nutrition and Other Risk Factors

- | | |
|--|--|
| <input type="checkbox"/> 401 Failure to Meet Dietary Guidelines | <input type="checkbox"/> 901 Recipient of Abuse |
| <input type="checkbox"/> 427.01 Consuming Suppl. w/ Potentially Harmful Consequences | <input type="checkbox"/> *902 Woman or Infant/Child of Primary Caregiver w/ Limited Ability to |
| <input type="checkbox"/> 427.02 Diet Very Low Calories/Nutrients; Impaired Intake/Absorption | <input type="checkbox"/> 904 Env. Tob. Smoke Exposure |
| <input type="checkbox"/> *427.03 Compulsively Ingesting Non-Food Items (PICA) | |
| <input type="checkbox"/> 427.04 Inadequate Essential Vit/Min | |

Nutrition Education

Method: Ind - F/U HH - F/U

Topic

Referrals

Food Package

Type of Formula/Medical Food:

- Milk or Lacto-free / Soy / Evap / Pwdr / UHT
- Cheese Eggs PN Butter Juice Cereal
- Yogurt Fish Beans CVB Whole Grains

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: