

Individualized Care Plan (ICP)

Purpose:

To address client's problems/risks/concerns identified during prenatal visits, Prenatal Combined Assessment/Reassessment and/or Postpartum Assessment.

Definition:

The ICP is a document developed by a comprehensive perinatal practitioner(s) in conjunction with the client. The plan includes four components: obstetrical, nutritional, health education, and psychosocial. Each component includes identification of risk conditions, prioritization of needs, proposed intervention(s) including methods, timeframe, outcome goal, proposed referrals, and each health discipline's responsibilities based on the results of the assessments.

Procedure:

Client Information:

Patient:

Write in the client's complete name following the format of first name, middle initial and last name.

Gravida:

Write in the number of times the patient became pregnant including this one. All pregnancies should be counted regardless of whether they resulted in a live birth or not.

Para:

Write in the number of previous deliveries resulting in infants weighing 500 grams or more or having a gestational age of 20 weeks or more whether alive or dead at delivery. A multiple fetal pregnancy (twins, triplets, etc.) counts as only one delivery.

EDC:

Estimated Date of Confinement (EDC) or the due date is the calculated birthdate of the infant using the first day of the patient's last menstrual period. Charts (Appendix 1) or "OB wheels" can be used for the calculation. Write in the month/day/year.

Provider Name:

Write in the name of the physician or certified nurse midwife in charge of the patients overall OB care.

Case Coordinator:

Write in the full name and title. Example: Susie Doe, CPHW

Column 1

Date:

Write in the date when the problem is identified whether at the initial assessment, reassessment, or a follow-up visit.

Strengths Identified:

Write in any of the patient's strengths that can help change the particular problem(s) or issue(s) identified at this visit. Appendix 2 lists some examples of strengths.

Column 2

Identified Problem/Risk/Concern:

Write in all problems, risks, and concerns related to obstetrical, health education, nutrition, and psychosocial issues. This box should include concerns that the patient wants addressed at this visit as well as issues identified by the CPSP Support Services staff. Number the problems if more than one is being addressed at this visit. List all risk conditions that require follow-up by the support services and medical staff. **Do not** include issues that have been adequately addressed with interventions noted in the Prenatal Combined Assessment/Reassessment Tool itself. Use all the space you need to adequately document the problem/risk/concern. If more than one row is needed, rewrite date and use "same as above" for the strengths identified on column 1. Refer to Appendix 3 for a sample list of obstetrical, health education, nutrition, and psychosocial problem/risk/concern(s).

Column 3

Teaching/Counseling/Referral(s)

Write in all specific actions being performed to remedy the problem/ risk/ concern(s). Make sure the patient agrees with proposed interventions. These actions are based on advice, counseling, resources, and referrals provided by the staff to the patient. If patient is unwilling to follow the plan provided, document your efforts. The referrals to other professionals (RD, SW, etc.) or programs (smoking cessation program, alcohol/drug services, male involvement program, etc.) should be made in accordance with practice protocols or provider recommendation. Use short sentences and do not rewrite the problem. When writing the intervention for the corresponding problem, continue using the same number previously assigned in column 2.

Column 4 & 5

Follow-up/Reassessment Date - Outcome/Plan

Write in the date at the top of the box. Restate the problem with the respective number assigned in column 2. At the follow -up antepartum visit/reassessment, record patient's progress towards resolving the problem. Recheck the previous plan and comment on results obtained. If goals were not achieved, modify the plan and record new interventions. If the problem continues past column 5, rewrite it on an additional care plan sheet. If problem/ risk/concern (s) has been resolved, write a short note and then "resolved." A sample of an Individualized Care Plan is as follows:

Date: 11/13/96 Strengths Identified: Motivated Enjoys reading Adequate food Adequate support system Likes to learn	Identified Problem /Risk/ Concern 1. Iron deficiency anemia 2. Excessive weight gain	Teaching/ Counseling/ Referral 1. Iron supplements prescribed by the provider to be taken 3 times/day with Vit. C rich food/juice. 2. a. Handouts given per protocol b. Low fat foods choices and low fat cooking techniques discussed	Follow-up Reassessment Date-Outcome/Plan 12/01/96 1. Iron deficiency anemia: pt took medication for one week and stopped because of severe constipation. a. Provider prescribed a different iron supplement b. Pt was advised to increase fiber and fluid intake	Follow-up Reassessment Date-Outcome/Plan 12/23/96 1. Iron deficiency anemia: pt is taking iron supplement as prescribed. a. Handouts on Iron rich foods given
Date: 11/13/96 Strengths Identified: Same as above		2. c. Assessment of food frequency utilizing Perinatal Food Frequency Questionnaire d. Counseled to reduce the intake of fruit juices. Documented on Perinatal Food Frequency Questionnaire	12/01/96 2. Excessive weight gain: pt followed all recommendations resolved	
Date: 1/13/97 Strengths Identified: Same as above Interested in participating in group classes	1. Iron deficiency anemia 3. Exposure to second hand smoking	1. a. Referred to nutrition group classes 3. a. Techniques for reducing exposure discussed b. Techniques to communicate with family member discussed	1/30/97 1. Iron deficiency anemia: normal blood tests results-resolved 3. Exposure to second hand smoking: pt was unsuccessful in stopping family member from smoking. a. Referred to provider for "prescription" for family member not to smoke around client b. Handouts per protocols	2/28/97 3. Exposure to second hand smoking: the family member moved out of the house - resolved

Sample Strengths List

Ability to comprehend and make decisions
Ability to cope
Adequate food
Adequate shelter/ clothing
Adequate transportation
Emotionally stable
Employed
Experience/knowledge of delivery
Experience/knowledge of infant care
Experience/knowledge of parenting
Experience/knowledge of pregnancy
Financially stable
Positive compliance
Positive self-esteem
High School Education
Interest/willingness to participate in individual/group classes
Motivated
Refrigerator/stove
Support system
Thinking of the future
Wanted/accepted/planned pregnancy

Sample of Problem List

Obstetrical	Nutrition
Anemia/hemoglobinopathy	Abnormal glucose
Blood problems	Anemia
Cardiovascular disorders	Currently breast feeding
Chronic renal disease	Eating disorders
Diabetes Type 1	Excessive wt. Gain during pregnancy
Diabetes Type 2	High caffeine consumption
Dysplasia/GYN malignancy	High parity
Gastrointestinal disorders	Hypovolemia
Genetic risk	Inadequate wt. Gain during pregnancy
Gestational diabetes	Less than 3 years since first menses
Hepatitis	Low income
History of abnormal infant	Moderately overweight (more than 120% desirable wt.)
History of C-Section/Uterine Surgery	Previous obstetrical complications
History of DES exposure	Short interpregnancy interval
History of gestational diabetes (insulin/diet controlled)	Substance use
History of hospitalization(s)	Underweight (less than 90% desirable wt.)
History of Incompetent Cervix	Very overweight (more than 135% desirable wt.)
History of less than 2500 gram infant	Health Education
History of more than 4000 gram infant	Age less than 17 or greater than 35 years of age
History of neonatal death	Cardiovascular problems
History of preterm birth (less than 36 weeks)	Conflict scheduling class times
History of stillbirth	Diabetes
HIV risk	Economic and housing problems
Hypertension/chronic	Extreme anxiety or emotional problems
Hypo/hyperthyroid	Low education level
Kidney problems	Failed Appointments
Multiple gestation	Family problems/Abuse
Pregnancy induced hypertension	HIV risk status
Pregnancy interval less than a year	Inability to read or write or low reading level
Psychological illness	Inability to reach decisions or comprehension difficulties
Pulmonary disease /TB	Inadequate nutritional status
Rh hemolytic disease	Lack of social support structure
Seizure disorders	Late initiation of prenatal care
STD	Low motivation or interest
Uterine problems	Little or no experience with U.S. health care
Vaginal bleeding	Negative attitude about pregnancy
	Noncompliance with medical advice
	Occupational risk
	Past negative experience with U.S. health care
	Physical disabilities
	Preterm labor
	Primigravida or multi-gravida with five or more
	Substance use
	Transportation

Psychosocial

Eating disorders
Excessive difficulty in coping with crisis interfering with self care
Excessive worries/fears regarding body image
Excessive worries/fears related to fetus
Extreme difficulty or resistance to comply with medical recommendations
Fear of dying during labor
Fears of inability to parent
Frequent complaints for which no diagnosis can be found
History or current indication of domestic violence
Lack of resources (financial, transportation, food, clothing, shelter)
Pregnancy complicated by detection of fetal anomaly
Previous pregnancy loss
Previous psychological history of depression, suicide, psychosis
Rejection or denial of pregnancy
Relationship problems or absence of a support person
Severe emotional problems
Unrealistic positive or negative feelings about pregnancy/motherhood/parenthood