

High Risk Infant Follow-Up

Illinois Department of Human Services (IDHS)

OVERVIEW

HRIF provides case management services to families with high-risk infants identified by the Adverse Pregnancy Outcomes Reporting System (APORS); high-risk pregnant women identified by Level II Perinatal facilities; infants diagnosed with a high risk condition after newborn hospital discharge; and/or infants and children at medical and/or environmental risk because of an adolescent parent, drug-abusing parent or high-risk situation identified by the public health nurses.

The goals of HRIF services are: promotion of optimal growth and development; teach the family care of the high-risk infant; prevent complications; decrease morbidity and mortality; decrease stress and the potential for abuse; and ensure early identification and referral for further treatment and evaluation.

Key services provided may include:

- Home visits
- Physical health assessment
- Monitor infant development
- Educate and support parents in caring for at-risk infant
- Support parents in obtaining needed resources
- Refer to appropriate agencies and services

WHO IS SERVED?

Population(s)/Age Group:

The target population for HRIF is infants with high-risk medical conditions.

Eligibility Criteria and Screening Tools:

Diagnostic indicators at discharge; no income requirements

Infants with certain medical conditions, such as: prenatal drug exposure and signs of drug toxicity or withdrawal; congenital anomaly or infection; endocrine, metabolic, immune, or blood disorder; gestational age of 30 weeks or less; triplets or higher order multiple birth; diagnosis as a perinatal death or neonatal death; or other medical conditions that put the infant at-risk.

HOW ARE SERVICES DELIVERED?

Local Service System:

Providers are Local Health Departments and Community Agencies

Referrals into Program:

Hospitals are required to identify and report infants to IDPH, APORS. The APORS refers high-risk infants to local health departments for follow-up services. Infants who meet the criteria but were not referred by APORS can receive follow-up services as a high-risk infant.

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Data Systems Used:

The IDPH, Division of Epidemiology, APORS is the referral database to the local health department or the community agency for follow-up services. IDHS providers utilize Cornerstone for a medical record system.

STATE PROGRAM ADMINISTRATOR OR CONTACT

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