

# Self-Assessment of Maternal Distress After a Difficult Birth

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Name \_\_\_\_\_ Today's date \_\_\_\_\_

Date of baby's birth \_\_\_\_\_

*Please look back at your labor and birth and complete the following statements.*

These are the positive things that I recall about my child's birth.

These are the negative things I recall about my child's birth.

*During my labor and birth, I felt supported and cared for:*

All or most of the time by \_\_\_\_\_

Some of the time by \_\_\_\_\_

A little bit by \_\_\_\_\_

Not at all by \_\_\_\_\_

These were some times when I was (or thought I was) in danger of death or injury.

During these times I felt: (please mark all that apply)

<input type="checkbox"/> worried	<input type="checkbox"/> frightened	<input type="checkbox"/> helpless	<input type="checkbox"/> out of control	<input type="checkbox"/> numb
<input type="checkbox"/> don't remember	<input type="checkbox"/> angry	<input type="checkbox"/> terrified	<input type="checkbox"/> disbelief	<input type="checkbox"/> near death
<input type="checkbox"/> detached	<input type="checkbox"/> other, explain			

These were times when the baby was or seemed to be in danger.

During these times I felt: (please mark all that apply)

<input type="checkbox"/> worried	<input type="checkbox"/> frightened	<input type="checkbox"/> helpless	<input type="checkbox"/> out of control	<input type="checkbox"/> numb
<input type="checkbox"/> don't remember	<input type="checkbox"/> angry	<input type="checkbox"/> terrified	<input type="checkbox"/> disbelief	<input type="checkbox"/> near death
<input type="checkbox"/> detached	<input type="checkbox"/> other, explain			

I reacted to the danger to myself or my baby by: (please mark all that apply)

<input type="checkbox"/> panicking	<input type="checkbox"/> dissociating	<input type="checkbox"/> feeling detached	<input type="checkbox"/> cooperating	<input type="checkbox"/> resisting
<input type="checkbox"/> tensing up	<input type="checkbox"/> giving up	<input type="checkbox"/> don't remember	<input type="checkbox"/> crying	<input type="checkbox"/> trembling
<input type="checkbox"/> going blank	<input type="checkbox"/> falling apart	<input type="checkbox"/> other, explain		

Since about (how long after the birth?) \_\_\_\_\_ I have had the following symptoms:

<input type="checkbox"/> sleep problems	<input type="checkbox"/> startle easily	<input type="checkbox"/> aloneness	<input type="checkbox"/> panic attacks	<input type="checkbox"/> nightmares
<input type="checkbox"/> poor concentration	<input type="checkbox"/> flashbacks	<input type="checkbox"/> preoccupation	<input type="checkbox"/> irritability	<input type="checkbox"/> poor appetite
<input type="checkbox"/> relive event	<input type="checkbox"/> avoid reminders	<input type="checkbox"/> distress if reminded of birth	<input type="checkbox"/> detachment from baby/ loved ones	<input type="checkbox"/> crying
<input type="checkbox"/> other, explain				

I avoid things that remind me of the birth. For example: (Mark all that apply)

- I did not return to my doctor or midwife for my postpartum checkup.
- If asked about my birth, I don't want to have to talk about it.
- I didn't attend parenting groups or my birth class reunion.
- I drive blocks out of my way to avoid going near the hospital.
- Other avoidance behaviors?

I feel flat or detached emotionally from my baby, partner, family, and friends. (Circle)

-----All of the time-----Some of the time-----Never-----

I feel I was wronged or treated badly by the following people in the following ways:

I want and need these things:

