

SUBJECT'S IDENTIFICATION & DEMOGRAPHIC DETAILS

MOTHER	
Name	.....
Date of Birth	.....
Civil State	.....
Nationality; if foreign-born, status in country (eg immigrant, refugee)	.....
Occupation	.....
Education	.....
Ethnic origin	.....
Religion	.....

(If interview is conducted during pregnancy) gestation	..... weeks
INFANT	
Name	.....
Sex	.....
Date of Birth	.....

INTERVIEW	
Centre	.....
Serial number	.....
Date(s)	..... and and
	Prepartum Postpartum Mother-infant relationship
Interviewer	.....
Rater	.....
Time taken	.....
Community or clinic sample	.....
Method (written, audiotape, videotape)	.....

THE INTERVIEW

This interview can be conducted with mothers in the community or in the clinical setting. It is designed to be used worldwide, with mothers of many cultural backgrounds; the interviewer will omit probes and questions inappropriate for the mother's culture. It can be conducted with adoptive mothers.

If twins are born, certain sections will require two sets of ratings.

The whole interview can be conducted during the puerperium, up to one year after childbirth.

It can be conducted in a single setting, but (because of its length) more conveniently in two or three sessions.

The prepartum section can be undertaken at any point during pregnancy.

The section on the mother-infant relationship can be used on its own.

The prepartum section is in 4 parts:

- **Introduction** (white paper)
- **Social, psychological and obstetric background to pregnancy** (green paper)
- **Relationship with foetus** (yellow paper)
- **Prepartum emotional changes & psychiatric disorders** (blue paper)

The postpartum section is in 5 parts:

- **Parturition** (orange paper)
- **Social, psychological and obstetric background to the puerperium** (green paper)
- **Postpartum psychiatric disorders** (blue paper)
- **Mother infant relationship** (yellow paper)
- **Observations, summary, diagnosis and treatment plan** (white paper)

GENERAL INSTRUCTIONS

Throughout this schedule, the word 'mother' refers to the subject or patient.

Unless an audio- or videotape record is kept, always *record in narrative* the evidence for each rating, so that other raters, not present at the interview, can judge the nature and severity of symptoms or items present. If possible, write down the subject's own words - there should be sufficient room under the probes, and on the right of the ratings, to record the mother's responses. The verbatim record allows other ratings to be made, not in the schedule. It allows pairs of raters to rate independently, measure their reliability and, after discussion, reach agreement (**consensus ratings**). It allows ratings to be compared between subjects; for example, in large sample of mothers, all those with ratings on foetal abuse could be compared, and adjustments made (**cross-sectional analysis**).

The interview deals with one pregnancy.

It does not comprehensively explore psychopathology, because this would require at least another hour of interviewing; those who need to focus on a particular disorder (for example, PTSD) can add additional questions or self-rating scales.

Recommendations for add-on scales or interviews are made at appropriate points in the interview.

It does not cover family and personal history, because a thorough history would take several hours.

Compulsory probes are printed in bold type. *Instructions to interviewers are in italics.*

'If clauses' are provided to shorten the interview under certain circumstances.

Additional questions are printed in regular type.

A rating of **8** indicates that it is not applicable to this mother (for example rating no. **24**, 8 = no older or step-children).

A rating of **9** indicates that the rating cannot be made. *Record* the reason (for example, inadequate information).

If a mother is too ill to participate, the interview can be postponed until after recovery.

It may be appropriate to proceed immediately to the section on 'psychotic symptoms', or even to the descriptive observations, and/or to complete the inventory with a relative.

INTRODUCTION

CIRCUMSTANCES OF REFERRAL

(Only in mothers from a sample recruited in the clinic or hospital. State by whom referral was made.)

DATE of REFERRAL

DATE when FIRST SEEN

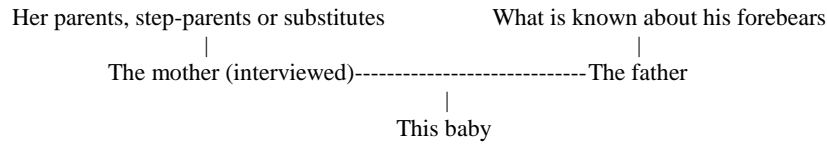
Record the events leading to referral, and the mother's main symptoms or complaints.

Ask additional questions to clarify these symptoms, and to explore the main symptoms of any syndrome suggested by the presenting complaints (for example, depression).

BRIEF PERSONAL and PSYCHIATRIC HISTORY

Who are the people who will be important in this baby's life?

Construct a family tree (genogram), showing the most important people concerned with this baby:



Starting with your childhood, what are the most important events of your life?

What are the best and worst things that have happened to you?

Record a brief overview of this mother's life.

Before this pregnancy, have you ever received treatment for a mental health problem?

Have you ever consulted a doctor about any of the following - psychosis, bipolar disorder, depression, anxiety, obsessions, post-traumatic stress disorder, eating disorders, alcohol abuse or taking unprescribed drugs?

Have you ever suffered from a mental health problem related to pregnancy or childbirth?

List previous episodes of psychiatric disorder, especially hospitalization, with approximate dates.

Give details of the main symptoms, diagnoses if known, level of care, treatment received and its effect. Include any suicide attempts (number and method).

Note whether this mother was on psychotropic medication in early pregnancy.

No ratings are made. It will be appropriate to refer to this background information later in the interview.

OBSTETRIC and GYNAECOLOGICAL HISTORY

Record

- All births (including stillbirths) with approximate dates
- Abortions (miscarriages & terminations)

Ask whether any were associated with obstetric complications or psychiatric disorders.

Parous mothers only.

Were there any problems with your earlier births, or with the children you already have?

Have you suffered from a period of infertility?

Note approximate time, and treatment received.

Note whether this baby was conceived by *in vitro* fertilization or other interventions.

Have you suffered from any form of menstrual problems?

For example, premenstrual tension, endometriosis?

Give details.

Notes on ratings**1 Paternity**

If there is no information, 0 or 1 is assumed.

- 0 = The father is (or was) the husband
- 1 = The father is (or was) a longstanding partner
- 2 = The pregnancy arose through a casual relationship or one that has already ended
- 3 = The father is unknown (promiscuity, rape, donor insemination)
- 9 = The mother prefers not to answer

2 Employment

- 0 = She is a full-time homemaker or mother
- 1 = She has additional work in the home (including caring for someone other than children)
- 2 = She has part-time work outside the home
- 3 = She has full-time work outside the home

SOCIAL, PSYCHOLOGICAL & OBSTETRIC BACKGROUND to PREGNANCY

SOCIAL CIRCUMSTANCES at the time of CONCEPTION

I want now to ask about this pregnancy.

What was your situation at the time you became pregnant?

Find out with whom mother was living.

Bear in mind that the setting may be marriage, polygamy, stable cohabitation, a non-resident relationship, single parenthood, widowhood, divorce or a same-sex union.

If married, how long has she been married?

If cohabiting, how long has she been living with this man?

If not her husband or cohabitee, who was the father of the child?

It may be appropriate to ask if she is living with the baby's father.

Ask whether she was employed (including home employment) or caring for someone other than her own children.

Record the answers.

1

PATERNITY

2

EMPLOYMENT

Notes on ratings**3 Planning of pregnancy**

This refers to the mother's own intentions, not the agreed intentions of the couple.

- 0 = Pregnancy was strongly desired, for example, after a period of infertility
- 1 = Pregnancy was planned
- 2 = Pregnancy was not planned, but welcomed
- 3 = Pregnancy was not planned, and mother's reaction is indifferent or ambivalent
- 4 = Pregnancy was not planned, and is inconvenient or unwelcome
- 5 = Pregnancy was associated with shame or censure

4 Unacknowledged pregnancy

- 0 = No denial
- 1 = Unnoticed pregnancy (for example, in an obese or menopausal mother)
- 2 = Concealed pregnancy
- 3 = Denial of pregnancy (personal unawareness of an obvious pregnancy)

5 Mother's reaction to conception

- 0 = Strongly positive (joyful, ecstatic)
- 1 = Positive (pleased)
- 2 = Equanimity, indifference or ambivalence
- 3 = Negative (disappointment, annoyance)
- 4 = Strongly negative (panic, despair, anger)

6 Reaction of baby's father to pregnancy

- 0 = Strongly positive (joyful, ecstatic)
- 1 = Positive (pleased)
- 2 = Equanimity, indifference or ambivalence
- 3 = Negative (displeasure, reproach or criticism)
- 4 = Strongly negative (condemnation, punishment or desertion)

7 Response of other important person to pregnancy

Specify the person.

This rating can be duplicated if there is more than one other important person.

- 0 = Strongly positive (joyful, ecstatic)
- 1 = Positive (pleased)
- 2 = Equanimity, indifference or ambivalence
- 3 = Negative (displeasure, reproach or criticism)
- 4 = Strongly negative (condemnation, punishment or desertion)

8 Ideas about termination

- 0 = Termination was never considered
- 1 = Mother was under pressure from others to terminate, but refused
- 2 = Mother would have liked to have ended the pregnancy, but had ethical objections or fears (include here a secret wish for a miscarriage)
- 3 = Termination was the preferred option, but was refused by doctors or opposed by others (specify)
- 4 = Termination was planned, but mother changed her mind
- 5 = Attempts to induce a miscarriage or termination failed

RESPONSE TO CONCEPTION

Was this a planned pregnancy?

If 'yes', How strongly did you desire to become pregnant at this time?
How long were you trying to become pregnant?

If 'no', Did you have any strong feelings about not becoming pregnant?
What contraceptive method were you using?

Record evidence of planning.

When did you become aware that you were pregnant?

How did you react when you first realised you were pregnant?

What action did you take (pregnancy testing, visit to doctor)?

Whom did you tell, and how did they react? (Your family, his family, other children, friends?)

Record immediate reactions to pregnancy.

If mother was ambivalent, *give details* of contrasting feelings.

Ask, Did you try to hide the pregnancy?

If there is evidence of a failure to acknowledge the pregnancy,

record full details, including the duration & depth or consistency of denial.

Ask how the signs of pregnancy were explained away.

Did you at any time wish you were not pregnant or hope for a miscarriage?

If there is evidence of a negative reaction on the part of the mother or anyone else, *ask*,

Did you take any steps to induce a miscarriage?

Was termination of pregnancy considered, or suggested, by you or anyone else?

What was the attitude of your family, or the baby's father to termination?

Did you consider adoption?

Record mother's statements about adjustment to unwanted pregnancy.

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | 3 | PLANNING of PREGNANCY |
| <input type="checkbox"/> | 4 | UNACKNOWLEDGED PREGNANCY |
| <input type="checkbox"/> | 5 | MOTHER's REACTION to CONCEPTION |
| <input type="checkbox"/> | 6 | RESPONSE of BABY's FATHER to CONCEPTION |
| <input type="checkbox"/> | 7 | RESPONSE of OTHER IMPORTANT PERSON to CONCEPTION |
| <input type="checkbox"/> | 8 | IDEAS about TERMINATION |

Notes on ratings**9 Physical health during 1st trimester**

- 0 = No physical symptoms
- 1 = Physical symptoms a problem (for example, anorexia, hyperemesis)
- 2 = Severe physical symptoms resulting in consultation or hospitalisation in 1st trimester

10 Adjustment to pregnancy during 2nd trimester

- 0 = Strongly positive (joyful, ecstatic)
- 1 = Positive (pleased)
- 2 = Equanimity, indifference or ambivalence
- 3 = Negative (disappointment, annoyance)
- 4 = Strongly negative (panic, despair, anger)

11 Physical health during 2nd trimester

- 0 = No physical symptoms
- 1 = Physical symptoms a problem (for example, pre-eclamptic toxæmia, weight loss)
- 2 = Severe physical symptoms resulting in consultation or hospitalisation in 2nd trimester

FIRST TRIMESTER

How were you feeling during the first 3 months, physically and mentally?

9 PHYSICAL HEALTH during 1st TRIMESTER

What were your main concerns at this stage?

Did your circumstances change in any way?

Note the replies. Responses to these questions will be rated later, under changes in life style resulting from the pregnancy, adverse events, hardship (page 19) and worries and concerns during the pregnancy (page 25).

SECOND TRIMESTER

How were you feeling during the second 3 months, physically and mentally?

Was there any change in your feelings about the pregnancy?

Record statements about adjustment to pregnancy in the middle trimester, especially any reasons for a change in attitude , for example troublesome symptoms. If mother was ambivalent, give details of contrasting feelings.

10 ADJUSTMENT to PREGNANCY during SECOND TRIMESTER

Were you troubled with any physical symptoms?

11 PHYSICAL HEALTH during 2nd TRIMESTER

What were your main concerns at that stage?

Did your circumstances change in any way?

Note the replies. Responses to these questions will be rated later, under changes in life style resulting from the pregnancy, adverse events, hardship (page 19) and worries and concerns during the pregnancy (page 25).

Notes on rating**12 Adjustment to pregnancy during third trimester**

- 0 = Strongly positive (joyful, ecstatic)
- 1 = Positive reaction (pleased)
- 2 = Equanimity, indifference or ambivalence
- 3 = Negative reaction (disappointment, annoyance)
- 4 = Strongly negative (panic, despair, anger)

13 Physical health during 3rd trimester

- 0 = No physical symptoms
- 1 = Physical symptoms a problem (for example extreme fatigue)
- 2 = Severe physical symptoms resulting in consultation or hospitalisation in 3rd trimester

14 Sleep disorder

- 0 = No insomnia
- 1 = Sleeplessness a problem
- 2 = Insomnia one of her main complaints
- 7 = Hypersomnolism

15 Emotional response to pregnant appearance

- 0 = Pregnant appearance was a source of pride or pleasure
- 1 = Appearance not a problem
- 2 = Embarrassment or ambivalence over gravid shape
- 3 = Dysmorphophobia, i.e. she feels that others laugh at and make comments on her pregnancy

THIRD TRIMESTER

**How were you feeling during the last 3 months, physically and mentally?
Was there any change in your feelings about the pregnancy?**

Ask about the 3rd trimester.

Record statements about adjustment to pregnancy in the third trimester, especially any reasons for a change in attitude.

If mother was ambivalent, give details of contrasting feelings.

12 ADJUSTMENT to PREGNANCY during THIRD TRIMESTER

Were you troubled with any physical symptoms in late pregnancy?

How were you sleeping at this stage?

Record statements about physical health and sleep during pregnancy.

Specify any troublesome physical disorders.

13 PHYSICAL HEALTH during 3rd TRIMESTER

14 INSOMNIA

Were you happy with your appearance as a pregnant woman ?

Record mother's response.

15 EMOTIONAL RESPONSE to PREGNANT APPEARANCE

What were your main concerns at that stage?

Did your circumstances change in any way?

Note the replies. Responses to these questions will be rated later, under changes in life style resulting from the pregnancy, adverse events, hardship (page 19) and worries and concerns during the pregnancy (page 25).

Notes on rating

- 16 Relationship with baby's father before the pregnancy**
If the relationship has already ended, use rating no. **1** (coded 2)
0 = The couple are much in love and the best of friends
1 = The relationship has its ups and downs, but is harmonious
2 = There are frequent quarrels
3 = There was major friction, with threats to leave
4 = Periods of separation or intimate partner violence have already occurred
- 17 Relationship with baby's father during the pregnancy**
If the husband or cohabitee is not the father, two sets of this rating must be completed – for the husband and for the father of the child.
0 = The pregnancy has improved the relationship
1 = No change
2 = The relationship has deteriorated
3 = The relationship has severely deteriorated, resulting in violence, or threats to leave
4 = The relationship has come to an end since the beginning of the pregnancy
- 18 Support provided by baby's father during the pregnancy**
If the husband or cohabitee is not the father, two sets of this rating must be completed – for the husband and for the father of the child.
0 = More support than usual
1 = No change
2 = Less or insufficient support
3 = No support
- 19 Libido during pregnancy**
0 = Increased libido
1 = No change, and no major problem
2 = Reduced libido
3 = Complete loss of libido
If mother has unchanged libido, but abstains from intercourse to protect the foetus, rate 1.
- 20 Conjugal jealousy during the pregnancy**
State which partner entertains these ideas.
0 = None
1 = Ideas of infidelity have been entertained
2 = These ideas are morbid, preoccupying or have disturbed the relationship
- 21 Intimate partner psychological, physical or sexual violence during the pregnancy**
0 = None
1 = There is an atmosphere of criticism, humiliation, overcontrol or belittling, with hurtful remarks
2 = Threats of violence
3 = At least one incident of physical abuse
4 = Severe or recurrent abuse (or physical abuse directed at the abdomen)

The Abuse Assessment Screen can be used for screening,

reference McFarlane *et al.* (1992), *Journal of the American Medical Association* 267: 3176-3178.

The Index of Spouse Abuse can be used to assess the intensity and frequency of intimate partner violence, reference Hudson & McIntosh (1981) *Journal of Marriage and Family* 43: 873-885.

PRE-PARTUM RELATIONSHIP with HUSBAND (PARTNER) or FATHER of BABY

If the infant's father is not the husband or partner, ratings should be made for the reaction of both individuals.

How were you getting on with your husband (partner, boy-friend) before the pregnancy?

What effect did the pregnancy have on your relationship with him?

If there has been a deterioration, ask why?

(For example, because of the pregnancy, or because of mother's symptoms?)

Did he give you sufficient support during this pregnancy?

Record mother's account of her relationship with the baby's father during pregnancy.

16 RELATIONSHIP with BABY'S FATHER BEFORE the PREGNANCY

17 RELATIONSHIP with BABY'S FATHER DURING the PREGNANCY

18 SUPPORT provided by BABY'S FATHER

How was your sexual relationship affected?

Can you trust each other?

Since you became pregnant, has your husband (partner), or ex-partner, subjected you to psychological abuse, assaulted you or forced you to have unwelcome sexual activity?

Record the answers.

19 LIBIDO during PREGNANCY

20 CONJUGAL JEALOUSY
Specify whether mother or spouse entertains these ideas.

21 INTIMATE PARTNER VIOLENCE during PREGNANCY

Notes on rating**22 Relationship with family of origin**

For the family response to the pregnancy, use rating no. 7.

If there is a different response from various family members, rate the response of the family member who is emotionally closest to the mother (usually her own mother).

- 0 = The pregnancy has improved the relationship
- 1 = No change, and no major problem
- 2 = No change, but poor
- 3 = The relationship has deteriorated
- 4 = The relationship has severely deteriorated

23 Relationship with family by marriage

- 0 = The pregnancy has improved the relationship
- 1 = No change, and no major problem
- 2 = No change, but poor
- 3 = The relationship has deteriorated
- 4 = The relationship has severely deteriorated

24 Relationship with older children or step-children

- 0 = The pregnancy has improved the relationship
- 1 = No change, and no major problem
- 2 = No change, but poor
- 3 = The relationship has deteriorated, with more challenging behaviour
- 4 = It has severely deteriorated, with violence or threats, or mother rejecting an older child
- 8 = No other children or step-children

25 Relationship with friend/confidante

- 0 = The pregnancy has improved the relationship
- 1 = No change, and no major problem
- 2 = No change, but poor
- 3 = The relationship has deteriorated
- 4 = The relationship has severely deteriorated

26 Family and network emotional and practical support during pregnancy

This is an overview of the total support, in addition to that supplied by child's father.

- 0 = Plenty of support
- 1 = Some support, but insufficient
- 2 = No support

OTHER PRE-PARTUM RELATIONSHIPS

Refer to the genogram on page 4 to determine the main parental figures.

How do things stand between you and your mother (father or other parental figure)?

How has this pregnancy affected this (these) relationship(s)?

For each rating, *specify* the person & the reason for the change, and *record* mother's statements about changed relationships.

22 RELATIONSHIP with FAMILY of ORIGIN

Did it affect your relationship with your in-laws (partner's or boy-friend's parents)?

23 RELATIONSHIP with FAMILY by MARRIAGE

Did it affect your relationship with your other children?

24 RELATIONSHIP with OLDER CHILDREN

Did it affect any other relationships (friends, confidantes, other women)?

25 RELATIONSHIP with FRIEND/CONFIDANTE

Did you receive sufficient support from your family, in-laws and friends?

Specify the source of support, and *record* mother's statements about support.

26 FAMILY & NETWORK SUPPORT

Notes on rating

- 27 Employment during the pregnancy**
 0 = No change (or improvement) in the employment noted in rating no. 2
 1 = Mother gave up her work by choice
 2 = Mother experienced adversity at work due to the pregnancy
 3 = Mother lost her employment because of pregnancy
 8 = Mother was unemployed at the start of the pregnancy
- 28 Maternity leave in weeks**
 Self-explanatory
 If mother was unemployed at the start of the pregnancy, code 99.
- 29 Mother's sacrifices for this pregnancy**
 0 = No significant sacrifices
 1 = Mother has made some acceptable sacrifices in her career, social life or leisure pursuits
 2 = She has had to make major sacrifices, which are regretted
- 30 Adverse events during pregnancy**
 Excluding those related to husband (partner), network or health, which are rated elsewhere.
 0 = No adverse life events
 1 = At least one adverse event
 2 = More than one adverse event, or at least one severe loss
 (for example, death of loved one)
- 31 Hardship during pregnancy**
 This covers housing and financial problems, also illegal immigrants, refugees or asylum-seekers (coded 3)
 0 = No hardship
 1 = Some financial stringency
 2 = Destitution, homelessness or abject poverty
- 32 Score on favourable factors during pregnancy**
 This is the sum of favourable factors:
 Consider scores on ratings no. **3, 5-7, 9-13, 15-18, 22-26**
 For those with an optimum rating (0), add one, maximum score = 19
- 33 Adversity score during pregnancy**
 This is the sum of highly adverse factors:
 Consider scores on ratings no. **1, 3-14, 17, 18, 21-26**
 For those with a negative rating, indicating symptoms or deterioration, add one, maximum score = 21

CHANGES IN LIFE STYLE

What changes did you have to make (things you had to give up) during this pregnancy?

If mother is employed, ask about details of maternity leave.

Has the pregnancy affected your prospects & career, or attitudes to you at work?

Did anything happen to upset you during the pregnancy?

Were you living comfortably, or were there difficult circumstances?

Note here those whose status in the country is irregular – immigrants, refugees, asylum seekers.

Record mother's statements about effects on employment, sacrifices, adverse events and hardship during pregnancy.

- | | | |
|--------------------------|-----------|---|
| <input type="checkbox"/> | 27 | EMPLOYMENT during PREGNANCY |
| <input type="checkbox"/> | 28 | MATERNITY LEAVE in WEEKS |
| <input type="checkbox"/> | 29 | MOTHER'S SACRIFICES for THIS PREGNANCY |
| <input type="checkbox"/> | 30 | ADVERSE EVENTS during PREGNANCY |
| <input type="checkbox"/> | 31 | HARDSHIP during PREGNANCY
<i>Note the circumstances.</i> |
| <input type="checkbox"/> | 32 | SCORE ON FAVOURABLE FACTORS DURING PREGNANCY |
| <input type="checkbox"/> | 33 | ADVERSITY SCORE DURING PREGNANCY |

Notes on rating**34 Medical concern about unborn child**

If worries are without medical basis (perhaps after previous foetal loss), use ratings no. **43** or **44**.

- 0 = Condition of infant not a problem
- 1 = Worrying investigations or medical problems during pregnancy
- 2 = Infant known to be abnormal

35 Social concern about unborn child

- 0 = No concern about social status of infant
- 1 = There might be concern about this infant's safety
- 2 = Social services or child protection agencies are already involved

36 Attitude to gender of unborn child

- 0 = Gender of child not an issue
- 1 = The mother is worried about the birth of a child with the undesired gender
- 2 = If a child of the undesired gender were born, mother would reject it emotionally

37 Interaction with the foetus ('affiliation', 'prenatal bonding')

- 0 = Mother includes other family members in the interaction
- 1 = She talks, reads or sings to the baby
- 2 = Minimal interaction
- 3 = Foetus is ignored
- 8 = This behaviour is culturally unacceptable

For negative reactions, use rating no. **40**.

38 Practical preparations for the newborn

Make a note if lack of readiness was due to premature birth, or customary practice.

- 0 = Mother is intensely occupied in preparation
- 1 = Mother is fully aware of coming life change, and has made all the necessary practical preparations
- 2 = Practical preparations are inadequate
- 3 = No practical preparations have been made
- 8 = This behaviour is culturally unacceptable

39 Mental and emotional readiness

Make a note if lack of readiness was due to premature birth or cultural practice.

- 0 = Mother intensely occupied with fantasies about the newborn
- 1 = Mother looks forward with pleasure to the coming of the baby
- 2 = Mother does not think about the baby
- 3 = Mother thinks about the baby with dread or other negative emotions

40 Foetal abuse

It is important to distinguish aggression from obsessional thoughts (rating no. **52**)

- 0 = No foetal abuse
- 1 = Mother fails to take precautions to protect the foetus, for example by using nicotine or alcohol
- 2 = Mother is annoyed by foetal movements
- 3 = Mother has impulses to harm the foetus
- 4 = Foetal abuse has occurred

Attempts to induce a miscarriage early in pregnancy should have been rated above – rating no. **8** (coded 5).

WELLBEING of UNBORN CHILD

Are there any worries about this baby?

(for example its medical condition, social services involvement, gender)

If there are concerns about gender, specify the desired sex and rate the severity of concern.

34 MEDICAL CONCERN about UNBORN CHILD

35 SOCIAL CONCERN about UNBORN CHILD

36 ATTITUDE to GENDER of UNBORN CHILD

When did you first experience foetal movements ('quickening')?

When did you first see your baby on ultrasound?

How did you respond to the presence of your baby inside you?

Did you talk to your baby, or interact with him/her in any other way?

What did you say to him/her?

Did you involve the baby's father, or other children?

What arrangements did you make for your newborn (buying equipment, making clothes etc.)?

Did you spend a lot of time imagining what it would be like when your baby was born?

Record mother's statements about interaction with the foetus, and preparations for the newborn.

37 INTERACTION with the FOETUS

38 PRACTICAL PREPARATIONS for the NEWBORN

39 MENTAL and EMOTIONAL READINESS

If mother has a negative or indifferent reaction to foetus, ask,

Did you have impulses to harm the baby?

What did you do?

Record any impulses or actions hostile to the foetus

40 FOETAL ABUSE

Notes on rating

- 41 Positive mental health during pregnancy**
- 0 = Mother has a sense of wellbeing, but not unusual
 - 1 = Mother is unusually placid, calm or happy
 - 2 = Mother has never felt so well
- If there is evidence of hypomania, using rating no. **63**.

PREPARTUM PSYCHIATRIC DISORDERS

POSITIVE MENTAL HEALTH

Some mothers feel unusually calm, placid and happy during pregnancy.

Did you notice any improvement in your mental health?

Record statements about positive mood during pregnancy.



41

POSITIVE MENTAL HEALTH during PREGNANCY

GENERAL ACCOUNT OF MENTAL DISORDER DURING PREGNANCY

Did you suffer from any distressing psychiatric (mental, nervous) symptoms during this pregnancy?

Clarify the nature of the symptoms.

Explore their onset and duration.

Explore their severity, in terms of effects on relationships and social functioning.

Ask whether they led to self-referral and treatment.

Record mother's spontaneous description of psychiatric symptoms.

Ratings are made later.

Notes on rating**42-50 Focus of worrying and morbid preoccupations**

(For all these concerns)

0 = Anxiety or worrying are explained by other factors

1 = This factor contributed to anxiety or worrying

2 = This was the main cause

- 42** Primary tocophobia is a fear of childbirth in a mother who has not yet given birth.
Secondary tocophobia is fear resulting from a previous traumatic birth (usually with PTSD).

WORRYING and MORBID PREOCCUPATIONS**What were your main concerns or worries during this pregnancy?**

Establish the main focus of mother's anxieties, worrying and morbid pre-occupations.

For worries about the gender of the child, use rating no. **36**.

Record mother's account of her main concerns.

- | | | |
|--------------------------|-----------|---|
| <input type="checkbox"/> | 42 | FEAR of PARTURITION
<i>specify</i> whether primary or secondary tocophobia. |
| <input type="checkbox"/> | 43 | FEAR of FOETAL DEATH
(including miscarriage) |
| <input type="checkbox"/> | 44 | FEAR of FOETAL ABNORMALITY or OTHER FEARS about HEALTH of UNBORN CHILD |
| <input type="checkbox"/> | 45 | FEAR of INADEQUACY as a MOTHER |
| <input type="checkbox"/> | 46 | FEAR of OCCURRENCE or RECURRENCE of MENTAL ILLNESS |
| <input type="checkbox"/> | 47 | FEAR that there will be TOO LITTLE SUPPORT
(including the fear that the child's father will desert) |
| <input type="checkbox"/> | 48 | FINANCIAL WORRIES |
| <input type="checkbox"/> | 49 | FEAR that the CHILD PROTECTION AGENCIES will REMOVE the BABY
In countries without child protection agencies, the equivalent is 'will be taken away'. |
| <input type="checkbox"/> | 50 | OTHER FEARS
<i>Specify</i> the focus of the anxiety if different from those above. |

Notes on rating

The assessment of anxiety, and its diagnosis in terms of ICD-10 or DSM-V, requires an interview or questionnaires designed for this purpose alone. Their inclusion would prolong this interview excessively. If precise measures of anxiety are required, an additional schedule should be used.

51 Anxiety during pregnancy

- 0 = No anxiety or undue worrying
- 1 = Mild anxiety/worrying - mother was able to control her symptoms
- 2 = Moderate anxiety/worrying – symptoms impair functioning or sleep
- 3 = Severe anxiety/worrying – incapacitating for everyday activities

52 Obsessive/compulsive disorder during pregnancy

- 0 = No evidence of obsessional disorder
 - 1 = Pre-existing obsessional ideas or rituals during pregnancy
 - 2 = New onset of obsessional compulsive disorder during pregnancy
 - 3 = Obsessional aggressive or sexual thoughts or impulses about the foetus or other children
- Combinations can be coded by the addition of two ratings,
for example, 5 = a new onset of compulsive rituals and obsessions of infanticide.

53 Severity of prepartum obsessive/compulsive disorder

- 0 = No obsessive/compulsive disorder
- 1 = Mild obsessive/compulsive disorder - mother was able to control her symptoms
- 2 = Moderate obsessive/compulsive disorder – symptoms impaired functioning
- 3 = Severe obsessive/compulsive disorder – incapacitating for everyday activities

ANXIETY

Did you feel very anxious during pregnancy - more anxious than you are usually?

If mother experienced excessive worrying, anxiety or tension, *explore* somatic symptoms, such as autonomic symptoms, muscular tension, restlessness, or other symptoms such as onset insomnia and depersonalisation.

What did it feel like when you are anxious (tense, worrying)?

Were you kept awake by worrying?

Record mother's account of her description of worrying, anxiety and/or tension during pregnancy, and detailed exploration of anxiety symptoms, summarising evidence for a diagnosis of clinical anxiety.

- 51** **PRENATAL ANXIETY**
Specify the reasons for this diagnosis.

OBSESSIVE/COMPULSIVE DISORDER

Check mother's answer to screening questions on page 4 for previous obsessive/compulsive disorder.

Have you noticed a tendency to check, or perform tasks (such as cleaning) excessively or more scrupulously? Have you been troubled by intrusive disturbing or aggressive impulses towards your unborn child, or other children?

Note the severity.

- 52** **OBSESSIVE/COMPULSIVE DISORDER DURING PREGNANCY**

- 53** **SEVERITY OF PREPARTUM OBSESSIVE/COMPULSIVE DISORDER**

Notes on rating**54 Abnormal irritability (focus)**

- 0 = None
- 1 = Mother is irritable by nature, and not more irritable now
- 2 = More irritable, but with no particular focus
- 3 = Excessive irritability focused on the husband or father of the child
- 4 = Excessive irritability focused on other children or relatives
- 5 = Excessive irritability focused on services or authorities (consider rating no. **82**)

55 Abnormal irritability (severity)

This refers to the most severe incident.

- 0 = None
- 1 = Irritability experienced, but not expressed
- 2 = Irritability expressed, but at a low level of intensity, for example, arguments or criticism
- 3 = Irritability resulting in angry silence, yelling and screaming, verbal abuse or threats
Rate aggressive impulses here.
- 4 = Anger resulting in damage to property
- 5 = Assaults on persons
- 6 = Dangerous anger, or threats to the unborn child

56 Abnormal irritability (frequency)

- 0 = Never
- 1 = Seldom, and not more than usual
- 2 = More frequently than before the pregnancy
- 3 = Often

The assessment of depression, and its diagnosis in terms of ICD-10 or DSM-V requires an interview or questionnaires designed for this purpose alone. Their inclusion would prolong this interview excessively. If precise measures of depression are required, an additional schedule should be used.

57 Prenatal depression

- 0 = No depression
 - 1 = Mild depression – mother was able to control her symptoms
 - 2 = Moderate depression – symptoms impair functioning
 - 3 = Severe depression – incapacitating for everyday activities
- If there is delusional or schizo-affective depression, use rating no. **63**.

58 Suicidal ideas during pregnancy

Note a history of non-suicidal self-harm on page 4, or as a new symptom under rating no. **64**.

- 0 = None
- 1 = Fleeting ideas of suicide
- 2 = Persistent ideas of suicide
- 3 = Suicidal attempts or gestures have been made
- 4 = Determined suicidal activity

59 Depressive ideas during pregnancy

(such as the death of the baby, maternal unworthiness or guilt, or lack of a future for the child)

- 0 = No depressive ideas
- 1 = Depressive ideas not meeting criteria for delusions
- 2 = Depressive delusions (also use rating no. **63**)

IRRITABILITY

Did you feel unusually irritable or argumentative when you were pregnant?

If yes, ask, What were the main things which triggered the irritation?

What did you argue about?

When you felt irritable, what did this lead to?

How often did you lose your temper?

Record mother's account of abnormal irritability.

- 54 FOCUS of ABNORMAL IRRITABILITY during PREGNANCY
- 55 SEVERITY of ABNORMAL IRRITABILITY during PREGNANCY
- 56 FREQUENCY of ABNORMAL IRRITABILITY during PREGNANCY

DEPRESSION

Did you suffer from depression, sadness or prolonged distress during pregnancy?

Did you feel pessimistic and hopeless about the future?

Bear in mind that, in some countries, somatic and dissociative symptoms replace a complaint of depression.

Record mother's spontaneous description of depression during pregnancy.

If core depressive symptoms were present,

Explore additional symptoms often found in depression, such as loss of confidence or self-esteem, self-reproach or guilt, anorexia and early awakening.

Explore suicidal ideas and actions.

Explore depressive ideas or delusions, especially those involving the unborn child.

Record mother's depressive symptoms.

- 57 PRENATAL DEPRESSION
Specify the evidence for your diagnosis.
- 58 SUICIDAL IDEAS during PREGNANCY
- 59 DEPRESSIVE IDEAS during PREGNANCY
Specify the content.

Notes on rating

A history of these disorders should have been noted on page 4.

60 Eating disorder

Specify whether anorexia, bulimia, binge-eating or variants and combinations.

- 0 = No evidence of eating disorder
- 1 = Pre-existing disorders have been active during pregnancy
- 2 = New onset of eating disorder during pregnancy

61 Alcohol abuse

- 0 = No alcohol used
- 1 = Decrease in former level of use
- 2 = Moderate alcohol intake
- 3 = Heavy alcohol abuse, such as binge-drinking or addiction

62 Drug abuse

This refers to hallucinogenic or mood-elevating drugs, or abuse of prescribed drugs.

Specify the drug(s) abused.

- 0 = No evidence of drug intake or consumption
- 1 = Sporadic drug intake or consumption during pregnancy
- 2 = Frequent drug intake or consumption during pregnancy

63 Prepartum psychosis

Specify the type or symptoms of psychosis.

- 0 = No evidence of psychosis
- 1 = Chronic psychosis well controlled during pregnancy
- 2 = Chronic psychosis with decompensation during pregnancy
- 3 = New episode of acute psychosis during pregnancy

64 Other psychiatric disorder

Specify the disorder.

- 0 = No evidence of any other psychiatric disorder
- 1 = Pre-existing disorder has been active during pregnancy
- 2 = New onset of this disorder during the pregnancy

OTHER PSYCHIATRIC DISORDERS

Refer to page 4, where previous psychiatric disorders have been noted.

You mentioned that you have suffered from What has been the effect of the pregnancy on this disorder?

Record mother's account of change in severity of pre-existing disorder, such as an eating disorder, substance abuse, self-harming or any other disorder that has required consultation or treatment in the past.

How about your use of nicotine, alcohol or other substances which may harm the foetus?

Assess frequency.

Have you suffered from any new psychiatric disorder during the pregnancy?

If psychosis is suspected, full exploration of the symptoms requires more than this interview. It requires multiple information sources including a comprehensive schedule of psychotic symptoms, and a review of medical records. Ask the following general probes, and arrange to interview at least one relative.

Tell me what happened when you became ill.

During this time, did you have any strange or unusual experiences?

Probe here for hallucinations, passivity experiences, depersonalisation

Have you been preoccupied with any unusual or worrying ideas?

Explore any delusions mentioned or suggested by recent events.

Has your behaviour been 'out of character'?

Has anyone else thought that you were unwell?

Record the mother's statements and other evidence, such as catatonic symptoms.

- | | | |
|--------------------------|-----------|--|
| <input type="checkbox"/> | 60 | EATING DISORDER |
| <input type="checkbox"/> | 61 | ALCOHOL ABUSE |
| <input type="checkbox"/> | 62 | DRUG ABUSE |
| <input type="checkbox"/> | 63 | PREPARTUM PSYCHOSIS |
| <input type="checkbox"/> | 64 | ANY OTHER PSYCHIATRIC DISORDER
For example, self-cutting and other forms of self-harm, PTSD
<i>Specify</i> the psychiatric disorder starting or persisting during the pregnancy. |

Notes on rating

Use mother's views on the cause of her symptoms to adjust earlier ratings, as explained on page 33.

65 Mother's explanation for her psychiatric symptoms

- 0 = Symptoms explained by specified stressor
- 1 = No explanation
- 2 = Mental illness
- 3 = Fate or supernatural causes

66 Onset & duration of psychiatric disorders

For each disorder, block out the trimester of pregnancy in which symptoms were present. If they were present before conception, block out the first column.

GENERAL RATINGS of PREPARTUM PSYCHIATRIC DISORDER

Review

- The findings from the section ‘Social, Psychological & Obstetric Background to Pregnancy’
- The symptoms and psychiatric disorders described by the mother.

Ask about the mother’s views on the cause of her anxiety, irritability, depression or other psychiatric symptoms.

Specify the stressor named by the mother.

If any of the following explanations are given,

record her statement and consider increasing the severity level of the corresponding item.

Poor adjustment to motherhood	ratings no. 4, 5, 10 & 12
Physical health or obstetric problems	ratings no. 9, 11 & 13
Adverse events or life style changes	ratings no 29 & 30
Social or financial problems	rating no. 31
Behaviour of the child’s father	ratings no. 17, 18, 20 & 21
Disturbed family dynamics	ratings no. 22, 23 or 24
Worries about the baby	ratings no. 34 and 35
Other causes (for example, IVF ordeal)	another appropriate rating

If the mother gives a more general explanation for her symptoms, explain and rate below.

65 MOTHER’S EXPLANATION of HER SYMPTOMS

If there is evidence of any psychiatric disorder, explore its onset and duration.

Use the time chart to show the onset, duration and any dissociation between symptom groups.

Record the evidence.

66 ONSET and DURATION CHART

Disorder	Before Conception	1 st trimester	2 nd trimester	3 rd trimester
Anxiety				
Obsessive/compulsive disorder				
Irritability				
Depression				
Suicide attempts				
Psychosis				
Other disorder				

Notes on rating**67 Level of care, sought & received**

- 0 = No help sought
- 1 = Help sought from confidantes or family
- 2 = Help sought from primary care team, private therapist or traditional healer
- 3 = Treatment received (either medication or at least one session of counselling)
- 4 = Referred to psychiatric service
- 5 = Admitted to hospital

68 Treatment

- 0 = No treatment
 - 1 = Psychological treatment
 - 2 = Pharmaceutical treatment
 - 4 = ECT
- Combinations are coded by adding these codes, for example, 5 = psychological treatment & ECT.
- 8 = Other treatments (specify)

69 Impairment of role as homemaker

- 0 = No impairment
- 1 = Mild impairment of household & family tasks or obligations
- 2 = Definite role impairment, so that partner or family have to take over
- 3 = Role impairment is a cause of complaint

70 Adverse effects on employment

This refers to paid work at home or outside the home – as employer, employee, carer or student.
The effects must be due to psychiatric disorder.

If changes in employment are due to the pregnancy itself, use rating no. 27.

- 0 = There have been no adverse effects
- 1 = Some impairment at work
- 2 = Mother has stayed away from work because of psychiatric symptoms
- 8 = She was unemployed

71 Adverse effects on relationships

This rating is made only if the psychiatric disorder was responsible for the change in relationship.

- 0 = The disorder has improved the relationship
- 1 = No change and no major problem
- 2 = No change but remains poor
- 3 = The relationship has deteriorated
- 4 = The relationship has severely deteriorated, (with violence or rupture)

TREATMENT

Ask about attempts to get help or treatment.

- 67 LEVEL of CARE, SOUGHT and RECEIVED
- 68 TREATMENT

EFFECT on ROLE PERFORMANCE

How did these symptoms affect your capacity to manage as homemaker?

What was their effect on your employment?

What was their effect on your relationships?

Record mother's statements.

Specify the relationship rated.

- 69 ROLE IMPAIRMENT
- 70 ADVERSE EFFECT on EMPLOYMENT
- 71 ADVERSE EFFECT on RELATIONSHIPS
Specify the relationship

Notes on rating**72 Desire for premature delivery**

- 0 = No desire for premature delivery
- 1 = Mother longs for the end of pregnancy
- 2 = Mother presses for early delivery

73 & 74 Duration of gestation and labour

Self-explanatory.

- 0 = Not applicable because of elective Caesarean section – rating no. **77** (coded 2)

75 Analgesia

- 0 = None
- 1 = Psychological treatment, for example, hypnosis
- 2 = Pethidine and/or nitrous oxide
- 3 = Epidural
- 4 = General anaesthetic

76 Complications during or after labour

- 0 = None
 - 1 = Minor, for example, failure to progress
 - 2 = Major, for example, haemorrhage, eclampsia
- Foetal distress is rated below (rating no **84**).

77 Mode of delivery

- 0 = Vaginal delivery
- 1 = Forceps or ventouse
- 2 = Elective Caesarean section
- 3 = Emergency Caesarean section

78 Support during labour

- 0 = Good. Husband/partner, a family member or friend present & supportive
- 1 = Fair. Supporter present, but support perceived as inadequate
- 2 = No support
- 3 = Behaviour of husband/partner or family contributed to mother's distress
- 8 = Not applicable (eg. under general anaesthetic throughout)

PARTURITION (delivery, labour)

COURSE of OBSTETRIC EVENTS

Please describe what happened when the pregnancy reached its final stage.

What was the length of the pregnancy (duration of gestation)?

Were you longing for the end of the pregnancy?

If yes, ask why?

Did you do anything to hasten the delivery?

Record mother's statements about the end of pregnancy.

72 DESIRE for PREMATURE DELIVERY

73 DURATION of GESTATION in WEEKS

How did things go during the birth?

How long did labour last?

What analgesia did you receive?

Were there any complications or interventions?

Record mother's statements about the delivery.

74 DURATION of LABOUR in HOURS

75 ANALGESIA

76 COMPLICATIONS during or after LABOUR

77 MODE of DELIVERY

Who was there to support you during labour?

If father of the child was present, what effect did it have on him?

Record mother's statements about support during labour.

78 SUPPORT during LABOUR

Notes on rating**79 Psychiatric disorders during parturition**

There are certain acute symptoms which are rare since anaesthesia and modern obstetrics reduced the ordeal of childbirth, but may still occur in certain circumstances.

- 0 = None
- 1 = Marked and uncharacteristic anger
- 2 = Panic or fearful ruminations of disaster
- 3 = Confusion or impaired consciousness
- 4 = Exhaustion or prostration after delivery
- 5 = Psychosis

If loss of consciousness is due to eclampsia, rate it here and note the presence of seizures.

80 Painful or distressing experience of parturition

- 0 = Easy delivery
- 1 = Delivery was painful but mother felt in control, and was not greatly distressed
- 2 = Pain was severe or prolonged, rendering delivery a distressing experience
- 3 = Extreme pain and distress, for example fear of her own death

81 Post-traumatic stress disorder (PTSD) after delivery

The Posttraumatic Diagnostic Scale examines these symptoms in more detail, reference, Cashman, Jaycox, Perry (1997) Validation of a self-report measure of posttraumatic stress disorder. Psychological Assessment 9: 445-451.

- 0 = No evidence
- 1 = Mild PTSD, with some evidence of intrusive flashbacks, nightmares, hyperarousal or specific avoidance, but mother able to control symptoms
- 2 = Moderate PTSD, with evidence of several of the above symptoms, which impair functioning
- 3 = Severe PTSD, incapacitating for everyday activities.

If, for this reason, mother is determined never to give birth again, also use rating no. **185**.

82 Complaining reaction

Rate here persistent complaining about antenatal care, the conduct of labour or other events related to childbirth.

- 0 = Mother fully satisfied and positively pleased with obstetric care
- 1 = Mother satisfied with obstetric care
- 2 = Some dissatisfaction, not reaching threshold of complaint
- 3 = Anger leading to severe preoccupation
- 4 = Fantasies of revenge or litigation

MENTAL STATE DURING and AFTER PARTURITION

Did you react to delivery in any unusual way, eg. becoming angry, panicky or confused?

If angry or fearful, specify the reason.

Do you have a clear memory for the events of labour?

How did you feel after the birth?

79 PSYCHIATRIC DISORDER during PARTURITION

Did you suffer a great deal?

Did you experience a distressing loss of control?

Were there any other circumstances that made delivery a distressing experience?

80 PAINFUL or DISTRESSING EXPERIENCE of PARTURITION
Specify the cause of distress.

If parturition was excessively painful or distressing, *ask*,

Did these events prey on your mind, so that you found yourself reliving what had happened?

Did you have dreams or nightmares about the delivery?

Did you feel that your life was threatened?

Did you find yourself avoiding anything that would remind you of the experience?

Were you in an abnormally aroused state for some time afterwards?

Record mother's statements about the ordeal of parturition and post-traumatic stress disorder, and the frequency of symptoms.

81 POSTTRAUMATIC STRESS DISORDER after DELIVERY

Were you satisfied with your obstetric care?

If dissatisfied,

Do you feel that someone is to blame for this unpleasant experience?

Was your complaint satisfactorily handled?

Did you, or do you intend to, take any further action?

If there is evidence of a complaining reaction,

ask about brooding and vengeful fantasies.

Record any evidence of a complaining reaction.

82 COMPLAINING REACTION

Notes on rating

In the case of multiple births, add boxes, so that each infant has ratings no. **83 - 87**.

		<u>Conversion table</u>	
		<u>Kg</u>	<u>lb oz</u>
83	Infant's birth weight Self-explanatory.	1.0	2 3
		1.2	2 10
84	Infant's condition at birth Use APGAR scores if known	1.4	3 1
	0 = Good (APGAR 7 or more)	1.6	3 8
	1 = Foetal distress during labour, but resuscitation not required <u>or</u> APGAR 4-6	1.8	4
	2 = Infant required resuscitation <u>or</u> APGAR 3 or less	2.0	4 7
	3 = Stillbirth	2.2	4 14
		2.4	5 5
		2.6	5 12
		2.8	6 3
85	Neonatal illness	3.0	6 10
	0 = No neonatal illness	3.2	7 1
	1 = Minor illness	3.4	7 8
	2 = Severe illness, with fear that the infant would not survive	3.6	7 15
	3 = Neonatal death	3.8	8 6
	Prematurity has already been noted – rating no. 73 .	4.0	8 13
		4.2	9 4
86	Duration of neonatal intensive care Self-explanatory.	4.4	9 11
		4.6	10 2
		4.8	10 9
87	Congenital abnormality	5.0	11
	0 = Normal infant		
	1 = Minor or easily correctable congenital malformations		
	2 = Malformations, requiring major surgery		
88	Foetal or infant loss		
	0 = Infant survived		
	1 = Foetal death <i>in utero</i>		
	2 = Stillbirth		
	3 = Neonatal death		
	4 = Sudden infant death		
89	Grieving, guilt or blame over loss of the baby or congenital abnormality		
	0 = No loss		
	1 = Normal grief		
	2 = Excessive grief		
	3 = Severe grief, lasting several months		

THE NEWBORN

What was the baby's birth weight?

Did the baby's condition give cause for concern during labour?

What was the baby's condition after its birth?

Record mother's answers.

83 INFANT'S BIRTH WEIGHT in KILOGRAMS (to one decimal place)

84 INFANT'S CONDITION at BIRTH

Did your baby become ill following the birth?

What treatment did s/he require?

If the infant was admitted to an intensive care unit, how long was s/he in intensive care?

Record mother's answers.

85 NEONATAL ILLNESS

86 DURATION of NEONATAL INTENSIVE CARE in DAYS

Were there any tragic circumstances associated with this birth?

If there were tragic circumstances, ask, How did you learn about ...?

Record mother's account of the details of her infant's abnormality or death.

87 FOETAL or INFANT LOSS

88 CONGENITAL ABNORMALITY

Please describe the effect of these events on you.

Record mother's account of the psychological consequences.

Note grief hallucinations, and the effect on other family members – husband/partner, other children, grandparents.

89 GRIEVING over LOSS of the BABY or CONGENITAL ABNORMALITY

Notes on rating**90 Mother's reaction to the newborn**

- 0 = Extreme joy and pride
 - 1 = Satisfaction
 - 2 = Ambivalent
 - 3 = Neutral, indifferent
 - 4 = Disappointed (specify the reason)
 - 5 = Severe disappointment (rejecting)
- For changeling delusions use rating no. **150**.

91 Duration of rest

This refers to bed-rest and/or exemption from normal homemaking and child-care.
If the mother considers that (in hospital or at home) she had no opportunity for rest and recovery, code 0.

92 Maternity blues

This means a short period of unexpected, *transitory* and brief bouts of weeping during the first 10 days.
It must be distinguished from lasting states of unhappiness or depression.

- 0 = No evidence of transient dysphoria during the first 10 days after delivery
- 1 = Equivocal evidence
- 2 = Definite evidence
- 8 = Postpartum dysphoria seems part of a chronic state of unhappiness, which has continued from pregnancy into the puerperium.

SOCIAL, PSYCHOLOGICAL and MEDICAL BACKGROUND to the PUERPERIUM

EARLY POSTPARTUM EVENTS

How did you feel, after the delivery and during the next few days?

What were the main problems during the first week or two after delivery?

Record mother's description of immediate postpartum emotional state, and her main problems during the puerperium. These are introductory probes. Ratings are made later.

When did you first see your baby?

Please describe what happened and how you felt?

Record mother's reactions to the newborn.

Specify any reasons for disappointment (eg. gender, appearance of the baby).

90 REACTION to the NEWBORN

How much exemption from normal duties (apart from baby care) did you have after childbirth?

If delivered in hospital, ask, When did you return home?

Record mother's reply.

91 DURATION of REST in DAYS

Did you suffer from an attack of the 'maternity blues' after delivery?

Record any evidence of the maternity blues and its timing.

92 MATERNITY BLUES

Notes on rating**93 Duration of breast-feeding**

This refers to the number of weeks from birth to weaning.

- 0 = Breast-feeding currently (note duration)
- 1 = Breast-feeding 1-5 months
- 2 = Breast-feeding for less than one month
- 3 = An attempt was made, but continued for less than one week
- 4 = No attempt to breast-feed
- 8 = No breast-feeding because of medical disorder

94 Satisfaction with infant-feeding

- 0 = Infant feeding a positive source of enjoyment
- 1 = Satisfied
- 2 = Minor problem, such as anxiety
- 3 = Very disappointed or dissatisfied (including feeling guilty about the failure of breast-feeding)

95 Family support after childbirth

- 0 = Mother was fully supported by family or husband/partner
- 1 = She received some support, but it was insufficient, or intrusive and a nuisance
- 2 = No support at all

If she refused help, consider using rating no. **162**.

96 Postpartum religious rituals or customs

- 0 = Rituals made a positive contribution to mother's wellbeing
- 1 = Rituals were observed, and had no effect either way
- 2 = Rituals had an adverse effect
- 8 = No rituals

97 Interest of others in the newborn

- 0 = The interest taken in the baby was helpful to the mother
- 1 = It was no problem
- 2 = Interest was a burden
- 3 = Lack of interest or welcome was a disappointment

How was your baby fed?

If breast-fed, ask for the reason

What sort of experience was breast-feeding for you?

Record mother's account of breast-feeding.

If bottle-fed, ask for the reason -

for example, by choice, prematurity, infant unable to suck, another baby on the breast, drug treatment.

Did you feel under pressure to breast-feed?

--	--

93 DURATION of BREAST-FEEDING in WEEKS

--	--

94 SATISFACTION with INFANT-FEEDING

Who was helping you in the early puerperium, and for how long?

Record mother's account of the rest and help she received.

--

95 FAMILY SUPPORT after CHILDBIRTH

Did you observe religious customs or rituals to mark the birth of the baby?

For example, compulsory bed rest for a stated period, baptism or naming of child, circumcision, feasting.

(There is an opportunity here to rate rituals during pregnancy or at weaning).

Specify the rituals. Were they helpful?

Record mother's account of postpartum religious rituals or customs.

--

96 POSTPARTUM RELIGIOUS RITUALS or CUSTOMS

Did other people take a great deal of interest in your newborn baby?

Was the attention of others (or the lack of it) a problem?

Record the attention of others, and *specify* the problem, if there was one, for example, the gender of the baby.

--

97 INTEREST of OTHERS in the NEWBORN

Notes on rating**98 Physical symptoms after childbirth**

- 0 = None
- 1 = Minor discomfort
- 2 = Severe discomfort or illness

99 Duration of physical symptoms

Self-explanatory.

100 Concern over physical changes resulting from pregnancy & childbirth

- 0 = Puerperal appearance a source of pride or pleasure
 - 1 = Appearance not a problem
 - 2 = Embarrassment over physical changes
 - 3 = This amounts to dysmorphophobia
- If the mother diets in response to these changes, rate 2 or 3.

101 Severity of postpartum sleep deprivation

This rating is concerned with sleep deprivation due to infant care.

If insomnia was due to anxiety or depression, it contributes to later ratings of mood disorder.

- 0 = None
- 1 = Mild (up to two hours less than usual)
- 2 = Moderate (2-4 hours less than usual)
- 3 = Severe (more than 4 hours less than usual)

102 Duration of sleep deprivation in weeks

Self-explanatory.

103 Appetite changes

- 0 = Notable increase in appetite
- 1 = No change
- 2 = Loss of appetite
- 3 = Severe loss of appetite with weight loss

If this is due to depression, also rate postpartum depression - rating no. **146**.

If it is due to anorexia nervosa, use rating no. **154**.

Were you suffering from physical discomfort after childbirth?

Specify the cause (for example, episiotomy, breast tenderness, fatigue).

	98

PHYSICAL DISCOMFORT after CHILDBIRTH

99 DURATION of PHYSICAL DISCOMFORT in DAYS

Have the bodily changes resulting from pregnancy & childbirth been a problem?

Can you undress in front of your husband/partner?

--

100 CONCERN over PHYSICAL APPEARANCE

How much sleep have you been able to get, compared with your normal requirement?

If reduced, *ask*, What was the reason?

How long did this last?

How did you cope with it?

What effect has this lack of sleep had on you?

	101

SEVERITY of SLEEP DEPRIVATION after CHILDBIRTH

102 DURATION of SLEEP DEPRIVATION in WEEKS

How was your appetite after the baby was born?

Record mother's description of sleep deprivation and appetite change.

--

103 POSTPARTUM APPETITE CHANGE

Notes on rating**104, 105 Timing of return of menstruation, and return to work**

Self-explanatory.

0 = No return of menstruation, not yet back at work

106 Emotional response to return to work (or resumption of work at home)

0 = It was a relief to return to work

1 = No problems

2 = Indifferent or ambivalent

3 = Mother was distressed at having to return to work, and leave the baby

4 = Severe distress at leaving the baby

8 = Mother is unemployed

If mother has not yet returned to work, rate her anticipatory feelings.

107 Adverse events in the puerperium

This excludes those related to husband (partner), social network or health (rated elsewhere).

0 = None

1 = At least one adverse event

2 = More than one adverse event or a severe exit event

108 Hardship in the puerperium

This covers housing and financial problems, but also illegal immigrants (coded 2)

0 = No hardship

1 = Some financial stringency

2 = Destitution, homelessness or abject poverty

When did menstruation return?

Record mother's account of return of menstruation.

Note if delay is due to contraceptive medication.

--	--

104 TIMING of RETURN of MENSTRUATION in WEEKS

In working mothers, *ask*,

When do (did) you return to work?

Was (will this be) a problem?

If it was (would be) beneficial, *enquire* whether this is the interest of the work, or getting away from the baby.

Record mother's response.

--	--

105 TIMING of RETURN to WORK in WEEKS

--

106 EMOTIONAL REACTION to RETURN to WORK

Were there any upsetting events during the weeks after delivery?

Were you living comfortably or were there difficult circumstances?

Record mother's account of adverse events, other than those recorded elsewhere.

--

107 ADVERSE EVENTS during the PUERPERIUM

--

108 HARDSHIP in the PUERPERIUM

Notes on rating

This page is irrelevant to single mothers, who should receive the code (8).

- 109 Duration of paternity leave**
This refers to the number of days leave the baby's father took to support the mother.
If husband (partner) is unemployed, rate (8).
- 110 Relationship with baby's father**
If the husband/partner is not the father, he will need a second set of ratings
0 = The birth of the child has improved the relationship
1 = No change, and no major problem
2 = No change, but still poor
3 = The relationship has deteriorated
4 = The relationship has severely deteriorated, resulting in violence, or threats to leave
5 = The relationship has come to an end
- 111 Support provided by baby's father**
0 = More support than usual
1 = No change
2 = Less or insufficient support
3 = No support
- 112 Reaction of husband/partner to the new born**
0 = Extreme joy and pride
1 = Satisfaction
2 = Ambivalent
3 = Neutral, indifferent
4 = Disappointed (specify the reason)
5 = Severe disappointment (rejecting and abusive)
- 113 Jealousy over the baby**
0 = No jealousy
1 = Mother is jealous of the *father's* involvement
2 = Father is jealous of the *mother's* involvement
3 = They are jealous of *each other's* involvement
4 = There is jealousy over *another person's* involvement (for example, the mother-in-law)
- 114 Libido during puerperium**
0 = Increased libido (consider a diagnosis of mania, rating no. **153**)
1 = No change, and no major problem
2 = Reduced libido
3 = Complete loss of libido or loss of libido a cause of friction
8 = Too early in puerperium to assess
- 115 Timing of return of normal sexual relations in weeks**
Self-explanatory.
0 = Failure to return to normal at time of interview
- 116 Conjugal jealousy**
0 = None
1 = Ideas of infidelity have been entertained
2 = These ideas are morbid and preoccupying or have disturbed the relationship
- 117 Intimate partner psychological, physical or sexual violence after the birth**
0 = None
1 = There is an atmosphere of criticism, humiliation, overcontrol or belittling, with hurtful remarks
2 = Threats of violence
3 = At least one incident of physical abuse
4 = Severe or recurrent abuse

POSTPARTUM RELATIONSHIPS with HUSBAND (PARTNER) or BABY'S FATHER

What effect has the birth of (named child) had on your relationship with the baby's father?

or (if conception was by another person) your husband (partner, boy-friend)?

If the infant's father is not the husband, ratings should be made for both men.

How much paternity leave did he take?

Note if partner is unemployed.

Does he give you sufficient emotional and practical support?

Record mother's account of her conjugal relationship, or relationship to the child's father.

Specify the reasons for any discord.

<input type="text"/>	<input type="text"/>	109	DURATION of PATERNITY LEAVE in DAYS
<input type="text"/>		110	RELATIONSHIP with BABY'S FATHER
<input type="text"/>		111	SUPPORT provided by BABY'S FATHER

Does he take an interest in the baby?

If yes, *ask*, Have you felt that he has transferred his attention to (name of baby)?

Has he complained that you give all your attention to the baby, and less to him?

Record mother's account of her husband/partner's reaction to the baby.

<input type="text"/>	112	REACTION of HUSBAND/PARTNER to NEWBORN
<input type="text"/>	113	JEALOUSY over the BABY

Has your sexual relationship returned to normal?

If there has been a marked delay, *enquire* about the reasons for this.

Have you worried that your husband (partner, boy friend) may not be faithful to you?

Ask about intimate partner violence if appropriate.

Record mother's replies.

<input type="text"/>	114	POSTPARTUM LIBIDO	
<input type="text"/>	<input type="text"/>	115	TIMING of RETURN of SEXUAL RELATIONS in WEEKS
<input type="text"/>	116	CONJUGAL JEALOUSY <i>Specify</i> whether mother, spouse or another person entertains these ideas.	
<input type="text"/>	117	INTIMATE PARTNER VIOLENCE after the BIRTH	

Notes on rating**118 Relationship with older or step-children**

- 0 = The arrival of the new baby has improved the relationship with older children
- 1 = No problem
- 2 = Minor problems, for example sibling jealousy
- 3 = No change, but still poor
- 4 = Deterioration in relationship with older child(ren)
- 5 = This has led to abusive incidents
- 8 = No other children

119 Relationship with family of origin

This includes step-parents

- 0 = The birth of the child has improved the relationship
- 1 = No change, and no major problem
- 2 = No change, but still poor
- 3 = The relationship has deteriorated
- 4 = The relationship has severely deteriorated, resulting in violence, or threats
- 8 = No relevant person

120 Relationship with family by marriage

- 0 = The birth of the child has improved the relationship
- 1 = No change, and no major problem
- 2 = No change, but still poor
- 3 = The relationship has deteriorated
- 4 = The relationship has severely deteriorated, resulting in violence, or threats
- 8 = No relevant person

121 Relationship with friend/confidante

- 0 = The birth of the child has improved the relationship
- 1 = No change, and no major problem
- 2 = No change, but still poor
- 3 = The relationship has deteriorated
- 4 = The relationship has severely deteriorated
- 8 = No relevant person

122 Family and network emotional and practical support after childbirth

This is an overview of the total support, in addition to that supplied by child's father.

- 0 = Plenty of support
- 1 = Some support, but insufficient
- 2 = No support

123 Score on favourable factors after childbirth

This is the sum of favourable factors:

Consider scores on ratings no. **90, 94, 95, 97, 110 – 112, 118 - 122**

For those with an optimum rating (0), add one, maximum score = 12

124 Adversity score after childbirth

This is the sum of highly adverse factors:

Consider scores on ratings no. **90, 94, 95, 98, 101, 107, 108, 110 - 113, 117, 118 -122**

For those with a rating that indicates symptoms or deterioration, add one, maximum score = 17

OTHER POSTPARTUM RELATIONSHIPS

Specify the person and the reason for the change.

Record mother's statements about changed relationships.

Has the birth of (name of baby) affected your relationship with your other children?

118 RELATIONSHIP with OLDER or STEP-CHILDREN

Has the birth affected your relationship with your family of origin?

119 RELATIONSHIP with FAMILY of ORIGIN

Has the birth affected your relationship with in laws (or partner or boy-friend's family)?

120 RELATIONSHIP with FAMILY by MARRIAGE

Has it affected any other relationships (friends, confidantes, other women)?

121 RELATIONSHIP with FRIEND/CONFIDANTE

Did you receive sufficient support from your family, in-laws and friends?

Specify the source of support, and *record* mother's statements about support.

122 FAMILY and NETWORK PRACTICAL and EMOTIONAL SUPPORT after CHILDBIRTH

123 SCORE on FAVOURABLE FACTORS after CHILDBIRTH

124 ADVERSITY SCORE after CHILDBIRTH

Notes on rating**125 Postpartum euphoria: degree**

- 0 = No evidence
- 1 = Strong feelings of happiness described
- 2 = Happiness described in extravagant terms, eg. 'ecstatic', 'on cloud 9'
- 3 = Euphoria is accompanied by other signs of a hypomanic disorder (also use rating no. **153**)

126 Postpartum euphoria: duration in days

Self-explanatory.

POSTPARTUM PSYCHIATRIC DISORDERS

POSITIVE MENTAL HEALTH

How did you feel after the birth of (name of baby)?

If a state of positive mood or mental health is described,

find out how long it lasted, and ask about hypomanic symptoms.

Record mother's description of immediate postpartum emotional state.

125

DEGREE of POSTPARTUM EUPHORIA

126

DURATION in DAYS

GENERAL ACCOUNT of MENTAL DISORDER during the PUERPERIUM

Have you suffered from any distressing or troublesome psychiatric (mental, nervous) symptoms since the baby was born?

Clarify the nature of the symptoms.

Explore their onset and duration.

Explore their severity, in terms of effects on relationships and social functioning.

Ask whether they led to self-referral and treatment.

Record mother's spontaneous description of psychiatric symptoms.

Ratings are made later.

Notes on rating**127-136 Focus of anxiety or worrying**

For all these disorders or concerns,

0 = Absent

1 = Present

2 = Severe, i.e. disorder leads to role impairment, treatment or temporary transfer of child care.

Some of these require description:

127 Acute postpartum panic

This is a state of severe anxiety, usually in first-time mothers, occurring soon after childbirth, associated with the fear of taking on responsibility for the infant.

128 Pathological fear of cot death

This is prolonged anxiety about the sudden death of the infant, associated with frequent nocturnal monitoring of the baby's breathing.

129 General anxiety associated with infant care

This is excessive concern about the health & safety of the baby.
It excludes pathological fear of cot death.
It includes 'catastrophising' about disasters to the whole family.
Hypochondriacal fears related to the infant should be coded (2).

131 Fear that she will not be a good mother

This includes the fear that she will be abusive or not sufficiently affectionate.

132 Fear that there will be too little support

This includes the fear that the father of the child will desert.

135 Fear that the child protection agencies will remove the baby

Note whether this is a realistic fear, because these agencies have already been involved.

WORRYING & MORBID PREOCCUPATION

What have been your main concerns or worries since the baby was born?

How do you feel when you are caring for your baby?

Do you feel confident that you can be a good mother?

Have you worried excessively about the health and safety of your baby?

Establish the main focus of mother's concerns in the puerperium.

Record the evidence. Anxiety ratings are made on the next page.

- | | | |
|--------------------------|------------|---|
| <input type="checkbox"/> | 127 | ACUTE POSTPARTUM PANIC |
| <input type="checkbox"/> | 128 | PATHOLOGICAL FEAR of COT DEATH |
| <input type="checkbox"/> | 129 | GENERAL ANXIETY associated with INFANT CARE |
| <input type="checkbox"/> | 130 | WORRIES about INFANT FEEDING |
| <input type="checkbox"/> | 131 | FEAR that she will NOT BE A GOOD MOTHER |
| <input type="checkbox"/> | 132 | FEAR that there will be TOO LITTLE SUPPORT |
| <input type="checkbox"/> | 133 | FINANCIAL WORRIES |
| <input type="checkbox"/> | 134 | FEAR that OTHERS CRITICISE or DOUBT her MOTHERING SKILLS |
| <input type="checkbox"/> | 135 | FEAR that the CHILD PROTECTION AGENCIES or FAMILY will REMOVE the BABY |
| <input type="checkbox"/> | 136 | OTHER WORRIES
<i>Specify</i> the focus of the anxiety if different from those above. |

Notes on rating

The assessment of anxiety, and its diagnosis in terms of ICD-10 or DSM-V requires an interview or questionnaires designed for this purpose alone. Their inclusion would prolong this interview excessively. If precise measures of anxiety are required, an additional schedule should be used.

137 Postpartum anxiety

- 0 = No anxiety or undue worrying
- 1 = Mild anxiety/worrying - mother was able to control her symptoms
- 2 = Moderate anxiety – symptoms impaired functioning or sleep
- 3 = Severe anxiety – incapacitating for everyday activities

138 Avoidance of baby

- 0 = None
- 1 = Mother feels particularly anxious when in the baby's presence, and when bathing or feeding him
- 2 = Mother reduces contact with the baby because of anxiety
- 3 = Phobic avoidance of baby

139 Intrusive behaviour by anxious or obsessional mother

- 0 = Absent
- 1 = Some evidence of undue checking of well child
- 2 = Severe intrusion, affecting sleep

140 Postpartum obsessive compulsive symptoms

Rate washing rituals to prevent contamination of baby here.

For 'obsessions of infanticide', use rating no. **141**.

- 0 = No evidence of obsessional symptoms
- 1 = Obsessional ideas or rituals
- 2 = New onset of obsessional neurosis in puerperium

141 Obsessions of child harm

A caring, devoted mother experiences distressing, bizarre and intrusive impulses to harm her baby. This includes sexual abuse and infanticide.

It must be distinguished from anger-based impulses (page 71).

- 0 = None
- 1 = Present
- 2 = A major complaint

142 Severity of postpartum obsessive/compulsive disorder

- 0 = No obsessive/compulsive disorder
- 1 = Mild obsessive/compulsive disorder - mother was able to control her symptoms
- 2 = Moderate obsessive/compulsive disorder – symptoms impaired functioning
- 3 = Severe obsessive/compulsive disorder – incapacitating for everyday activities

ANXIETY in the PUERPERIUM

Have you felt much more anxious than usual?

If mother experienced excessive worrying, anxiety or tension,

explore autonomic symptoms, muscular tension and restlessness, and other effects such as onset insomnia and depersonalisation.

What does it feel like when you are anxious (tense, worrying)?

Were you kept awake by worrying?

Record mother's account of postpartum anxiety, and detailed exploration of anxiety symptoms.

137 POSTPARTUM ANXIETY

Specify the reasons for this diagnosis, summarising the evidence.

How did these worries (anxieties) affect your relationship with the baby?

Record the reply.

138 AVOIDANCE of BABY

139 INTRUSIVE BEHAVIOUR by ANXIOUS or OBSESSIVE MOTHER

OBSESSIVE/COMPULSIVE DISORDER in the PUERPERIUM

Refer to mother's answer to screening questions on page 4, and her answers in the prepartum section on page 27.

Have you noticed a tendency to check, or perform tasks (such as cleaning) excessively or more scrupulously?

Have you been troubled by intrusive aggressive impulses towards your unborn child, or other children?

Note severity.

140 POSTPARTUM OBSESSIVE/COMPULSIVE SYMPTOMS

141 OBSESSIONS of CHILD HARM

142 SEVERITY OF POSTPARTUM OBSESSIVE/COMPULSIVE DISORDER

Notes on rating**143 Abnormal irritability (focus)**

Excessive irritability focused on the baby is rated later (rating no. **170**).

- 0 = None
- 1 = Mother is irritable by nature, and not more irritable now
- 2 = More irritable, but with no particular focus
- 3 = Excessive irritability focused on the husband or father of the child
- 4 = Excessive irritability focused on other children or relatives
- 5 = Excessive irritability focused on services or authorities (consider rating no. **82**)

144 Abnormal irritability (severity)

This refers to the most severe incident.

- 0 = None
- 1 = Irritability experienced, but not expressed
- 2 = Irritability expressed, but at a low level of intensity, eg arguments, criticism
- 3 = Irritability resulting in angry silence, yelling and screaming, verbal abuse or threats.
Rate aggressive impulses here
- 4 = Anger resulting in damage to property
- 5 = Assaults on persons
- 6 = Dangerous anger

145 Abnormal irritability (frequency)

- 0 = Never
- 1 = Seldom, and not more than usual
- 2 = More frequently than before the birth
- 3 = Often

The assessment of depression, and its diagnosis in terms of ICD-10 or DSM-V, requires an interview or questionnaires designed for this purpose alone. Their inclusion would prolong this interview excessively. If precise measures of depression are required, an additional schedule should be used.

146 Postpartum depression

- 0 = No depression
 - 1 = Mild depression - mother was able to control her symptoms
 - 2 = Moderate depression – symptoms impaired functioning
 - 3 = Severe depression – incapacitating for everyday activities
- If there is delusional or schizo-affective depression, use rating no **153**.

147 Suicidal ideas in puerperium

- 0 = None
- 1 = Fleeting ideas of suicide
- 2 = Persistent suicidal ideas
- 3 = Suicidal attempts or gestures have been made
- 4 = Determined suicidal activity

If this is associated with filicidal ideas, also use rating no. **175**.

148 Ideas of maternal unworthiness or guilt

- 0 = None
 - 1 = Mother has had thoughts that she is not fit to mother this child
 - 2 = These ideas are preoccupying and strongly held
- This rating should only be made if a depressed mother has a *normal* infant relationship.
If a rejecting mother seeks to transfer care, use rating no. **168**.

149 Other depressive ideas after the birth

- 0 = No depressive ideas
- 1 = Depressive ideas (for example guilt or hopelessness) not meeting criteria for delusions
- 2 = Depressive delusions (if about the infant, also use rating no. **152**)

POSTPARTUM IRRITABILITY

Have you felt unusually irritable or argumentative since your baby was born?

If yes, ask,

What were the main things which triggered the irritation?

What did you argue about?

When you felt irritable, what did this lead to?

How often did you lose your temper/

Record mother's account of abnormal irritability.

<input type="checkbox"/>	143	ABNORMAL IRRITABILITY (FOCUS)
<input type="checkbox"/>	144	ABNORMAL IRRITABILITY (SEVERITY)
<input type="checkbox"/>	145	ABNORMAL IRRITABILITY (FREQUENCY)

POSTPARTUM DEPRESSION

Have you suffered from depression, sadness or prolonged distress since your baby was born?

Have you felt pessimistic and hopeless about the future?

If core depressive symptoms are present, explore additional symptoms often found in depression, such as loss of confidence or self-esteem, self-reproach & guilt, anorexia and early awakening.

Record mother's description of postpartum depression.

<input type="checkbox"/>	146	POSTPARTUM DEPRESSION <i>Specify</i> the reasons for making this diagnosis.
--------------------------	------------	--

In all depressed mothers, *Ask* about depressive ideas, especially feelings of unworthiness as a mother.

Are you the right person to look after (name of baby)?

Ask about suicidal ideas.

Have you felt that the family would be better off without you?

Follow with other questions about suicidal intentions or attempts.

If mother has considered suicide, *find out* whether she has considered combined suicide & filicide.

Did it ever cross your mind that you would have to take the baby (children) with you?

Explore delusions, especially those involving the baby.

Record mother's statements about depressive delusions, maternal unworthiness, suicide and filicide.

<input type="checkbox"/>	147	SUICIDAL IDEAS
<input type="checkbox"/>	148	IDEAS of MATERNAL UNWORTHINESS & GUILT
<input type="checkbox"/>	149	OTHER DEPRESSIVE IDEAS after DELIVERY <i>Specify</i> the content.

Notes on rating**150 Abnormal ideas**

Note that abnormal ideas and delusions are also rated under 'conjugal jealousy' (rating no. **116**) and 'postpartum depression' (ratings no. **148 & 149**).

- 0 = None
- 1 = Irrational ideas, for example that the infant is hostile
- 2 = These are held with conviction (delusions)
- 3 = Delusions have a bizarre or fantastic quality, for example Capgras syndrome

151 Hallucinations

- 0 = None
- 1 = Verbal (usually auditory)
- 2 = Command hallucinations (always verbal)
- 3 = Other (visual, tactile, olfactory, gustatory)
- 4 or 5 = Combination of auditory and other hallucinations

152 Delusional ideas about infant

- 0 = None
 - 1 = Grandiose
 - 2 = Persecutory (for example the infant is the Devil)
 - 4 = Other (for example, changeling delusions)
- Use the sum of these to code combinations, for example 7 = all 3 forms of delusion.

153 Puerperal psychosis

A diagnosis of puerperal psychosis should not be based on an interview alone, but the interviewer can make a provisional episode diagnosis.

- 0 = A psychosis is not suspected
- 1 = A depressive psychosis is suspected
- 2 = A manic, mixed or cycloid psychosis is suspected
- 3 = Some other form of psychosis (organic, psychogenic, paranoid or schizophrenic) is suspected

PSYCHOSIS

If there is evidence of a puerperal psychosis, full exploration requires more than this interview; it requires multiple information sources including a comprehensive schedule of psychotic symptoms, and a review of the medical records.

Ask the following general probes, and arrange to interview at least one relative.

Tell me what happened when you became ill.

During this time, did you have any strange or unusual experiences?

Probe here for hallucinations, passivity experiences, depersonalisation.

Have you been preoccupied with any unusual or worrying ideas?

Explore any delusions mentioned or suggested by recent events.

Exclude obsessional ideas, but *note especially* delusions about the infant.

Has your behaviour been 'out of character'?

Has anyone else thought that you were unwell?

When did the illness start?

Record the mother's statements and other evidence, including symptoms like ideas of possession, which do not have their own ratings, and *note* the presence of any unusual behaviours, for example catatonia or stupor.

- | | | |
|--------------------------|------------|--|
| <input type="checkbox"/> | 150 | ABNORMAL IDEAS
<i>Specify.</i> |
| <input type="checkbox"/> | 151 | HALLUCINATIONS
<i>Specify.</i> |
| <input type="checkbox"/> | 152 | CONTENT of ABNORMAL IDEAS about INFANT
<i>Specify.</i> |
| <input type="checkbox"/> | 153 | PUERPERAL PSYCHOSIS
<i>Specify</i> the suspected episode diagnosis, and summarise the evidence. |

Notes on rating**154 Eating disorder**

Specify whether anorexia or bulimia or binge eating or variants and combinations.

- 0 = No evidence of an eating disorder
- 1 = These disorders, previously present, are still active
- 2 = New onset of eating disorder in puerperium

155 Alcohol abuse

- 0 = No use of alcohol
- 1 = Moderate alcohol intake, but no evidence of problem drinking or addiction
- 2 = Heavy alcohol abuse
- 3 = New onset of ethanol abuse in puerperium

156 Drug abuse

This refers to hallucinogenic or mood-elevating drugs not prescribed by a physician.

Specify the drug(s) abused.

- 0 = No evidence of drug addiction
- 1 = Active drug abuse
- 2 = New onset of drug abuse in puerperium

157 Other psychiatric disorder

Rate here psychopathology not rateable elsewhere (such as depersonalization, somatization).

Specify the disorder.

- 0 = No evidence of any other psychiatric disorder
- 1 = This disorder is active
- 2 = New onset of this disorder in puerperium

OTHER PSYCHIATRIC DISORDERS

Review evidence of other psychiatric disorders before conception (page 4) or during pregnancy (page 31).

You mentioned that, (earlier in your life) (during pregnancy) you suffered from ..., what is the position now?

Have you suffered from an eating disorder since delivery?

Record mother's replies.

154 EATING DISORDER

How much alcohol are you drinking?

Are you taking drugs such as 'party drugs', cannabis, amphetamines, cocaine or narcotics?

Record mother's replies on substance abuse.

155 ALCOHOL ABUSE

156 DRUG ABUSE

Have you been receiving treatment for any other psychiatric (nervous, mental) disorder since delivery?

Record mother's account of other psychiatric disorder.

157 ANY OTHER PSYCHIATRIC DISORDER

for example, somatisation, dissociation

Specify any other psychiatric disorder starting after delivery.

Notes on rating

All these ratings are based on the mother's perceptions and responses.

Relevant to this section is DC:0-3R (2005)

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, revised edition, Washington DC, Zero to Three National Centre for Infants, Toddlers and Families.

- 158 Baby's temperament**
 0 = Placid, easy baby
 1 = Some difficulties, for example a baby who is wakeful at night, a calm baby who resists cuddling
 2 = A baby who screams rather a lot, but can be pacified
 3 = A very difficult baby who screams a great deal, and is hard to pacify
- 159 Other problems with baby**
 0 = No other problems
 1 = Minor problem, such as feeding problems, lack of weight gain, nappy rash, transitory colic
 2 = Major problem, for example, heart disease, developmental delay
- 160 Infant development**
 0 = Advanced
 1 = Normal
 2 = Some delay
 3 = Marked delay
- 161 Mother's involvement in infant care**
 This applies to *practical care* - feeding, changing, bathing and dressing the infant.
 0 = Normal maternal involvement
 1 = Mother *deprived* of her full share of infant care
 2 = Mother *unwilling* or *unable* to take her full share
- 162 Mother's emotional over-involvement in infant care**
 0 = No emotional over-involvement
 1 = Mother is unwilling to share care, or leave infant with other competent adults (includes separation anxiety)
 2 = Mother gives up all her own essential needs to attend to her baby
- 163 Quality of emotional involvement (play and cuddling)**
 0 = Mother enjoys cuddling the baby, and is fully involved with infant interaction
 1 = There is some under-involvement and/or lack of cuddling
 2 = There is a marked under-involvement, with 'mechanical' care
 3 = There is a complete lack of affectionate involvement

THE MOTHER-INFANT RELATIONSHIP

INFANT CHARACTERISTICS and MATERNAL INVOLVEMENT in CARE

Please tell me what (name of baby) is like. Is s/he easy to understand and soothe?

Were you at all disappointed in anything about him/her?

Record mother's account of her baby's condition and temperament.

158 BABY'S TEMPERAMENT

159 OTHER PROBLEMS with BABY

How is (name of baby) developing?

Does s/he recognise and respond to you?

When did s/he first smile and laugh?

If baby is old enough, *ask*, When did s/he first try to talk (babble)?

Record mother's account of infant development.

160 INFANT DEVELOPMENT

Who provides most of the care for the baby?

If not the mother, *ask*, How do you feel about this?

If the mother provides much of the care, *ask*,

Are there problems with feeding, vomiting, sleeping or crying too much?

Does it upset you to leave your baby in the care of anyone else?

Record mother's experience of caring for this baby.

161 MOTHER'S INVOLVEMENT in INFANT CARE

162 OVER-INVOLVEMENT with INFANT

What do you enjoy doing with your baby?

What do you like about your baby and what do you not like?

What do you do to make your baby smile or laugh?

Record mother's account of affectionate involvement with baby.

163 QUALITY of AFFECTIONATE INVOLVEMENT with INFANT

Notes on rating**164 Timing of positive feelings for baby**

Self-explanatory.

Note that a coding of '0' means that strong positive feelings developed *before* delivery. '99' means that positive feelings have not yet developed.

165 Feeling of estrangement

0 = None

1 = Mother complains that, for a time, the infant did not seem to belong to her

2 = She still feels this way

3 = These feelings are strong, among her main complaints

166 Nature and strength of feelings for infant (historic)

'Affectionate involvement' (rating **163**) applies to behaviour.

This rating applies to mother's *feelings* (at their worst) *in the past*.

0 = Very strong - total preoccupation with baby

1 = Strong

2 = Equivocal or ambivalent (both positive and negative feelings)

3 = Disappointing or distressing absence of positive feelings for baby

4 = Dislike or hostility towards baby

5 = Hatred or rejection of infant

167 Nature and strength of feelings for infant (present)

This rating applies to mother's feelings *now*.

A lower level than rating no. **166** indicates a secondary loss of maternal feelings.

0 = Very strong - total preoccupation with baby

1 = Strong

2 = Equivocal or ambivalent (both positive and negative feelings)

3 = Disappointing or distressing absence of positive feelings for baby

4 = Dislike or hostility towards baby

5 = Hatred or rejection of infant

168 Ideas of transferring care or escaping from maternal duties

0 = No wish to escape from infant care

1 = Mother has had fleeting and private thoughts of not caring for this baby

2 = Mother has considered *temporarily* deserting or transferring baby

3 = This has been discussed with partner, family or social services

4 = Temporary abandonment or transfer has already taken place

5 = Mother is seeking *long term* fostering or adoption

Use rating no. **148** for depressive feelings of maternal unworthiness.

169 Fantasies of infant loss

Include here the wish that the baby had never been born.

0 = No such ideas

1 = Mother has privately wished that the infant is stolen or dies

2 = This idea has been expressed to others

the MOTHER'S EMOTIONAL RESPONSE to her INFANT

Explain that not all parents' feelings develop immediately after the birth.

How did your feelings for (name of baby) develop after the birth?

When did you first experience positive feelings for him/her?

Have you felt disappointed with your feelings for (name of baby)?

Why?

How do you feel when you are away from (name of baby)?

Record mother's statements about her emotional reaction to the baby.

164 ONSET of POSITIVE FEELINGS for BABY in WEEKS

165 FEELING of ESTRANGEMENT from INFANT

166 NATURE & STRENGTH of (HISTORIC) FEELINGS for INFANT

167 NATURE & STRENGTH of (PRESENT) FEELINGS for INFANT

If there is evidence of an abnormal maternal emotional response, ask,

Do you regret having this baby?

Have you felt trapped as a mother?

Have you felt like running away? Temporarily or permanently? Have you ever done so?

Have you ever felt that it would be better if someone else looked after him/her? Temporarily or permanently?

Have you considered adoption or fostering?

Did you ever wish that something would happen to him/her?

(Note particularly wish for cot death, or that baby is stolen.)

Record evidence of mother's emotional rejection of infant.

168 IDEAS of TRANSFERING CARE or ESCAPING from MATERNAL DUTIES
Specify fantasy or plan for escape.

169 IDEAS of INFANT LOSS
Specify nature of fantasies.

Notes on rating**170 Angry response to infant**

- 0 = No anger towards infant
- 1 = Mother has felt angry with her baby
- 2 = She has had strong feelings of anger, but has easily been able to control them
- 3 = She has been able to keep control, but only with difficulty (eg. by leaving the room)
- 4 = She has lost control, resulting in shouting, screaming or swearing at the baby
- 5 = Loss of control has resulted in physical abuse (also use rating no. **173**)

171 Frequency of maternal anger

- 0 = Never
- 1 = Only once or twice
- 2 = Often
- 3 = Most of the time

172 Coping with maternal anger

- 0 = No maternal anger
- 1 = Transfer care to husband, partner or another person
- 2 = Leave the infant crying
- 3 = No strategy

173 Child abuse

- 0 = This has not occurred
- 1 = Mother had the impulse, but did not act on it
- 2 = This behaviour has occurred
- 3 = It has occurred more than once
- 4 = It has occurred more than three times

174 Child neglect

- 0 = No neglect
- 1 = Poor supervision, or exposing child to risk
- 2 = Neglect of child's physical needs, such as feeding or changing
- 3 = Starving the baby

175 Filicidal impulses and activity

Do not rate obsessional impulses here (rating no. **141**).

- 0 = No ideas of killing the child
- 1 = These ideas or impulses have been experienced occasionally and fleetingly
- 2 = Preoccupying ideas of killing the child
- 3 = Filicidal attempt

ANGER & ABUSE

Do you ever feel angry with your baby?

If the mother answers 'yes', or has any other evidence of an aversion to the infant, ask,

What makes you angry?

Have you had any impulses to harm him/her?

What was the worst thing you felt an impulse to do?

Record mother's account of angry responses and impulses, taking care to distinguish them from obsessions of child harm (rating no. **141**).

Note and record the main triggers – waking mother at night,

not eating, vomiting, soiling, excessive crying or not showing love.

- 170** ANGRY RESPONSE to INFANT
- 171** FREQUENCY of MATERNAL ANGER
- 172** COPING WITH MATERNAL ANGER

If so, ask, How do you cope with your anger?

Have you ever lost control when you felt angry with him/her?

What was the worst thing you did?

What about neglecting to feed or protect the child?

If there is any hint of factitious illness, ask,

Did you ever pretend that your child was ill, or feel tempted to make him/her ill?

(In cases of abuse) ask, Did you have an impulse to kill the child?

Record mother's statements about abusive impulses or incidents, and neglect.

Note and record the forms of abuse which have occurred – rough treatment, shaking, striking, biting, scalding or burning, or Munchausen's-by-proxy

- 173** CHILD ABUSE
- 174** CHILD NEGLECT
- 175** FILICIDAL IDEAS or IMPULSES

Notes on rating**176 Mother's general explanation for her postpartum symptoms**

- 0 = Symptoms explained by specified stressor
- 1 = No explanation
- 2 = Mental illness
- 3 = Fate or supernatural causes

177 Onset & duration of psychiatric disorders

For each disorder, block out the time period in which symptoms were present.

GENERAL RATINGS of POSTPARTUM PSYCHIATRIC DISORDER

Review

- The findings from the section ‘Social, Psychological & Obstetric Background to the Puerperium’
- The symptoms and psychiatric disorders described by the mother

Ask about the mother’s views on the cause of her psychiatric symptoms.

Specify the stressor named by the mother.

If any of the following explanations are given, record her statement and consider increasing the severity level of the corresponding item:

Traumatic events related to childbirth	rating no. 80
Physical health or obstetric problems	rating no. 98
Sleep deprivation	rating no. 101
Adverse events	rating no. 107
Social or financial problems	rating no. 108
Behaviour of the child’s father	ratings no. 110, 112, 117
Lack of support	ratings no. 111, 122
Disturbed family dynamics	ratings no. 119, 120
Behaviour of older children	rating no. 118
Mother-infant relationship	ratings no. 164 - 169
Other causes	another appropriate rating

If the mother gives a more general explanation for her symptoms, explain and rate below.

176 MOTHER’S GENERAL EXPLANATION of HER SYMPTOMS

If there is evidence of any psychiatric disorder,

Explore its onset and duration.

Use the time chart to show the onset, duration and any dissociation between symptom groups.

Record the evidence.

177 ONSET and DURATION CHART

Disorder	Before Conception	During pregnancy	After the birth		
			1 st 3 weeks	3 weeks to 3 months	3 -12 months
Anxiety					
Obsessive/compulsive disorder					
Irritability					
Depression					
Suicide attempts					
PTSD					
Psychosis					
Other disorder					

Notes on rating**178 Level of care, sought and received**

- 0 = No help sought
- 1 = Help sought from confidantes or family
- 2 = Help sought from primary care team, private therapist or traditional healer
- 3 = Treatment received (either medication or at least one session of counselling)
- 4 = Referred to psychiatric service
- 5 = Admission to hospital without infant
- 6 = Conjoint admission with infant

179 Treatment

- 0 = No treatment
 - 1 = Psychological treatment
 - 2 = Pharmaceutical treatment
 - 4 = ECT
- Combinations are coded by adding these codes, for example, 5 = psychological treatment & ECT
- 8 = Other treatments (specify)

180 Role impairment due to psychiatric disorder

- 0 = No impairment
- 1 = Some impairment of homemaking or family duties
- 2 = Definite role impairment, so that partner or family have to take over
- 3 = Role impairment is a cause of complaint

181 Impairment of mothering

There will always be impairment if the mother has emotionally rejected the child, but it may also be present in other disorders, for example, preoccupation with obsessions, complaining, bulimia or substance abuse

- 0 = No impairment
- 1 = Some neglect of infant care
- 2 = Definite impairment, so that partner or family have to take over
- 3 = Impairment of mothering is a cause of concern or complaint

182 Adverse effects on employment

This refers to work at home, or outside the home – as employer, carer, employee or student.

- 0 = There have been no effects
- 1 = Some impairment at work
- 2 = Mother has stayed away from work because of psychiatric symptoms
- 7 = She has other reasons for staying off work (*Specify*)
- 8 = Mother is unemployed

183 Adverse effects on an important relationship

This rating is made only if the psychiatric disorder was responsible for the change in relationship.

- 0 = The disorder has improved the relationship
- 1 = No change and no major problem
- 2 = No change, but poor
- 3 = The relationship has deteriorated
- 4 = The relationship has severely deteriorated, leading to violence or threats to break off
- 5 = The relationship has come to an end

TREATMENT

Ask about attempts to get help or treatment.

- 178 LEVEL of CARE, SOUGHT and RECEIVED
- 179 TREATMENT

EFFECT ON ROLE PERFORMANCE

This applies to *any* psychiatric disorder – anxiety, depression, psychosis, PTSD or other disorder.

How did these symptoms affect your capacity to carry out your tasks as homemaker?

How did they affect your ability to look after and play with (name of baby)?

What was their effect on your employment outside the home?

What was their effect on relationships?

Record mother's statements.

- 180 ROLE IMPAIRMENT due to PSYCHIATRIC DISORDER
- 181 IMPAIRMENT of MOTHERING
(by disorders such as complaining disorder or substance abuse
in the absence of a mother-infant relationship disorder)
- 182 ADVERSE EFFECT on EMPLOYMENT
The effects must be due to psychiatric disorder, not childbirth or maternity leave.
- 183 ADVERSE EFFECT on an IMPORTANT RELATIONSHIP

Notes on rating

184 Satisfaction with psychiatric care received

- 0 = Delighted with the excellent care received
- 1 = Satisfied
- 2 = Some dissatisfaction, not reaching threshold of complaint
- 3 = Preoccupying sense of grievance
- 4 = Litigation or fantasies of revenge

185 Desire for another child

- 0 = Strong desire for further child
- 1 = Some desire for further child
- 2 = Indifference or ambivalence
- 3 = No wish for further child
- 4 = Strong determination not to have further children
- 5 = Mother has been sterilised

CONCLUSION

How do you feel about the psychiatric treatment you have received?

184 SATISFACTION with PSYCHIATRIC TREATMENT

How do you feel about yourself as a mother?

How does motherhood or (in mothers with older children), mothering this baby, compare with your expectations?

In what way has motherhood (mothering this baby) changed you?

Record mother's replies.

Would you like another child?

If so, ask, why?

If not, ask, why not?

Ask about contraceptive measures or sterilisation.

Record mother's replies.

185 DESIRE FOR FURTHER CHILDREN
Specify the reasons.

**Is there anything else about this pregnancy and birth,
which we have not asked, and which you would like to tell us?**

Record mother's reply.

Thank you for this interview – what is your feeling about being interviewed?

Record mother's reply.

ACCOUNT OF INTERVIEW, AND DESCRIPTION OF MOTHER'S BEHAVIOUR

Briefly *describe* the interview and the impression given by this mother.
Include any evidence of concealment, simulation or dissimulation.
Note any abnormal behaviour, speech or affect.

Does the interviewer feel that this mother is at risk

- Of domestic (intimate partner) violence?
- Of suicide?
- Of child maltreatment?
- Of infanticide?

SUMMARY AND TREATMENT PLAN

For clinical sample only.

Summary of main features

Diagnosis

Treatment

PHARMACEUTICAL TREATMENT

ELECTRO-CONVULSIVE THERAPY

PSYCHOTHERAPY

Specify the method and objectives.

By professional staff.

By self-help or voluntary agencies.

SPECIFIC PSYCHOLOGICAL TREATMENT

For mother-infant relationship disorder.

Other specific treatment.

SOCIAL INTERVENTION

Further action

NO FURTHER ACTION (returned to the care of the primary care team)

OUT-PATIENT FOLLOW-UP

FOLLOW-UP by a COMMUNITY PSYCHIATRIC NURSE

DAY HOSPITAL CARE

INTENSIVE HOME TREATMENT

IN-PATIENT ADMISSION WITHOUT BABY

CONJOINT MOTHER & BABY ADMISSION