Self-Assessment of Maternal Distress After a Difficult Birth

By Penny Simkin and Phyllis Klaus

Name _______________________________  Today’s date ___________________

Date of baby’s birth __________________

Please look back at your labor and birth and complete the following statements.
These are the positive things that I recall about my child’s birth.

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

During my labor and birth, I felt supported and cared for:
All or most of the time by ________________________________
Some of the time by ________________________________
A little bit by ________________________________
Not at all by ________________________________

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

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

[ ] worried  [ ] frightened  [ ] helpless  [ ] out of control  [ ] numb
[ ] don’t remember  [ ] angry  [ ] terrified  [ ] disbelief  [ ] near death
[ ] detached  [ ] other, explain

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

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

[ ] worried  [ ] frightened  [ ] helpless  [ ] out of control  [ ] numb
[ ] don’t remember  [ ] angry  [ ] terrified  [ ] disbelief  [ ] near death
[ ] detached  [ ] other, explain
I reacted to the danger to myself or my baby by: (please mark all that apply)

- panicking  
- dissociating  
- feeling detached  
- cooperating  
- resisting  
- tensing up  
- giving up  
- don’t remember  
- crying  
- trembling  
- going blank  
- falling apart  
- other, explain

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

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

I avoid things that remind me of the birth. For example: (Mark all that apply)
- I did not return to my doctor or midwife for my postpartum checkup.
- If asked about my birth, I don’t want to have to talk about it.
- I didn’t attend parenting groups or my birth class reunion.
- I drive blocks out of my way to avoid going near the hospital.
- Other avoidance behaviors?

I feel flat or detached emotionally from my baby, partner, family, and friends. (Circle)
- All of the time
- Some of the time
- Never

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

I want and need these things: