

New Mum Checklist

This checklist is not intended to diagnose any mental illness. It is a discussion tool to support Mums during conversations with healthcare providers.

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|--|---|--|
| <input type="checkbox"/> Postpartum depression (PPD) | <input type="checkbox"/> Postpartum psychosis | <input type="checkbox"/> bipolar disorder or mania |
| <input type="checkbox"/> Postpartum anxiety or OCD | <input type="checkbox"/> Postpartum PTSD (posttraumatic stress) | <input type="checkbox"/> Not sure; I just know something isn't right |

Here are some of the recognised symptoms of perinatal mood and anxiety disorders that I have been having (Check any that apply to you):

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|--|---|
| <input type="checkbox"/> I can't sleep, even when my baby is sleeping. | <input type="checkbox"/> My thoughts are racing. I can't sit still. |
| <input type="checkbox"/> I have lost my appetite. | <input type="checkbox"/> I feel like the only way to make myself feel better is by using alcohol, prescription drugs or other substances. |
| <input type="checkbox"/> I feel sad. I have been crying a lot for no reason. | <input type="checkbox"/> Sometimes I wonder if my baby or my family would be better off without me. |
| <input type="checkbox"/> I am feeling worried or anxious most of the time. | <input type="checkbox"/> I've been having physical symptoms that are not normal for me (for example: migraines, back aches, stomach aches, panic attacks) |
| <input type="checkbox"/> I am having anger or rage that is not normal for me. | <input type="checkbox"/> I have had serious thoughts of hurting myself. |
| <input type="checkbox"/> I feel numb or disconnected from my life. I can't enjoy the things I used to. | <input type="checkbox"/> I have had thoughts that I should (not that I might or what if, but that/ should or need to) hurt my baby or someone else. |
| <input type="checkbox"/> I don't feel like I'm bonding with my baby. | <input type="checkbox"/> I am worried I'm seeing or hearing things that other people don't see or hear. |
| <input type="checkbox"/> I am having scary "what if" thoughts over & over about harm coming to me, my baby or others (also called intrusive thoughts). | <input type="checkbox"/> I'm afraid to be alone with my baby. |
| <input type="checkbox"/> I feel a lot of guilt and shame. | <input type="checkbox"/> I feel very concerned or paranoid that other people might hurt me. |
| <input type="checkbox"/> I'm worried that I'm not a good mother. | |
| <input type="checkbox"/> I feel overwhelmed with all of the things in my life. | |
| <input type="checkbox"/> I can't concentrate or stay focused on things. | |
| <input type="checkbox"/> I feel like I'm losing it. | |
| <input type="checkbox"/> I want to be alone all or most of the time. | |

I have had these symptoms for more than ___ weeks. I am ___ weeks/months postpartum.

Here are some factors that may help you understand my situation (*Check any that apply*):

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|---|--|
| <input type="checkbox"/> I have had depression, anxiety /OCD or PPD before | <input type="checkbox"/> I have a lot of financial stress |
| <input type="checkbox"/> I have a history of bipolar disorder or psychosis | <input type="checkbox"/> I have had fertility treatment |
| <input type="checkbox"/> My family has a history of mental illness | <input type="checkbox"/> My baby has colic, reflux or other health problems |
| <input type="checkbox"/> I have a history of or am now going through trauma (for example: domestic violence, verbal abuse, sexual abuse, poverty, loss of a parent) | <input type="checkbox"/> I have had a previous miscarriage or stillbirth |
| <input type="checkbox"/> I have had a stressful event in the last year (for example: house move, job loss, divorce, bereavement) | <input type="checkbox"/> I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD) |
| <input type="checkbox"/> I'm a single mum | <input type="checkbox"/> I delivered multiples |
| <input type="checkbox"/> I don't have much help or support at home from my partner or family members | <input type="checkbox"/> I'm away from my home country or culture |
| | <input type="checkbox"/> I or my baby had problems in pregnancy or childbirth (for example: baby in NICU, unplanned C-section, bed rest) |