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: