

The Mama First Checklist for Postpartum Help



Name:

Age:

Length Postpartum:

"I'd like to talk about the feelings I've been having since I gave birth to my baby. This checklist is the best way for me to make sure you understand what I'm experiencing and how I need help."

I think I might have (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Postpartum Depression | <input type="checkbox"/> Postpartum OCD | <input type="checkbox"/> Postpartum Bipolar |
| <input type="checkbox"/> Postpartum Anxiety | <input type="checkbox"/> Postpartum PTSD | <input type="checkbox"/> I don't know, but I know something isn't right. |

Symptoms I've been having (check all that apply):

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

I've had these symptoms for _____ weeks/months (circle one) postpartum.

Recognized risk factors of maternal mental illness so you understand what I'm experiencing (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> I've had depression, anxiety/OCD or PPD before. | <input type="checkbox"/> I've had infertility issues. |
| <input type="checkbox"/> I have a history of bipolar disorder or psychosis. | <input type="checkbox"/> My baby has colic, reflux or other health problems. |
| <input type="checkbox"/> My family has a history of mental illness. | <input type="checkbox"/> I'm away from my home country or culture. |
| <input type="checkbox"/> I'm a single mom. | <input type="checkbox"/> I've had a previous miscarriage or stillbirth. |
| <input type="checkbox"/> I delivered multiples. | <input type="checkbox"/> I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD). |
| <input type="checkbox"/> I've had a stressful event in the last year (for example: house move, job loss, divorce or relationship problems, or the death of a loved one). | <input type="checkbox"/> I or my baby had problems in pregnancy or childbirth (for example: baby in NICU, unplanned C-section, bed rest). |
| <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 don't have much help or support at home from my partner or family members. |
| <input type="checkbox"/> I've had a lot of financial stress. | |

Free Perinatal Psychiatric Consult Lines

Your medical provider can call the numbers below to get accurate information and guidance about safe medications that can be taken while pregnant or breastfeeding: Postpartum Support International at 1.800.944.4773 x4 and Massachusetts Child Psychiatry Access Program (MCPAP) for Moms at 855.666.6272.

This checklist is not intended to diagnose any mental illness. It is a discussion tool for moms to use with their healthcare providers. It was adapted from The Bloom Foundation's New Mom Checklist for Maternal Mental Health Help.

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