



wazzzup
mamma!

RISK FACTORS REDUCED EMOTIONAL WELLBEING

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- Current psychological issues / problems (signs & symptoms depression and/ or anxiety; nervous breakdown; burn-out; post-traumatic stress) - Diagnosed or undiagnosed and/or treatment
- A history of treatment for psychological issues / problems (depression – including antenatal and/or postpartum; anxiety; nervous breakdown; burn-out; post-traumatic stress)
- Past and/or present psychiatric problems/ diagnosis; currently being treated for psychological problems (depressive disorder; anxiety disorder; use of pharmacological treatment - including antenatal and postpartum; eating disorder; bipolar disorder; addiction alcohol / drugs)
- Mother and/or sister(s) with emotional/ psychological problems during pregnancy and/ or postpartum (antenatal / postnatal depression, anxiety, psychosis) What do you think will help you?

- Psychiatric disorder in the family (first degree)
- History of miscarriage / foetal loss, stillbirth
- Negative birth experience(s)
- Multiple / re-occurring daily stressors
- Fear of birth
- Reconstructed / blended family

RISK FACTORS REDUCED EMOTIONAL WELLBEING:

1. Are you currently experiencing periods (>2 weeks) of feeling emotionally strained and/or unbalanced?
If **YES**:
 - a. What feelings are you experiencing? Can you describe your emotions?
 - b. Do you know the reason why you are feeling like this? Did something happen?
 - c. Did you consult your GP, psychologist or other healthcare professional?
 - d. Are you currently receiving treatment? Therapy? Medication? Both?

2. Have you experienced periods (>2 weeks) of feeling emotionally strained and/or unbalanced in the past?
If **YES**:
 - a. What feelings did you experience? Can you describe your emotions at the time?
 - b. Did you know the reason why you felt like that? Did something happen?
 - c. Did you consult your GP, psychologist or other healthcare professional?
 - d. Did you receive treatment? Therapy? Medication? Both?

3. Did your mother and/or sister(s) experience emotional problems during or after their pregnancy/pregnancies?
If **YES**:
 - f. Do you know what problems?

4. Are there psychiatric disorders in your family (parents, siblings)?
If **YES**:
 - g. Which disorders?

1. Did you ever experience a miscarriage, foetal loss, stillbirth?

If **YES**:

h. Is this still bothering you? Can you indicate how much it still bothers you on a scale from 0 - 10? 0 = not at all - 10 = very much.

2. How do you look back on your previous birth experience(s)? On a scale from 0 - 10, how negative or positive do you look back? 0 = extremely bad - 10 = extremely good.

3. Are there things in your life that make your life difficult (to cope with)?

If **YES**:

i. What are these things?

j. On a scale from 0 to 10, how much does it affect your daily life/ makes your daily life difficult (to cope with)? 0 = not at all - 10 = very much

4. Are you scared of having to go through labour and birth / giving birth?

If **YES**:

On a scale from 0 to 10, how scared are you? 0 = not scared at all - 10 - extremely scared.

INTERPRETATION SCORES

- 0-4 No actions required
- 5-7 Re-assess next visit. Discuss the need for help (ask questions as suggested below).
- 8-10 Consult and/or refer to professional psychological healthcare professional.
Keep close contact with the woman until professional support is organized.