(Green Form)

PRENATAL PSYCHOSOCIAL HEALTH ASSESSMENT

Prenatal psychosocial problems may be associated with unfavorable postpartum outcomes. The questions on this form are suggested ways of inquiring about psychosocial health. Issues of high concern to the woman or caregiver usually indicate a need for additional supports or services. When issues of some concern are identified follow-up and/ or referral should be considered. Please consider the sensitivity of this information before sharing it with other caregivers.

Name:

PRENATAL FACTORS	COMMENTS/PLAN
MATERNAL FACTORS	
Prenatal care (late onset) (***WA***) • First prenatal visit in third trimester? (check records) • What is the reason that you did not start prenatal care sooner?	
Prenatal education (refusal or quit) (***CA***) • What are your plans for prenatal classes? • What is your reason for not attending/quitting prenatal classes?	
Feelings toward pregnancy after 20 weeks (*CA, WA*) • How did you feel when you first found out you were pregnant? • How do you feel about it now?	
Relationship with parents in childhood (***CA***) • How did you get along with your mother? Your father? • Did you feel loved by your mother? Your father?	
Self esteem (*CA*, WA) • What concerns do you have about becoming/being a mother? • What sort of mother do you think you'll be?	
History of psychiatric or emotional problems (*CA, WA*, PD) • Have you ever had emotional problems?How serious were they? • Have you ever seen a psychiatrist or counselor?	
Depression in this pregnancy (***PD***) • How has your mood been during this pregnancy? • Have you felt low or depressed during this pregnancy? • Were you depressed after previous pregnancies?	
FAMILY FACTORS	
Social support (***CA, WA***,PD) • How does your partner feel about your pregnancy? Your family? • Who will be helping you when you go home with your baby?	
Recent stressful life events (***CA, WA, PD***, PI) • What major life changes have you experienced this year? • What changes are you planning during this pregnancy? • How do you cope with stress in your life? Your partner? • Do you have any financial concerns or worries? *	
Couple's relationship (***CD, PD***, WA,CA) • How would you describe your relationship with your partner? • Has your relationship changed during your pregnancy? • What do you think your relationship will be like after the baby? • How will your partner be involved in looking after the baby?	

ASSOCIATED POSTPARTUM OUTCOMES

The prenatal factors in the left column have been shown to be associated with the postpartum outcomes listed below.
Bold, *Italics* indicates ***good*** evidence of association. Regular text indicates fair evidence of association.

CA - Child Abuse **CD** - Couple Dysfunction **PI**- Physical Illness **PD** - Postpartum Depression **WA** - Woman Abuse
LBW- Low Birth Weight

Adapted by PEI Reproductive Care Program with permission from ALPHA Project 1993, May 1998 version

*Questions added to original ALPHA

PRENATAL FACTORS	COMMENTS/PLAN
SUBSTANCE USE	
Tobacco/Alcohol/Drug Use (***WA***, ***PI***, ***LBW***, CA) • Do you currently smoke cigarettes? If yes, how many cigarettes per day? Have you ever considered cutting down or quitting? * • Before you knew you were pregnant did you drink alcohol? * • Do you currently drink alcohol? If yes, how many drinks per week? Do you believe that you have a problem with alcohol? **C** Have you felt you ought to **c**ut down your drinking? **A** Have people **a**nnoyed you by criticizing your drinking? **G** Have you felt bad or **g**uilty about your drinking? **E** Have you ever needed an **e**ye-opener in the morning to get going? • Before you knew you were pregnant did you use drugs?* (prescription/non-prescription/street drugs) • Do you currently use drugs? If yes, have you considered cutting down or quitting? Do you believe that you have a problem with drugs? • Does your partner use alcohol or drugs?	
FAMILY VIOLENCE	
Woman or partner experienced or witnessed abuse (physical, emotional, sexual) (***CA,*** WA) • What was your parents' relationship like? • Did your father ever scare or hurt your mother? • Did your mother ever scare or hurt your father?* • Did either of your parents ever scare or hurt you? • Were you ever sexually abused as a child?	
Current or past woman abuse (***WA,*** CA,PD) • How do you and your partner solve arguments? • Do you ever feel frightened by what your partner says or does? • Have you ever been hurt during a fight with your partner? • Has your partner ever humiliated you or emotionally abused you in other ways? • Have you ever been forced to have sex against your will?	
Previous child abuse by woman or partner (***CA***) • Do you have children not living with you? If so, for what reason? • Have you ever had involvement with Child & Family Services?	
Child discipline (***CA***) • How were you disciplined as a child? Were you ever spanked? • How do you think you will discipline your child? • How do you deal with your kids at home when they misbehave?	

How **concerned** are you about this woman's postpartum status? **Very** 1 2 3 4 5 **Not At All**

Follow-Up Plan:

- ❑ No Intervention Required
- ❑ Supportive Counseling by Physician
- ❑ Additional Prenatal Appointments
- ❑ Additional Postpartum Appointments
- ❑ Additional Well Baby Visits
- ❑ Public Health Nurse
- ❑ Prenatal Classes
- ❑ Community Nutritionist
- ❑ Community Mental Health
- ❑ Smoking Cessation Resource
- ❑ Addiction Services
- ❑ Parenting Classes/Support
- ❑ Family Resource Centre
- ❑ Psychiatrist
- ❑ Marital Counselor
- ❑ Anderson House
- ❑ Outreach Worker
- ❑ Income Support
- ❑ Victim Services
- ❑ Legal Advice
- ❑ Self Help Clearing House
- ❑ Other____________________
- ❑ Other____________________
- ❑ Other____________________
- ❑ Refused Referral

COMMENTS:

Signature _________________________

Date Completed ______________

❑ Child & Family Services