



**BLOOM**  
FOUNDATION

## New Mom Checklist for Maternal Mental Health Help

Name: \_\_\_\_\_

Mom's age: \_\_\_\_\_

**I'd like to talk to you about the stress I've been having since I had my baby. Because I'm exhausted, overwhelmed & struggling, this is the best way for me to make sure you know what is going on with me, and that I might need your help. I think I might have (Mom, check any that may apply):**

- |  |  |  |
|--|--|--|
| <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 (post-traumatic stress) | <input type="checkbox"/> Not sure; I just know something isn't right |

**Here are some of the recognized symptoms of perinatal mood and anxiety disorders that I have been having (Mom, check any that apply to you):**

- |  |  |
|--|--|
| <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, shortness of breath, 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 <i>I should or need to</i> ) 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, a sign of postpartum OCD). | <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 (circle one) postpartum.**

**Here are some recognized risk factors for maternal mental illness that may help you understand my situation (Mom, check any that apply to you):**

- |   |  |
|---|--|
| <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 infertility 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 or relationship problems, or the death of a loved one) | <input type="checkbox"/> I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD)                      |
| <input type="checkbox"/> I'm a single mom   | <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) |

This checklist is not intended to diagnose any mental illness. It is a discussion tool for moms to use with healthcare providers. It was created by Postpartum Progress, a national nonprofit supporting moms with maternal mental illness. For more free tools and support for perinatal mood & anxiety disorders, visit [postpartumprogress.org](http://postpartumprogress.org).  
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